



WORLD HEALTH ORGANIZATION

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# **EXECUTIVE BOARD**

**142<sup>ND</sup> SESSION**

**GENEVA, 22–27 JANUARY 2018**

**SUMMARY RECORDS**

**GENEVA  
2018**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

## **PREFACE**

The 142nd session of the Executive Board was held at WHO headquarters, Geneva, from 22 to 27 January 2018. 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 EB142/2018/REC/1. The list of participants and officers is contained in document EB142/DIV./1 Rev.1.

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## CONTENTS

	<b>Page</b>
Preface.....	iii
Agenda .....	ix
List of documents .....	xiii
Committees and selection panels .....	xvii

## SUMMARY RECORDS

### **First meeting**

1.	Opening of the session and adoption of the agenda	
	Opening of the session.....	1
	Organization of work.....	1
	Adoption of the agenda.....	1
	Preliminary timetable.....	2
2.	Dialogue with the Director-General.....	3

### **Second meeting**

1.	Dialogue with the Director-General (continued) .....	11
2.	Strategic priority matters	
	Draft thirteenth general programme of work, 2019–2023 .....	15

### **Third meeting**

1.	Other managerial, administrative and Governance matters	
	Appointment of the Regional Director for the Americas .....	26
2.	Strategic priority matters (continued)	
	Draft thirteenth general programme of work, 2019–2023 (continued).....	28

### **Fourth meeting**

	Strategic priority matters (continued)	
	Draft thirteenth general programme of work, 2019–2023 (continued).....	37
	WHO reform.....	37
	Public health preparedness and response.....	40

**Fifth meeting**

Strategic priority matters (continued)	
Public health preparedness and response (continued).....	52
Polio transition planning .....	56
Health, environment and climate change .....	65

**Sixth meeting**

Strategic priority matters (continued)	
Health, environment and climate change (continued).....	67
Addressing the global shortage of, and access to, medicines and vaccines .....	75

**Seventh meeting**

Strategic priority matters (continued)	
Global strategy and plan of action on public health, innovation and intellectual property.....	90
Draft thirteenth general programme of work, 2019–2023 (continued).....	99

**Eighth meeting**

Strategic priority matters (continued)	
Draft thirteenth general programme of work, 2019–2023 (continued).....	105
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.....	108

**Ninth meeting**

1. Strategic priority matters (continued)	
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 (continued) .....	120
Preparation for a high-level meeting of the General Assembly on ending tuberculosis .....	120
2. Other technical matters	
Global snakebite burden.....	130
Physical activity for health.....	140

**Tenth meeting**

1. Other technical matters (continued)	
Physical activity for health (continued) .....	145
2. Strategic priority matters (continued)	
Global strategy and plan of action on public health, innovation and intellectual property (continued).....	150
Draft thirteenth general programme of work, 2019–2023 (continued).....	151
Health, environment and climate change (continued).....	151
3. Other technical matters (continued)	
Maternal, infant and young child nutrition	
• Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report.....	153
• Safeguarding against possible conflicts of interest in nutrition programmes .....	153

**Eleventh meeting**

1.	Other technical matters (continued)	
	Improving access to assistive technology .....	159
2.	Other managerial, administrative and governance matters (continued)	
	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits.....	168
	Statement by the representative of the WHO staff associations and report of the Ombudsman	
	• Statement by the representative of the WHO staff associations .....	171
	• Report of the Ombudsman .....	172
	Report of the Programme, Budget and Administration Committee of the Executive Board .....	173
	Evaluation: update and proposed workplan for 2018–2019 .....	174

**Twelfth meeting**

	Other managerial, administrative and governance matters (continued)	
	Evaluation of the election of the Director-General of the World Health Organization .....	178
	Amendments to the Staff Regulations and Staff Rules.....	178
	Engagement with non-State actors .....	179
	Future meetings of the governing bodies	
	• Provisional agenda of the Seventy-first World Health Assembly.....	181
	• Date and place of the 143rd session of the Executive Board .....	181

**Thirteenth meeting**

1.	Other managerial, administrative and governance matters (continued)	
	Future meetings of the governing bodies	
	• Provisional agenda of the Seventy-first World Health Assembly.....	183
	• Date and place of the 143rd session of the Executive Board .....	184
	Reports of committees of the Executive Board	
	• Foundations and awards.....	184
2.	Other technical matters (continued)	
	Global Strategy for Women's, Children's and Adolescent's Health (2016–2030): early childhood development.....	185
	mHealth .....	191
3.	Matters for information	
	Report of the regional committees to the Executive Board .....	196
	Global vaccine action plan.....	196
	Reports of advisory bodies .....	196
	Eradication of poliomyelitis .....	196
4.	Closure of the session .....	196





## **AGENDA<sup>1</sup>**

1. Opening of the session and adoption of the agenda
2. Dialogue with the Director-General
3. Strategic priority matters
  - 3.1 Draft thirteenth general programme of work 2019–2023
  - 3.2 WHO reform
  - 3.3 Public health preparedness and response
  - 3.4 Polio transition planning
  - 3.5 Health, environment and climate change
  - 3.6 Addressing the global shortage of, and access to, medicines and vaccines
  - 3.7 Global strategy and plan of action on public health, innovation and intellectual property
  - 3.8 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
  - 3.9 Preparation for a high-level meeting of the General Assembly on ending tuberculosis
4. Other technical matters
  - 4.1 Global snakebite burden
  - 4.2 Physical activity for health
  - 4.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development
  - 4.4 mHealth
  - 4.5 Improving access to assistive technology

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<sup>1</sup> As adopted by the Board at its first meeting (22 January 2018).

- 4.6 Maternal, infant and young child nutrition
  - Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
  - Safeguarding against possible conflicts of interest in nutrition programmes
- 5. Other managerial, administrative and governance matters
  - 5.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
  - 5.2 Report of the Programme, Budget and Administration Committee of the Executive Board
  - 5.3 Evaluation of the election of the Director-General of the World Health Organization
  - 5.4 Evaluation: update and proposed workplan for 2018–2019
  - 5.5 Engagement with non-State actors
  - 5.6 Reports of committees of the Executive Board
    - Foundations and awards
  - 5.7 Future meetings of the governing bodies
    - Provisional agenda of the Seventy-first World Health Assembly
    - Date and place of the 143rd session of the Executive Board
  - 5.8 Appointment of the Regional Director for the Americas
  - 5.9 Statement by the representative of the WHO staff associations and report of the Ombudsman
    - Statement by the representative of the WHO staff associations
    - Report of the Ombudsman
  - 5.10 Amendments to the Staff Regulations and Staff Rules
- 6. Matters for information
  - 6.1 Report of the regional committees to the Executive Board
  - 6.2 Global vaccine action plan
  - 6.3 Reports of advisory bodies
    - Expert committees and study groups

## AGENDA

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6.4 Eradication of poliomyelitis

7. Closure of the session



## LIST OF DOCUMENTS

EB142/1 Rev.1	Agenda
EB142/1 (annotated)	Provisional agenda (annotated)
EB142/2	Dialogue with the Director-General
EB142/3 Rev.2	Draft thirteenth general programme of work 2019–2023 Promote health, keep the world safe, serve the vulnerable Revised following the special session of the Executive Board in November 2017
EB142/3 Add.1 Rev.1	Draft thirteenth general programme of work 2019–2023 Draft resolution
EB142/3 Add.2	A financial estimate for the draft thirteenth general programme of work 2019–2023
EB142/4 <sup>1</sup>	WHO reform
EB142/5	WHO reform Governance
EB142/6	WHO reform Prioritization of proposals for additional items on the provisional agenda of the Executive Board
EB142/7 Rev.1	WHO reform Better value, better health Strategy and implementation plan for value for money in WHO
EB142/8	Public health preparedness and response Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
EB142/9	Public health preparedness and response WHO's work in health emergencies
EB142/10	Public health preparedness and response Implementation of the International Health Regulations (2005)

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<sup>1</sup> This document was not produced because the content was incorporated into document EB142/3 Rev.2.

EB142/10 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/11	Polio transition planning
EB142/11 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/12	Health, environment and climate change
EB142/12 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/13	Addressing the global shortage of, and access to, medicines and vaccines
EB142/14 Rev.1 and EB142/14 Add.1	Global strategy and plan of action on public health, innovation and intellectual property
EB142/14 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/15	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
EB142/15 Add.1	Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases
EB142/16	Preparation for a high-level meeting of the General Assembly on ending tuberculosis
EB142/17	Global snakebite burden
EB142/18	Physical activity for health More active people for a healthier world: draft global action plan on physical activity 2018–2030
EB142/19	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development
EB142/20	mHealth Use of appropriate digital technologies for public health
EB142/21	Improving access to assistive technology
EB142/22	Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report

## LIST OF DOCUMENTS

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EB142/22 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/23	Safeguarding against possible conflicts of interest in nutrition programmes Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level
EB142/24	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
EB142/24 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/25	Report of the Programme, Budget and Administration Committee of the Executive Board
EB142/26	Evaluation of the election of the Director-General of the World Health Organization Report by the evaluation management group
EB142/27	Evaluation: update and proposed workplan for 2018–2019
EB142/28	Engagement with non-State actors
EB142/29	Engagement with non-State actors Non-State actors in official relations with WHO
EB142/29 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB142/30	Foundations and awards
EB142/31	Provisional agenda of the Seventy-first World Health Assembly
EB142/32	Date and place of the 143rd session of the Executive Board
EB142/33	Appointment of the Regional Director for the Americas
EB142/33 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board
EB142/34	Report of the regional committees to the Executive Board
EB142/35	Global vaccine action plan
EB142/36	Reports of advisory bodies Expert committees and study groups

EB142/36 Add.1	Reports of advisory bodies Expert committees and study groups Expert advisory panels and committees and their membership
EB142/37	Eradication of poliomyelitis
EB142/38	Amendments to the Staff Regulations and Staff Rules
EB142/38 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board

**Information documents**

EB142/INF./1	Statement by the representative of the WHO staff associations
EB142/INF./2	Report of the ombudsman

**Diverse documents**

EB142/DIV./1 Rev.1	List of members and other participants
EB142/DIV./2	Preliminary daily timetable
EB142/DIV./3	List of resolutions and decisions
EB142/DIV./4	List of documents



## COMMITTEES AND SELECTION PANELS<sup>1</sup>

### 1. Programme, Budget and Administration Committee<sup>2</sup>

Professor Smail Mesbah (Algeria), Lyonpo Tandin Wangchuk (Bhutan), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Dr Hiroki Nakatani (Japan), Dr Mahmoud Al-Sheyyab (Jordan), Mr Omar Bashir Al-Taher Mohammed (Libya), Ms Hilda Dávila Chávez (Mexico), Mr Herbert Barnard (Netherlands), Dr Stewart Jessamine (New Zealand), Dr Assad Hafeez (Pakistan, member ex officio), Dr R.M.S.K. Amunugama (Sri Lanka), Ms Olivia Wigzell (Sweden), Dr Viroj Tangcharoensathien (Thailand, member ex officio) and Dr Jabbin Mulwanda (Zambia).

**Twenty-seventh meeting, 18–19 January 2018:**<sup>3</sup> Dr Stewart Jessamine (New Zealand, Chairman), Professeur Mohamed L'Hadj (Algeria), Mr T. Penjor (Bhutan, alternate to Mr Lyonpo Tandin Wangchuk), Dr Francisco Neftalí Vásquez Bautista (Dominican Republic), Dr Hiroki Nakatani (Japan), Ms S. Majali (Jordan, alternate to Dr Mahmoud Al-Sheyyab), Dr Omar Bashir Al-Taher Mohammed (Libya), Ms Hilda Dávila Chávez (Mexico), Mrs A. Dunselman (Netherlands, alternate to Mr Herbert Barnard), Dr Assad Hafeez (Pakistan, member ex officio), Dr A. Ludowyke (Sri Lanka, alternate to Dr R.M.S.K. Amunugama), Ms Olivia Wigzell (Sweden), Dr Viroj Tangcharoensathien (Thailand, member ex officio) and Dr Jabbin Mulwanda (Zambia, Vice-Chairman).

### 2. Ihsan Doğramacı Family Health Foundation Selection Panel

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

**Meeting of 23 January 2018:** Dr Assad Hafeez (Pakistan, Chairman), Professor Phyllis Erdogan, appointee of Professor A. Doğramacı and Professor Tomris Turmen, representing the International Children's Center (Ankara).

### 3. Sasakawa Health Prize Selection Panel

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 2018:** Dr Assad Hafeez (Pakistan, Chairman), Professor Tran Thi Giang Huong (alternate member of the Executive Board for Viet Nam) and Professor Etsuko Kita (representative of the founder).

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

<sup>2</sup> Showing the membership as determined by the Executive Board in decision EB141(3) (2017), with a change of representative for Algeria.

<sup>3</sup> See document EBPBAC27/DIV./1.

**4. United Arab Emirates Health Foundation Selection Panel**

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 23 January 2018:** Dr Assad Hafeez (Pakistan, Chairman), Ms Faeqa Saeed AlSaleh (Bahrain) and Dr Mohammad Salim Al Olama (representative of the founder).

**5. State of Kuwait Health Promotion Foundation Selection Panel**

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 23 January 2018:** Dr Assad Hafeez (Pakistan, Chairman), Dr Sultan Qasrawi (alternate member of the Executive Board for Jordan) and Dr Mohammad Alkhashti (representative of the founder).

**6. Dr LEE Jong-wook Memorial Prize Selection Panel**

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 23 January 2018:** Dr Assad Hafeez (Pakistan, Chairman), Ms Maylene Beltran, alternate member of the Executive Board for the Philippines) and Mr Yohan Ihn (representative of the founder).

## **FIRST MEETING**

**Monday, 22 January 2018, at 09:40**

**Chairman:** Dr A. HAFEEZ (Pakistan)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (documents EB142/1 and EB142/1 (annotated))

### **Opening of the session**

The CHAIRMAN declared open the 142nd session of the Executive Board and welcomed all participants.

### **Organization of work**

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

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

**It was so agreed.**

### **Adoption of the agenda**

The CHAIRMAN said that the content of document EB142/4 (WHO reform) had been incorporated into document EB142/3 (Draft thirteenth general programme of work 2019–2023). He drew attention to the suggestion by the Secretariat to delete the words “than other models of care, for example obstetric-led care” from the last paragraph of document EB142/19 (Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development), and to amend the last sentence of document EB142/35 (Global vaccine action plan) so that it read: “The Board is invited to take note of the report.”

**It was so agreed.**

The representative of MALTA, speaking on behalf of the European Union and its Member States, stressed that the Board’s ability to discuss agenda items constructively relied heavily on the timely issuance of the relevant documents. The late publication of documents represented a serious governance issue and should therefore be further discussed under provisional agenda item 3.2 (WHO reform).

The representative of JAPAN, supported by the representative of the DOMINICAN REPUBLIC, requested that, given its relevance to the items under consideration, provisional agenda

item 5.2 (Report of the Programme, Budget and Administration Committee of the Executive Board) should be discussed earlier in the session.

The representative of TURKEY said that it would be beneficial to introduce the new Assistant Directors-General and other WHO senior staff to Board members at the current session.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, requested that provisional agenda item 6.4 (Eradication of poliomyelitis) should be discussed together with provisional agenda item 3.4 (Polio transition planning).

The CHAIRMAN said that provisional agenda items 3.4 and 6.4 focused on two distinct issues and had therefore been placed under different items of the agenda.

**The agenda, as amended, was adopted.<sup>1</sup>**

### **Preliminary timetable**

The CHAIRMAN suggested that, in the light of the late issuance of document EB142/5 (WHO reform: Governance), the Board should defer its consideration of the matters covered by documents EB142/5 and EB142/6 (WHO reform: Prioritization of proposals for additional items on the provisional agenda of the Executive Board) to a subsequent session. He further suggested that the Secretariat should convene separate informal consultations during the intersessional period so that Member States had sufficient time to consider the important and complex information contained in those reports. The outcome of the consultations should subsequently be transmitted to the Executive Board for consideration at its 144th session. The revised tool for the prioritization of proposals for additional agenda items should be piloted for the preparation of the provisional agenda of the 143<sup>rd</sup> session of the Executive Board, to allow for an evaluation of its efficacy at the 144th session of the Executive Board.

The representative of FIJI said that the revised tool to prioritize additional items for inclusion on the provisional agenda of the Executive Board should be piloted at the 143<sup>rd</sup> and 144th sessions of the Executive Board. That would allow for further refinement of the tool and would enable the Board to evaluate its effectiveness in a comprehensive manner.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, requested further explanation of the criteria used to select additional items for inclusion on the provisional agenda of the Executive Board and the measures in place to prevent any form of bias in the prioritization of items.

The representative of NEW ZEALAND said that all Member States should have equal opportunity to contribute to the development, testing and refinement of the tool to prioritize additional agenda items. While acknowledging the importance of piloting the instrument, he warned against deferring consideration of the matter to the 144th session of the Executive Board, particularly given that smaller countries might struggle to ensure full representation at the proposed intersessional consultations.

The representative of ALGERIA suggested that the 144th session of the Executive Board should be held in February 2019 to allow more time for the preparation and timely issuance of the relevant documents.

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<sup>1</sup> Document EB142/1 Rev.1.

The representative of BRAZIL said that she had no objection to the suggestion to pilot the revised tool for the prioritization of proposals for additional agenda items, but cautioned against testing new initiatives without full consultation with Member States.

The representative of MALTA, supported by the representatives of the NETHERLANDS, THAILAND, CANADA, IRAQ, BAHRAIN, the PHILIPPINES and the CONGO, proposed that the matters contained in documents EB142/5 and EB142/6 should be considered at the 143rd session of the Executive Board, to enable the performance of the tool to be evaluated at an earlier opportunity and ensure that discussion of WHO reform was not further delayed.

The CHAIRMAN took it that the Board wished to defer consideration of the matters covered by documents EB142/5 and EB142/6 to its 143rd session in May 2018.

**It was so agreed.**

**2. DIALOGUE WITH THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB142/2)

The DIRECTOR-GENERAL said that, with regard to the format of the discussion, he would continue to report to Member States as usual, through the governing bodies. The proposed change was that the discussion should take the form of an interactive dialogue with Member States, rather than a monologue.

He had been deeply saddened by the recent killing of two polio workers, a mother and daughter, in Pakistan. Such outrageous incidents would not derail WHO from eradicating polio, but would instead strengthen the Organization's resolve.

**The Board stood in silence for one minute.**

The DIRECTOR-GENERAL said that 2018 was a year of opportunities. It would mark the seventieth anniversary of the establishment of WHO and the fortieth anniversary of the Alma-Ata Declaration on primary health care, giving WHO the opportunity to reflect on past successes, rethink its future and reaffirm people-centred primary care as the foundation of universal health coverage. As the year that marked the one hundredth anniversary of the Spanish influenza pandemic, 2018 would provide an opportunity to remember the devastating potential of outbreaks and the importance of preparedness. The Director-General and his team had been working tirelessly to strengthen the interconnected foundations of WHO, including developing the draft thirteenth general programme of work 2019–2023; developing a plan to transform WHO; improving resource mobilization; and building strong leadership. Gender parity had been achieved among WHO's senior staff, as well as greater geographical diversity. The Director-General and his team had built strong political momentum regarding noncommunicable diseases and tuberculosis. To that end, a High-level Commission on Noncommunicable Diseases had been established, a new initiative to combat the health effects of climate change in small island developing States had been launched and engagement with civil society organizations had been enhanced.

Universal health coverage remained an achievable goal. His recent visit to Africa had shown that countries were making tangible progress towards that goal and were committed to its achievement. In 2018, universal health coverage would be the theme for both World Health Day and the Seventy-first World Health Assembly. He called on all countries to take at least three concrete steps towards universal health coverage in 2018. He would issue that same challenge to all heads of State, who should support their governments in that endeavour.

Universal health coverage and health security were two sides of the same coin. Over the past six months, WHO had responded to 50 emergencies in 48 countries, including nine Grade 3 emergencies.

A “health security council” had been established, which met fortnightly to review all emergencies in detail, and a dashboard had been developed to provide near real-time data on emergencies. He also received a daily briefing note summarizing all ongoing emergencies.

The Government of Madagascar, with the support of WHO, had recently brought an outbreak of pneumonic plague under control in challenging circumstances. Nevertheless, it was important to remain vigilant and place greater emphasis on prevention, rather than response. He was therefore encouraged that the Government of Madagascar had agreed to allocate funding to prevent another potential outbreak.

Preparedness was essential when outbreaks did strike. The Organization therefore aimed to establish a global health reserve workforce that could be deployed rapidly in the event of an emergency. The Secretariat was currently mapping country capacities in that regard. It was important to strengthen the capacity of countries to prepare for and respond to emergencies. That task would involve strengthening WHO country offices by providing them with the resources, tools and authority to do their jobs to the best of their ability. Country offices must also be held to high standards of performance and accountability.

To achieve those objectives, WHO must change. He had prioritized the development of a plan to transform WHO into a modern organization that worked seamlessly to make a measureable difference to people’s health at the country level. That goal required a shared vision, mission and strategy. It also required the Organization’s core business processes to deliver more rapidly and predictably, as well as a change of culture and mindset. A recent survey among WHO staff had highlighted the following areas that required improvement: enhancing communication of WHO’s vision and strategy throughout the Organization and involving staff in setting goals; increasing accountability for performance; increasing motivation among staff through ownership, training and career development; and creating a culture of transparency and collaboration that empowered staff members. He would take action on the findings of the survey and would strengthen WHO’s performance management by setting expectations for staff.

Successful implementation of the draft programme of work was dependent on a thriving Organization. The draft programme of work must therefore go hand in hand with the WHO transformation plan, as both would only be achieved by continually, rigorously and transparently monitoring progress. A holistic approach was needed. An intensive 18 months of change lay ahead of the Organization. The transformation process would be targeted and time-limited; the team responsible would later become a unit designed to drive continuous improvement within WHO. Member States should provide flexible, unearmarked funding to effect that change.

The draft programme of work was fundamentally about implementing a vision that all stakeholders must work together to achieve. His recent visit to Africa had reminded him of why he had campaigned for his role in the first place: people. The people of the world deserved the best efforts of WHO to promote health, keep the world safe and serve the vulnerable. People, such as the mother and daughter polio workers who had sacrificed their lives for others in Pakistan, were a reminder of the greater purpose of WHO.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey and Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with his statement. The Director-General’s vision of a world in which everyone could live a healthy, productive life, regardless of their circumstances, entailed an enormous amount of work and responsibility for the Secretariat, Member States and all stakeholders. Delivering genuine improvements to people’s health through the 2030 Agenda for Sustainable Development was both an opportunity and a challenge, and action to achieve the Sustainable Development Goals must be taken immediately. Emphasis must be placed on giving people the opportunity to live not just long but also healthy lives through a multisectoral approach that comprised health promotion, disease prevention, measures to address the broader determinants of health and respect for human rights.

Within the framework of the draft thirteenth general programme of work, WHO should take a more proactive leadership role in international health efforts, working in coordination with the United

Nations system and all partners, and should provide opportunities for relevant stakeholders to come together. When advocating for health at the highest political level, WHO must always defend evidence-based knowledge and refrain from allowing its normative function to become politicized. Since a stronger leadership role would require increased political trust, the Director-General should outline the actions foreseen to strengthen WHO's accountability and evaluation functions. He sought clarification of how organizational changes, including staff appointments, would be based on a more open, transparent and competitive process, and asked for further information on the proposed strengthening of country offices.

The representative of SRI LANKA said that WHO engagement at the country level should evolve into a more catalytic and upstream response, with highly competent human resources and a budget envelope that was not dictated by the burden of disease alone. The Director-General should sustain strong political advocacy for universal health care at the global level and consider creating a binding international convention on improving health coverage, access, financial protection and quality of care. He encouraged the Director-General to draw on the experience of the South-East Asia Region in relation to human resources and access to medicines, noting that the South-East Asia Regional Health Emergency Fund could serve as a model for other regions as part of efforts to strengthen emergency preparedness and response. In that regard, the Secretariat should consider developing a learning exchange platform for the Region. The Secretariat should continue to support States Parties in implementing the International Health Regulations (2005) and to mobilize resources for the WHO Health Emergencies Programme.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, praised the Director-General's clarity of vision for the future of WHO and said that he was confident that the draft thirteenth general programme of work would provide an adequate response to the greatest challenges in global health. Continued support should be provided to States Parties to the International Health Regulations (2005) to help them to build their core capacities and enable them to fully implement the Regulations. Efforts to improve impact at the country level must be accompanied by capacity strengthening of country offices and national health systems. He welcomed the inclusion on the agenda of new items, such as improving access to assistive technology, physical activity for health and mHealth. The Member States of the African Region shared the Director-General's determination to achieve the health-related Sustainable Development Goals.

The representative of TURKEY said that it was important to have a goal and a plan. The Director-General had both, as well as a dedicated team of experts and advisors. Moreover, his field visits, which were a demonstration of wise leadership, deserved credit and support.

The representative of FRANCE said that his Government supported the priorities set out in the draft thirteenth general programme of work and reaffirmed its commitment to their alignment with the Sustainable Development Goals and to a human rights-based approach to achieving universal health coverage. WHO should endeavour to promote sexual and reproductive health and rights, in cooperation with other United Nations bodies, and partners. With regard to the Organization's change in leadership, WHO's partners and Member States expected accountability and transparency. Further details on the renewed management structure and redistribution of roles and tasks among the Director-General's new team would therefore be welcome.

The representative of SWEDEN said that she welcomed the Director-General's emphasis on security and respect for health care workers, and on universal health coverage. Universal health coverage should include measures to promote and uphold sexual and reproductive health and rights for all, including by providing safe and legal abortions, modern methods of contraception, and comprehensive sexuality education and counselling services. The increased focus on work at the country level was positive; country support should be decentralized. Aligning the Organization's work with the 2030 Agenda for Sustainable Development was also essential. Every effort should be made to

maintain the momentum for progress on antimicrobial resistance. To that end, it was important to ensure that the commitments undertaken at the High-level meeting of the United Nations General Assembly on antimicrobial resistance would result in comprehensive, long-term and concrete actions across the United Nations system and beyond.

The representative of the DOMINICAN REPUBLIC said that the Director-General's visits to the field were welcome and a promising sign that WHO was prioritizing primary health care. The further development of primary health care models was essential to achieve universal health coverage and meet the Sustainable Development Goals. An assessment of the primary health care situation, conducted at the regional level, would be welcome. Approaches to primary health care in the European Region had yielded positive results and could serve as an example to others.

The representative of CANADA said that the Director-General's efforts to foster interaction and a meaningful exchange of views with Member States would result in better guidance for the Organization. While his vision for reform was welcome, real transformation would require a concerted effort by all parties. With regard to governance, lessons should not only be learned but also applied; key Executive Board reports had, once again, been released late, and some only in English. Although there would be no opportunity to make governance changes before the Seventy-first World Health Assembly, the documentation for that Assembly must at least be in line with the current rules. With regard to country-level impact, she wished to know how the Director-General would assess the unique value added by WHO in any given country. She asked the Director-General to explain how he saw his role in terms of implementing United Nations Security Council resolution 2286 (2016) with regard to the protection of health care workers in conflict zones.

The representative of the NETHERLANDS said that the Director-General's ambition to accelerate progress on the 2030 Agenda for Sustainable Development was particularly welcome. With regard to transforming WHO, enhancing the Organization's normative work and increasing cooperation with other United Nations partners were particularly important. Although WHO was doing excellent normative work in the area of preparedness and response, work on the implementation of the International Health Regulations (2005) remained to be done in many Member States. While work in countries should be strengthened, it should never be at the expense of global normative work.

The representative of the PHILIPPINES said that, while putting countries at the centre of WHO's work meant strengthening country offices, all levels of the Organization must be equipped with the appropriate expertise and funding to enable them to accomplish their mandates. Initiatives at every level should be carried out in line with national priorities, in accordance with Article 2 of the Organization's Constitution. On emergencies, emphasis should be shifted from response and containment to prevention and disaster risk reduction. Strong health systems were crucial in that regard. WHO should continue to strengthen its readiness and response to health emergencies arising from conflict, climate change and natural disasters. He supported the proposal for a global health reserve workforce and requested further discussion on the matter.

The representative of GEORGIA said that universal health coverage was not a luxury, but rather a direct investment in economic development and global security. It was an essential right for all, and should be promoted on all occasions, from all platforms.

The representative of IRAQ said that it was essential to meet Sustainable Development Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels). WHO should strengthen its capacity at the country level and work in cooperation with Member States, taking into account their epidemiological and demographic specificities. The Director-General's planned reforms, and in particular the "triple billion" goal set out in the draft thirteenth general programme of work, were welcome.



The representative of JAMAICA said that, for WHO to have a sustained impact on the health and well-being of its Member States, it must support the development of the next generation of young health professionals. Despite the key contributions made by young people during their tenure at WHO, evidence had revealed that the WHO internship programme was falling short of its objective to create future leaders in public health. Plans to reform the programme were therefore welcome; his delegation had been involved in consultations with others from all regions to develop a set of proposals in that regard, and a draft resolution for submission to the Executive Board at its 143rd session and subsequent adoption at the Seventy-second World Health Assembly.

The representative of BRAZIL asked what measures would be taken to ensure that an emphasis on a more operational WHO with countries at its centre would not result in a less coherent Organization or more fragmented resource allocation. On emergencies, it would be useful to know how WHO could help to mainstream the social determinants of health into initiatives linked to response and prevention, and how the root causes of emergencies would be tackled. How could truly universal health coverage be reconciled with the financial hardship facing people in all countries trying to cope with the rising prices of medicines? On the transformation of WHO, she asked what mechanisms could be put in place to better align funding and priorities, given that voluntary contributions accounted for 80% of the Organization's budget.

The representative of BHUTAN supported the proposal to create a global health reserve workforce that could be deployed rapidly to respond to emergencies.

The representative of COLOMBIA said that the specific characteristics, needs and interests of each region should be taken into account in the allocation of resources, planning and programming design of the Organization. Emphasis should be placed on learning, exchanging experiences and enhancing the visibility of WHO's processes at the regional level to identify best practices and collaboration opportunities. Equity, equality and merit should continue to be promoted as criteria for the selection of WHO staff, while ensuring balanced geographical representation. WHO should strengthen its communication, coordination and cooperation with other United Nations agencies, international bodies and initiatives to facilitate mainstreaming, avoid duplication and effectively address global health challenges. Security and respect for health workers and health facilities must be promoted as a matter of priority.

The representative of MEXICO said that the key to putting countries at the centre of WHO's work would be the decentralization of WHO and the strengthening of its country presence. A strategy for communication among the three levels of the Organization was required to address challenges relating to human, technical and financial resources, and to ensure that the work of country offices was aligned with national health priorities. Further information on WHO's decentralization strategy would be welcome. WHO staff training should be promoted and efforts made to ensure high standards and equitable geographical representation in recruitment. The negotiations on repositioning the United Nations development system and the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth should be taken into account.

On health emergencies, the prevention of epidemics, not just their management, should be prioritized. Further information would be welcome on plans to strengthen preventive action, improve communication on risks and build capacities with regard to emergency preparedness, surveillance and response. Implementation of the International Health Regulations (2005) was vital, and core capacities should be developed in all States parties. It would be useful to know what specific action WHO would take to build national capacities for universal health coverage. Further information on the accountability framework would be appreciated.

The representative of KAZAKHSTAN highlighted the important role of WHO country offices and said that they made a significant contribution to public health at the national level. Heads of country offices should have a rich knowledge of public health and the international health system and

experience of work at both the global and the regional levels. Officials at the country office in Kazakhstan would benefit from training and an exchange of experience with other offices.

Universal health coverage must have primary health care at its heart. The year 2018 marked the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care, an area that had undergone significant change during the previous four decades, particularly as a result of technological and scientific developments. Representatives of all regions were invited to attend a conference in Almaty in October 2018, to mark the anniversary of the Declaration, share their experiences with regard to primary care and contribute to the drafting of a conference declaration. The Director-General's intention to strengthen and improve WHO's response to health emergencies, which had been notoriously weak in the past, was especially welcome.

The representative of NEW ZEALAND said that he supported the statement delivered by the representative of Malta on behalf of the European Union and its Member States. To ensure that the objectives of organizational reform and the draft thirteenth general programme of work were effectively met, the roles and functions of the governing bodies needed to be reviewed. Such a process would ideally be led by Member States, with the aim of determining the purpose of each governing body and organizing discussions on the best way to deliver on that purpose. The desired result would be modernized governing bodies that reflected the reformed WHO.

The representative of PAKISTAN thanked WHO and its Member States for their expressions of solidarity regarding the recent killing of two female polio workers in his country. Implementation of the 2030 Agenda for Sustainable Development must be enhanced by putting countries at the centre of WHO's work and building their capacity to achieve universal health coverage through strengthened primary health care. Adequate resources must therefore be provided at the country level, and closer collaboration between all stakeholders was essential to avoid duplication of efforts and waste of resources.

The representative of JAPAN said that, while his Government agreed that WHO's country focus should be strengthened, care must be taken to ensure that additional resources at the country level were allocated strategically. With reference to health emergencies, stronger links must be made to universal health coverage and sustainability. The direct provision of services should give countries time to become self-supporting. WHO's conditions of engagement should be clearly defined. On transformation, he urged the Director-General to be bold yet vigilant; unexpected consequences of reform might do more harm than good.

The representative of FIJI said that not all Member States benefited from the same level of assistance from their country offices, particularly with regard to health systems strengthening. Significant change was therefore needed to improve WHO's work at the country level, including by: placing more senior staff with international expertise in WHO country offices; decentralizing the Secretariat's support to countries; improving the management of staff performance; changing the approach to accountability; and investing in management and leadership.

The representative of THAILAND said that, although she strongly supported the potential establishment of a roster of disease control experts, clarification was needed as to who would be responsible for their travel and safety. National IHR Focal Points and WHO representatives should collaborate beyond the vertical WHO regional structure. Greater emphasis should be placed on human resources for health, particularly with regard to mobilizing the existing social and intellectual capital of WHO and its network of health champions. To that end, awards could be established at the country, regional and global levels to recognize health care workers' achievements and inspire others.

The representative of SWAZILAND said that, although Africa was affected by a high disease burden and frequent health emergencies, it had the potential to improve its health systems and performance. To turn that potential into reality, WHO's support would be crucial. With that in mind, he wished to know how WHO would support the African Region.

The representative of LIBYA said that the prioritization of emergency preparedness and response in the draft thirteenth general programme of work was welcome. Universal health coverage was crucial, and access to affordable medicines was particularly important in that regard. He asked what would be done to ensure the protection and security of health workers following the recent killing of two female polio workers in Pakistan. Regarding the proposed reforms, transparency was essential and a special session of the Executive Board might need to be convened to allow for further discussion.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, with regard to health emergencies, investment in preparedness would be considerably less costly than emergency response, and should therefore be prioritized. WHO should promote initiatives to increase access to health care that involved reducing costs and increasing choice. In many countries, universal health coverage could not be achieved without the involvement of the private sector. Private sector partnerships should therefore be included in public health policy discussions. All advocacy work undertaken by WHO must fall within its core mandate and be informed by evidence. WHO should improve the process of obtaining external technical expertise by widening its pool of experts, improving transparency and maintaining a neutral standpoint.

The representative of KENYA<sup>1</sup> said that WHO should work more closely with national health ministries. Support for country offices should be increased through the provision of further financial and human resources.

The representative of DENMARK<sup>1</sup> requested further information on how WHO planned to disseminate best practices in the area of primary health care to achieve universal health coverage. He wished to know the Director-General's thoughts on the fortieth anniversary of the adoption of the Alma-Ata Declaration on primary health care and his expectations for the outcome of the forthcoming meeting in Almaty to mark that occasion.

The representative of ARGENTINA<sup>1</sup> said that, during its presidency of the G20, his Government would emphasize the importance of health systems strengthening, combating antimicrobial resistance and addressing malnutrition, especially childhood obesity. Although health coverage in Argentina was universal in theory, socioeconomic disparities undermined access to health care in practice.

The representative of MYANMAR<sup>1</sup> said that the WHO country office in Myanmar should do more to support the Government's national plan to achieve universal health coverage.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that he welcomed the draft thirteenth general programme of work, and commended its emphasis on emergency preparedness and universal health coverage. The change in WHO's strategic focus, however, should not increase the financial burden on Member States.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of PORTUGAL<sup>1</sup> requested information on how WHO planned to strengthen its human rights-based approach to health care as a means of combating discrimination, and how it would promote human rights in its approach to mental health and protect the rights of persons with mental health conditions.

The representative of SWITZERLAND<sup>1</sup> welcomed the planned reforms, which were in line with the reform of the United Nations development system. She would be particularly interested to know how WHO planned to develop its response to fragile post-emergency situations and collaborate with other actors responding to emergencies.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> expressed support for the statements made by the representatives of Sweden, the Netherlands and Brazil. While the country focus was appreciated, the expertise and the convening role of WHO's regional offices must be maintained. WHO should align itself with the One United Nations initiative and co-locate country offices with other United Nations agencies. The prioritization of emergency preparedness and response was welcome; however, the continued lack of stable funding for the WHO Health Emergencies Programme was disappointing. Member States should take action to rectify the situation. She requested further details on how the transformation agenda would be implemented and how decisions that were potentially difficult but nevertheless necessary for the good of the Organization would be handled.

**The meeting rose at 12:30.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

## **SECOND MEETING**

**Monday, 22 January 2018, at 14:35**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**1. DIALOGUE WITH THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB142/2) (continued)

The representative of the UNITED REPUBLIC OF TANZANIA noted that little had been said about surgical care and anaesthesia in the context of universal health coverage at the primary, secondary and tertiary health care levels. Given that they posed serious challenges in low- and middle-income countries, surgery, anaesthesia and trauma care must be considered by the Director-General in relation to health emergencies.

The representative of the PLURINATIONAL STATE OF BOLIVIA<sup>1</sup> supported systems for universal health coverage that were based on solidarity and equality. Access to medicines should be addressed from a human rights perspective, in accordance with the Organization's Constitution and drawing on the outcomes of the United Nations Secretary-General's High-level Panel on Access to Medicines. He shared the Director-General's concern about the increase in earmarked voluntary contributions, which hampered the prioritization of activities. An innovative funding solution had to be found. More emphasis should be placed on the social determinants of health, with particular regard to achieving the Sustainable Development Goals. In order to reduce the private sector's influence on WHO, in particular on its normative work, the Framework of Engagement with Non-State Actors must be implemented in an appropriate manner.

The representative of CHINA<sup>1</sup> said that activities at the national level should be tailored to the context and specific needs of each country. The work of country offices should be strengthened and better coordination was required across the three levels of the Organization. Targets relating to primary health care and poverty elimination would help to attain universal health coverage. WHO should continue to develop standards and guidelines for the deployment of emergency response teams, and support the development of national emergency response capacities under the International Health Regulations (2005).

The representative of INDONESIA<sup>1</sup> said that universal health coverage should encompass higher quality and cost-effective clinical interventions at all levels of society, including those relating to health promotion, disease prevention and treatment, rehabilitation and palliative care. Although her Government was optimistic that universal health coverage could be achieved in Indonesia by 2019, sustainable financing remained a challenge for her country, as it was for others. WHO experts should help Member States to manage sustainable financing and achieve universal health coverage targets on time. Regarding health emergencies, the Secretariat should support Member States in making their health care systems more resilient and responsive to public health emergencies of international concern. She asked the Director-General to elaborate on the need to improve emergency medical teams and the guidelines and procedures for their deployment.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of LITHUANIA<sup>1</sup> supported prioritizing health and the impact of climate change, and said that WHO played a key role in developing mitigation and adaptation strategies. She supported the Organization's efforts to become more efficient and results-driven, with more adequate resources. Partnerships with Member States and other stakeholders should be developed, and country offices should be strengthened and their performance measured. She asked how WHO intended to manage innovation to ensure the timely inclusion of new scientific discoveries in its work in areas such as access to medicines, antimicrobial resistance, noncommunicable diseases and eHealth.

The representative of SOUTH AFRICA<sup>1</sup> said that, in order to achieve the Sustainable Development Goals and the "triple billion" goal, it was necessary to implement health programmes that produced tangible, measurable and sustained results. More support for country offices and departments of health in low- and middle-income countries was critical. Country support should include guidance on how to make strategic shifts, find and reallocate resources and achieve efficiencies in order to reach goals, and on the provision of financial support. Furthermore, investment in human capital was crucial.

The representative of HAITI<sup>1</sup> thanked the Director-General for putting countries at the centre of WHO's work and appreciated the Organization's efforts on emergency response. He called for the strengthening of country offices and greater support for the elimination of cholera in his country. It was necessary to reform WHO's internship programme; he stood ready to help to prepare a draft resolution on the matter to be presented at the following Executive Board session.

The representative of INDIA<sup>1</sup> said that the draft thirteenth general programme of work, 2019–2023, was a comprehensive and aspirational tool for reshaping the global health architecture. Given WHO's primacy in global health policy-making, Member States must equip the Organization with the capacities it needed to fulfil its mandate. He welcomed the alignment of the draft programme of work with Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The findings and recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines should be discussed formally by Member States. He supported the emphasis on a more robust emergency response system. However, the lack of funding for the WHO Contingency Fund for Emergencies was a concern. To meet new and emerging global health challenges, the Executive Board must be more participative and equitable. Finally, the Director-General's thrust towards ensuring gender parity and equal geographical distribution across the Organization's workforce was commendable.

The representative of MOROCCO,<sup>1</sup> while recognizing the contribution of the International Health Regulations (2005) to combating pandemics, underscored the need for a global framework that underpinned national action plans for health emergency preparedness and response. In the context of the strategic shifts outlined in the draft thirteenth general programme of work, 2019–2023, it was important to focus on the most excluded and marginalized members of society. Priority must be given to an essential package of health and nutrition services for women, children and adolescents, if universal health coverage was to be achieved. To finance such services, it was necessary to combine national resources and development assistance through sound multisectoral national plans.

The representative of SPAIN<sup>1</sup> welcomed the reforms undertaken to make WHO more efficient and effective. He supported the Organization's contribution to sustainable development and the alignment of its budget with the 2030 Agenda for Sustainable Development. WHO should maintain its global leadership role, ensuring that its objectives were at the centre of any action taken by governments and other international organizations. He called for a discussion on the issue of organ

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

trafficking during the current session of the Executive Board. He underscored the importance of timely reporting of epidemics of possible international concern.

The representative of ECUADOR<sup>1</sup> said that her Government would continue to support the work of WHO as an Organization that upheld the principles of its Constitution, defined health as a state of well-being and focused on more than just emergency response.

The representative of ZIMBABWE<sup>1</sup> supported the creation of a health reserve workforce to which Member States should contribute human and financial resources. However, caution should be exercised to ensure that poorer Member States, which were able to contribute human resources but lacked financial capacity, were not excluded. He looked forward to further discussion of that proposal.

The representative of SUDAN<sup>1</sup> said that, in order to achieve the strategic priorities of the thirteenth draft programme of work, 2019–2023, in particular those relating to universal health coverage, it was important to consider the widespread shortage of human resources for health. His Government was committed to universal health coverage at all levels, but support from WHO was needed to address the human resources shortage in remote areas.

The representative of PANAMA<sup>1</sup> expressed concern regarding the increase in financial resources required for communicable and noncommunicable diseases, health emergencies and health systems. She asked the Director-General how he planned to achieve greater efficiency in budget implementation. She welcomed the Framework of Engagement with Non-State Actors, which safeguarded WHO's Constitution, normative capacity and independence. Nevertheless, she asked how risk management would be taken into account when making decisions and which risk management procedures and instruments would be given priority.

The representative of PERU,<sup>1</sup> recognizing the importance of WHO's normative role, agreed that its operational activities and the direct provision of services should be restricted to emergencies in particularly vulnerable contexts and health systems with limited response capacities. He supported the creation of a health workforce to be deployed in health emergencies, and asked how WHO would work with existing United Nations emergency response mechanisms. WHO reform should not lead to fragmentation of the Organization's work and resources. The work of country offices should be geared towards national priorities.

He echoed calls to reform the Organization's internship programme so as to welcome more interns from developing countries.

The representative of GERMANY<sup>1</sup> commended the Director-General for providing additional context for the work of the Executive Board, and commended his leadership and ambition in implementing the health-related Sustainable Development Goals. The transitional period between the Director-General's election and his assumption of office had been far too short, and that should be discussed by the Board. While the Director-General had fresh and ambitious ideas and an inspiring approach to making improvements, the German Government would continue to offer constructive criticism in order to strengthen the work of the Organization.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that a better, healthier future for people worldwide depended on collaboration not only between States and organizations, but also with local actors. To maximize the potential of local actors and community health workers, it was necessary to invest in their operational and institutional capacities. More effort was also needed to ensure the safety of staff and volunteers.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Access to water, sanitation and hygiene deserved attention in all health-related discussions. Rapid responses in health emergencies required collaboration among all stakeholders, including donors, and the implementation of the “no regrets” policy laid out in WHO’s Emergency Response Framework.

The DIRECTOR-GENERAL, expressing appreciation for the constructive input and support, and responding to issues raised, said that the draft thirteenth general programme of work, 2019–2023, had been significantly improved over the previous six months. Collaborative work, involving many rounds of consultations, had allowed Member States to take ownership of the document. He emphasized that the draft thirteenth general programme of work was aligned with the Sustainable Development Goals because there was no need to reinvent the wheel. Better progress needed to be made towards articulating and achieving the health-related Sustainable Development Goal targets.

Regarding work with other United Nations organizations, WHO should focus on areas in which it had a comparative advantage. WHO should not duplicate efforts, but rather work with other United Nations organizations at the global and country levels. Country teams had a key role to play in that regard. In the past six months, new agreements had been signed between WHO and other organizations within the United Nations system, and more would follow.

Recognizing the important work of the H6 Partnership, the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, the creation of subgroups of organizations with similar goals may help to drive the wider efforts of the larger organizations.

Competition for resources could be eliminated if organizations worked together more effectively and sought new sources of funding rather than vying for existing ones. Transformative and creative ideas from WHO staff on new ways to raise funds would also help in that regard. WHO had decided to aggressively support other health organizations, such as the GAVI Alliance and the Global Fund, in their resource mobilization efforts, eliminating the need for competition. The focus should not be on the money that WHO received, but on the availability of resources for the greater global health agenda. WHO was committed to being a positive player within the United Nations family and with other partners involved in health.

With regard to funding concerns, having more unearmarked, flexible and predictable funding was more important than increasing the amount of contributions. That flexibility would allow WHO to better focus on its priorities and deliver results. In addition, recent conversations had led to pledges from new donors. Resource mobilization and funding would remain a challenge, but innovative mechanisms were allowing the Organization to improve in that regard. The agreed one-year period between the adoption of the draft programme of work, in 2018, and its entry into force, in 2019, would be used to develop an investment case to secure sufficient resources for its implementation. Furthermore, it would ensure Member States had adequate time to make an informed decision on the next programme budget, based on a real and up-to-date assessment of resource mobilization efforts.

The concept of putting countries at the centre referred to the strategic shift towards building country capacities in line with national priorities, which was essential to provide better services and care, and to ensure outbreak prevention and response. Quick wins and mid- and long-term solutions had been identified at recent global leadership meetings and meetings of the Global Policy Group, and had subsequently been incorporated into a draft transformation plan and architecture.

WHO’s normative functions would continue to be a major part of its work, supported by the four approaches outlined in the draft programme of work to drive public health impact in every country: policy dialogue, strategic support, technical assistance and service delivery. The approaches used would be determined by country capacity and vulnerability. The fourth approach – service delivery – applied to a small number of conflict and post-conflict countries. Being operational in those countries did not mean that WHO would deliver services directly, rather that it acted as a coordinator for the health cluster, save in exceptional circumstances. In the case of Madagascar, although WHO had deployed staff to carry out immediate surveillance and prevention activities at the start of the 2017 plague outbreak, its work had principally involved coordinating the actions of other actors and partners.

While there was no single pathway to achieving universal health coverage, the financial barrier to coverage must be addressed. It was possible to implement universal health coverage across all



economic levels, tailored to what the population needed and what the country could afford. A phased approach could be used, starting with primary health care and progressing to complete services. Strengthening primary health care was key, along with a focus on the prevention of communicable and noncommunicable diseases. For the implementation of universal health coverage to be successful, it had to be seen as an investment, and health had to be seen as a right. Discussions on universal health coverage and the health-related Sustainable Development Goals should be linked to development and to the social, political and economic determinants of health.

WHO should work to coordinate research and development activities, mapping global capacities and identifying their focuses, which included medicines, diagnostics, and vaccines. The best way to make an impact was not to compete with others, but to begin by convening existing capacities.

The International Health Regulations (2005) were the best tool for rapid outbreak detection and response, but they should not be separated from health systems strengthening; prevention was an essential component of any country's emergency capacity. During the 2017 plague outbreak in Madagascar, too much emphasis had been placed on early diagnosis and treatment, which had led health authorities to neglect preventive measures such as sanitation and vector control. A comprehensive plan covering all of those aspects was needed for a response to be effective. He called on Member States to assess their capacities under the International Health Regulations (2005) in order to identify and address any gaps.

Reform should be a continuous process. The current transformation period would continue for 18 months and then a strategic unit would be tasked with continuous improvement by constantly thinking about how the Organization should reposition itself to respond to emerging needs. He agreed that regular consultations would continue to take place to ensure that the ongoing reform process was successful. Performance management at all levels was linked with accountability, and must be based on a clear plan that set definite, measurable expectations. As part of the reform process, performance assessments would be introduced for internal and external use, to ensure accountability.

Recruitment and procurement services remained very slow due to excessive bureaucracy, which was the result of a trust deficit inside and outside the Organization. Changing that would require not only new management tools, but also a change in the culture and mindset across the Organization. Concerning recruitment, he said that although Member States had pushed for the open advertisement of new positions, that process did not work: not only was it too slow, it was biased against women and reduced diversity. He had therefore used an alternative method when putting together his cabinet, conducting wide consultations with the Regional Directors and other relevant persons, while retaining merit as the first criterion. New guidelines had been put in place that would continue to improve gender balance and diversity, not just in management positions, but across WHO. Indeed, many interns at headquarters – the majority of whom came from high-income countries – had expressed disappointment with the lack of geographical diversity. WHO was implementing best practice from UNICEF to address that problem. Regarding attacks on health workers, WHO had a mandate to collect information and advocate for action, including before the United Nations Security Council.

Finally, he would prioritize efforts to address health needs in Africa, as it was the continent with the highest burden of disease and the largest number of developing countries. Furthermore, the President of Rwanda had pledged to put universal health coverage on his agenda during his term as Chairperson of the African Union.

## **2. STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (documents EB142/3, EB142/3 Add.1 and EB142/3 Add.2)

The CHAIRMAN drew attention to document EB142/3, which contained the latest version of the draft thirteenth general programme of work, 2019–2023, revised following the special session of

the Executive Board held in November 2017. Document EB142/3 Add.1 contained a draft resolution on the subject, with the related financial estimate set out in document EB142/3 Add.2. He also drew attention to paragraphs 5 to 12 of the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB142/25, which related to the draft thirteenth general programme of work.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee's discussion and understanding of the draft general programme of work had been greatly facilitated by examining its content separately from its financial aspects. Although the Committee had not considered the content in great detail, numerous issues had been raised that would benefit from further discussion by the Board: gender mainstreaming; definitions of universal health coverage; the use of flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), as recognized in the 2001 Doha Declaration on the TRIPS Agreement and Public Health; and technology transfer. The Committee had extensively discussed the financial estimate submitted by the Secretariat. It did not yet consider that the draft programme of work was ready for adoption; rather, it had recommended that the Executive Board, at its 142nd session, should continue to discuss the content of the draft general programme of work, together with the associated draft resolution contained in document EB142/3 Add.1.

The REGIONAL DIRECTOR FOR EUROPE said that the draft general programme of work reflected an ambitious but realistic agenda for change that focused on the right to health, equity, fairness, universality and solidarity and was aligned with the Sustainable Development Goals. It was centred on countries, where WHO would be concentrating its efforts to improve people's lives. To that end, the Organization would work closely with governments to update their national health policies and strategies and country cooperation strategies, in collaboration with the United Nations and other partners, through policy dialogue, strategic support, technical assistance or service delivery, depending on the context. A Health in All Policies and whole-of-government approach to the determinants of health would have a substantial impact on health and well-being worldwide. Such efforts must be closely linked to national development strategies, in which health must also be made a priority. The planned strategic shifts would strengthen WHO's normative work by translating it into action.

The Organization would be stepping up its advocacy for reducing health inequalities, with political support from Member States and civil society. The draft programme of work was the result of an inclusive consultative process, and the Regional Directors were fully committed to the Director-General's strategic vision and his agenda for transformation and resource mobilization.

The DIRECTOR-GENERAL, expressing appreciation to Member States for their feedback on the draft general programme of work, stressed that all the goals contained therein, including the "triple billion" goal, were based on the 2030 Agenda for Sustainable Development. It was not customary for draft programmes of work to cover financial matters; however, a financial estimate had been prepared at Member States' request. He acknowledged Member States' calls for greater detail on indicators but stressed that it was uncommon to include such details in a strategic plan. The WHO Expert Reference Group on the Draft Thirteenth General Programme of Work Impact Framework 2019–2023 had been established to develop detailed indicators and an accountability matrix, which would be useful in preparing the proposed programme budget for 2020–2021. However, he encouraged the Board not to make endorsing the draft programme of work conditional upon receiving such information. Extensive consultations had already been held, and the focus should turn to implementation and results, bearing in mind that the draft was intended to serve as a point of departure and would continue to be refined.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey and Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, associated themselves with his statement. He welcomed the updated draft

programme of work and proposed priorities, and the new emphasis on the Organization's aim of strengthening its public health advocacy role.

Given that the "triple billion" goal could only be achieved through cooperation with Member States and other donors, as well as the catalysing effect of funds such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, it would be useful to clarify how WHO's contribution would be measured, particularly in countries moving from external to domestic funding for health. While it was helpful that the role of the WHO regional offices with regard to universal health coverage had been outlined, further details were needed on regional collaboration. In that context, reform of the institutional operating model should be accompanied by a needs-based analysis of WHO country offices and the impact of resource reallocation. There was also a need for country-specific donor coordination solutions and measures to strengthen links between WHO headquarters and country offices.

Concerns remained with regard to how the platforms featured in the draft programme of work dovetailed with the Organization's strategic priorities, how duplication or a silo effect could be avoided in their implementation and how accountability could be ensured. A reference should be included in the draft programme of work to the creation of an independent oversight and accountability mechanism. The development by the Secretariat of an impact and accountability framework would increase trust and was a prerequisite for more flexible funding. In order to ensure value for money, it was essential that the draft programme of work was feasible and was based on realistic financial assumptions, particularly given that funding for poliomyelitis programmes would soon be discontinued.

A significant proportion of voluntary funding was obtained from non-State actors. It was therefore beyond the control of Member States, whose approval of programme budgets did not constitute an implicit commitment to ensure the full financing thereof. Although the Member States of the European Union were open to the adoption of a resolution along the lines of the draft circulated in document EB142/3 Add.1, the precise wording of the text required further discussion.

The representative of NEW ZEALAND expressed support for the intent and strategic direction of the draft programme of work. However, in order to allow Member States, non-State actors and donors to understand how the programme applied to them and their roles in delivering the health-related Sustainable Development Goals, further information was needed on: what constituted universal health coverage in States of different levels of income and development; specific milestones for achieving universal health coverage in each biennium; a system for developing innovative and sustainable solutions to expand both foundational and additional universal health coverage; and how the value-for-money approach would be applied to existing WHO programmes, with a view to terminating low-value programmes that were not aligned with the draft programme of work. Providing additional information would facilitate more flexible funding. The Secretariat should address the fact that many WHO programmes continued to focus on process and output indicators, rather than on impact.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, welcomed the fact that Member States' comments had been taken into account in the updated draft programme of work. Its implementation in her region had certain strategic, operational, budgetary and administrative implications, and countries in the region looked forward to cooperating with the Secretariat and other Member States on the basis of clear information and in line with regional priorities. In that regard, she encouraged the Secretariat to plan scenarios tailored to the resources available.

Targeted interventions were required, focusing on the most vulnerable populations, to build on gains made in improving health outcomes. In that regard, Member States of the Region of the Americas planned to work with WHO and PAHO to set priorities and ensure the most cost-effective delivery of universal health coverage. At the regional level, efforts would be made to align the activities of PAHO with the draft programme of work and the Sustainable Development Goals.

Speaking in her capacity as the representative of Canada, she said that her Government welcomed the increased emphasis on reform, the social determinants of health, gender equality, equal rights and human rights, along with the focus on the health of women, children and adolescents, in the updated draft programme of work. To improve it further, reference should be made to older people, and the critical role of sexual and reproductive rights should be given greater prominence. In terms of healthier populations, improving human capital across the life course should be the overarching aim.

The Secretariat's responsiveness to input from Member States was commendable, but the current draft programme of work was not as concise and compelling as intended and could be restructured. For example, supplementary information could be removed from the main text and included in supporting documentation.

On the issue of financing, she welcomed the 5% efficiency and savings target and the financial estimates provided, including those relating to the poliomyelitis programme. However, it was essential to expand the Organization's funding base and to ensure that donors trusted WHO to deliver on its mandate. Overall, the draft programme of work was a step in the right direction.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the inclusive consultation process that had resulted in an improved draft programme of work that reflected Member States' concerns, not least through the inclusion of an impact and accountability framework. The Member States of the African Region attached great importance to efforts to combat threats relating to health emergencies, communicable and noncommunicable diseases, climate change and environmental issues. In that context, they supported the Director-General's call for investment in those areas, including through innovative financing and the promotion of flexible voluntary contributions, as well as the full implementation of the Framework of Engagement with Non-State Actors. Moreover, targets relating to protection from environmental threats to health should be extended to cover developing countries.

A mechanism was needed to allow Member States to make better use of the flexibilities provided for in the Doha Declaration on the TRIPS Agreement and Public Health. Support for national research and development and health innovation projects, the local production of medicines and accelerated access to prequalification were vital to strengthening the resilience of health systems, including through digitization and technology transfer.

The Organization should continue to strive to ensure geographical balance and gender equality among senior management staff and to promote internships and staff mobility, with a view to attracting more staff from developing countries. With those comments, the Member States of the African Region supported the adoption of the draft resolution contained in document EB142/3 Add.1.

The representative of SWEDEN welcomed the overarching aims of the draft programme of work and encouraged the Secretariat to make them its first strategic priority. In the section entitled "Platform 1: Improving human capital across the life course", the references to targets 3.7 and 5.6 of the Sustainable Development Goals did not reflect the magnitude of health problems linked to sexual and reproductive health and rights. The wording used failed to convey a rights perspective, the spirit of the 2030 Agenda for Sustainable Development, WHO's mandate in that area or the Director-General's strong commitment to the issue. As in the earlier concept note, an explicit reference to sexual and reproductive health and rights should be included. Failing to make sexual and reproductive health and rights a priority in health coverage implied a failure to guarantee equality of access, affordability, high-quality health services and accountability.

The wording relating to gender, while improved, did not adequately capture the concept of gender mainstreaming in areas such as data collection, needs analysis, monitoring and evaluation. The references to violence, related to Sustainable Development Goals 5 (Achieve gender equality and empower all women and girls) and 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels), should be reinstated.

To combat antimicrobial resistance, it was important for the Organization to strengthen cooperation with all relevant United Nations agencies and partners from different sectors. It would

also be useful to include references to existing commitments, including those relating to the Global Action Plan for Influenza Vaccines, and to clarify the basis for the 10% target relating to blood stream infections.

The representative of ZAMBIA welcomed the updated draft programme of work, which took account of Member States' concerns, focusing on strengthened planning, budget allocations and the deployment of human resources at country level. Although the draft no longer contained specific indicators, it was encouraging to note that they would still be available, allowing regions to revise their own impact-based results frameworks in line with the draft programme of work.

In the area of access to medicines, vaccines and health products, the Organization should not only focus on mobilizing political will among governments, but also encourage industry stakeholders to take action to facilitate access and allow governments to rationalize public financing. He expressed full support for the adoption of the draft programme of work.

The representative of FRANCE said that the draft programme of work should commit the Organization to objectives that were within its mandate and means; nothing should undermine WHO's core functions. The Organization must determine the added value and comparative advantages it could offer. The draft programme of work should refer to existing global plans and strategies.

He welcomed the move towards assessing impact, but targets needed to be realistic, measurable, geographically well balanced and aligned with the Sustainable Development Goals, which was not the case for the "triple billion" goal. The framework for impact and accountability must specify impact and outcome indicators. The strategic shift towards a country focus entailed enhanced accountability for WHO country offices to ensure proper use of resources, the reallocation of which should be based on transparent criteria. Enhanced accountability and transparency would help to ensure the availability of more flexible, responsive and predictable funds.

Speaking on behalf of Belgium, Canada, Denmark, France, Finland, Germany, Iceland, Japan, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Sweden, Thailand, Uruguay and the United Kingdom of Great Britain and Northern Ireland, he reaffirmed their commitment to promoting gender equality and the health and rights, particularly sexual and reproductive rights, of women, girls and adolescents. He urged the Secretariat to ensure that those issues received adequate attention in the draft programme of work, which should include appropriate commitments in that regard.

The representative of BAHRAIN welcomed the fact that the draft programme of work took account of sustainable development and respected the overarching objective of achieving universal health coverage. All countries would need support to meet the goals set, achieve the Sustainable Development Goals, carry out impact assessments with a view to ensuring proper implementation of the draft programme of work, and focus on the areas of HIV/AIDS and climate change. It was also essential to strengthen cooperation between the Secretariat and WHO country offices, including through capacity-building measures. She expressed support for the draft resolution contained in document EB142/3 Add.1.

The representative of the DOMINICAN REPUBLIC expressed support for the draft programme of work, which was ambitious in scope and inspiring in approach, promoting alignment among global, regional and country activities within the Organization. One of its strengths was acknowledging the need to enhance WHO's leadership and its capacity for innovation, action and coordination to encourage States to develop health policies that would make a difference to people's lives. A goal-oriented approach could inadvertently lead to a focus on populations emerging from poverty, rather than the most vulnerable. In order to avoid inequity, objectives that aimed to close social gaps or improve the social gradient in health would be preferable.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with satisfaction that most comments made by Member States had been incorporated into the new version of the draft programme of work. Its ambitious objectives were based

on the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, to which Member States had already committed themselves. Both the proposed emphasis on the health needs of vulnerable populations and the shift towards outcomes and impacts were praiseworthy, as was the inclusion of universal health coverage as a strategic priority. Intersectoral cooperation and respect for the principle of Health in All Policies were also important. Financial and human resources must be redistributed in order to enable the proposed shift towards impact at country level. Implementation of the draft programme of work would require increased and more flexible funding. WHO should explore solutions to the issue of earmarked funds that restricted implementation in some areas. The proposal to divide the programme budget into two segments was particularly welcome.

The representative of ITALY, noting with appreciation that the updated draft programme of work placed additional emphasis on the health of migrants, drew attention to the high mortality burden associated with kidney failure and the value of kidney transplantation as the most cost-effective treatment. Although noncommunicable diseases had replaced communicable diseases as the most common cause of premature death worldwide, low- and middle-income countries spent significantly less on noncommunicable diseases. Kidney exchange, which was carried out routinely in high-income countries to meet the limited availability of organs and was both equitable and ethical, should be expanded to low- and middle-income countries. Transplantation of organs, in particular kidneys, should be included in the draft programme of work with a view to carrying out a pilot programme on international kidney exchange, which would benefit from WHO oversight, cooperation and assistance to ensure it met the highest ethical and legal standards.

The representative of THAILAND shared some of her country's positive experiences of WHO impact at the country level, both in terms of resource mobilization and policy-making. By maximizing its social and intellectual capital, the Organization could often make a difference without a dollar spent. She fully supported the updated draft programme of work.

The representative of SRI LANKA said that the draft programme of work reflected WHO's determination to adapt to a rapidly changing world and to take account of regional plans and lessons learned. Health was a fundamental human right. He commended the collaborative process followed in developing the draft text, as illustrated by a special technical session convened by the Regional Office for South-East Asia to brief Member States. Such collaboration augured well for the successful implementation of the document. The strategic objectives in the document and the five platforms established to help to improve population health would support the achievement of the Sustainable Development Goals. He welcomed both the proposed shift towards a country-based, service-oriented culture and the focus on health outcomes. The ambitious goals set forth in the draft programme of work should be seen as an investment and should therefore be considered separately from the budget required for implementation.

The representative of JAMAICA requested clarification of the timeline for developing a detailed operational plan and budget for the draft programme of work. While the focus on impact and outputs was commendable, organizational change could be disruptive and must be managed effectively. Increased domestic investment in health might require the mobilization and reorientation of domestic resources and could be a challenge for those Member States experiencing slow economic growth or undergoing structural adjustment. He highlighted the success of the Fourth Global Forum on Human Resources for Health, held in Dublin in November 2017, and stressed the importance of a steady supply of skilled human resources for the implementation of universal health coverage and the draft programme of work. In that connection, WHO should continue to promote adherence to the WHO Global Code of Practice on the International Recruitment of Health Personnel as a global health priority.

The representative of JAPAN welcomed the focus on ageing and universal health coverage in the draft programme of work, suggesting the inclusion of references to dementia and patient safety,

respectively, in those contexts. Member States' approval of the vision set forth in the draft should not be directly linked to their approval of the programme budget, although discussion on budget-related matters should commence swiftly once the document had been adopted by the Health Assembly. The practice of budgetary discipline should be sustained. Collaboration with other agencies was crucial. By focusing on areas of strength and delegating areas of weakness, WHO would convince the international community of its cost-effectiveness. He requested more information on the selection of countries for direct engagement and the process of transferring responsibilities to countries.

The representative of COLOMBIA welcomed the prominent role given to global health governance in the updated draft programme of work. Work to measure and assess WHO reform had helped to identify the positive impact of measures taken and enabled early corrective action, where required. He highlighted the need to further strengthen accountability and to align the draft with the programme budget in order to ensure effective implementation, requesting additional information on the types of accountability mechanisms envisaged. The current wording of paragraph 80 of the draft appeared to suggest that the WHO Framework of Engagement with Non-State Actors covered aspects relating to conflict of interest only, which was incorrect. The Framework governed all WHO engagement with non-State actors, and the paragraph in question should be revised accordingly. While improving human capital across the life course, as outlined in platform 1, was a solid aim, it was important to remember that the benefits of healthier populations were not purely economic. The draft resolution should address only the achievement of the objectives set out in the draft programme of work, not the Sustainable Development Goals, as the scope of WHO's work was broader than sustainable development alone.

The representative of BRAZIL welcomed the incorporation of Member States' views and perspectives in the draft programme of work, which would guarantee it broad support. She fully supported the strategic objectives set out therein and welcomed the greater clarity afforded by the updated draft. Universal health coverage objectives must be aligned with the 2030 Agenda for Sustainable Development. It was not obvious why the draft programme of work referred to "advancing UHC", rather than "achieving UHC", which was the wording used in the 2030 Agenda. When referring to fragile and vulnerable countries, the fact that WHO was concerned with health-related vulnerability should be specified. The proposed interaction among the five platforms under the strategic priority of achieving healthier populations should be defined, ensuring that they were truly interconnected and also supported the other two strategic priorities. Further discussion on financing and accountability was needed, and she requested information about further steps to be taken towards the adoption of the draft programme of work by the Health Assembly.

The representative of MEXICO welcomed both the alignment of the strategic priorities in the draft programme of work with the 2030 Agenda and the Sustainable Development Goals and the emphasis on disease prevention and health promotion. In that regard, primary health care should be bolstered and there should be a focus on the health of vulnerable populations. The strategic objectives were fully in line with her country's national priorities and priorities in the region, and regional experiences could provide valuable input for global action. In the context of WHO reform, efforts should focus on building bridges between headquarters and the regions. The absence of health meant deprivation and a lack of opportunities; Member States must take dedicated action to meet the major challenges ahead.

The representative of BHUTAN said that the participatory approach to developing the draft programme of work illustrated the positive changes within WHO, which should be sustained. He strongly supported the adoption of the draft programme of work.

The representative of FIJI expressed reservations about broadening the scope of platform 5, which had previously focused specifically on the health effects of climate change in small island developing States, to include "other vulnerable settings" since that might dilute efforts and spread

already limited resources too thinly. While climate change undoubtedly posed threats to health in all countries, the scale and urgency of the challenges facing small island developing States was such that a clear focus and prioritization were crucial. The explicit focus of the earlier draft programme of work on small island developing States should therefore be restored, as lessons learned in those settings would be relevant to other Member States.

The representative of VIET NAM said that the inclusive process used to develop the draft programme of work would ensure strong Member State ownership. Commending the alignment of strategic priorities with the Sustainable Development Goals and noting the importance of reflecting changes in population health, she highlighted the need for consistency among past and future general programmes of work. The Director-General's commitment to providing strategic and policy support to Member States on health systems strengthening and human resource development was encouraging. She welcomed the financing proposals to fund the strategic priorities and supported endorsement of the draft programme of work.

The representative of the NETHERLANDS said that the draft programme of work was a joint effort between the Secretariat and Member States and would serve mainly as an accountability instrument for future work. There was a need for greater balance among the three strategic objectives and the draft would benefit from a clearer focus. In connection with universal health coverage, the role of the private sector in ensuring access to high-quality health care should be mentioned. At its fourth special session, held in Geneva in November 2017, the Board had identified sexual and reproductive health and reproductive rights as a key element of the draft programme of work; he asked why the issue had been subsumed into platform 1, "Improving human capital across the life course". While the concept of platforms was good, they mainly described current activities, and he encouraged the Director-General to be more ambitious. Further discussions were needed on financing the implementation of the draft programme of work.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the consultative process of developing the revised draft programme of work and expressed strong support for the focus on health systems. When implementing the commendable commitment to place countries at the centre of WHO's work, national contexts needed to be taken into account.

The representative of INDONESIA<sup>1</sup> expressed support for the draft programme of work. Its ambitious targets would require continuous support from all stakeholders, together with a sharpened focus on key health issues. He called for a more transparent explanation of how resources would be mobilized for the three strategic priorities and requested that his delegation's previous comments concerning resource mobilization be incorporated into the draft. He asked whether current programmes and initiatives not covered in the draft would continue to be pursued and requested assistance from the Secretariat in aligning the Programme budget 2018–2019 with the draft programme of work.

The representative of ARGENTINA,<sup>1</sup> welcoming the ambitious draft programme of work, expressed support for the Director-General's view that details of how the strategic priorities would be financed should be provided in the proposed programme budgets for 2020–2021 and 2022–2023. WHO should be held accountable not only for the outcomes achieved, but also for the processes and efforts employed to obtain those outcomes. More information was needed on the draft impact framework, how it had been designed and the methods used to quantify its impact. If effective implementation of the Framework of Engagement with Non-State Actors remained a priority, WHO's leadership role in that regard should be more explicitly stipulated in the draft programme of work. If it

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



was not a priority, why not? Finally, she asked how the Secretariat planned to monitor and evaluate implementation of the draft programme of work.

The representative of POLAND<sup>1</sup> expressed support for strengthening the Organization's normative role. With regard to the draft programme of work, he said that paragraph 95 of the text should clearly distinguish between internal Secretariat documents and documents on which consultations would be held with Member States. The framework for cooperation between WHO and the Office of the United Nations High Commissioner for Human Rights should contribute to achieving Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls), particularly target 5.6. Closer cooperation was needed between WHO and data collection and analysis entities, such as OECD and Eurostat, while ensuring that duplication was avoided and the reporting burden on Member States was not increased. He asked whether the "World Health Assembly-approved metrics" mentioned in paragraph 106 of the draft programme of work had already been adopted or whether new indicators were planned.

The representative of DENMARK,<sup>1</sup> welcoming the improvements made to the draft programme of work, expressed strong support for the document's alignment with the Sustainable Development Goals. He urged WHO to strengthen its leadership on the global understanding of the concept of health, which should be perceived in a broad sense that encompassed human rights, gender responsiveness, and sexual and reproductive health and rights. An innovative approach to resource mobilization was needed, particularly in view of concerns about ambitious financial estimates, and clearer prioritization and contingency planning were to be encouraged. The focus on antimicrobial resistance and noncommunicable diseases was welcome. Healthy ageing should be made a priority in tackling the challenges of noncommunicable diseases. WHO's normative and standard-setting role was of the utmost importance, and strong country offices were essential in supporting Member States. While the proposed move towards outcome and impact assessment was necessary, it could not be completed overnight. WHO should continue its own reform process and also engage in the wider United Nations reform instigated by the Secretary-General.

The representative of the PLURINATIONAL STATE OF BOLIVIA<sup>1</sup> welcomed the draft programme of work, in particular its alignment with the Sustainable Development Goals and its human rights-based approach. It should aim to benefit all Member States, especially developing countries, while taking account of specific country situations. Recognizing the importance of WHO's normative role, he stressed the need for cooperation with other stakeholders to be managed transparently and in such a way as to avoid conflicts of interest. Full implementation of the Framework of Engagement with Non-State Actors was essential in that regard. Resource mobilization and the prioritization of work needed further fine-tuning, and greater flexibility was required in the allocation of voluntary contributions.

The representative of GABON<sup>1</sup> called on the Secretariat to continue revising the framework for impact and accountability included in the draft programme of work so that it took full account of specific country situations. Adoption of the draft by the Seventy-first World Health Assembly would ensure that the Organization had ample time to mobilize the necessary resources before implementation began.

The representative of the RUSSIAN FEDERATION<sup>1</sup> welcomed the draft programme of work, particularly its alignment with the Sustainable Development Goals. Every Member State should have a clear understanding of the particular contribution it could make to achieving the "triple billion" goal.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

In paragraph 70 of the draft, mention should be made of the global coordination mechanism on the prevention and control of noncommunicable diseases.

Turning to the draft resolution, he suggested that paragraph 2 should refer only to Member States identifying their roles and actions for achieving the goals of the draft programme of work, and that paragraph 3 should provide for an interim progress report to be submitted to the Seventy-fourth World Health Assembly.

The representative of MOROCCO<sup>1</sup> welcomed the revised draft programme of work. Noting the lack of funding in the areas of noncommunicable diseases and health emergency preparedness, he expressed support for increased investment in health and more innovative funding mechanisms. Greater efforts should be made to expand the Organization's donor base, improve geographical and linguistic representation in recruitment and training, enable developing countries to produce their own medicines by using the flexibilities afforded by intellectual property agreements, and provide technological support for research and development projects.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> said that the draft programme of work was an appropriate and timely step towards achieving the Sustainable Development Goals. The draft's ambitious yet necessary targets would require a harmonized strategy that encompassed financial and human resources and included precise monitoring and evaluation metrics and mechanisms. Humanitarian issues should be borne in mind. There was a need for balance between WHO's operational tasks and its normative role. Unearmarked financial resources should be increased, with the Framework of Engagement with Non-State Actors playing an important role in that regard. Furthermore, WHO should not be asked to address contentious issues that did not necessarily have health-related consequences and did not fall directly within its mandate, as that could undermine its integrity.

The representative of PORTUGAL<sup>1</sup> expressed support for the updated draft programme of work, in particular the inclusion of a financial estimate and an impact framework, the alignment with the Sustainable Development Goals, and the human rights-based approach taken, which was essential for achieving universal health coverage. However, the draft should: better reflect the fundamental need to respect human rights in mental health interventions; more fully address the harmful impact that over-medication could have on mental health; include a more direct commitment to reducing obesity, particularly childhood obesity; more strongly reflect the need to support policies promoting transparency in access to medicine; further highlight the importance of addressing the challenges of an ageing population and the related health risks; and take a more systematic and holistic approach to sexual and reproductive health and rights, taking into account the specific health needs of people living with HIV/AIDS and lesbian, gay, bisexual, transgender and intersex people.

The representative of ETHIOPIA<sup>1</sup> welcomed the strategic and organizational shifts proposed in the draft programme of work, which would be of benefit to Member States. The emphasis on primary health care as a vehicle for achieving universal health coverage was particularly appreciated. The strategies and initiatives in the draft programme of work should focus on building strong and resilient health systems and on the Secretariat's role in helping developing countries to benefit from the flexibilities provided in the TRIPS Agreement and Doha Declaration and build their local production capacities to ensure access to essential medicines and vaccines. The geographical scope of measures relating to the impact of climate change on health should be expanded in order to address the growing health and nutrition concerns of countries vulnerable to extreme drought caused by climate change.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,<sup>1</sup> welcoming the improvements made to the draft programme of work, said that the impact framework should be further amended to include clear metrics. The draft programme of work did not clearly articulate how accountability for work on the five platforms would be assured across the various levels of the Organization. Paragraph 72, on platform 4, “Tackling antimicrobial resistance”, should be more comprehensive. Specific reference to the safety of health services, which was a key part of universal health coverage, had been removed, and it was disappointing that no reference had been made to dementia. Noting the additional detail on the role of regional offices in universal health coverage, she asked how the Secretariat planned to leverage the offices’ unique position in other aspects of the draft programme of work. She also asked whether the performance management strategy would be strengthened with regard to managing poor performers. Expressing concern regarding financing, she stressed the need for comprehensive and realistic information on the overall costs involved, highlighting the need to avoid making risky assumptions about the continuation of funding for poliomyelitis activities.

The representative of AUSTRALIA<sup>1</sup> welcomed the improvements and clarifications made to the draft programme of work, particularly in terms of the increased focus on ageing populations, gender equality and human rights, the shift away from the broad statement that WHO would become “more operational”, the move towards outcomes, and the emphasis on strengthening country preparedness for health emergencies. The impact framework would be central to its implementation and to achieving results and building confidence in WHO’s commitment to transparency and accountability. He urged the Secretariat to ensure that the revised framework was made available well in advance of the Seventy-first World Health Assembly and highlighted the critical importance of realistic planning throughout the programme budget process.

(For continuation of the discussion, see the summary record of the third meeting, section 2.)

**The meeting rose at 18:30.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

### **THIRD MEETING**

**Tuesday, 23 January 2018, at 09:00**

**Chairman:** Dr A. HAFEEZ (Pakistan)

#### **1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 5 of the agenda

**Appointment of the Regional Director for the Americas:** Item 5.8 of the agenda (documents EB142/33 and EB142/33 Add.1)

**The meeting was held in open (private) session until 09:45,  
when it resumed in public session.**

At the request of the CHAIRMAN, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Americas adopted by the Board in open (private) session:<sup>1</sup>

The Executive Board,  
Considering the provisions of Article 52 of the Constitution of the World Health Organization;  
Considering the nomination made by the Regional Committee for the Americas at its sixty ninth session,

1. REAPPOINTS Dr Carissa Etienne as Regional Director for the Americas as from 1 February 2018;
2. AUTHORIZES the Director-General to issue a contract to Dr Carissa Etienne for a period of five years as from 1 February 2018, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Etienne on her reappointment.

The REGIONAL DIRECTOR FOR THE AMERICAS thanked the Member States of PAHO for unanimously electing her to serve as Director for a second term, and the Executive Board for reappointing her as Regional Director for the Americas. She listed PAHO's achievements during her first term, which had included: successful epidemic preparedness and response efforts; responses within 48 hours to all declared emergencies and disasters in the Region; the elimination of communicable diseases such as measles and rubella; and the elimination of mother-to-child transmission of HIV and congenital syphilis in a number of countries. Regarding noncommunicable diseases, several countries had adopted legislation on food labelling and introduced taxes on sugar-sweetened beverages at the national level. Regarding health systems, deliveries by skilled birth attendants had increased to almost 100% and the Region had reached the recommended target of 25 physicians and nurses per 10 000 people.

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<sup>1</sup> Resolution EB142.R1.

The priorities for her second term in office were inter alia to advance universal health coverage and universal access; promote a renewed focus on equitable health for all; act as a catalyst for multisectoral and multidisciplinary responses to antimicrobial resistance in the Region; take further action to eliminate communicable diseases and reduce mortality by noncommunicable diseases; and improve the determinants of health through multisectoral approaches. She also planned to lead the regional health sector response to climate change, further improve access to quality affordable medicines across the Region, and ensure that the Region was on track to achieve all the targets under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the health-related targets under the other Goals.

Efforts to achieve the Sustainable Development Goals should draw on the lessons learned since the International Conference on Primary Health Care held in Alma-Ata 40 years earlier. Barriers to access must be systematically identified and removed and national governments must lead and own the process of moving towards universal health coverage. The Region should focus on addressing health inequities by carrying out differentiated interventions to target the poorest, most vulnerable and marginalized members of society. She offered her personal commitment to ensure the maximum possible synergy between PAHO and WHO over the coming five years.

The DIRECTOR-GENERAL thanked Dr Etienne for her wise advice and the key role that she played in the WHO Global Policy Group. It was easy to see why she had been unanimously elected for a second term, as under her strong and steady leadership her office had scored enormous achievements that had improved the lives of millions of people in the Region. He thanked Dr Etienne for her dedication and persistence in ensuring that more people had access to quality health care, and wished her every success in her second term.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, congratulated Dr Etienne and commended PAHO for ensuring that the election had been held in accordance with the established rules and procedures.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that Dr Etienne's reappointment confirmed the collective support for her in the Region and Member States' confidence in her leadership. She looked forward to working with PAHO to continue strengthening the Region's guidance and resilience in response to existing and emerging health threats.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated Dr Etienne on her reappointment and on her successful handling of various health issues in the Region of the Americas during her first term.

The representative of the NETHERLANDS, speaking on behalf of the Member States of the European Region, commended Dr Etienne on the serious progress made on health in the Region of the Americas during the previous five years and wished her every success in her second term. The Government of the Netherlands, which had territories in the Caribbean, deeply appreciated the work being done in the Region.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, expressed confidence that Dr Etienne would continue to serve as a dynamic, able and committed leader who would help to protect and improve health in the Region of the Americas and worldwide. He acknowledged her expertise in areas such as primary health care, and noted that her appointment would strengthen the Director-General's vision for universal health coverage and WHO reform.

The representative of FIJI, speaking on behalf of the Member States of the Western Pacific Region, expressed confidence that the high expectations for the future would be met under Dr Etienne's continued guidance. It was pleasing that the community of small island developing States now had a voice at senior levels in WHO, not only via a Regional Director, but also an Assistant Director-General and a Chief Nursing Officer.

## **2. STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (continued from the second meeting, section 2) (documents EB142/3, EB142/3 Add.1 and EB142/3 Add.2)

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that it was encouraging to see that measurable goals, outcomes and impacts were emphasized throughout the draft programme of work. WHO should aim for excellence in conducting its core business and become more data-driven and results-based. It should advocate only on matters falling under its mandate and focus on providing objective public health expertise grounded in evidence and science and in response to Member State requests. A clearer description and more balanced presentation of universal health coverage were needed. When aligning its work to help Member States to achieve the health-related Sustainable Development Goals, WHO should not lose sight of its core health missions by expending its resources on the achievement of other Goals. The ambition of the draft programme of work should be combined with realistic budgeting and resource mobilization expectations.

The representative of ECUADOR<sup>1</sup> said that the draft programme of work should better reflect cross-cutting areas involving Secretariat management and the WHO strategy for fulfilling its regulatory role in accordance with Article 2 of the Constitution. She would welcome more information on the consultation mechanism being used to improve the draft, given the need to include activities to strengthen interaction with specialized intergovernmental mechanisms, and asked how the draft programme of work fitted in with the implementation of regional programmes. Her delegation had submitted proposed amendments to the draft programme of work in writing to the Secretariat.

The representative of CÔTE D'IVOIRE<sup>1</sup> welcomed the transparent and participatory nature of the process to prepare the draft programme of work, and the flexibility and open-mindedness demonstrated by the Secretariat, which had made it possible to take on board comments and observations by Member States. Because the draft programme of work was ambitious in nature, its implementation would require the Secretariat to make significant efforts, particularly to seek innovative forms of financing.

The representative of SWITZERLAND<sup>1</sup> said that the new version of the draft programme of work was better aligned with the Sustainable Development Goals. She welcomed the importance attached to the social determinants of health and universal health coverage. The United Nations system must be coherent, with each component taking a lead role in its specific area. WHO should be more prominent in the United Nations resident coordinator system and, as of 2026, its programme of work should be aligned with the whole United Nations planning cycle. To that end, the thirteenth draft general programme of work could be extended to 2025, or a transitional programme could be adopted for the period 2024–2025.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of FINLAND,<sup>1</sup> stressing the importance of health system strengthening and capacity-building to achieving health goals, said that WHO had to engage with the wider United Nations system and other partners to make the case for health in the broader policy context. It had to enhance collaboration across all WHO programmes, with a view to delivering the “triple billion” goal and the Sustainable Development Goals. Access to reliable and comprehensive data on health should be ensured, as such data were an essential factor in socioeconomic development and would help national authorities to advocate for investment in health at all levels of policy-making.

The representative of CHINA<sup>1</sup> said that he appreciated the emphasis on the normative functions of WHO, the alignment of headquarters with regional and country offices, and the direct links established between actions, outcomes and accountability. Those principles should be applied in the implementation process. The new version of the draft programme of work reflected the willingness of WHO to reform and the challenges to that reform, such as financing. The Government of China had paid its dues on time and in full, despite current difficulties, and urged other Member States to do the same. WHO reform should enhance value for money.

The representative of BANGLADESH,<sup>1</sup> referring to the “triple billion” goal and the three strategic priorities, said that he looked forward to implementation of the general programme of work, particularly in terms of funding and the resource mobilization mechanism. With regard to the WHO decision to establish platforms to address key issues, vulnerable countries and small island developing States should be part of the platform on climate change. He therefore proposed that the phrase “vulnerable settings” should be replaced by “vulnerable States”.

The representative of CHILE<sup>1</sup> expressed support for the proposal to prioritize multisectoral action, in particular with a view to scaling up efforts to implement high-impact and cost-effective measures for accelerating action on preventing noncommunicable diseases and promoting mental health. To that end, the document should also refer to the Secretariat working through the global coordination mechanism on the prevention and control of noncommunicable diseases, which was intended to facilitate intersectoral collaboration, including with non-State actors. She welcomed the inclusion of a stronger gender perspective, but suggested that it should be a cross-cutting priority. The draft programme of work should also address dementia.

The representative of PERU<sup>1</sup> agreed that the primary role of WHO in emergencies should be to coordinate, not provide, health care. The draft programme of work should treat gender and human rights as cross-cutting issues and, with regard to universal health coverage, should incorporate the health of indigenous peoples from an intercultural perspective. He supported the plan to measure progress using the targets established for the Sustainable Development Goals, which would avoid duplication of efforts, and expressed satisfaction that the latest draft programme of work provided a more accurate picture of the funding and other efforts that would be required to achieve the targets.

The representative of PANAMA<sup>1</sup> said that the draft programme of work should include technical criteria that went beyond those used to define the Sustainable Development Goals, which did not reflect all aspects of health. Member States would be more committed to implementation of the programme of work if it encompassed regional and country specificities. The draft programme of work should place greater emphasis on health promotion and disease prevention. She welcomed the elimination of indicators but stressed the importance of impact evaluations and accountability. The purpose of the “outcomes” mentioned at the end of the document was not immediately obvious. The document should mention what evaluation mechanisms would be used to assess the impact of

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

normative products. It should also be structured in a more practical and readable way. She agreed with the previous speaker on the need to include a strategy for indigenous peoples.

The representative of EGYPT<sup>1</sup> welcomed the inclusion in the draft programme of work of universal health coverage as a strategic priority. Achieving such coverage would require efforts to address shortages, ensure access to innovative medicines and vaccines, and promote research and development and synergies. He urged the Secretariat to implement the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines, together with all relevant stakeholders. It was important to preserve the leading role of WHO on global public health matters, including the setting of evidence-based norms and standards. A robust and comprehensive conflict of interest policy was required if WHO was to expand its engagement with non-State actors. The reference to the Global Policy Group in paragraph 105 should be redrafted to reflect the Group's advisory nature. He welcomed the Secretariat's use of consensual language, drawn from the Sustainable Development Goals, on contentious issues and urged Member States not to raise issues, such as lesbian, gay, bisexual, transgender and intersex and sexual rights, whose inclusion in the draft programme of work might delay its approval.

The representative of the REPUBLIC OF KOREA<sup>1</sup> agreed that the strategic priorities set out in the draft programme of work should be interlinked and based on the Sustainable Development Goals, and commended the inclusion of previously understated issues such as healthy ageing. However, greater clarity was needed regarding how the second and third strategic priorities would be conceptualized, measured and tracked. The interlinking of the strategic priorities meant that their outcomes and impacts might overlap, making it difficult to measure individual outcomes and impacts accurately. The Secretariat should therefore clearly define the strategic priority concepts, measurements and monitoring schemes.

The representative of NORWAY<sup>1</sup> applauded the fact that the draft programme of work situated WHO more clearly within the larger United Nations family, but stressed that the Organization had to advance implementation of United Nations reform and enable the United Nations to deliver as one. He was pleased that the strategic priority on universal health coverage was strongly rooted in primary health care. Benchmarking against peer countries, progressive implementation and equitable expansion of access were important elements to consider in that regard. Concerning the five platforms referred to under health promotion, it was a cause of concern that there was apparently no unifying point in the Organization with overall responsibility for public health and for driving health-related gains through cross-sectoral policy measures. WHO must be able to break down silos and help Member States to do the same.

The representative of BELGIUM<sup>1</sup> noted the key role attributed to the impact and accountability framework and the taxonomy of outcomes in the draft programme of work, but suggested that the outputs delivered by WHO deserved equal attention. The relationship between outputs, inputs and impacts should be clarified by means of contribution analyses. The Secretariat had to convince Member States and other donors to provide it with the flexible resources needed to implement the programme of work, and set an example in terms of accountability and transparency.

The representative of ANGOLA<sup>1</sup> said that her Government supported the emphasis placed on measuring impacts, empowering regional and country offices, and building the capacities of Member States to develop more resilient health systems. She commended the Secretariat for initiating an inclusive consultation process and listening to the concerns of Member States.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



The representative of GHANA<sup>1</sup> said that the focus in the draft programme of work on country-level work, workforce development, universal health coverage, emergencies and the Sustainable Development Goals was a step in the right direction, as was the adoption of meaningful metrics to assess the outcomes and impacts of the Organization's work. He had concerns, however, about funding, since donors continued to earmark contributions, and about the failure to mention intellectual property barriers to access to medicines.

The representative of GERMANY<sup>1</sup> thanked the Director-General for clearly stating that the draft programme of work was not intended to answer all the practical budget questions its implementation would raise. That being said, there had to be a common understanding of the potential wider implications of redistributing resources from major offices. The draft programme of work had to address accountability, risk management and evaluation, and the governing bodies would have to ensure adequate oversight if more resources were provided at the country level. He asked for clarification of the process for amending the draft resolution.

The representative of INDIA<sup>1</sup> expressed support for the proposals set out in the draft programme of work for flexible financing and increased assessed contributions. Voluntary contributions should be unearmarked, in order to ensure that donors did not directly or indirectly influence programme prioritization. More information should be provided on the type of support that the Secretariat would give to Member States to strengthen their health emergency preparedness and response capabilities. Regarding the "triple billion" goal and the three strategic priorities, country targets should be established that focused on how many countries had set a timeline for the introduction of universal health coverage. As the lack of access to medicines and vaccines in developing and least developed countries was a major shortcoming of the global health architecture, he wondered why neither the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, nor the recent first World Conference on Access to Medical Products and International Laws for Trade and Health, hosted by India, was mentioned in the draft. Furthermore, it would be best to avoid the phrase "fair pricing", as it shifted the focus from access and affordability to profit. The process relating to the Framework of Engagement with Non-State Actors had to be followed up, as a comprehensive conflict of interest policy, covering both institutional and individual interests, was still lacking.

The representative of the CZECH REPUBLIC<sup>1</sup> said that she supported the request, made by the representative of Chile, to refer to the global coordination mechanism on the prevention and control of noncommunicable diseases.

The representative of ISRAEL<sup>1</sup> expressed support for the strategic priorities set out in the draft programme of work, but suggested that future discussions should pay more attention to WHO reform, particularly accountability mechanisms, transparency and practical priority-setting. The use of technology, innovation and entrepreneurship in public health also merited closer consideration. He hoped that the final conclusions of the WHO Expert Reference Group on the Draft Thirteenth General Programme of Work Impact Framework 2019–2023 would be reflected in the draft programme of work before its final approval by the Health Assembly.

The representative of UNFPA said that sexual and reproductive health and rights should be given greater prominence in the detailed planning and budgeting for the draft programme of work. More attention should also be paid to developing plans and allocating funding to protect the health of women, children and adolescents.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The observer of the GAVI ALLIANCE said that the draft programme of work should recognize immunization as a platform on which to build universal health coverage. Immunization was a highly cost-effective means of preventing infections and reducing antimicrobial resistance.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, welcomed the explicit inclusion of palliative care as an essential service of universal health coverage and the recognition of the need to increase the provision of palliative care for everyone worldwide.

The representative of the INTERNATIONAL FEDERATION ON AGEING, speaking at the invitation of the CHAIRMAN, welcomed the strong focus on the life course perspective in the latest draft of the general programme of work. Nonetheless, WHO had a responsibility to eradicate discriminatory practices, such as the use of age brackets in its monitoring of noncommunicable diseases. It was important to remember that older people had the same right to benefit from research and tailored health services as younger people.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the importance of interprofessional collaboration with regard to paragraphs 41 and 42 of the draft, which related to the health workforce. It would be advisable to include the topic of patient safety in the draft programme of work, so as to promote the continued leadership of WHO in that field.

The representative of the INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE, speaking at the invitation of the CHAIRMAN, suggested that an additional paragraph, 37(a), should be inserted into the draft programme of work, to acknowledge the fact that rehabilitation services for vulnerable groups were lacking in most countries and that WHO, together with partner organizations, was building technical capacity at the country level in order to meet the needs of those groups.

The representative of the WORLD FEDERATION OF ACUPUNCTURE-MOXIBUSTION SOCIETIES, speaking at the invitation of the CHAIRMAN, said that evidence was emerging that including traditional, complementary and integrative medicine services in universal health coverage plans could alleviate pressure on health systems and reduce costs. The development of guidance tools for the appropriate integration of such services in health systems should be included in the draft programme of work.

The representative of the THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, commended WHO for the improved language on palliative care used in the draft programme of work. It was crucially important that medical professionals were provided with ongoing education on the subject of palliative care.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed disappointment that the draft programme of work did not outline steps to address the Organization's funding crisis, did not acknowledge that the operations of transnational corporations in several sectors were a major contributor to ill health, and did not address key issues regarding access to medicines. Another cause for concern was the use of the term "fair pricing" to replace the earlier concept of "affordable pricing".

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on WHO to develop a comprehensive mechanism to ensure the full and effective participation of youth-led and youth-serving organizations in all areas relating to the draft programme of work. WHO should also further

develop its internship programme to make its internships available to all young people, whatever their socioeconomic background.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, pointed out that the draft programme of work still contained no reference to the importance of sound nutrition or protecting a woman's right to breastfeed. The draft failed to fully identify the risks of engagement and partnership with the private sector. Regulation was crucially important, and WHO must not allow itself to be used as a cover for corporations whose practices had a detrimental effect on health and the environment.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that it might be useful to indicate a minimum recommended proportion of health care expenditure to invest in primary care at the country and regional levels. Investment in training and education for health care workers, particularly family physicians, should be clearly supported.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that general references to dementia and to the draft global action plan on the public health response to dementia 2017–2025 should be added to the draft programme of work, under the topic of either noncommunicable diseases or ageing.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the importance of equitable access to treatment for noncommunicable diseases should be taken into account. Many people living with noncommunicable diseases had difficulty obtaining medicines, including those featured in the WHO Package of Essential Noncommunicable Disease Interventions. The title of platform 2 of the draft programme of work could be changed to "Accelerating the comprehensive prevention and management of noncommunicable diseases and promoting mental health", to bring it in line with the fourth outcome of the new impact and accountability framework.

The representative of ACTION CONTRE LA FAIM INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of World Cancer Research Fund International, said that the omission of WHO's global nutrition targets for 2025 and the United Nations Decade of Action on Nutrition from the draft programme of work was regrettable. Nutrition should be recognized as playing a preventive and protective role under the strategic priority on universal health coverage, and the role of WHO in the advancement of multisectoral collaboration should be highlighted. Furthermore, the draft should reflect a stronger stance on safeguarding the development of policies and programmes relating to nutrition and noncommunicable diseases from commercial interests.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the strategic priority on universal health coverage should include effective noncommunicable disease indicators. WHO should bolster its capacity to provide technical advice, with a view to promoting policy coherence on noncommunicable diseases across health sectors. Member States should take steps to remedy chronic underfunding of programmes relating to noncommunicable diseases, for example by freeing up earmarked contributions. The global coordination mechanism on the prevention and control of noncommunicable diseases should be mentioned under platform 2 of the draft.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that sexual and reproductive rights must be addressed in a systematic manner across the draft programme of work. WHO should commit to ensuring access to a minimum initial service package for reproductive health for women and girls fleeing crises. It should strengthen its cooperation with governments, other United Nations system

agencies and civil society, in order to achieve accountable country implementation and increase community engagement. The draft should make further reference to existing WHO programmes, such as the Partnership for Maternal, Newborn and Child Health.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, pointed out that WHO remained chronically underfunded; any increase in the direct involvement of WHO at the country level would therefore come at the expense of fewer resources for other activities. A global shortage of trained health care workers was looming. WHO should support adequate training for and distribution of health workers to meet that shortage.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that her organization was concerned that the draft programme of work contained no specific plans to address pneumonia. The Executive Board should support the development and delivery of pneumonia action plans and road maps. WHO must lead the global health community by holding governments to account when they failed to fund their health systems in a sustainable and non-discriminatory manner.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, said that obesity treatment and care should figure as essential services under universal health coverage and that WHO should help Member States to provide them. The target on child and adolescent obesity in the draft impact framework should be expanded to also address adult obesity and a physical activity target should be included. WHO should clarify its position on partnerships with civil society and the private sector, making it clear that the role of the private sector should be limited to the delivery of services.

The representative of the WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, said that the role of self-care in attaining the Sustainable Development Goals should be recognized. Changing the classification of appropriate medicines from prescription to non-prescription status cut health care costs and helped health systems to meet patients' needs. WHO could provide information on health care products to help to develop health-literate populations, but education providers would need to form partnerships with health care services for such efforts to have maximum effect.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed concern that the draft programme of work did not recognize that investment in health employment could stimulate economic growth. Although the adequate provision of water, sanitation and hygiene was pivotal for essential health services, it was mentioned only in a footnote on antimicrobial resistance. The draft did not reflect the negative effect that changing polio funding would have on WHO or the risk that polio transition posed to immunization services, especially for countries facing transition from GAVI Alliance support.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should take on a stronger leadership role with regard to the comprehensive protection of children by coordinating stakeholders at all levels.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that capacity-building would be needed across WHO to meet targets relating to ageing, especially at the country level. WHO should allocate funding to address ageing, any reference to which was worryingly absent from the financial estimate for the draft programme of work. Her organization reiterated its concern that WHO continued to focus on premature mortality and those under 70 years of age in its work on noncommunicable diseases.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, reminded the meeting that the adoption of the draft programme of work did not imply the adoption of the accompanying financial estimate, as indicated by the footnote to that effect in the draft resolution.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL thanked Member States for their feedback on the draft programme of work. The Secretariat would use their valuable suggestions as a means of refining the document and strengthening its content in areas such as public health, gender mainstreaming, patient safety, dementia, climate change and universal health coverage.

The process of finalizing the financial estimate for the draft programme of work had already begun, and the Secretariat would submit a draft programme budget for 2020–2021 to the Seventy-second World Health Assembly in 2019 for Member States' consultation and approval. That being said, the period between May 2018 and May 2019 would be important in terms of resource mobilization.

Achievement of the "triple billion" goal set out in the draft programme of work would require a joint effort by Member States, non-State actors and the Secretariat. WHO's contribution would be shown via the results chain in the context of the Programme budget 2020–2021 and would include outputs related to Secretariat activities. The WHO Expert Reference Group had also started to explore innovative ways of enhancing contributions, not just by WHO but by the entire global health ecosystem. It had to be remembered that country and regional goals were important factors in the programme's implementation; indeed, results were really only produced at the country level.

The Secretariat intended to introduce an independent accountability mechanism. It was aware that the outcomes and indicators contained in the draft programme of work published in November 2017 required further review. Amendments would be issued as they became available, between February and April 2018, including one concerning the indicator on antimicrobial resistance.

Measures designed to avoid duplication of work and the formation of silos would be incorporated into the revised draft programme of work. The Deputy Director-General for Programmes was in charge of ensuring integration across all levels of the Organization, with universal health coverage and WHO emergency work serving as unifying points in that regard. In addition, every effort had been made to design the budget structure in such a way that silos became a thing of the past.

WHO remained firmly committed to United Nations reform. The fact that, like the draft programme of work, United Nations reform was focused on the country level would make it easier to align the two. Operational issues related to performance management, regional coordination and country office accountability would be addressed in the course of the implementation of the programme of work, specifically within the transformation agenda and in structures such as the programme budget.

The REGIONAL DIRECTOR FOR EUROPE said that the Secretariat welcomed Member States' proposals and guidance aimed at strengthening the draft programme of work, particularly in the areas of public health and primary health care and with regard to the impact and accountability framework. The Secretariat's leadership team, along with the Regional Directors, remained committed to working with Member States and partners to implement the programme. The three levels of the Organization would work in harmony to avoid the formation of silos and support country efforts to effect change. Political commitment from the highest level of government would nonetheless be needed to move forward successfully with the general programme of work.

The DIRECTOR-GENERAL welcomed Member States' constructive comments and active engagement on the draft programme of work. The Secretariat would incorporate their suggestions in the draft general programme of work and publish a revised version of the draft for further consultation.

WHO existed in an ecosystem of partners, each of which played a crucial role in achieving the Sustainable Development Goals. WHO would only accomplish the ambitious goals of the general programme of work by working with partners from all sectors, including civil society and the private

sector. Steps must therefore be taken to strengthen the Framework of Engagement with Non-State Actors in order to protect the Organization's work from conflicts of interest and undue influence.

A continuing commitment to accountability and transparency would also be vital to effectively measure the impact of the general programme of work and ensure the success of the Organization's transformation agenda. Cultural change would be integrated into WHO initiatives and processes to transform the Organization's ways of working. The change would be driven by the Secretariat leadership team and would encompass every part of the Organization.

Advocacy would play a key role in the transformation agenda. WHO must seek to capitalize on its leadership role in global health and use its normative and technical expertise to advocate for adequate and sustainable financing of global health. It must continue to develop evidence-based public health advocacy initiatives and campaigns aligned with its strategic priorities.

In order to deliver on the three strategic priorities and obtain results in keeping with the goals of the general programme of work, appropriate levels of flexible, aligned and predictable funding would be crucial. He urged Member States to make the unearmarked contributions that would allow for greater independence and flexibility. In doing so, Member States would provide the Secretariat leadership team with the opportunity to deliver clear results and prevent the formation of silos.

**The meeting rose at 12:35.**

## **FOURTH MEETING**

**Tuesday, 23 January 2018, at 14:35**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (documents EB142/3, EB142/3 Add.1 and EB142/3 Add.2) (continued)

The DIRECTOR-GENERAL, responding further to the points raised, acknowledged the importance of gender mainstreaming and said that it should feature strongly in the draft thirteenth general programme of work. Regarding sexual and reproductive health and rights, the language used in the draft programme of work was the same as that used for the related Sustainable Development Goals. The focus should be on action and implementation, rather than on language. He therefore recommended that the current language should be retained in order to avoid any further delays in effecting work in that area. Addressing the comments made regarding the insufficient emphasis on breastfeeding and its role in providing the basis for a long and healthy life, he said that the importance of breastfeeding would be highlighted in the revised version of the draft programme of work.

With regard to the Global Polio Eradication Initiative transition process, a strategy and plan had been developed and would be further refined, in collaboration with Member States, for consideration at the Seventy-first World Health Assembly. As the amount of funding for polio programmes was significant, the potential impact of its withdrawal on WHO operations and programmes in other areas must be minimized. During the transition period, the amount of polio funding that was being used for other related programmes – such as vaccination programmes – would be estimated, so that those programmes could be continued and any critical gaps left by the decrease in polio funding could be addressed.

The CHAIRMAN said that he understood that the Secretariat would amend the draft programme of work, taking into account the comments made, and would issue a revised draft resolution.

**It was so agreed.**

The CHAIRMAN invited the members of the Board to submit proposed amendments to the Secretariat in writing. The revised version of the draft thirteenth general programme of work and the revised draft resolution would be distributed the following day.

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

**WHO reform:** Item 3.2 of the agenda (document EB142/7 Rev.1)

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee welcomed the value-for-money approach and WHO's commitment to increased efficiency and cost savings. The concept of value for money focused on impact and outcome, rather than output and process, and should apply to WHO's financial and human resources alike. Member States had agreed

that, although cost savings and efficiencies were important objectives, the quality of programme delivery should be the principle focus for the Organization. The Committee welcomed WHO's commitment to equity and ethics in addition to economy, efficiency and effectiveness. It had noted and shared the concern expressed by the Independent Expert Oversight Advisory Committee regarding the risk of over-institutionalizing a value-for-money approach. The concept of value for money was concerned primarily with making the best use of available resources in order to achieve the greatest sustainable development impact. There had been agreement that the implementation of the value-for-money approach should be accompanied by strengthened accountability. Use of the approach in the prioritization of existing work programmes had also been discussed. The value-for-money approach would be piloted and the results reported to Member States. The Committee had recommended that the Executive Board should note the report by the Director-General.

The representative of THAILAND said that WHO needed to improve its value for money and health impacts. Staff at all levels of the Organization should be equipped with the skills to impart WHO's soft power and social capital to achieve its goals at low cost. The Director-General and his leadership team should consider how they could be role models for healthy behaviours. Previously, fruit had been provided to participants at Executive Board sessions during meeting breaks and the timetable of meetings had ensured a balance between work, rest and physical activity. He suggested that the Director-General should reinstate those practices.

The representative of IRAQ said that WHO reform and the WHO transformative agenda were closely connected. Issues related to WHO reform, which had been extensively discussed at past Health Assemblies, should be integrated into the draft thirteenth general programme of work, 2019–2023, which in turn could serve as a driver of reform.

The representative of BRAZIL noted with satisfaction that the report not only addressed the principles of economy, efficiency and effectiveness, but also recognized the importance of equity and ethics. He requested further information on the interplay of those five principles, especially in situations where they might come into conflict. He looked forward to seeing how elements such as cross-sectoral work and cost assessment would be applied to new actions and initiatives as part of the proposed strategy and implementation plan for value for money in WHO. It was essential that efforts to improve efficiency should not create additional bureaucratic hurdles. Although the focus on maximizing health impacts while ensuring value for money was welcome, the core mission and purpose of the Organization, namely to save lives, should not be forgotten. His Government looked forward to further discussion on the proposed strategy and implementation plan.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that value for money was a key business concept and it was appropriate for the Secretariat to adopt such a focus in resource-constrained times. She underscored the recommendation of the Independent Expert Oversight Advisory Committee to avoid over-institutionalizing the value-for-money approach.

The representative of FRANCE welcomed the shift towards an organizational culture driven by results, but which ensured that the principles of equity and ethics continued to guide the Organization's actions. However, the need to ensure accountability was not sufficiently developed in the proposed implementation plan. He requested examples demonstrating that value-for-money actions would not compromise the quality of the Organization's output. More detailed information on the outcome of the consultations and sessions mentioned in the report was also needed. He requested further clarification of the financial links with other funds, in particular the recent financing agreement between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, amounting to US\$ 50 million.



The representative of JAPAN welcomed the value-for-money approach, but cautioned that measuring value for money in normative and standard-setting work was not an easy task. For example, although the revision of the International Statistical Classification of Diseases and Related Health Problems was one of the most important functions of WHO, it would be difficult to measure its direct benefit. He therefore asked the Secretariat to provide more precise information on how the value-for-money principle would be applied in the prioritization of the Organization's normative and standard-setting work.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that several focus areas of the Transformation Agenda of the WHO Secretariat in the African Region could provide useful lessons for the Organization, including on restructuring country offices to make them more fit for purpose and on enhancing accountability for results. The Secretariat should also draw on lessons learned from governance reforms, with a view to drafting concrete recommendations on improving the work of the governing bodies. He urged the Secretariat to support countries to develop systems to gather good quality information to measure tangible outputs. Regional and in-country consultations should be organized to enable Member States to conceptualize the value-for-money approach, taking into consideration the different dimensions of value for money.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> welcomed the value-for-money approach and its integration into the draft thirteenth general programme of work. Senior WHO staff should ensure that mechanisms were in place to foster a strong value-for-money culture. That could include requiring new WHO funding proposals to contain an assessment of their value for money in comparison with alternative options. She urged the Secretariat to: further develop the actions listed in the proposed implementation plan, including the decision-making tool; work with staff to ensure that such actions were fit for purpose; and report on progress made at the Seventy-first World Health Assembly.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that WHO must continue to focus on streamlining its work across all levels of the Organization and improving the efficiency of its management, planning and programmes, particularly in view of the proposed empowerment of country offices. WHO's main asset was its advantage in health compared to other organizations; that asset should be highlighted in the proposed implementation plan, the guiding principles and the priority-setting process. He requested the Secretariat to further develop the concept of establishing strong value propositions at the programme inception and implementation stages. The focus of programme design and implementation should be on improving the health of those who depended on the Organization. WHO must foster a culture within the Organization focused solely on evidence-based interventions. Equity and ethics were core principles guiding the work of WHO but were not helpful in evaluating value for money. Therefore, to evaluate performance, he recommended using the three key dimensions of economy, efficiency and effectiveness. The focus on accountability was welcome and must be mainstreamed at all levels of the Organization to strengthen the case for WHO funding.

The representative of INDONESIA<sup>1</sup> agreed with the importance of implementing a value-for-money approach, which should be integrated into the planning process for country and regional offices. He called on the Secretariat to prioritize programme implementation over management activities in its programme budget.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ECUADOR<sup>1</sup> said that, although optimizing resources was desirable and necessary, she was concerned to see that human and financial resources had been grouped together in the same category. Clarification was needed as to how the Organization would ensure that the application of the principles of economy, efficiency and effectiveness would not have an adverse impact on working conditions and employment practices within WHO. Further explanation was also needed of how the principles of ethics and equity would not override efficiency considerations. Greater consultation with Member States was needed both in global strategic priority-setting, in order to take account of national circumstances, and in revising the country cooperation strategies. While the proposal to incorporate the value-for-money rationale into funding proposals for donors was a good initiative in principle, its impact and performance would need to be evaluated so as not to create unnecessary bureaucracy. Measures to enhance efficiency and effectiveness must not impact WHO's work in key areas, and social and environmental costs must also be taken into account.

The representative of SOUTH AFRICA<sup>1</sup> said that one way to increase efficiency would be to improve communication between the Secretariat and Member States. Too much consultation took place at headquarters in spite of the fact that not all Member States were represented in Geneva; of those that were, many did not have large enough delegations to participate in consultations and negotiations. Documents were often issued without sufficient time for them to be received and read by the national authorities, which prevented some Member States from participating in discussions and providing feedback.

The representative of GERMANY<sup>1</sup> said that transforming WHO into a modern organization would require an increased focus on its staff. He therefore regretted that human resources reform was not on the agenda of the current session of the Board, and hoped that an inclusive discussion on staff mobility and ensuring a motivated workforce could take place through the meetings of the governing bodies, possibly in May 2018.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring), thanking participants for their comments, said that achieving value for money within WHO was a major cultural change that would not happen overnight. The draft thirteenth general programme of work, 2019–2023, would be at the centre of that change, as it contained meaningful, measurable targets and results that would serve as a foundation. He assured Member States that there would be no negative impact on the quality of services. The Secretariat did not plan to establish a new value-for-money department and would ensure minimum bureaucracy. Responding to points raised, he said that May 2018 would be too early for the Secretariat to report back on its efforts; it was preferable to wait until tangible results had been achieved. Inclusion of the equity and ethics principles was the product of brainstorming sessions with regional offices; the value-for-money framework was therefore specific to WHO and worth exploring despite its potential complexities. The principles of ethics and equity would indeed not override those of economy, efficiency and effectiveness.

**The Board noted the report.**

**Public health preparedness and response:** Item 3.3 of the agenda (documents EB142/8, EB142/9 and EB142/10)

The CHAIRMAN drew attention to the report of the Independent Oversight and Advisory Committee contained in document EB142/8, the report on WHO's work in health emergencies contained in document EB142/9, which the Board was invited to note, the draft five-year global

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

strategic plan to improve public health preparedness and response, 2018–2023, contained in Annex 1 to document EB142/10, which the Board was invited to consider, and the proposed draft decision contained in Annex 2 thereto.

A MEMBER OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme said that, despite significant progress in various areas, many staff members were still not fully aware of the details of the WHO Health Emergencies Programme or the related changes within WHO. The Organization must therefore promote transparent and proactive communication at all levels, particularly with regard to the Programme's strategic vision, structure, function and deliverables.

Important challenges remained that limited WHO's performance in outbreaks and emergencies. She outlined a number of the Committee's recommendations, including measures to: make funding more sustainable; address inconsistencies in financial authority across the regions; familiarize staff with the revised standard operating procedures; and improve human resources capacity. The lack of a fully integrated, harmonized global supply chain management system must be urgently addressed. WHO should implement emergency measures under the Framework of Engagement with Non-State Actors. Increased corporate investment and organizational capacities in field security were also needed to address the high levels of security risk faced by staff working in emergency situations.

She applauded WHO's response to multiple emergencies over the past year despite limited resources. However, problems with administration, human resources and business processes were hampering the Programme's capacity to excel. The Programme could not succeed without a proper administrative architecture and functioning standard operating procedures, and she encouraged Member States to provide the Secretariat with the necessary support to fulfil the demands placed on the Programme.

The representative of the NETHERLANDS said that the obstacles and constraints outlined in the report by the Independent Oversight and Advisory Committee required urgent attention and timely follow-up from the Secretariat. He asked the Director-General how he planned to respond to the recommendations of the Independent Oversight and Advisory Committee and requested that, in future, the Committee should issue its report early enough for the Secretariat to include its response, which would make the Board's debate on the issue more effective.

The representative of TURKEY said that WHO should take into account the shortcomings highlighted in the report by the Independent Oversight and Advisory Committee and address them in a timely manner. The WHO Health Emergencies Programme could draw on his country's considerable experience of working with WHO and a range of partners during health emergencies and linking emergency response to universal health coverage, as part of its health systems strengthening agenda. Regarding the global shortage of emergency health workers, WHO should make use of foreign medical teams to help to achieve the Director-General's goal of mobilizing response capacity within 72 hours, and more Member States should be encouraged to participate in the system.

The representative of MEXICO thanked Member States for their spirit of solidarity following the earthquakes in her country the previous year. Her Government would continue to support countries experiencing health emergencies and national disasters via information sharing under the International Health Regulations (2005). She highlighted the importance of community participation during emergencies; local people's knowledge, behaviour and customs could greatly influence outcomes. Her Government was committed to maintaining the core capacities required under the Regulations and to supporting WHO's general programme of work.

The representative of the DOMINICAN REPUBLIC said that WHO needed to focus on its capacity to maintain regular, transparent and proactive communication channels with all audiences, which would enhance its credibility and facilitate the alignment of efforts with resources to prevent

and respond to emergencies. He welcomed plans to ensure the availability of human resources at the strategic and operative levels. It was important to encourage health ministries to draw up agreements with training providers that would ensure that health workers had the skills necessary to respond effectively to disasters. The preparedness of health systems to deal with emergencies and disasters was closely linked to their capacity to prevent and contain outbreaks and epidemics. The WHO Health Emergencies Programme should therefore help States Parties to ensure compliance with the International Health Regulations (2005).

The representative of BAHRAIN expressed support for the recommendations of the Independent Oversight and Advisory Committee. The Secretariat should provide support to help Member States to: enhance country preparedness; improve the response capacity of national public health emergency operations centres; implement the requirements of the International Health Regulations (2005); and develop national action plans for public health preparedness and response, which in turn would support Member States' efforts to achieve universal health coverage and the health-related Sustainable Development Goals.

The representative of IRAQ said that there was a need to strengthen WHO country offices to enable them to work more closely with health authorities in order to ensure a joint response to emergencies. It was also important to: build institutional and human resources capacity; ensure efficient management at the country level; work with other organizations to ensure better investment of resources; improve post-emergency response; and conduct regular and sustainable joint monitoring and evaluation activities. The International Health Regulations (2005) played a key role in the prevention of outbreaks and in emergencies.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, urged the Secretariat to make available to Member States the documentation on the recently established global coordination mechanism for research and development to prevent and respond to epidemics, including the terms of reference and operating procedures. The expansion and country-level focus of the WHO Health Emergencies Programme must not conflict with other WHO programmes and strategies. He expressed support for the recommendations of the Independent Oversight and Advisory Committee regarding the need to strengthen and streamline the due diligence process, including the development of a risk register for non-State actors to expedite the issuance of funding to country-level partners in the context of emergencies.

The draft five-year global strategic plan to improve public health preparedness and response, 2018–2023, should reflect the need to mobilize resources to facilitate implementation of the International Health Regulations (2005), with a focus on linking core capacities with health systems strengthening within the framework of universal health coverage. He asked the Secretariat to expedite the recruitment of skilled staff at the regional and country levels. The implementation of the draft five-year global strategic plan should take into consideration other similar initiatives being undertaken both within WHO and by other organizations and partners at the regional level, such as the recently established Africa Centres for Disease Control and Prevention. He expressed support for the draft decision contained in Annex 2 to document EB142/10.

The representative of the CONGO expressed concern regarding the effectiveness of WHO's actions in countries with weak health systems, for example where poor sanitary conditions and other determinants led to health emergencies and epidemics. In spite of the establishment of National IHR Focal Points, the implementation of measures required under the International Health Regulations (2005) remained inadequate. It was essential to strengthen the response to cross-border epidemics and emergencies; current actions tended to be restricted to localized measures at the national level and were difficult to mobilize.

The representative of PAKISTAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that successful implementation of the WHO Health Emergencies Programme required an appropriate administrative architecture and standard operating procedures across the Organization. In that context, he welcomed the proposal made by the Director-General to establish a global health reserve workforce.

Although progress had been made with regard to the joint external evaluations under the International Health Regulations (2005), further efforts were needed to accelerate the development and implementation of national action plans, with a particular focus on funding.

He endorsed the draft five-year global strategic plan, and noted the need to invest in preparedness measures by developing resilient health systems that were able to cope with outbreaks. In general, he supported the draft decision but requested further emphasis to be placed on the need for the Secretariat and WHO's partners to provide support to Member States to develop, fund and implement national action plans, based on the results of joint external evaluations, in line with a multisectoral approach and under the supervision of high-level national authorities.

In the Eastern Mediterranean Region, a number of States were moving into the early recovery phase. It was thus a suitable time to focus on the transition from short-term humanitarian support to long-term health systems strengthening.

Speaking as the representative of Pakistan, he said that the draft five-year global strategic plan would provide guidance and direction at the national level for the implementation of core capacities and prevent morbidity and mortality associated with disease outbreaks. His Government had already implemented measures to strengthen public health preparedness and response. Further advocacy work was needed to ensure that policy-makers prioritized preparedness, planning and the allocation of financial resources. Technical support from WHO had a positive impact on health security, contributing to social and economic stability. He encouraged all stakeholders to use WHO's Strategic Partnership Portal in order to enhance coordination on global health security.

The representative of CANADA said that successful implementation of the WHO Health Emergencies Programme was contingent on the effective implementation of the requisite processes and systems. WHO must undertake a harmonized organizational transformation agenda. Measures were urgently required to strengthen systems to improve staff security and develop flexible contractual arrangements, drawing on the best practices of the Inter-Agency Standing Committee. She expressed support for the draft five-year global strategic plan and supported continued annual reporting to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment reporting tool. She welcomed the continued momentum with regard to capacity-building under the Regulations and use of the joint external evaluation process to improve public health preparedness and response, and highlighted the importance of linking those efforts with health systems strengthening. She encouraged the Secretariat to work with Member States to develop guidance and tools to support the deliverables outlined in the draft five-year global strategic plan, drawing on their experience in implementing the Regulations.

The representative of the UNITED REPUBLIC OF TANZANIA said that a multisectoral approach was needed to accelerate implementation of the International Health Regulations (2005) and enhance global health security, extending beyond the health sector and incorporating the broader concept of "planetary health security", which covered human health, animal health and environmental sustainability. To enhance coordination, facilitate the sharing of information and foster synergies, stakeholders should use WHO's Strategic Partnership Portal. He expressed support for the draft decision.

The representative of JORDAN said that public health preparedness, especially in countries such as Jordan that hosted a large number of refugees, was of paramount importance. The refugee crisis had been linked to outbreaks and epidemics, including of poliomyelitis. It was therefore

necessary to enhance emergency preparedness, with support from WHO and other international organizations.

The representative of BRAZIL said that seamless organizational transformation, as outlined in the draft thirteenth general programme of work, 2019–2023, could provide solutions to the administrative obstacles facing the WHO Health Emergencies Programme. He requested a response from the Secretariat regarding the references in the report by the Independent Oversight and Advisory Committee to the lack of information and insufficient accountability in the supply chain.

The representative of ITALY said that, at a time of unprecedented global migration, States and their health systems must be prepared to cope with large-scale migration and guarantee the right to health for all. They must uphold their obligations under the International Health Regulations (2005) to ensure effective disease surveillance and reporting, and enhance their capacity to investigate, manage and respond to outbreaks. Access to care for vulnerable groups was particularly important, since their health could deteriorate quickly. An intersectoral approach and cooperation between countries would be the key to managing migration and health effectively.

The migration challenges faced by several Member States in the WHO European Region had inspired the adoption, in 2016, of the Strategy and action plan for refugee and migrant health in the WHO European Region, which focused on policy development, health information and evidence, technical support, advocacy and communication, and which could serve as an example to other regions. To ensure more effective management of migration and health, particular attention should be paid to ensuring access to health care, vaccines, safe water and food, and guaranteeing decent quality of life for migrants. Common approaches should be fostered and universally recognized definitions of “undocumented” and “economic” migrants should be agreed. Migrant health should be integrated into health system operations and planning as a matter of course, rather than being considered an emergency. Enhanced data collection, information sharing, exchange of best practices and intercountry coordination would be essential.

The representative of SWAZILAND said that, given the growing threat of cross-border transmission of communicable diseases, the comprehensive implementation of the International Health Regulations (2005) was crucial. WHO must ensure direct, quick and unhindered communication with all National IHR Focal Points to enable a swift exchange of information and response to epidemic outbreaks. The Republic of China on Taiwan<sup>1</sup> was located at the crossroads of international travel in Asia and thus vulnerable to cross-border transmission of pathogens. Excluding it from global health debate could potentially undermine the right of its people to health and deprive the global health community of its valuable experience and expertise.

The representative of VIET NAM said that she welcomed the progress made in the implementation of the WHO Health Emergencies Programme. In its own effort to promote emergency preparedness, the Government of Viet Nam had established several public health emergency operations centres, in line with WHO guidance. To meet future challenges and enable an effective emergency response, business processes needed to be upgraded. Information sharing, communication and resource mobilization at the country level should be improved, and standard operating procedures for health emergencies should be developed and validated.

The representative of the PHILIPPINES expressed support for the draft five-year global strategic plan and the accompanying draft decision. The Secretariat’s continued support for Member States in building, maintaining and strengthening the core capacities required by the International

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

Health Regulations (2005) was appreciated. Voluntary joint external evaluations, regional surveillance systems and the revised annual self-assessment reporting tool would help Member States to integrate core capacities into their national health systems, exchange information on emerging diseases and measure progress more effectively, thereby promoting accountability.

The representative of THAILAND said that it was unfortunate that the deliverables and indicators for monitoring implementation of the draft five-year global strategic plan had not been available for discussion in the Regional Committee for South-East Asia or through web-based consultation. Deliverables and indicators must reflect, among others, common challenges such as the capacity of National IHR Focal Points, cross-border strategies, trust-based horizontal networks and the deployment of human resources. WHO should convene a comprehensive consultation focusing on clear, concrete and time-bound deliverables and indicators prior to the Seventy-first World Health Assembly. It would further be useful to devise a regular, independent, transparent and objective assessment mechanism to evaluate country performance.

The representative of COLOMBIA said that a strong WHO and technical support for Member States were crucial to improving the response to public health emergencies of international concern. Joint external evaluations under the International Health Regulations (2005) were a useful tool to identify ways of improving national response capacity. Equipping countries to address health emergencies must be a priority. Incentives, such as technology and knowledge transfer and support for epidemiological research, should be provided to encourage full implementation of the International Health Regulations (2005). Information security mechanisms should also be identified to facilitate information exchange while respecting national data protection legislation. In a complex global economic environment, innovative strategies for international cooperation were needed to help States Parties to meet their obligations under the Regulations.

The representative of JAPAN, noting the challenges to the full implementation of the WHO Health Emergencies Programme, as identified by the Independent Oversight and Advisory Committee, asked what WHO intended to do to close the funding gap in the Contingency Fund for Emergencies. He praised the clear indicators and timelines to monitor the implementation of the draft five-year global strategic plan, but requested that the roles and responsibilities of Member States and the Secretariat be defined more clearly. In strengthening its support for States Parties for the implementation of the International Health Regulations (2005), WHO could consider expanding its collaboration with the World Bank. Health emergency preparedness was an important component in achieving universal health coverage and should be integrated into roadmaps and national health strategies. Given the growing risk of cross-border spread of infectious diseases, no region should be left behind.

The representative of JAMAICA said that he welcomed the draft five-year global strategic plan and the request to the Director-General to provide the necessary financial and human resources for its implementation. Member States from the Caribbean region wished to participate as evaluators in joint external evaluations, which would provide them with insightful information to improve their own core capacities. The existing monitoring tools for assessing core capacities should be maintained alongside any new frameworks developed to evaluate implementation of the global strategic plan.

The representative of NICARAGUA<sup>1</sup> said that globalization had increased the threat of cross-border transmission of communicable diseases and the absence of any country from the global health network would undermine global health security. Since committing to the implementation of the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

International Health Regulations (2005) in 2009, Taiwan<sup>1</sup> had engaged constructively with WHO on matters related to implementation of the Regulations and had thus contributed to improving global emergency preparedness and response.

The representative of HONDURAS<sup>2</sup> said that the WHO Health Emergencies Programme had contributed significantly to improved monitoring of and response to public health events in his country. Member States relied on continued WHO support to incorporate the provisions of the International Health Regulations (2005) into their national health plans. Mechanisms needed to be established to facilitate communication between National IHR Focal Points and national health institutions to enable timely information exchange on outbreaks and thereby facilitate early responses.

The representative of AUSTRALIA<sup>2</sup> said that urgent action should be taken to implement the recommendations made by the Independent Oversight and Advisory Committee, in particular with regard to improved communication and reporting. He commended WHO's critical leadership role and ongoing commitment in helping Member States to prepare for and respond to health security threats, reiterating the need for the full implementation of the International Health Regulations (2005) as a foundation for global health security. His delegation fully supported the draft five-year global strategic plan. Echoing the Independent Oversight and Advisory Committee's call for donors to provide flexible funding through multiyear partnerships, he informed the Board of the Australian Government's pledge to provide US\$ 20 million in unearmarked funding over the course of five years to support the WHO Health Emergencies Programme. He urged others to follow suit in order to ensure the future financial sustainability of the Programme.

The representative of the UNITED STATES OF AMERICA<sup>2</sup> said that business processes, administrative systems and operational procedures for emergency response needed to be streamlined. He wished to know how WHO ensured that the Emergency Response Framework was applied consistently across countries and regions. Field visits conducted by the Independent Oversight and Advisory Committee were useful and should include challenging settings. He supported the proposal to make the emergency dashboard available to the donor community and public audiences. The corporate investment case paper, once finalized, should be shared with Member States.

Commending WHO's increased field presence to address critical gaps in responses to outbreaks, he requested information on lessons learned from recent responses and administrative improvements to the WHO Health Emergencies Programme. WHO should conduct rigorous after-action reviews, with input from external experts, and should continue to work with all partners to incorporate into emergency contexts topics set forth in WHO's research and development blueprint for action to prevent epidemics. The draft five-year global strategic plan provided a strong platform for implementation of the International Health Regulations (2005). Member States should consider the role of sectors other than health when discussing budgets and financing for health security. Human and financial resources should be mobilized to improve laboratory biosafety in the context of the Regulations. In a world of disease threats that defied borders, debates on public health preparedness and response should be inclusive. Taiwan<sup>1</sup> should therefore be granted observer status to the Seventy-first World Health Assembly.

The representative of EL SALVADOR<sup>2</sup> said that addressing global public health threats required collective action by the entire international community that was inclusive and universal, leaving no one behind. Her delegation therefore supported the request by the Republic of China on Taiwan<sup>1</sup> to participate in the Seventy-first World Health Assembly as an observer.

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

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



The representative of GERMANY<sup>1</sup> requested additional information on the effectiveness of health emergencies operations at the country level and lessons learned through after-action review. She also requested further information on WHO's operational approach in conflict-affected settings and how it fulfilled its role as the lead organization in the global health cluster under the Inter-Agency Standing Committee. Details on the organization of country-level cooperation and the division of labour among different partners and stakeholders would be appreciated. A list of those cooperation partners, the actions undertaken and challenges encountered would be useful. Additional details would also be appreciated on the use of resources from the Contingency Fund for Emergencies.

To further improve the functioning of the WHO Health Emergencies Programme, Organization-wide communication should be enhanced and the emergency dashboard should be made available to external audiences. Joint external evaluations and the development of national action plans for health security, in line with national health strategies, were important for health systems strengthening. Human resource planning, recruitment and management remained a key challenge. In that connection, she enquired about the rationale behind the proposed staff distribution. The finalization of a sustainable strategy for replenishing the Contingency Fund was crucial and her Government, as the Fund's largest contributor, urged others to contribute as well. The proposed options for procurement should be further elaborated. Additional information was needed on the WHO emergency medical teams initiative.

The representative of the REPUBLIC OF KOREA<sup>1</sup> welcomed the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and its recommendations. Acknowledging the critical role played by the WHO Health Emergencies Programme, she expressed concern with regard to persistent gaps in human resources planning and recruitment for the Programme at all three levels of the Organization.

The representative of INDONESIA<sup>1</sup> said that measures should be taken to facilitate risk assessment and reporting of potential public health emergencies, especially those involving highly vulnerable Member States. WHO's criteria for classifying an event as a public health emergency must be clearly understood. Given the limitations of the core capacity monitoring framework and the low level of compliance with reporting requirements, a global strategic plan for the implementation of the International Health Regulations (2005) was urgently needed, as were new tools for assessing implementation. She requested information on the status of the concept note on the development, monitoring and evaluation of functional core capacity for implementing the Regulations, and said that the draft five-year global strategic plan should focus more on providing support for national processes, such as joint external evaluations and simulation exercises.

The representative of HAITI said that the Regulations constituted an effective way of sharing information and expertise on epidemics and outbreaks. Taiwan<sup>2</sup> had important experiences to share with regard to implementation of the International Health Regulations (2005) and should be invited to participate as an observer in the Seventy-first World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that although WHO's performance in health emergencies was improving, it was not always consistent and could be enhanced further. Coordination with partners, and particularly UNICEF – as the lead organization in the water, sanitation and hygiene cluster – should be a priority. The lack of sustainable funding for the WHO Health Emergencies Programme was a concern; WHO

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must present a solid investment case for the Programme and a strategy for replenishing the Contingency Fund for Emergencies. Member States and donors must step forward with funding.

WHO and its partners were responsible for ensuring that the global humanitarian and health emergency architecture continued to evolve in line with the changing needs on the ground. With that in mind, she asked what lessons had been learned from the less than optimal cooperation between WHO and UNICEF – as related cluster leads – in responding to the humanitarian crisis in Yemen, and how their collaboration would be improved. She also wished to know what would be done to meet the significantly increased global demand for the cholera vaccine. Lastly, with regard to implementation of the International Health Regulations (2005), joint external evaluations were a vital tool for identifying opportunities to strengthen national health systems.

**Mr Davies took the chair.**

The representative of SWITZERLAND<sup>1</sup> welcomed the draft five-year global strategic plan and expressed support for the related draft decision. The Ebola virus disease outbreak had demonstrated the importance of building the core capacities required by the International Health Regulations (2005), particularly in countries with weak health systems. With regard to strengthening compliance with the Regulations, technical guidance from WHO that took account of States Parties' varying levels of implementation would bring tangible benefits. In particular, more technical advice and support was needed on international air traffic.

The representative of INDIA<sup>1</sup> said that he welcomed the establishment of the global coordination mechanism for research and development to prepare for and respond to epidemics and requested further information on how the mechanism would operate. He proposed that for future meetings, the title of the agenda item should be changed to "public health emergency preparedness and response", given that the item dealt exclusively with health emergencies. Inadequate financing for the WHO Health Emergencies Programme remained a major concern, in particular the lack of flexible funding and the shortfall in resources for the Contingency Fund for Emergencies. Country and regional offices should be given sufficient resources and flexibility for contingency planning.

The representative of NIGERIA<sup>1</sup> expressed her Government's appreciation to WHO for its support in dealing with the unprecedented number of outbreaks that had occurred in Nigeria in 2017 and said that she welcomed the recent inclusion of Lassa fever on the list of priority diseases for the blueprint for research and development preparedness and rapid research response. Additional national and international resources should be mobilized to support the development and application of national action plans aimed at implementing the International Health Regulations (2005).

The representative of CHILE<sup>1</sup> said that highly vulnerable countries required particular support from WHO to implement the International Health Regulations (2005). Strengthening the global network of National IHR Focal Points would improve communication between States Parties and WHO. The joint external evaluation process was particularly valuable for identifying weaknesses in the implementation of the Regulations and areas where greater support was required.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that the draft five-year global strategic plan did not contain any clear measures to be taken or timelines for States Parties, or indeed any indication of resource implications or anticipated outcomes. It merely comprised three pillars for Secretariat action and therefore did not warrant formal endorsement through a decision of the Health Assembly. The draft had not been prepared in line with the requirements of decision WHA70(11)

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(2017), as comprehensive consultations had not been held in all six regional committees. Furthermore, the joint external evaluation had not been agreed by all Member States. The voluntary nature of the joint external evaluation was questionable, since it would be used by the World Bank for the allocation of resources for pandemic preparedness. Formal mention of the joint external evaluation should therefore not be made in WHO documents, in particular the decisions and resolutions of the governing bodies. The Russian Federation could not endorse the draft decision. He suggested that the Executive Board should instead take note of the report and that a new draft decision should be prepared for consideration by the Seventy-first World Health Assembly.

The representative of PERU<sup>1</sup> said that his Government had made a firm commitment to implementing the International Health Regulations (2005) and had taken steps to ensure compliance with the provisions thereof. WHO's renewed focus on health protection and universal health coverage was particularly welcome, as a resilient health system was the most effective way to prevent an outbreak from becoming an epidemic.

The representative of CHINA<sup>1</sup> welcomed the draft five-year global strategic plan and the draft decision thereon, but called for more support to be given to fragile and vulnerable States Parties in building the core capacities required by the Regulations. Over the coming five years, the global strategic plan should be subject to an ongoing revision process to ensure that States Parties' progress in implementing the Regulations was duly taken into account. That approach would ensure that support provided in the areas of preparedness and response remained relevant and flexible.

The observer of PALESTINE, referring to the report by the Director-General on public health preparedness and response, said that no mention had been made of the emergency situation in the occupied Palestinian territory and other countries in the Eastern Mediterranean Region, which had long been experiencing humanitarian crises. The situation in the occupied Palestinian territory should be included in future reports on health emergencies. The designation used for his territory in WHO documentation should be "occupied Palestinian territories".

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that community-driven efforts were fundamental to supporting governments in epidemic preparedness and response. He welcomed the importance attached in the draft five-year global strategic plan to community involvement and partnerships with non-State actors at the community level. Nevertheless, the core capacities required by the International Health Regulations (2005) should be expanded at the community level. Rapid identification and declaration of health emergencies were also important; donors were encouraged to support early response actions.

The representative of the NETHERLANDS said that he welcomed the work done by the WHO Health Emergencies Programme, despite persistent funding challenges. He expressed concern that in all types of health emergencies and crises, thousands of women and girls of reproductive age were in dire need of sexual and reproductive health services. More attention should be given to sexual and reproductive health and rights in the draft thirteenth general programme of work, 2019–2023. The Government of the Netherlands had contributed US\$ 5.5 million to WHO to fund sexual and reproductive health services in the global health cluster response to the humanitarian crises in Bangladesh, the Democratic Republic of the Congo and Yemen.

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,

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine and Georgia aligned themselves with her statement. She welcomed the draft five-year global strategic plan and in particular the link between building the core capacities required under the International Health Regulations (2005) and health systems strengthening. New voluntary monitoring and evaluation instruments would help to identify priorities and could provide valuable input to the development of national action plans for health security and implementation of the International Health Regulations (2005); WHO's support was essential in that context. Cooperation and coordination between countries, regional organizations and WHO regional offices were vital.

The representative of BRAZIL welcomed the draft five-year global strategic plan, in particular its recognition of the importance of consultation and country ownership. Monitoring and evaluation of progress in the implementation of the International Health Regulations (2005) were essential to ensure continuous improvement of implementation activities at the country, regional and global levels. He asked how the Secretariat would use the information obtained by the monitoring and evaluation tool to inform country cooperation activities. However, he pointed out that use of the tool would be neither obligatory for, nor advantageous to, Member States when accessing funding or technical support.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed support for the draft five-year global strategic plan and welcomed its focus on building and maintaining resilient health systems; framing core capacities as essential public health functions; building country ownership; and prioritizing countries with high vulnerability and low capacity. He also welcomed the ongoing work to revise the annual self-assessment reporting tool and supported expert-level consultation on the results. The proposed additional voluntary instruments were crucial in order to step up national implementation of the International Health Regulations (2005). The Secretariat should enhance its support to countries in leveraging financing, partnerships and technologies to support implementation of the Regulations. The Organization must also ensure that response activities and investments during health emergencies were linked to long-term preparedness and health systems strengthening, including sustainable development of core capacities. WHO must continue to play a leading role in the development of an implementation plan for the follow-up work. He supported the draft decision.

The representative of the NETHERLANDS said that effective implementation of the International Health Regulations (2005) was crucial to ensure global health security. Comprehensive reporting by States Parties on the implementation of the Regulations was also essential. In that regard, he was concerned that many States Parties did not submit reports to WHO; consequently, there was a lack of information on the challenges encountered and a greater reliance on external evaluations. He requested the Secretariat to prepare a more in-depth report containing strategic conclusions on implementation of the Regulations and identifying the challenges and risks in cases where implementation was insufficient, for consideration by the Seventy-first World Health Assembly.

The representative of FIJI expressed support for the three pillars of the draft five-year global strategic plan. Small island developing States faced particular challenges in responding to health emergencies; regional pooling of resources could enable such countries to implement the core capacities required under the International Health Regulations (2005), with WHO playing a key convening role. With regard to the monitoring and evaluation tool, she suggested the inclusion of an indicator on the number of training courses conducted, rather than just on the number of meetings held, as well as an indicator on strengthening national public health emergency operations centres. Support should be provided to Member States in implementing the three proposed voluntary assessment instruments. Implementation of the Regulations required a whole-of-government approach,

with health security forming a key component of overarching national security strategies. She supported the draft decision.

The representative of NEW ZEALAND, referring to the objective under pillar 2 of the draft five-year global strategic plan to establish and maintain relevant technical advisory groups of experts, asked whether the Secretariat had considered the value of existing technical expert advisory groups and whether new groups were needed. With regard to the objective of maintaining a strong network of National IHR Focal Points by holding regular regional and global meetings, she wished to know whether the Secretariat had considered other ways in which countries could share lessons learned, for example through the Health Security Learning Platform. Regarding the deliverables, timelines and indicators to monitor implementation of the draft five-year global strategic plan, she asked whether the Secretariat had considered modifying the focus of the indicator framework towards outcome or impact indicators, rather than on monitoring outputs.

The representative of ARGENTINA<sup>1</sup> said that the monitoring and evaluation framework for implementation of the International Health Regulations (2005) and the draft five-year global strategic plan should be dealt with in two separate documents; both documents should be considered and approved by the governing bodies. The proposed new monitoring and evaluation instruments and procedures for submitting reports should be considered by Member States. He called for greater clarification of and harmony between the objectives, deliverables and indicators contained in the draft five-year global strategic plan. It was important to strengthen the network of National IHR Focal Points, to continue to hold meetings and to carry out regional and global training activities.

**The meeting rose at 18:10.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

## **FIFTH MEETING**

**Wednesday, 24 January 2018, at 09:10**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Public health preparedness and response:** Item 3.3 of the agenda (documents EB142/8, EB142/9 and EB142/10) (continued)

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that tackling the emergence of disease required input from beyond the health care sector. Among the guiding principles for the draft five-year global strategic plan to improve public health preparedness and response, 2018–2023, contained in Appendix 1 of Annex 1 to document EB140/10, the intersectoral approach was particularly welcome. She recognized the importance of country ownership and leadership in the draft strategic plan and the need to strengthen Member States' emergency response capacities. Member States should include all relevant nongovernmental and local stakeholders in their response to emergencies. The full and effective participation of young people and students contributed to better health preparedness and emergency response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that all parties to conflicts must protect civilians and health care capacities and respect the ethical obligation of health personnel to treat all patients. The Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies should be implemented, and governments should meet their obligations under international human rights and humanitarian law and uphold United Nations Security Council resolution 2286 (2016). WHO should: facilitate research into the timeliness and effectiveness of international interventions; make accurate and timely clinical care guidelines available to health care providers; and deliver information, particularly on disease prevention, optimal hygiene and infection control practices, to all people in zones affected by emerging infections.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the WHO research and development blueprint for action to prevent epidemics and applauded the recent progress on strengthening country capacity, including the containment of the 2017 Ebola virus disease outbreak in the Democratic Republic of the Congo. Experience there had shown that infectious disease physicians and scientists were central not only to response efforts, but also to policy formulation and system strengthening. WHO and its Member States should enact the recommendations of the International Working Group on Financing Preparedness and ensure that every country had a costed and financed national action plan by 2019. It was important to establish an independent monitoring and accountability mechanism, take further action on the research and development blueprint and include antimicrobial resistance in WHO health preparedness and response plans.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses played a critical role in the prevention, detection and assessment of, and response to, public health events. Their technical skills, knowledge and experience of health systems strengthening were also valuable in the development of national policies for health

preparedness and response. More emphasis was needed on recovery, and governments should address the long-term effects of outbreaks as a priority in their recovery plans. WHO and national governments should focus on long-term health workforce planning and continuing education for health professionals to ensure sufficient staffing levels.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the focus in the draft strategic plan on such aspects as WHO's leadership and governance, community engagement, consultation and countries with the greatest risks of emergencies and outbreaks. However, framing emergency preparedness as a health security issue might result in developed nations prioritizing the protection of their own citizens over solidarity with affected countries. The emphasis on mobilizing domestic financing could place an unfair burden on low- and middle-income countries. Instead, the core capacities required by the International Health Regulations (2005) should be strengthened on the basis of global financial solidarity. The dearth of indicators to assess progress on strengthening the core capacities gave cause for concern, and a target based on global funding commitments should be incorporated into the draft strategic plan. The rise of public-private partnerships for global health security was also worrying, as it risked undermining the Organization's leadership and conferring undue influence on the private sector.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that breastfeeding, which provided babies with food, care and immune support, was a lifeline in emergency situations. However, public emergency appeals rarely highlighted the resilience of breastfeeding or the fact that artificially fed babies faced many more risks to survival. WHO should promote emergency preparedness protocols that protected breastfeeding and improved food security. Those working in emergencies should follow the Operational Guidance for Emergency Relief Staff and Programme Managers, which was designed to give practical guidance on infant and young child feeding. Emergencies were prime opportunities for commercial exploitation, and an over-emphasis on fortified, quick-fix products could undermine breastfeeding and the consumption of sustainable local foods.

A member of the INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme, recalling that the Committee's work and results framework stemmed directly from the report contained in document A69/30, said that its next report would focus on: progress; standard operating procedures and business processes; communication; human resources; efforts to strengthen country offices; due diligence under the Framework of Engagement with Non-State Actors; effective cooperation with partners; the implementation of the International Health Regulations (2005), including experience with the development of national action plans, the adoption of multisectoral and One Health approaches and the need for tools to support their implementation; community engagement; security; the financing gap; and the ability of country offices to raise local funds. The Committee remained committed to ensuring that the Secretariat followed its recommendations, as it had done to date. She expressed her appreciation to the Member States and other partners that had hosted field visits or otherwise provided support to the Committee in its work.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the WHO Health Emergencies Programme was on constant alert to tackle public health emergencies caused by natural disasters, conflict situations and other factors; it filtered thousands of reports of potential public health threats every month. The systems and processes outlined in the Emergency Response Framework contributed to the critical responses required.

Given that emergency response alone was insufficient, the programme also included five major long-term strategies on prevention and preparedness: supporting long-term disease control, with a particular focus on cholera and yellow fever; strengthening the core capacities required under the International Health Regulations (2005); linking preparedness and core capacities to health systems strengthening; developing partnerships, with an emphasis on building a health reserve workforce; and

making research more central to response efforts through the research and development blueprint. The Independent Oversight and Advisory Committee had highlighted the challenges that lay ahead for the Programme, namely strengthening WHO's work at the country level and enhancing its capacities, including for resource mobilization and communication, and ensuring fit-for-purpose business processes.

Standard operating procedures had been introduced in the areas of human resources, procurement and delegation of authority. Fast-track provisions were being developed for the Framework of Engagement with Non-State Actors to ensure that due diligence could be conducted swiftly. Briefing and training of key target audiences would continue in 2018. The Programme's management and administration network would conduct a review of established standard operating procedures every month, although duplication with existing WHO processes was to be avoided.

Although the Programme had attracted about US\$ 1000 million in donor support during its first biennium, that funding was mostly earmarked and short-term. Consequently, the Programme would be starting almost from scratch in its second biennium, making it difficult to retain established capacities. A new financing model was needed to ensure better results for Member States.

The Contingency Fund for Emergencies had so far disbursed some US\$ 35 million, usually within 24 hours of a request being made. Given that the Fund was almost depleted, it should be underwritten by long-term investment as a global public good; a strategy to that end had been developed as part of the Programme. The Central Emergency Response Fund remained a critical donor, particularly for humanitarian crises, but its funding criteria made it reluctant to fund outbreak responses until a large number of deaths had occurred. WHO had questioned the policy on the grounds that it was counterintuitive and ethically challenging. While the insurance-based Pandemic Emergency Financing Facility was interesting and supported by WHO, it was confined to three groups of viruses and could only be activated if stringent thresholds were reached. It had yet to be used and was unlikely to be needed if outbreaks were halted at an early stage.

Yemen, which faced a catastrophic situation and the collapse of its health system, was one of WHO's largest countries of operation. While it was clear that with better surveillance, better access and less politics, more could have been done to tackle the cholera outbreak sooner, the WHO country team had worked tirelessly to keep fatality rates well below what might have been expected. Ultimate culpability for destroying the water, sanitation and health infrastructure and blocking the deployment of health workers and life-saving supplies must rest with the warring parties and their international supporters. Supplies of the cholera vaccine might help the situation, but were not a substitute for a peaceful solution. One of the Programme's top priorities was to review the situation thoroughly and identify the lessons learned.

Although the draft strategic plan had undergone an intensive consultation process, various Member States had highlighted the need for indicators to be clarified and aligned with the draft thirteenth general programme of work, 2019–2023. A meeting of National IHR Focal Points was envisaged for early March 2018 to discuss the proposed revisions to the self-assessment annual reporting tool; other technical issues could also be discussed at that meeting.

The need for stronger analysis of capacity was a priority in the Programme's 2018 workplan. Staff had reviewed the advisory groups and planned to establish a community of practice for the National IHR Focal Points through online channels and face-to-face meetings. Innovative developments, such as gaming technology, would be used to conduct simulations. The purpose of the annual reporting tool and voluntary monitoring and evaluation instruments was not to conduct more assessments but to help Member States to address gaps in core capacities through their national action plans. Funding should not be conditional on completing any one aspect of those assessments.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Eastern Mediterranean Region was experiencing some of the world's most serious emergencies, such as those in the Syrian Arab Republic and Yemen, and therefore faced many health-related problems. Health services were struggling to cope with huge numbers of displaced people, health care was difficult to deliver in inaccessible and insecure areas, and attacks on health workers continued. Health systems strengthening was key to preventing and responding to such emergencies. The WHO Health



Emergencies Programme had brought more capacity and resources to the region. However, the Programme could not succeed without the proper administrative architecture, standard operating procedures and business processes. The Regional Office reviewed its practices in that regard on an ongoing basis. Health emergencies required the collective involvement of all technical areas at the global, regional and country levels.

The LEGAL COUNSEL, referring to the representative of Palestine's request concerning the use of the term "occupied Palestinian territories", said that the terminology used in document EB142/9 was in line with the guidance given in the WHO Style Guide, which was to be reviewed with a view to following United Nations practice as closely as possible, subject to any guidance from WHO's own governing bodies. The outcome of the review would determine how the term would be used in future WHO documents.

The DIRECTOR-GENERAL said that, since the world remained vulnerable to a crisis as severe as the recent Ebola virus disease outbreak, investing resources and energy in emergency preparedness and response was more important than ever. He received a daily briefing on the status of emergencies worldwide and co-chaired the recently instituted WHO health security council with the Executive Director for the WHO Health Emergencies Programme. Recent experience had shown that the key to containing emergencies lay in aligning action at all three levels of the Organization and building effective partnerships with governments and other stakeholders. Member States must urgently devote more financial resources to the Contingency Fund for Emergencies, which enabled the Organization to respond to emergencies early, thereby saving resources and lives. Flexible, long-term funding was vital. All of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme would be implemented. As part of WHO transformation, procurement processes were being reviewed and redesigned to make them as responsive and efficient as possible.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB142/8 and EB142/9.

**The Board noted the reports.**

The CHAIRMAN also took it that the Board wished to adopt the draft decision contained in Annex 2 to document EB142/10.

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

The representative of CHINA,<sup>2</sup> speaking in exercise of the right of reply, said that some representatives had made irresponsible remarks in relation to Taiwan,<sup>3</sup> which were irrelevant to the agenda and to which she resolutely objected. Taiwan was part of China, as recognized by international law and the broad consensus of the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make use of meetings of the WHO governing bodies to challenge that principle. Taiwan's participation in the activities of international organizations must be guided by the one-China principle and organized on the basis of reasonable and fair cross-strait consultations. From 2009 to 2016, Taiwan's participation in the Health Assembly had indeed

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<sup>1</sup> Decision EB142(1).

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>3</sup> World Health Organization terminology refers to "Taiwan, China".

been based on a special arrangement between the two sides in accordance with the one-China principle. The Member States in question should observe the rules of WHO meetings. Moreover, they should honour the one-China principle and immediately cease their interference in issues relating to China's territorial sovereignty.

The representative of the RUSSIAN FEDERATION<sup>1</sup> expressed support for the comment made by the delegation of China on the need for speakers to restrict their comments to items on the Board's agenda.

**Polio transition planning:** Item 3.4 of the agenda (documents EB142/11 and EB142/11 Add.1)

The CHAIRMAN invited the Board to take note of the report and consider the draft decision contained in document EB142/11. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB142/11 Add.1.

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 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 his statement.

In order to prepare the strategic action plan requested in decision WHA70(9) (2017), comprehensive and accurate information on the financial and human resources implications of polio transition should be made available as soon as possible, particularly as funding for poliomyelitis programmes should rightly be reduced once interruption had been achieved. While the draft decision merited support, the references to a "revision of budget ceilings" and "additional financial resources" in paragraphs (6) and (7) were causes for concern. The Secretariat should include in the strategic action plan appropriate measures to capture, document and disseminate the lessons learned from the Global Polio Eradication Initiative and up-to-date information on country transition plans. Stronger WHO leadership and continued political commitment from governments would be needed to make polio transition a success.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that although the last case of wild poliovirus in the Region had been detected over 16 months previously, it was possible that transmission had continued in certain high-risk areas where surveillance was impossible. Additionally, there had been small local outbreaks of vaccine-derived type 2 poliovirus. Polio transition planning had been a priority at the regional and country levels since 2015; several national polio transition plans had been finalized and others were in the final stages of development. However, as the Region received significant funding from the Global Polio Eradication Initiative, there was concern that the planned reduction in resources and staff could throw vulnerable health systems into crisis and compromise existing vaccination commitments. It was therefore essential that WHO, governments and stakeholders advocated for sufficient financial resources to maintain robust efforts to eradicate polio and ensure the success of polio transition planning in the African Region.

The representative of BAHRAIN said that she concurred with the need to develop a detailed strategic action plan on polio transition and national transition plans that were aligned with the strategic priorities set out in the draft thirteenth general programme of work, 2019–2023, and would support Member States in achieving the Sustainable Development Goals. She supported the draft decision.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ZAMBIA, recognizing the potential for the wider use of poliomyelitis-related assets, welcomed the new WHO vision to use polio transition planning as an opportunity to improve access to essential health care, respond to disease outbreaks and health emergencies, and advance the attainment of the health-related Sustainable Development Goals. She supported the draft post-certification strategy.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, recognized the importance of maintaining essential poliomyelitis functions in endemic and at-risk countries and the reliance on poliomyelitis infrastructure and staff in supporting other health interventions, particularly in countries with limited national health capacity. It was imperative that optimal use should be made of the human resources, experience and lessons learned in the 28 years of the Global Polio Eradication Initiative. He expressed support for the draft decision as a step towards robust polio transition planning that would not only mitigate the risks associated with winding down the poliomyelitis-related budget, but also increase capacities to achieve other important public health goals. The Governments of the Member States of the Eastern Mediterranean Region were committed to reviewing the progress and challenges of polio transition in greater detail at the Regional Committee meeting in October 2018.

The representative of JAPAN said that the timing of polio eradication would have to be considered carefully, because of the difficulty of assessing local security situations. Member States would need to set up partnerships on the ground to prepare for the potential re-emergence of poliomyelitis.

Speaking on behalf of the representatives of the Board members of the Eastern Mediterranean Region, Canada, Monaco, Norway, Panama and the United States of America, he said that the representatives of those countries had agreed on amendments to the draft decision. In explanation of those amendments, he said that the proposed strategic action plan on polio transition would enable Member States to make an informed decision regarding the programme budget for 2020–2021, maintain essential poliomyelitis functions and sustain progress. However, it was a cause of concern that document EB142/11 Add.1, on the financial and administrative implications of the draft decision, had only been published the previous day.

The draft decision, as amended, would read as follows:

The Executive Board, having considered the report on polio transition planning,<sup>1</sup> decided:

- (1) to acknowledge the Director-General's establishment of a polio transition planning and management team and the elaboration of a vision and a strategic framework for transition planning and encourage allocation of adequate resources;
- (2) to note that the current report partially fulfils the request in the Health Assembly's decision WHA70(9) (2017), and accordingly to request the Director-General to submit to the Seventy-first World Health Assembly a detailed strategic action plan on polio transition, aligned with the priorities and strategic approaches of the draft thirteenth general programme of work, 2019–2023;
- (3) to recall the request made to the Director-General in the Health Assembly's decision WHA70(9) (2017) for a strategic action plan on polio transition that clearly identifies the capacities and assets that are required to maintain a polio-free world after eradication, to sustain progress in other programmatic areas, and provides a detailed costing of these capacities and assets, to be submitted for consideration by the Seventy-first World Health Assembly;

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<sup>1</sup> Document EB142/11.

- (4) to acknowledge the progress made in the development of draft national polio transition plans in the priority countries, reiterating the urgency of finalizing and approving national plans by governments in all countries that have stopped poliovirus transmission;
- (5) to request regular communication to all Member States on the progress made in polio transition planning efforts, through regular updates on the dedicated polio transition planning webpage and the organization of an information session before the Seventy-first World Health Assembly;
- (6) to request the Director-General to ensure that the subject areas of polio transition planning and polio post-certification are standing items on the agenda of all sessions of WHO's governing bodies during the period 2018–2020, and that the Secretariat provides detailed progress reports on these technical subjects during those sessions; and
- (7) to take note of the draft GPEI post-certification strategy, urging all Member States to take appropriate measures to ensure that their short- and long-term health sector plans reflect the need to sustain the polio-essential functions necessary to ensure a polio-free world.

The representative of CANADA said that she looked forward to receiving the full strategic action plan on polio transition, with a detailed costing, at the Seventy-first World Health Assembly. Prioritization of transition planning and appropriate staffing and budget support for the polio transition planning and management team should be encouraged. She requested clarification of the additional financial resources required for polio transition, in order to better understand why an increase had been introduced at such a late stage. She looked forward to receiving further details on the draft post-certification strategy. Budgetary planning for the biennium 2020–2021 should clearly reflect the financial requirements associated with sustaining essential poliomyelitis-related functions, as well as those of programmatic areas dependent on poliomyelitis-related funding. Those requirements should also be reflected in the financial plan for the draft thirteenth general programme of work, 2019–2023. Country transition planning must be guided by the essential functions outlined in the draft post-certification strategy and the associated costs and accountability must be identified. The governments of all Member States receiving poliomyelitis eradication funding should finalize their polio transition plans as soon as possible.

The representative of the DOMINICAN REPUBLIC said that eradicating poliomyelitis risked undermining the financing of activities designed to prevent the outbreak of other diseases, especially in Member States with limited resources. It was time to reflect on the dangers of the overspecialization of health finance. Although using fractional doses of inactivated poliovirus vaccine had been proven to be effective, that immunization schedule was undermined by shortfalls in vaccine production. The Director-General should therefore solicit estimates for the global levels of production of all safe and effective vaccines to reduce the risk of a resurgence of poliomyelitis and avoid nullifying the progress made by immunization programmes during the transition period. Member States must establish adequate budgets for the implementation of the measures laid out in the strategic action plan and the draft post-certification strategy.

The representative of ALGERIA said that a rapid transition period could affect Member States' capacity to respond to disease outbreaks and could undermine health systems dependent on personnel deployed through the Global Polio Eradication Initiative. Human resources should be appropriately reassigned and sustainable and predictable financing should be ensured, including during the post-certification period. Polio transition planning should be kept on the Governing Bodies' agenda until 2020. Doing so would entail the submission of technical and progress reports. He supported the draft decision and said that he was prepared to discuss the amendments proposed by the representative of Japan.

The representative of IRAQ said that polio transition planning should be aligned with other relevant national plans and programmes and tailored to suit the priorities of each country, integrating emergency preparedness and response programmes. It should focus on capacity-building and be incorporated into primary health care services.

The representative of PAKISTAN said that, as a result of national efforts, the incidence of poliomyelitis infection in his country had been reduced by more than 90% since the latest outbreak in 2014. The poliomyelitis eradication programme in Pakistan had also led to other health benefits, such as health systems strengthening. It was now critical to document knowledge and repurpose assets, infrastructure and activities gained from the Global Polio Eradication Initiative to avoid the resurgence of wild poliovirus and support other health priorities. Polio transition could only begin once poliomyelitis eradication had been achieved in those countries where the virus was still endemic; the current momentum of existing eradication efforts should not be lost.

The representative of MEXICO recognized the positive impact that the strategic action plan would have in areas such as surveillance and response. Sustainable long-term planning was essential to maintain a poliomyelitis-free world, including the continuation of poliomyelitis-essential functions after the end of the Global Polio Eradication Initiative. She therefore supported the amendments to the draft decision proposed by the representative of Japan.

The representative of the UNITED REPUBLIC OF TANZANIA said that routine poliomyelitis immunization had reached more than 90% of the population over the previous five years and poliomyelitis assets had been used to bolster other surveillance and response activities. He recommended that WHO and its partners continue to advocate for sufficient resources to sustain the pace of poliomyelitis eradication. He supported the amendments proposed by the representative of Japan.

The representative of the PHILIPPINES said that Member States should take measures to ensure that their health sector plans reflected the need to sustain essential poliomyelitis-related functions. The strategic action plan should include strategies to ensure a sustained supply of inactivated poliovirus vaccine and contingency plans in case of a global shortage of that vaccine. The Secretariat should continue to provide technical assistance in the development, updating and monitoring of national polio transition plans. She was prepared to discuss the proposed amendments to the draft decision.

The representative of THAILAND said that poliovirus would not be stored in any Thai laboratories, in accordance with goal 1 of the draft post-certification strategy, as referred to in document EB142/11. It should not be expensive for Member States to stockpile new vaccines in case of a potential resurgence of poliomyelitis. Thus, she proposed amending the last line of goal 2 of the same strategy to read "... by providing access to safe, effective and affordable vaccines". In the light of the murder of two poliomyelitis eradication workers in Pakistan on 18 January 2018, WHO should improve the internal monitoring of non-staff members and volunteers working on the frontline of poliomyelitis eradication. She proposed adopting a shorter draft decision, retaining only paragraphs (5) and (6) of the original draft decision, as contained in paragraph 84 of the document.

The representative of ITALY expressed support for the amendments to the draft decision proposed by the representative of Japan.

The representative of MONACO<sup>1</sup> said that the work completed on the strategic action plan and the draft post-certification strategy had been commendable and should continue. However, the Secretariat should provide justification for the financial and administrative implications of the draft decision, which had only been released the previous day, as the increase in resources seemed large for a procedural plan.

The representative of BANGLADESH<sup>1</sup> said that the polio transition plan for Bangladesh would be finalized by December 2018 and that the Government would begin to operate all essential poliomyelitis-related functions in 2023. In that regard, he emphasized the importance of containment, immunization, surveillance and the application of lessons learned in order to remain polio-free. He thanked the GAVI Alliance for its commitment to covering the funding gap left by the scaling-down of the Global Polio Eradication Initiative.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that document EB142/11 contained only the basic elements of the strategic action plan and needed further work. Emphasis should be placed on the development of national transition plans and the Secretariat should provide differentiated support to Member States, with an emphasis on countries with limited resources. The document lacked clarity on a number of issues, including the actions required of Member States prior to certification of poliomyelitis eradication; the duration of protection of poliovirus vaccinations; surveillance; and validation of the switch to bivalent oral polio vaccine. The lessons learned in the transition from trivalent to bivalent oral polio vaccine in 2016 should be borne in mind during the preparation of the strategic action plan. She supported the draft decision and the amendments proposed by the representative of Japan.

The representative of TOGO<sup>1</sup> said that the strategic action plan would necessitate constant dialogue between country offices and health ministries to avoid any duplication of activity. He welcomed the goals contained in the draft post-certification strategy, but said that Member States must receive support to identify domestic resources as a supplement to external financial support.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> recalled that polio transition could reduce the budget of WHO by up to 20%; future reports should thus address the financial and institutional challenges of polio transition. Member States' transition plans should account for the polio-related functions detailed in the draft post-certification strategy and those activities should continue after wild poliovirus had been eradicated. While polio transition planning was important, focus must be maintained on the goal of interrupting the transmission of wild poliovirus.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> said that while polio transition planning was important, it was more important to complete the eradication of poliovirus, which was not a given. The projected time frame for polio transition was too short. Support should be provided to the Governments of Afghanistan and Pakistan, where poliomyelitis was still endemic, for at least five more years in order to contain the risk of resurgence. Poliomyelitis eradication staff and assets, and the experience gained, should be used to benefit other areas of work, in the context of the draft thirteenth general programme of work, 2019–2023.

The representative of NIGERIA<sup>1</sup> said that her Government wanted to make the most of the investment in the country's poliomyelitis eradication infrastructure created under the Global Polio Eradication Initiative. To that end, polio transition planning had already begun at the highest level. She supported the amendments to the draft decision proposed by the representative of Japan.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ETHIOPIA<sup>1</sup> said that his country had been certified polio-free in 2017. Polio transition planning should be smooth and efficient and the transition process in country offices in particular should be transparent, especially countries where the number of staff members would be significantly reduced. Indeed, polio transition should go beyond scaling down resources; the process should also ensure that all current gains were sustained. He urged Member States to approve the draft decision and supported the amendments proposed by the representative of Japan.

The representative of SUDAN<sup>1</sup> said that maintaining her country's polio-free status was a challenge when faced with outbreaks in neighbouring countries. The shortage of inactivated poliovirus vaccine had led to an interruption in the national immunization programme, which had recently been relaunched. While she supported the concept of polio transition planning, she called on WHO to continue its support for surveillance and immunization activities at the country level, especially in high-risk areas.

The representative of NORWAY<sup>1</sup> said that WHO must provide comprehensive support to Member States that were in the process of developing national polio transition plans, as those plans would inform the development of the strategic action plan on polio transition. A detailed analysis of the financial and operational risks to the Organization and a robust contingency plan should also be incorporated into the final strategic action plan. Polio transition costings must form part of all future budget planning, with particular regard to the draft thirteenth general programme of work, 2019–2023. Maintaining funding for polio-related assets would be crucial to the success of the Organization's present and future work, and a detailed cost estimate should be prepared without delay. She reiterated the call for further clarification of the financial and administrative implications of the draft decision, which had only been received the previous day.

The representative of CHINA<sup>1</sup> said that laboratories and manufacturers responsible for developing and producing poliovirus vaccines should redouble their efforts in order to strengthen and increase access to safe and effective poliovirus vaccines. Surveillance and monitoring of poliovirus must continue so as to ensure an effective response to any poliomyelitis outbreaks. Sufficient human and financial resources should be made readily available in those cases.

The representative of SOUTH AFRICA<sup>1</sup> welcomed the new approach to polio transition planning, which paid greater attention to mitigating risks and extended beyond a focus on reducing liabilities to the Organization. She urged WHO to advocate for global and country-level funding in order to sustain the gains made towards poliomyelitis eradication. Ensuring adequate capacity for poliomyelitis-related activities and post-certification activities would be vital in that regard. The Secretariat should continue to provide support to countries to ensure that national polio transition plans were compatible with long-term national sustainable development plans. She expressed support for the proposed amendments to the draft decision.

The representative of GERMANY,<sup>1</sup> supported by the representative of SPAIN,<sup>1</sup> urged Member States that received poliomyelitis eradication funding to plan to take over the operation of polio-funded assets. He cautioned against assuming that donors who currently provided voluntary funding to poliomyelitis eradication would divert their funding to other areas of the Organization once the poliovirus had been eradicated. Member States had approved the Programme budget 2018–2019 under assurances from WHO that adequate funding would be allocated to polio transition planning. He therefore requested clarification regarding why the financial and administrative implications of the draft decision contained a request for an additional US\$ 6.6 million to undertake that task. He supported the amendments to the draft decision proposed by the representative of Japan.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ISRAEL<sup>1</sup> said that she supported the draft decision on polio transition planning and the amendments proposed by the representative of Japan, but had concerns regarding the late publication of supporting documents.

The representative of MOROCCO<sup>1</sup> said that polio transition must be well planned, with particular regard to vaccine production capacities, taking into account the lessons learned from the switch from trivalent to bivalent oral polio vaccine. The definition of eradication specified the total disappearance of a virus in all forms, including the destruction of related vaccines. WHO had not, however, been able to achieve that goal after eradicating smallpox, and that experience should be taken into account. The potential use of biological weapons and the risk they posed to unvaccinated populations should be considered. It was time to strengthen efforts in countries where poliomyelitis had not yet been eradicated, and to ensure that Member States received the financial support required for eradication and surveillance activities.

The representative of INDONESIA<sup>1</sup> said that the polio transition plan for Indonesia had been finalized. She called for continued engagement with all stakeholders to maintain momentum towards poliomyelitis eradication.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> expressed support for the amendments to the draft decision proposed by the representative of Japan. She supported the inclusion of polio transition planning in the draft thirteenth general programme of work, 2019–2023, and the establishment of a polio transition team. She called for a time-bound commitment for the delivery of a draft fully costed strategic action plan, and echoed the request for clarification of the financial implications of the draft decision provided in document EB142/11 Add.1. She urged Member States to finalize their national polio transition plans by the deadline of June 2018 and to identify who would operate poliomyelitis-essential functions at the global and country levels.

The representative of ECUADOR<sup>1</sup> expressed support for the majority of comments made during the discussion of polio transition planning.

The representative of INDIA<sup>1</sup> welcomed the alignment of polio transition planning with the draft thirteenth general programme of work, 2019–2023, and the proposed transfer of poliomyelitis-related assets to other vital primary health care functions once eradication had been certified. National poliomyelitis surveillance efforts should not be scaled down too quickly, as that could cancel out the gains made and threaten other immunization efforts. Global funding would ensure that national polio surveillance continued at the current level.

The representative of COLOMBIA<sup>1</sup> said that concerns remained regarding the risk of poliovirus vaccine shortages. He called for renewed political commitment to funding poliomyelitis eradication. He expressed support for the draft decision.

The representative of AUSTRALIA<sup>1</sup> said that WHO faced substantial operational risks across a range of programme areas as poliomyelitis-related resources were phased out in coming years. He therefore urged the Secretariat to focus on the programmatic, organizational and financial risks associated with the transition. Close partnerships should be maintained with key stakeholders and affected Member States to ensure that essential functions at the country level were maintained and would be financially sustainable once polio resources were scaled back. He asked the Secretariat to inform the Board when and how consultations would take place on the strategic action plan on polio

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



transition that was scheduled to be submitted to the Seventy-first World Health Assembly. He supported the draft decision as amended by the representative of Japan.

The representative of UNICEF, noting the implications of scaling back poliomyelitis-related funding in countries with weak health systems, urged WHO to implement a differentiated strategy that took into account the specific needs of the countries concerned. Support for such countries should take a phased approach that identified suitable funding opportunities to fill short-term funding gaps, while working in partnership with national governments on their long-term strategy to assume financial responsibility for eradicating poliovirus. In that regard, national transition plans should be finalized within the following six months. For its part, UNICEF would continue to work in close partnership with WHO in the post-certification period on activities related to immunization and outbreak response to ensure that the world remained polio free.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that WHO must continue to update information on the potential financial requirements of the post-eradication period, so as to ensure an effective transition as polio funding decreased and to avoid unanticipated funding gaps. In that context, activities to successfully scale back the Global Polio Eradication Initiative should be strengthened and conducted in a timely fashion. She therefore called on WHO to prioritize dialogue on polio transition planning with stakeholders outside the polio eradication community and to support countries in mobilizing domestic resources to maintain their polio surveillance networks. Following an independent analysis of the planned transition away from support under the Global Polio Eradication Initiative, country-level plans for winding down activities under that Initiative must be elaborated and shared with all partners to ensure a coordinated and comprehensive response.

The representative of the GAVI ALLIANCE welcomed the draft post-certification strategy, but said that his organization's future engagement would depend on governance structures, implementation modalities and costs. He expressed concern at the continued risk to poliovirus eradication posed by weak primary health systems and chronically low immunization coverage in high-risk countries. The experience and expertise of assets funded from poliomyelitis-related activities must be leveraged to address those challenges. National polio transition plans and robust sector-level dialogue at the country level would be essential to ensuring a world free of poliomyelitis.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that close attention should be paid to polio transition planning in countries with the most fragile health systems, in order to ensure stability during the transition period and to maintain general public health operating capacities. WHO should also consider the broader use of funds and existing assets in emergency preparedness activities. Polio transition plans should take into account the possibility of diminishing funds and make the necessary provisions to support existing national health system capacities.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, urged WHO to pay closer attention to the timely elaboration and implementation of national polio transition plans, with particular regard to deliverables, timelines and indicators, to ensure that gaps in the expanded programme on immunization did not occur. Member States must make financial resources available to fund critical functions previously supported under the Global Polio Eradication Initiative. Moreover, it was likely that scaling back that Initiative would also lead to unanticipated gaps in coordination. Robust communication efforts would be required to ensure that stakeholders outside the poliomyelitis eradication sector were kept informed.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on WHO to continue its efforts to prioritize poliomyelitis-funded assets and ensure that they continued to be deployed in a way that strengthened public health systems. Renewed

efforts must also be made at the country level to develop sustainable and effective national polio transition plans.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) thanked Member States for their valuable comments and suggestions. Noting that not all elements of decision WHA70(9) (2017) had been fully completed, he said that the newly established polio transition team would transmit a detailed and fully costed strategic action plan on polio transition to Member States for consultation at the earliest possible opportunity. The strategic action plan would be aligned with the priorities set forth in the draft thirteenth general programme of work, 2019–2023, and would have a ten-point framework. In that regard, relevant data were currently being collected in priority countries on poliomyelitis-funded assets and the essential functions that would need to be maintained following poliomyelitis eradication. National polio transition plans must make reference to country-level poliomyelitis eradication capacity, include information on financing and the cost of absorbing poliomyelitis-related functions, and incorporate suitable approaches to surveillance, immunization and emergency response, ensuring that polio transition would not leave gaps in the core capacities required by the International Health Regulations (2005). The programme budget for 2020–2021 would include funding for activities relating to polio transition planning and plans to scale back the polio eradication programme, including the transition of staff members. Sustained operational support and funding would be required from all stakeholders, including Member States and external partners, in order to guarantee success in eradicating poliomyelitis and keeping the world polio-free.

While a few Member States would be able to mobilize domestic resources in order to bear the cost of performing essential functions and implementing transition plans, other more fragile countries may need additional support, in line with the country classification presented in the draft thirteenth general programme of work. The Secretariat would work to restrict overall cost increases, such as those related to staff costs and programme activities. It was hoped that no additional funding would be required for staff costs and the Secretariat was discussing funding options with donors. Some positions would be incorporated into the polio transition team, which also intended to recruit a secretary and a communications consultant. In each country, existing national polio programme officers would be given the role of transition consultants to initiate and monitor the implementation of transition plans at the country level; some staff members had also been seconded from other departments.

Implementation needed to be facilitated at the country level; draft national transition plans should be finalized, so as to be implemented as soon as possible. A series of consultations would be held with Member States and other stakeholders before the Seventy-first World Health Assembly and interested parties were invited to join an informal steering group to guide the development of the strategic action plan. The lessons learned from poliomyelitis eradication could be found in journals and on the Global Polio Eradication Initiative website; a webpage on polio transition planning was due to be launched, as requested by Member States.

Some of the additional costs referred to by representatives could be explained by the new vision behind polio transition planning, which went beyond the reduction of liabilities for the Organization to address the responsibility of WHO to keep the world polio-free and to maintain the key assets and sustain the achievements of the Global Polio Eradication Initiative.

The REGIONAL DIRECTOR FOR AFRICA said that addressing the US\$ 200 million liability faced by the African Region with regard to polio transition was one of her team's priorities; discussions in that regard had taken place with various stakeholders. Poliomyelitis-related staff and infrastructure had played a pivotal role in the response to many outbreaks in her Region, and staff members had unique experiences that could contribute towards achieving universal health coverage, particularly with regard to vulnerable populations. A regional investment case on immunization had been developed that recognized the fact that increased immunization coverage, sustained surveillance and containment would remain important during the post-certification period. The investment case would be followed by the mapping of relevant partners. Member States, the Secretariat and other partners had a joint responsibility for national polio transition planning. Countries in the Region with

significant poliomyelitis-related assets should finalize and validate their national polio transition plans by March 2018.

The DIRECTOR-GENERAL assured Member States that polio transition planning was a priority for the Secretariat. The draft strategic action plan on polio transition would be prepared prior to the Seventy-first World Health Assembly. While transition planning was important, he recognized that poliovirus had not yet been fully eradicated and efforts in that regard must continue.

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

**The decision, as amended, was adopted.<sup>1</sup>**

**Health, environment and climate change:** Item 3.5 of the agenda (documents EB142/12 and EB142/12 Add.1)

The CHAIRMAN drew attention to the draft decision contained in document EB142/12. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB142/12 Add.1.

The representative of JAPAN said that WHO's response to health, environment and climate change should be focused and draw on the Organization's comparative advantage. The link between climate change and health emergencies made in paragraph 31 of the Director-General's report should be carefully reviewed in the context of the proposed comprehensive global strategy on health, environment and climate change. It was important to understand the implications of widening the scope of the WHO Health Emergencies Programme to take climate change into account. WHO should minimize the burden of data collection on Member States by linking the monitoring of the impact of climate change on health with existing monitoring of related targets under the Sustainable Development Goals.

The representative of SRI LANKA said that the report should refer to occupational health aspects of environment and climate change and provide strategic directions for follow-up to resolution WHA60.26 (2007) on workers' health. He therefore suggested amending paragraph (2) of the draft decision by adding the words "with special attention to the work environment" after "global strategy on health, environment and climate change".

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the proposed development of a global strategy on health, environment and climate change. Although only one country in the Region might be eligible to benefit from the flagship initiative, or platform, to address the impact of climate change on health in small island developing States, referred to in paragraph (1) of the draft decision, there were other States with densely populated coastal areas that were vulnerable to rising sea levels. The Secretariat should therefore extend the initiative to cover similarly affected Member States. She encouraged integrated, interventional and multisectoral strategies aimed at addressing environmental and social determinants within the core functions of the health sector.

The representative of CANADA said that she supported the draft decision. The measures put forward in the report should be included as part of the draft thirteenth general programme of work, 2019–2023 in order to develop the third strategic priority of promoting healthier populations. It was

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<sup>1</sup> Decision EB142(2).

important for WHO to focus on the gender-specific aspects of climate change and the disproportionate effect that they had on vulnerable groups and indigenous communities.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, said that the effects of climate change had resulted in the exposure of millions of people in his Region to hostile conditions, which had a serious impact on health and prevented the achievement of some of the Sustainable Development Goals. In response, and in line with the 2008 Libreville Declaration on Health and Environment in Africa, a regional strategy for the management of the environmental determinants of human health had been adopted. He requested the Director-General to make special provision for that strategy in the draft thirteenth general programme of work, by broadening the scope of the flagship initiative to address the health effects of climate change in small island developing States to include other affected settings. That should also be reflected in the draft decision.

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 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.

In order to achieve Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 13 (Take urgent action to combat climate change and its impacts), it was necessary to apply a cross-cutting and preventive approach to work across the health, environment and climate change agendas. There was a need to expand knowledge on the links between health, environment and climate change. As no single stakeholder was able to manage all the aspects of health impacts from environmental factors, a Health in All Policies approach was required. There was also a clear need for a more integrated One United Nations approach, in which all relevant agencies worked together to achieve objectives relating to mitigating the health impact of climate change.

She had previously submitted questions to the Secretariat relating to the draft decision, and she urged the Secretariat to share the answers it had provided with the Board. Paragraph (1) of the draft decision, on the flagship initiative, would benefit from a timeline and a defined role for the governing bodies. She therefore proposed amending the end of paragraph (1) of the draft decision by adding the words “and to submit the draft action plan for coordination by the Seventy-second World Health Assembly in May 2019 through the Executive Board at its 144th session in January 2019”. She also suggested amending paragraph (2) by adding after “regional offices” the words “and with other relevant United Nations programmes and specialized agencies, such as UNEP”.

The representative of the NETHERLANDS said that an intersectoral and multistakeholder approach was essential when developing the draft strategy, and the health sector had an advocacy role to play in that regard. Moreover, attention should be paid to the health sector as a contributor to environmental issues. Poor countries with high population growth were among those most vulnerable to the effects of climate change; quality family planning was a basic health service with the potential to support national efforts to tackle climate change.

The representative of ZAMBIA said that the combination of long-standing, unresolved and new environmental health challenges could not be ignored. It was important not to forget that environmental degradation could have an economic cost for the health sector. Member States should increase investment in prevention activities. Targeted support for the most vulnerable nations should be obtained through innovative national and international funding mechanisms and, in that context, he welcomed WHO's request for accreditation to the Green Climate Fund. He supported the draft decision.

**The meeting rose at 12:25.**

## **SIXTH MEETING**

**Wednesday, 24 January 2018, at 14:35**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**later:** Ms S. LAWLEY (Canada)

**STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Health, environment and climate change:** Item 3.5 of the agenda (document EB142/12 and EB142/12 Add.1) (continued)

The representative of the CONGO described the adverse effects of climate change and environmental pollution in countries in his region and their consequences for public health there. All three levels of WHO should increase their presence at international meetings on environmental protection, and the Organization should hold round tables with other United Nations agencies on the health impacts of pollution and climate change. The Secretariat should take urgent action, in coordination with the rest of the United Nations system and civil society, to plan health activities focused not only on emergency response, but also on prevention.

Speaking on an organizational matter, he expressed concern at the number of modifications submitted at very short notice. Amendments were welcome, but representatives needed more time to consider them if they were to have a constructive discussion.

The representative of the DOMINICAN REPUBLIC said that regulating industry, ensuring workplace safety and properly disposing of waste were some of the most daunting challenges related to health and the environment, along with low economic investment in protecting ecosystems and health workers' limited response capacity. A wide range of technical and operational skills would be needed to improve health facility resilience and allow governments and health authorities to take action. He noted the fact that climate change and its impact on health in small island developing States and vulnerable settings was addressed in the draft thirteenth general programme of work, 2019–2023, and welcomed the proposal to draft a comprehensive global strategy on health, environment and climate change.

The representative of FIJI voiced concern that the scope of the proposed flagship initiative, or platform, encompassed "vulnerable settings" in addition to small island developing States. The initiative should focus first on small islands, many of which were dealing with front-line climate-related threats to health; lessons learned there could later be applied in other vulnerable settings. The initiative was intended to enhance existing efforts; limiting its scope to small island developing States would not reduce or jeopardize WHO support elsewhere. He therefore suggested that the end of paragraph (1) of the draft decision should be amended to read: "a draft action plan for the flagship initiative to address health effects of climate change initially in small island developing States and subsequently in other vulnerable settings".

The representative of THAILAND said that the Director-General's report did not take proper account of previous Health Assembly resolutions and the existing workplan. Immediate, concrete action would be preferable to yet another global strategy. She outlined ways in which WHO could act as a role model in tackling climate change, as it had during the first carbon-neutral WHO meeting, the 2014 Conference on Health and Climate. In addition, the Organization should introduce more

teleconference and web-based consultations, set targets and track its carbon footprint. It should leverage its social and intellectual capital to advocate for greener health activities worldwide.

The representative of IRAQ stressed the importance of integrating environmental factors into health indicators. Making environmental health an essential part of primary health care would help to fulfil the Alma-Ata Declaration's promise of health for all. Strategic work plans for communicable and noncommunicable diseases, nutrition, food safety and health promotion should all focus on environmental and climate-related factors. He supported the Director-General's focus on preventive measures to address pollution and climate change, and stressed that the Sustainable Development Goals provided momentum to that end.

The representative of the PHILLIPINES endorsed the draft decision. She agreed with the need for a more upstream approach to climate change and said that more specific measures should be taken to hold countries to account for their impact on the health of people affected by climate change. She supported the proposal to draft an action plan and a comprehensive global strategy, which should be aligned with existing United Nations Environment Assembly resolutions on the environment and health, among others.

The representative of ALGERIA stressed the importance of expanding the scope of targets related to climate change and environmental risks in the draft thirteenth general programme of work, so as to include as many developing countries as possible.

The representative of PAKISTAN said that improved access to water and better sanitation, hazardous waste disposal, domestic combustion of biomass, food safety and vector control were priority areas. WHO must generate data on the health impacts of environmental degradation and climate change to support evidence-based policy-making. Climate information should be integrated into risk assessments and emergency preparedness. Making climate resilience a building block of health systems would help to advance universal health coverage.

The representative of JAMAICA, speaking on behalf of the Caribbean region, South and Central America, Canada and Mexico, said that the complexity of the relationship between human health, the environment and climate change required intersectoral action aligned with the 2030 Agenda for Sustainable Development. Health care infrastructure must be improved and new health policies developed to increase resilience; their adoption should be a priority at the national and international levels. While he welcomed the initiative to draft an action plan and a comprehensive global strategy, other environmental risks to health – including pollution and threats to biodiversity – must also be addressed. Strategies should be developed to ensure that the interlinkages between health and biodiversity were more widely recognized and reflected in national strategies and plans, with the involvement of local communities. The Secretariat should continue to work with other United Nations entities and report to the governing bodies on the outcome.

Having detailed the human, structural and economic losses incurred in Jamaica and neighbouring islands as a result of extreme weather in 2017, he said that he was in favour of giving priority to small island developing States and other vulnerable settings. The draft comprehensive global strategy should include education and preparedness programmes for the health sector and the general population, to mitigate the impact of disasters on vulnerable groups.

The representative of NEW ZEALAND expressed support for the amendments to the draft decision proposed by the representative of Malta and the suggestion made by the representative of Fiji. The importance of environmental impacts on health was clearly reflected in the draft thirteenth general programme of work; he hoped that the timely development of an action plan and a comprehensive global strategy would be meaningfully reflected in future programme budgets.

The representative of MEXICO said that evidence was key to discussion of the complex relationship between health, the environment and climate change. In terms of health, it was essential to pursue the implementation of National Adaptation Plans following the adoption of the Paris Agreement under the United Nations Framework Convention on Climate Change; to that end WHO should continue to cooperate on environmental issues with other United Nations agencies, funds and programmes, guided by the 2030 Agenda for Sustainable Development. Her country's experience showed that improved cross-sectoral coordination could help to reduce adverse effects on human health and preserve the environment. The proposed action plan would help to tackle the issue in a more holistic manner. She urged WHO to play a more active role in the Fourteenth meeting of the Conference of the Parties to the Convention on Biological Diversity. Her delegation had submitted proposed amendments to the draft decision to the Secretariat.

The representative of the DOMINICAN REPUBLIC expressed support for the amendment to the draft decision suggested by the representative of Fiji.

The representative of COSTA RICA,<sup>1</sup> recalling the wide range of threats that climate change posed to human lives, economic development and health, recommended that the Board should adopt the draft decision. She hoped that, at the forthcoming Health Assembly, Member States would share their best practices on sustainable and equitable development, the use of natural resources, climate change mitigation, and measures to protect biodiversity and ecosystems. All of those issues would have an impact on the achievement of the Sustainable Development Goals, and it was essential to generate the political will to ensure coordination across the public and private sectors.

The representative of GHANA<sup>1</sup> commended the report's emphasis on transformative change, multisectoral approaches, evidence-based debate and the Sustainable Development Goals. Although the environmental impact of climate change did not fall directly under the WHO mandate, the Organization had an important collaborative role to play as the global authority on health. The Secretariat should elaborate on how it intended to address the challenges of burdensome bureaucracy in the United Nations system and vested corporate interests, along with the role it envisaged for civil society. The Framework of Engagement with Non-State Actors could be revised to incorporate compliance with environmental standards, and WHO should ensure that its investments and expenditures were in line with best practice for mitigating climate change. He expressed support for the draft decision.

The representative of SWITZERLAND<sup>1</sup> said that the Director-General's report provided valuable direction for collective engagement on health and the environment. Given the significant negative impact of climate change and environmental degradation on mortality and morbidity rates, cooperation should be stepped up in all sectors. Scientific data had demonstrated the importance of a healthy environment for improving overall health, and WHO had a role to play in promoting the Health in All Policies approach. She endorsed the content of the draft decision.

The representative of AUSTRALIA<sup>1</sup> expressed support for the priority accorded by the Director-General to addressing the health effects of climate change and welcomed the focus on small island developing States, noting that her region was particularly vulnerable to the impacts of climate change. WHO should ensure its work was aligned with and complemented existing initiatives; avoid duplication and fragmentation of work; ensure the action plan was founded on solid evidence and informed by lessons learned; and recognize that countries would have to take different approaches based on their individual circumstances. She requested further clarification regarding the initiative's resources, sequence and process.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NORWAY<sup>1</sup> said that the Director-General's report furthered understanding of climate change, air pollution and environmental destruction as determinants of health. She was strongly in favour of developing and prioritizing an action plan to support small island developing States and drafting a new global strategy. The new strategy should: take into account the scientific developments of the past two decades; detail major risks and co-benefits of action on climate, the environment and health; outline the research and public health capacities required at the country level; and present the updated policy, programming and regulatory capacities required to sustain effective action.

The representative of MONACO<sup>1</sup> encouraged the Secretariat to continue working with other United Nations agencies. In addition to the initiative to support small island developing States, WHO should use hard data to show how health could be improved by combating environmental pollution and climate change. She supported the draft decision and the amendments proposed by the representative of Malta on behalf of the Member States of the European Union.

The representative of PERU<sup>1</sup> said that Member States should reflect their commitment to protecting the environment and combating climate change by implementing public policies that were in line with the 2030 Agenda for Sustainable Development and other multilateral agreements, and outlined his Government's efforts in that regard. He also referred to the expansion of platform 5 of the draft thirteenth general programme of work, which focused on the health effects of climate change, greater efforts by the Organization to prevent illnesses caused by pollution and increased financing to address issues relating to climate and health. It was indispensable that WHO should continue collaborating with UNEP and the secretariats of other key multilateral environmental accords.

The representative of SPAIN<sup>1</sup> said that health systems resilience must be strengthened and a deeper understanding of the impact of health determinants prioritized. Referring to the interdependent and transboundary nature of environmental health risks, she endorsed the draft decision and expressed her Government's wish to play an active part in the development of the comprehensive global strategy.

The representative of LITHUANIA<sup>1</sup> welcomed the report and the fact that health, the environment and climate change had been made a strategic priority. She agreed on the need for more effective upstream action and the implementation of an intersectoral Health in All Policies approach, and advocated engagement with existing health and environmental frameworks and initiatives.

The representative of INDONESIA<sup>1</sup> outlined the various activities his Government had undertaken to tackle the impact of environmental risks on public health, drawing attention to the implementation of the national action plan and intersectoral collaboration to improve water and sanitation and change community behaviour. He supported the draft decision and the amendments proposed by the representative of Mexico.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that the suggestion in the report that wealthier countries and multinational corporations were polluting poorer countries was inaccurate and should be corrected to reflect the fact that many multinational corporations operating in developing countries adhered to higher environmental standards than local entities. He requested a comprehensive analysis of data availability and information on the analysis, collection and management of data that would be undertaken to fill any gaps. Although WHO should not encroach on, or duplicate, existing pollution control efforts, it was nevertheless important for the health sector to be involved in relevant decisions made by other sectors. He asked how the global strategy would

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



intersect with existing WHO resolutions on environmental topics and what role environmental health played in preventing health emergencies and advancing global health security.

The representative of PANAMA<sup>1</sup> said that investment in measures to mitigate climate change should be prioritized and that action should be taken to address the preparedness and response gap between countries. She encouraged greater local political determination and international technical cooperation to strengthen health systems, stressing the importance of WHO's normative and coordinating role in international public health matters. She endorsed the draft decision and the amendments proposed by the representatives of Mexico and Malta on behalf of the Member States of the European Union.

The representative of MOROCCO<sup>1</sup> endorsed the evidence-based approach to political decision-making and the proposed in-depth transformation of sector policies, including health policy, with a view to ensuring that health was considered relevant to all the Sustainable Development Goals. Her Government wished to take part in the development of the comprehensive global strategy and suggested that assistance be provided to all countries and regions to monitor climate- and environment-related issues and to manage emerging risks. WHO should continue to promote the sharing of experience, capacity-building and the establishment of a follow-up mechanism. Regional networks should be established for the surveillance of climate-sensitive diseases.

The representative of ECUADOR<sup>1</sup> encouraged WHO to strengthen its leadership, emphasizing its vital role in raising awareness based on scientific evidence and in defending public health interests. A preventive, community-centred approach was fundamental to strengthening primary health care action, and national health authorities needed the Organization's support to increase funding to address environmental risks across all sectors. She fully supported WHO's mandate to compile and notify certain global indicators under the Sustainable Development Goals.

The representative of BANGLADESH,<sup>1</sup> outlining the various activities that his Government had undertaken to build resilient health systems and develop national health adaptation strategies and plans, expressed agreement with the key suggestions in the report and proposed that a regional hub should be established to exchange knowledge on climate change and health. As in the draft thirteenth general programme of work, in the draft decision the wording "small island developing States and vulnerable settings" should be amended to: "small island developing States and vulnerable States".

The representative of the RUSSIAN FEDERATION<sup>1</sup> endorsed the Director-General's report and acknowledged the need to prioritize the prevention of diseases related to environmental degradation and climate change, including in terms of allocation of funds. Success depended on using limited resources efficiently through intersectoral work at the national and international levels. WHO must play a clear coordinating and leadership role within the health sector, adopting an evidence-based approach to address the challenges raised in the report.

The representative of INDIA<sup>1</sup> described measures taken at the national level, including a draft action plan on climate change and human health. He supported the concept of a flagship initiative, or platform, to address the health impact of climate change in small island developing States and vulnerable settings, but suggested that country-specific vulnerable settings should also be included.

Priorities should include providing support for Member States to mainstream environmental issues into existing policy frameworks, so as to foster multisectoral action; developing a research agenda on the link between environment and health; ensuring that health had a suitably prominent

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

place on the climate change agenda; and enhancing the capacity of public health practitioners to reduce health vulnerabilities linked to climate change. He supported the draft decision.

The representative of KUWAIT<sup>1</sup> stressed the need for effective management of environmental risks, which were as serious as other risk factors. She welcomed the report, particularly the reference to the Health in All Policies approach. An intersectoral approach was required since responsibility for addressing many determinants of health lay beyond the remit of the health sector and health was relevant to all of the Sustainable Development Goals. In that context, she stressed the need to focus on health promotion and education, and on research.

The observer of PALESTINE described the adverse effects of climate change in the Eastern Mediterranean Region in general, and the West Bank and Gaza Strip in particular, including drought, saltwater intrusion, desertification and environmental pollution. His Government's climate strategy included a range of projects at the ministerial level and the establishment of an interministerial committee, with support from the WHO Secretariat.

The representative of ILO expressed support for the drafting of a comprehensive global strategy. The inclusion of workers' health and the working environment would provide a powerful link between Sustainable Development Goals 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all) and 3 (Ensure healthy lives and promote well-being for all at all ages) and help to strengthen cooperation between the health and labour sectors. The future of work, which must be decent work that avoided harm to workers and the environment, would be influenced by environmental and climate change, including extreme weather and environmental pollution. In addition to collective action in the field of occupational safety and health, WHO and the ILO also cooperated on other common issues, including the Sustainable Development Goals. In that context, she urged the Secretariat to support ILO efforts to develop a global occupational health and safety coalition.

The representative of WMO said that the years 2015 to 2017 had been the warmest on record, confirming a global warming trend. However, much of the potential damage could be avoided through strategic action and preparedness measures. WMO had an important role to play in that regard, providing data on weather, climate and air quality to help the health sector to monitor, understand, forecast and manage health risks. Through partnerships such as the WMO/WHO Joint Office on Climate and Health, steps could be taken to strengthen national, regional and global capacity relating to climate, health and the environment. She applauded WHO's leadership and indicated that WMO stood ready to support the development of a comprehensive strategy and a joint workplan to promote the flagship initiative on small island developing States, and to address health risks relating to extreme weather and poor air quality, particularly in urban settings. Stressing the importance of cooperation between United Nations agencies, she welcomed the recent WHO/UNEP agreement and the United Nations Environment Assembly resolution on the environment and health, and looked forward to participating in the work of the coalition on health, the environment and climate change.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the clear link between health and climate change obliged Member States to cooperate across all sectors of government to ensure that health remained a priority for all. Moreover, including civil society in awareness-raising campaigns would lead to more efficient use of resources. In that context, he urged WHO Member States to support education programmes on the health consequences of climate change. He also expressed support for a new comprehensive global strategy.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that he recommended: the implementation of financial policies commensurate with the threat of health-harming industries, including measures to ensure the appropriate pricing of polluting fuels and to withdraw investment from fossil fuel industries; the adoption of appropriate policies and monitoring measures to prevent industrial sector interference; the prioritization of environmental health priorities at the 2018 High-level Political Forum on Sustainable Development and in voluntary national reports on progress towards achieving the Sustainable Development Goals; and action by WHO to facilitate cross-sectoral coordination.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the absence of any reference in the Director-General's report to the urgent need to reduce emissions in order to meet targets under the Paris Agreement, or to health-related losses or damage caused by climate change. He urged WHO to acknowledge the powerful vested interests in the continued use of fossil fuels and stressed that it had to clearly distance itself from the activities of the fossil fuel industry. It was hoped that the Framework of Engagement with Non-State Actors would help the Organization to assess potential conflicts of interest before it engaged with such stakeholders.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, called for greater investment in health care personnel, given that the impact of climate change, coupled with an ageing population, would increase demand for well-trained health care providers. Furthermore, Member States needed to allocate a larger proportion of health care funding to public health programmes, in order to mitigate the impact of climate change on health. Building climate change resilience required measures to address all the social and environmental determinants of health. She encouraged Member States and the Secretariat to advocate for including health care professions in policy decisions at all levels and across all relevant sectors. On a related note, given that climate change increased health inequalities for already vulnerable populations, a human rights-based approach focusing on those populations was needed.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that binding international agreements were required to address climate-related problems. In that context, she urged Member States to align themselves with the goals of the Paris Agreement and set ambitious targets in WHO's draft action plan, including the introduction of progressive carbon taxes and the withdrawal of subsidies for fossil fuels, with polluting industrialized countries taking the lead in that regard. Such measures would free up public funds for investment in prevention, health systems, research and climate change mitigation efforts.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the role of breastfeeding and human breast milk should be reflected in climate-smart development goals at the national and global levels. While breast milk substitutes left a significant ecological footprint, breastfeeding made an important contribution to mitigating environmental harm, especially in the context of growing food insecurity and extreme weather conditions faced by the most vulnerable women and children. Policies and practices relating to the International Code of Marketing of Breast-milk Substitutes and measures to promote breastfeeding supported climate change mitigation efforts and were key to global measures to work towards Sustainable Development Goal 13 (Take urgent action to combat climate change and its impacts).

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health) said that the scope of the activities implemented relating to climate change and the environment, at both the regional and the national levels, reflected the importance of those issues. She noted the amendments proposed by Member States.

While a number of delegates had stressed the need for WHO to act within its remit and avoid overlaps with the work of other agencies and organizations, statements from the ILO and WMO attested to its close cooperation with other agencies. Moreover, the recently signed WHO/UNEP agreement had established a concrete framework for further joint action. She welcomed calls for increased funding, for effective use of resources, and for measures to strengthen national funding for climate change action, in particular with respect to health. To date, efforts relating to WHO's accreditation to the Green Climate Fund had involved discussions with the World Bank and States already accredited to the Fund. She acknowledged the need to focus on the Sustainable Development Goals and to avoid increasing Member States' reporting burden. She also agreed that an evidence-based approach was of the utmost importance. In that regard, much work had been done on country profiles. Indeed, a pledge had been made to focus on country profiles for small island developing States, in order to provide a better overview of existing initiatives and challenges. She also described several WHO initiatives that involved leading by example, including those relating to greening the health sector and ensuring environmentally friendly procurement.

She expressed appreciation for the suggestions made on how to deal with the many amendments proposed. The Secretariat's approach was dictated by the urgent need for progress on the flagship initiative or platform. In that context, it was important to obtain input from Member States; a series of climate change and health conferences had been planned in regions with small island developing States. However, States from all regions were invited to contribute, as it was important to gather information on different regions and vulnerable settings, and to build on existing expertise. Small island developing States were particularly vulnerable to the impact of climate change and sustained repeated losses. Moreover, only two of the more than 30 States to have benefited from WHO projects in the field of climate change and health had been small island developing States. It was therefore important to focus on those States in particular. In that regard, she welcomed guidance from Member States, especially on the draft decision and proposed amendments.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that the Western Pacific islands were disproportionately vulnerable to environmental change. Cyclones could erase years of development in the space of hours. Many of the islands rose only a few metres above sea level and climate change threatened their very existence. On the atolls inundated by sea water, living conditions were already akin to those in refugee camps. It was disheartening to see that countries that contributed the least to climate change bore the brunt of its impact. Efforts made to date to address the situation had been inadequate. In other parts of Asia, fast economic growth engendered unplanned urbanization and air pollution. The quality of life in those settings was often characterized by environmental degradation, a lack of basic infrastructure and lack of access to health care. More needed to be done to promote the health of the populations affected, with a special focus on small island developing States.

The DIRECTOR-GENERAL said that additional human resources had been allocated to enhance WHO's work on the health impact of climate change. WHO had signed agreements with both the United Nations Framework Convention on Climate Change and UNEP to facilitate joint action on the environment and health, put the Organization's comparative advantages to best use and avoid duplication. While climate change concerned all countries, small island developing States suffered disproportionately. The flagship initiative, or platform, referred to in the draft decision should remain focused on small island developing States, rather than encompass "vulnerable settings" in general, on the understanding that WHO's efforts to address the health effects of climate change were global in nature. WHO's work should include both climate change adaptation and mitigation. The Organization's increasing focus on prevention would include advocating mitigation strategies, while adaptation-related activities would build on and strengthen existing initiatives and actions. Donor engagement was crucial, as was obtaining accreditation to the Green Climate Fund to access resources; WHO looked to Member States already accredited by the Fund for support in that endeavour. Other sources of financing would also be explored.

The CHAIRMAN said that the Secretariat would prepare a revised version of the draft decision contained in document EB142/12.

**It was so agreed.**

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

**Addressing the global shortage of, and access to, medicines and vaccines:** Item 3.6 of the agenda (document EB141/13)

The CHAIRMAN drew attention to a draft decision on addressing the global shortage of, and access to, medicines and vaccines, proposed by Algeria, Brazil, Chile, Colombia, Costa Rica, the Netherlands and Portugal, which read:

The Executive Board, having considered the report on addressing the global shortage of, and access to, medicines and vaccines,<sup>1</sup> decided to recommend to the Seventy-first World Health Assembly the adoption of the following decision:

The Seventy-first World Health Assembly, having considered the report on addressing the global shortage of, and access to, medicines and vaccines, decided to request the Director-General:

- (1) to elaborate a road map report, in consultation with Member States, outlining the programming of WHO's work on access to medicines and vaccines, including activities, actions and deliverables for the period 2019–2023;
- (2) to submit this road map report to the Seventy-second World Health Assembly for its consideration in 2019, through the Executive Board at its 144th session.

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

<b>Decision:</b> Addressing the global shortage of, and access to, medicines and vaccines	
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft decision would contribute if adopted</b>	
<b>Programme area:</b> 4.3. Access to medicines and other health technologies, and strengthening regulatory capacity	
<b>Outcome:</b> 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies	
<b>Output:</b> 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools	
<b>Output:</b> 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification	

<sup>1</sup> Document EB142/13.

<b>2.</b>	<b>Short justification for considering the draft decision, if there is no link to the results as indicated in the Programme budget 2018–2019:</b> Not applicable.
<b>3.</b>	<b>Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b> Not applicable.
<b>4.</b>	<b>Estimated implementation time frame (in years or months) to achieve the decision:</b> 18 months.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1.</b>	<b>Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 0.6 million.
<b>2.a.</b>	<b>Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b> US\$ 0.6 million.
<b>2.b.</b>	<b>Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b> Not applicable.
<b>3.</b>	<b>Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b> Not applicable.
<b>4.</b>	<b>Estimated resource requirements in future programme budgets, in US\$ millions:</b> Not applicable.
<b>5.</b>	<b>Resources available to fund the implementation of the decision in the current biennium, in US\$ millions</b> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 0.6 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Zero.</li> <li>– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b> Zero.</li> </ul>

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.4
	Activities	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2
	Total	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.6

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) noted that the sheer volume of resolutions and technical documents reviewed while preparing the Director-General's report illustrated the complexity of the issues at stake. It was also an indication of the need to streamline and focus on actions that would have the greatest impact and would ensure that patients had access to the health technologies that they needed, when they needed them, at the right level of care and without suffering financial hardship. The Secretariat had to strengthen its normative role and step up its technical support to countries, in partnership with Member States and other stakeholders, in order to ensure that guidance and standard-setting resulted in better health policies and outcomes at the country level.

The representative of COLOMBIA described the measures his Government had taken to improve equitable access to medicines. All WHO processes and initiatives designed to improve access to medicines should be maintained. Continued implementation of resolution WHA67.21 (2014) on access to biotherapeutic products, including similar biotherapeutic products, and ensuring their quality, safety and efficacy, was highly relevant in that regard. He supported the idea of a road map report, which would make WHO's work more effective.

#### **Ms Lawley took the Chair.**

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, aligned themselves with her statement. WHO's comprehensive health system approach to the pharmaceutical value chain was commendable and a debate within the framework of WHO's mandate and responsibilities was certainly beneficial. Access to safe, effective and quality essential medicines and vaccines was key to attaining target 3.8 of the Sustainable Development Goals on universal health coverage. Action had to be taken to overcome the serious shortage of essential medicines to treat noncommunicable diseases in some countries, including prioritization based on return on investment. WHO must respond to the ongoing rapid transformation of biomedical research, development and innovation. Antimicrobial resistance was a crucial factor. Although different solutions might be needed in different regions to increase access to medicines and vaccines, good governance, adequate regulatory and workforce capacity, local pharmaceutical production in line with international standards and more efficient supply chains constituted essential tools.

In order to reduce the burden of costly innovative medicines on health systems, transparency, synergies and fair pricing policies must be promoted. Innovation had a crucial role to play and it was important to finance, stimulate and improve research to address current and future medical needs, with a special emphasis on affordable and effective solutions for diseases that were particularly prevalent in developing countries, including noncommunicable diseases. The Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property provided an overarching framework to guide WHO's work in those three areas, in respect of which WHO should pursue its cooperation with WIPO and WTO. Expressing support for the draft decision, she said that access must be viewed through the lens of public health and human rights. It was good that access

was being discussed as a separate agenda item, given WHO's essential role in helping Member States to address barriers thereto.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region suffered from recurrent shortages of many essential medicines and vaccines, in particular in conflict situations. Rising cost was another obstacle. He commended proposals to document best practices, establish regulatory mechanisms for essential medicines susceptible to shortages, and develop guidance on alternative channels of access to medicines and vaccines in short supply. Cooperation and joint stockpiling of essential medicines would be useful. WHO support was vital to improve governance, build national regulatory capacity and strengthen procurement and supply chain management. More should also be done to find lasting solutions to supply shortages and identify good financing practices and policies. Support for local production and the development of a skilled workforce to support all aspects of adequate and equitable access were crucial.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that the prioritization of, and investment in, areas that would lead to improved access to medicines and vaccines were highly relevant. He welcomed the planned assessment of the magnitude of shortages and stock outs of essential medicines and drew attention to the importance of diagnostics when it came to setting priorities. Political will at all levels was crucial to successful implementation of fair pricing and domestic investment policies. It would also be useful to identify the policies that were most effective in ensuring the availability of medicines. Quality control capacities needed to be strengthened to curb the proliferation of fake medicines, including by accelerating the establishment of the African Medicines Agency. Other priorities included capacity-building to ensure the proper implementation of intellectual property legislation in line with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), data collection and the establishment of a global database on prices. WHO should also push for research and development principles that ensured the affordability and availability of products. At future meetings, access to, and shortages of, medicines should be addressed under separate agenda items, in order to ensure that both received due consideration.

The representative of the UNITED REPUBLIC OF TANZANIA said that WHO must prioritize and invest in those areas where it had comparative advantages. Its normative work and technical support were particularly relevant. Many countries, including his own, had ambitious plans to improve regulation, procurement and supply management, and to promote domestic pharmaceutical production. He called on WHO to continue to support Member States' efforts to strengthen their regulatory systems and build capacity to ensure access to safe and effective medicines and vaccines.

The representative of the NETHERLANDS said that, given the range and complexity of obstacles to access to medicines, bold steps were needed. He urged WHO to provide comprehensive guidance and assistance on issues such as fair pricing, quality and appropriate use. Knowledge was power, and the Secretariat's work to compile and analyse Member State experiences was critical. The sharing of experiences and data on innovation pipelines, pricing, market power and patterns, and licencing was crucial to achieving target 3.8 of the Sustainable Development Goals. Participants in the first-ever Fair Pricing Forum, held in the Netherlands in May 2017, had agreed that the exercise had been useful and should be repeated. Member States looked to the Director-General for guidance and support. Public health should be at the heart of the debate.

The representative of SRI LANKA, noting that improved access to affordable medicines was critical to achieving universal health coverage, expressed support for the draft decision and for the development of the road map report. Her Government had recently managed to reduce the cost of some 500 essential medicines, improving logistics management, promoting local production and enhancing quality control. Action on pricing, regulations and strategic procurement and transparency



throughout the value chain must be a priority for all Member States. Promoting rational use of medicines, especially antimicrobials, and monitoring access to them would also help to reduce costs and out-of-pocket payments. WHO should pursue its normative work to set standards and provide guidance for the development, regulation, production, selection, pricing, procurement and rational use of medicines.

The representative of the PHILIPPINES supported the recommendation to scale up potentially high-impact actions, specifically those regarding capacity-building at the country and regional levels for the proper implementation of intellectual property regimes in line with the TRIPS Agreement, expansion of the Medicines Patent Pool to cover medicines on the WHO Model List of Essential Medicines, and efforts to generate the political will to implement policies encouraging fair pricing and investment in universal health coverage. Her Government looked forward to working with WHO to scale up pooled procurement and other collaborative approaches to securing lower prices. The momentum created by applying the WHO research and development blueprint to Zika virus disease could be used to address noncommunicable diseases, cancer and mental health.

The representative of JAMAICA shared the view expressed in the WHO report entitled “Ten Years in Public Health 2007–2017” that international conventions for the control of narcotic drugs could be a barrier to access. Her Government had encountered obstacles because of the current designation of cannabis under the United Nations international drug control conventions. It therefore attached particular importance to the work of the Expert Committee on Drug Dependence, especially its recent recommendation to the United Nations Commission on Narcotic Drugs that preparations containing almost exclusively cannabidiol be critically reviewed. Her Government stood ready to contribute to that review process, which would provide useful data to support the plant’s medicinal use and facilitate efforts to produce a wider range of cannabis-based medicines.

The representative of BRAZIL welcomed the Director-General’s report, especially its detailed description of WHO’s work and recognition of the recommendations made in the report of the United Nations Secretary-General’s High-level Panel on Access to Medicines. Her Government was ready to engage in a broader discussion that encompassed all aspects of the value chain, without precluding more specific discussions on important aspects such as fair pricing, transparency, delinking the costs of research and development from end prices and reducing out-of-pocket payments. Member States should always bear in mind the importance and cross-cutting nature of the issue of access, given that every topic considered at WHO depended on the availability and affordability of medicines and vaccines. She called on Member States to support the draft decision, which took a balanced and comprehensive approach, as borne out by the broad support it had received. Supporting comments made by the representative of the Netherlands, she said that her Government hoped that lives would be saved by reducing the high prices of medicines.

The representative of THAILAND said that it was important to reinforce resolutions and plans with effective action. It was crucial to prioritize access to essential medicines, particularly for rare diseases, leverage the key role of universal health coverage in ensuring access to medicines, develop an approach that encompassed all aspects of the value chain, and use strategic purchasing to promote access to quality essential medicines at affordable prices; those four priorities had to be grounded in good health system governance. She highlighted the important role that strategic purchasing played in stockpiling certain rare medicines and called on WHO to take steps to create a sustainable global stockpile.

The representative of JAPAN said that shortages of, and access to, medicines were key factors of universal health coverage. While he welcomed the Director-General’s report, he expressed concern about the ambiguous use of the word “scaling up” in paragraphs 6 and 8 and asked the Secretariat to clarify the scope of the actions listed therein, to ensure that they fell within WHO’s mandate and could

be implemented with available resources. He asked the sponsors of the draft decision to clarify whether the term “road map” corresponded to an “action plan”.

The representative of MEXICO expressed concern about the limited access to certain vaccines, which threatened the progress made in immunization coverage and heightened epidemiological risks. Immunization against preventable diseases was a responsibility shared by individuals, communities and governments across borders and sectors. Despite shortages, her Government had taken various steps to ensure that immunization coverage met international and regional objectives and monitored the supply, demand for and availability of vaccines and medicines, giving priority to the most vulnerable members of the population. She called on WHO to address the shortages by cooperating with all relevant partners, reiterating the need to strengthen communication with vaccine producers.

The representative of IRAQ said that procurement and supply chain management policies should place greater emphasis on prioritizing medicines and ensuring regular and sustainable procurement of medicines and vaccines at affordable prices, for both middle-income and high-income countries. This should be achieved through greater cooperation with the GAVI Alliance and other partners. WHO should facilitate capacity-building for personnel with regard to procurement and supply chain management, including by producing guidelines for personnel. It should support capacity-building and advocacy for the rational use of medicines and take steps to prevent companies from curtailing access to medicines and vaccines. Intersectoral collaboration and community participation should be incorporated into procurement and supply chain management strategies, with greater integration between the public and private health sectors.

The representative of BAHRAIN expressed support for the draft decision and said that shortages of, and access to, medicines and vaccines affected all Member States. To reduce the impact of such shortages, national and regional procurement processes and practices, such as those currently employed by the Gulf Cooperation Council, should be implemented, and efforts to coordinate with supervisory bodies on medicine imports, customs duties and clearance should be harmonized. Member States should have access to technology that would enable them to produce essential medicines locally, and obtain sufficient financial support to enable them to import life-saving and rare medicines where needed. Quality control should be ensured through an oversight mechanism.

The representative of BHUTAN said that the issue of access to medicines and vaccines was a crucial concern, as it had a direct impact on the achievement of universal health coverage and the Sustainable Development Goals. His country, like many others, was vulnerable to shortages of medical supplies owing to its reliance on imports. He hoped that the WHO Secretariat would help vulnerable Member States to build their capacities and enhance their access to medicines and vaccines. He recommended that the Secretariat should encourage Member States to create joint purchasing systems to improve access and affordability, and endorsed the draft decision.

The representative of KAZAKHSTAN endorsed the draft decision and said that he shared the concerns raised by the representative of Brazil, particularly with regard to fair pricing. It was important to consider how countries could mobilize their own resources to produce certain medicines locally, given the high dependence of some Member States on imported medicines. A regional approach was therefore crucial, and more could be done in that area. Particular attention needed to be paid to research and development, and the production of new medicines. The Medicines Patent Pool was an important mechanism for many countries, and WHO needed to consider how countries could become part of that pool. Appropriate support should be given to national oversight and accreditation entities to ensure compliance with international standards and to facilitate the training of laboratory staff and those working in the pharmaceutical sector. He expressed support for WHO's work and policy in that regard.

The representative of FIJI said that his Government faced major challenges in ensuring a reliable supply of medicines and therefore welcomed the Director-General's report. However, while the report provided useful recommendations on procurement and supply chain management, it failed to give due consideration to the negative impact of whole-of-government procurement policies on the supply of medicines, particularly in small, remote countries. WHO should broaden its focus to include dialogue with finance ministries and foster the development of more flexible procurement policies, an area in which expertise in public management and administration was arguably more important than technical public health skills.

The representative of CANADA asked the Secretariat for information on how the road map would be developed and wished to know whether it would involve an analysis of WHO's existing mandate in that area.

The representative of BENIN said that urgent action was needed to address access to, and availability of, essential medicines in order to achieve universal health coverage. He endorsed the draft decision.

The representative of ALGERIA expressed concern that certain life-saving vaccines, such as those for poliomyelitis and yellow fever, remained in short supply despite the absence of an emergency and the low cost of the vaccines in question. The issue needed to be addressed in order to make progress towards universal health coverage. To that end, investment in research and development should be encouraged by delinking the costs thereof from end prices, in line with the recommendations of the High-level Panel on Access to Medicines. Furthermore, pricing needed to be made more transparent, particularly by expanding the Vaccine Product, Price and Procurement (V3P) Web Platform and drawing on the flexibilities set out in the 2001 Doha Declaration on the TRIPS Agreement and Public Health. Implementation of the Prequalification of Medicines Programme and the 33 recommendations issued by the panel of experts established to review the global strategy and plan of action on public health, innovation and intellectual property should be accelerated. Measures relating to innovation and intellectual property rights also had to be considered. He expressed concern about the difficulties faced by a large number of middle-income countries in rolling out new medical products at affordable prices. WHO should step up its cooperation with the GAVI Alliance, with a view to considering ways of allowing middle-income countries to also benefit from appropriate pricing. Finally, the Middle-income Country Task Force should be revived.

The representative of the CONGO welcomed the efforts made to reduce the cost of hepatitis C treatment. Further improvements were nonetheless required: there were shortages of paediatric medicines; certain treatments, for haemophilia B for instance, remained unaffordable for many African countries; some essential medicines and vaccines, such as the pneumococcal vaccine, were unavailable because the countries manufacturing them had halted production; and generic forms of innovative medicines required to treat noncommunicable diseases were not available. He urged WHO to step up its efforts to ensure greater access to medicines and vaccines and endorsed the draft decision, provided that the term "road map" was clarified.

The representative of the DOMINICAN REPUBLIC endorsed the draft decision, particularly the preparation of a road map.

The representative of NEW ZEALAND called for the rapid adoption of the draft decision, subject to clarification by the Secretariat of the various points raised.

The representative of BELARUS<sup>1</sup> welcomed the Director-General's report and noted that equal access to essential medicines and vaccines without economic discrimination was crucial to achieving universal health coverage. His Government welcomed the recommendations on fostering and expanding the work of the Medicines Patent Pool. In its experience, it was possible to bring down prices, expand access to and increase the affordability of medicines by making greater use of voluntary licencing agreements for the production of generic medicines. He supported the Secretariat's future work in that area.

The representative of PORTUGAL<sup>1</sup> agreed that access to medicines constituted an essential component of universal health coverage and the right to health; a human rights-based approach was therefore crucial. However, greater transparency was needed to determine whether the cost of research and development was fairly reflected in end prices, especially where it was conducted and financed by Member States. His Government therefore fully supported WHO's proposed actions to promote transparency throughout the value chain and foster collaborative approaches to strategic procurement. He welcomed WHO's review of the recommendations in the report of the High-level Panel on Access to Medicines, since that objective approach represented the best way to build consensus around the report.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that improving access to medicines was a priority for his Government. True barriers to access should be addressed; a global shortage notification system would be an invaluable tool in that regard. Consideration should also be given to building regulatory capacity, collecting data on the availability, quality and safety of medicines, and strengthening WHO's Prequalification of Medicines Programme. He expressed disappointment regarding other aspects of the Director-General's report, particularly certain proposals relating to intellectual property, international trade and political advocacy, which did not have the support of all Member States and went beyond WHO's mandate and its normative, core functions. The importance of intellectual property as an incentive for innovation had been affirmed on numerous occasions, and it was alarming that words to that effect had disappeared from the report. To ensure WHO's credibility, it was essential to speak to all stakeholders and to highlight the continued importance of innovation and intellectual property. The report of the High-level Panel on Access to Medicines was not an appropriate starting point for a discussion on that issue, as it had not been requested by Member States and had not garnered consensus support. His Government was prepared to support the draft decision provided that the Director-General held full consultations with Member States on the preparation of the workplan.

The representative of GHANA,<sup>1</sup> noting that access to medicines and vaccines was an important aspect of achieving universal health coverage, asked the Secretariat to provide more details on the WHO activities outlined in the Director-General's report and expressed concern about funding for the efforts they would require. He also asked for more information on how WHO intended to assist developing countries and on the challenges it faced in implementing the recommendations set out in the report of the High-level Panel on Access to Medicines.

The representative of BANGLADESH<sup>1</sup> expressed support for the draft decision. Collecting and monitoring data on medicines and vaccines would be pivotal to improving evidence-based policies. Technical support was also needed to bolster the pharmaceutical workforce, in particular in developing countries. His Government had developed a number of national plans and had implemented initiatives to ensure the supply of safe and effective medicines. It also practiced fair pricing to promote affordability. Notwithstanding, there was a need to improve the practices of community pharmacists.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ANGOLA<sup>1</sup> expressed support for the draft decision. She underscored the importance of national and regional capacity-building in the pharmaceutical sector, specifically in the areas of local production of medicines and vaccines, research and development, health technologies and innovation. Access to medicines embodied people's right to health; it should be granted to everyone, irrespective of their origin or location. Africa faced many challenges arising from the financial interests of pharmaceutical companies; sustainable solutions involving global industries and developing countries were essential. Her Government had made considerable efforts to step up production of high-quality medicines and to develop the country's pharmaceutical sector.

The representative of GREECE<sup>1</sup> reaffirmed that access to health care and medicines was a basic and fundamental human right. In Greece, free and equal access to the national health system was available to all. Free health care, medicines and vaccines were also provided to thousands of migrants and refugees. His Government was participating in a regional initiative aimed at strengthening such efforts and enhancing the sustainability of health systems. Access to innovative products and health system sustainability were pivotal to meeting the growing health needs of populations, respecting the rights of patients and providing further social protection to disadvantaged people. His Government wished to be added to the list of sponsors of the draft decision.

The representative of MOROCCO<sup>1</sup> underlined that access to medicines and pharmaceutical technologies was key to the enjoyment of the highest attainable standard of health by all, as provided for in WHO's Constitution and the Universal Declaration of Human Rights. Access was a critical concern in Africa, which faced the growing, dual burden of communicable and chronic diseases. By the end of 2018, WHO should develop a strategic framework for action and accountability to fulfil the recommendations of the report of the High-level Panel on Access to Medicines, relating in particular to cooperation between developing countries, sharing of experience on access to medicines and universal health coverage, and technical assistance to help governments to ensure price control and promote the local production of medicines.

The representative of ARGENTINA<sup>1</sup> expressed support for the draft decision and said that it was important for the actions proposed in the Director-General's report to be aligned with the global strategy and plan of action on public health, innovation and intellectual property and the recommendations of the Consultative Expert Working Group on Research and Development: Financing and Coordination. She welcomed efforts to consolidate prioritization through the Global Observatory on Health Research and Development. The support provided by the Secretariat to Member States for the proper implementation of intellectual property laws should be strengthened. TRIPS mechanisms, particularly the flexibilities set out in the 2001 Doha Declaration on the TRIPS Agreement and Public Health, should be used to guarantee access to essential medicines. She expressed concern at the limited use of compulsory licenses compared to TRIPS-plus provisions, which reduced access to medicines, as described in the Director-General's report under "Public health-oriented intellectual property and trade policies". The Secretariat should continue to support Member State acquisition of essential medicines and strengthen its Prequalification of Medicines Programme and regional procurement mechanisms.

The representative of PANAMA<sup>1</sup> stressed the importance of access to, and affordability of, medicines in the context of palliative care. She requested that Panama should be added to the list of sponsors of the draft decision.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that it was essential to ensure that the Member State mechanism on substandard and falsified medical products functioned and that the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

prioritized activities proposed under its workplan were fully implemented. When it came to combating falsified and substandard medical products, much could also be learned from the States parties to the Medicrime Convention of the Council of Europe, one of which was the Russian Federation. Mass production of medicines and harmonization of relevant standards could make medicines safer and lower transportation costs.

The representative of SWITZERLAND<sup>1</sup> highlighted the potential obstacles standing between the development of medicines and their use by patients, which included the physical availability of medicines, approval for their marketing, their financial and geographical accessibility, and their social acceptability. WHO efforts to facilitate access to medicines should reflect all of the facts available on the issue and the challenges encountered. She supported the draft decision.

The representative of INDIA<sup>1</sup> said that his Government had launched various national schemes to make medicines accessible and affordable. The global shortage of, and access to, medicines and vaccines should be treated as two separate issues and presented as separate agenda items. In his view, access to medicines was limited by market distortions, tight regulatory standards, monopolies and other factors. A detailed discussion was needed of the recommendations of the report of the High-level Panel on Access to Medicines, particularly with respect to TRIPS flexibilities. The Director-General's report should be based on a broader view of shortage causes, and should not focus solely on supply chain malfunctions. WHO should also set up a special fund to advance research and development.

The representative of EGYPT<sup>1</sup> underscored the need to address limited access to new and existing medicines and vaccines and to research and development, in particular in developing countries. He welcomed the approach adopted in the draft thirteenth general programme of work, 2019–2023, under which access to medicines was treated as an essential component of universal health coverage. He emphasized the right to access to medicines in vulnerable States, especially those undergoing conflicts and humanitarian emergencies. The priority actions proposed in the Director-General's report should be further elaborated, with clear targets set for 2019 to 2023. He welcomed the draft decision and requested that his Government be added to the list of sponsors.

The representative of SPAIN<sup>1</sup> welcomed the establishment of priorities regarding access to medicines and looked forward to the development of a clear and precise road map for future work. His Government wished to be added to the list of sponsors of the draft decision.

The representative of INDONESIA<sup>1</sup> said that her Government had introduced a number of initiatives to improve the quality and accessibility of medicines and to promote the availability of new medicines. Regional and international collaboration was needed to facilitate information-sharing on the accessibility and quality of medicines. She expressed support for the development of a global medicine shortage notification system, but said that further discussion was needed on the definitions of “shortage” and “stock out”.

The representative of HAITI<sup>1</sup> expressed support for the draft decision and said that access to medicines was essential in developing countries.

The representative of SOUTH AFRICA<sup>1</sup> said that outstanding funding issues should not prevent the Secretariat from proceeding with its work as swiftly as possible. Her Government had taken innovative approaches to lower the prices of medicines, namely by engaging patent holders and encouraging competition from producers of generic medicines, in particular antiretroviral medicines. National policy reforms had led to price regulation throughout the supply chain and other

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

improvements. Her Government had also benefited from cooperating with trade partners and international organizations. She supported the draft decision.

The representative of PERU<sup>1</sup> said that the geographical scope of the Medicines Patent Pool should be expanded to include low- and medium-income countries. He expressed concern that the prolongation of patent regimes in line with TRIPS-plus provisions would have negative effects on the availability of, and access to, medicines and other health products. Regarding WHO's Prequalification of Medicines Programme, the prequalification process should include essential high-cost medicines and biosimilars. As for medicine pricing policy, it would be useful to assess the impact of different pricing models on access to medicines. Finally, with respect to procurement and supply chain management, countries might benefit from an observatory for essential medicines at risk of supply shortages, whereby countries with greater capacities to produce such medicines could be identified and regional strategies developed accordingly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that she was pleased that the Director-General's report addressed the importance of antimicrobial resistance in respect of access to medicines. Strategies to tackle antimicrobial resistance should be included in any road map for future work. Cross-cutting actions were needed to coordinate efforts, consolidate research and development for new products – including antimicrobials, diagnostics and vaccines – implement the One Health approach and ensure links across the WHO Secretariat. WHO's work should continue to be evidence-based and driven by Member States. Any activities related to intellectual property should be coordinated with WIPO and WTO to ensure policy coherence. He agreed that WHO's work on public health, innovation and intellectual property was predicated on its global strategy and plan of action in that area.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> expressed appreciation for the Secretariat's continued efforts to address the global shortage of, and access to, medicines and vaccines, and for the draft decision.

The representative of UNICEF underscored her organization's close collaboration with WHO, not only in addressing vaccine shortages and availability, but also in shaping global markets. Market-shaping activities had generated cost savings of over US\$ 1.5 billion between 2012 and 2016. UNICEF and WHO worked together, documenting and analysing information on the causes of vaccine stock outs and on strengthening supply chains. Indeed, immunization was both a driver and a key indicator of health equity.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, acknowledged the importance of a global reporting system for medicine shortages. Access to safe, effective and quality medicines and vaccines could not be achieved, however, without supply chain integrity and efficiency, and her organization had recently examined the optimal role of pharmacists in the pharmaceutical supply chain in different environments. Pharmacists remained committed to addressing the global shortage of, and access to, medicines and vaccines.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that intellectual property rights were a major barrier to access to medicines. The patent system had been ineffective for the production of medicines aimed at populations representing an unprofitable market for the pharmaceutical industry. There had to be fair compensation for the development of new therapeutics and vaccines, and

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

new mechanisms, such as a flexible fair pricing model, were needed to facilitate access to medicines and vaccines.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, expressed concern about shortages of the human papillomavirus vaccine, and urged WHO to work with the GAVI Alliance, Member States and vaccine manufacturers to ensure that the vaccine was available, affordable and integrated into national immunization schedules. Member States should develop their national essential medicines list as a critical tool for analysing, selecting and prioritizing the purchase of medicines and vaccines, and for collecting data on the cost and effective use of medicines.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that the Association was committed to helping Member States implement resolution WHA69.25 (2016) on access to medicines, including those for the relief of pain and palliative care. It had recently worked with UNODC to produce technical guidance on access to, and availability of, controlled drugs for medical purposes, which would be discussed with WHO at the next regular meeting of the Commission on Narcotic Drugs.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to allocate more resources to improving access to medicines and to prioritize three actions: investment in health information systems to monitor and report the burden of cardiovascular disease, so as to match the supply of essential medicines with demand; support for the development, implementation and monitoring of national medicines policies; and cooperation with all stakeholders, including the pharmaceutical industry, to support the development of local and regional manufacturing and supply capacity.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, agreed that stronger regulatory systems and harmonized processes were needed to boost access to essential health technologies. Additional support from Member States should build on the progress made by platforms like the African Vaccine Regulatory Forum towards strengthening local capacity and streamlining regulatory review. WHO should leverage the expertise and experience of innovative structures like product development partnerships in securing sustainable commitments. Research and paediatric data were needed on medicines submitted by companies for inclusion in the Model List of Essential Medicines for Children.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, highlighted the need to secure sustainable prices for middle-income countries as they transitioned from eligibility for GAVI Alliance support. Reaching the target of 5 million fewer child deaths from pneumonia by 2030 would require strong health systems and universal access to essential vaccines and medicines. The cost of vaccines could be reduced in four ways: by including the pneumococcal conjugate vaccine in national immunization programmes; by improving competition through market-shaping with dedicated financing; by ensuring patents did not obstruct market entry by new suppliers; and by enhancing price transparency to allow countries and the GAVI Alliance to negotiate prices that were affordable and sustainable.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that the global medicine shortage notification system should not be limited to medicines on the WHO Model List of Essential Medicines, but include all medicines that provided a significant clinical benefit in cancer care. Other recommendations included clearly defining “medicine shortage”; introducing legislation for early notification; establishing strategic plans for shortages at national and institutional level; developing a harmonized web-based platform;



assessing the risks of shortages for medicines on the WHO Model List of Essential Medicines; introducing production incentives; and establishing procurement models.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should continue the conversation begun at the High-level Panel on Access to Medicines on the incoherency of policies that pitted access and innovation against one another. WHO should examine how incentives to invest in research and development could be delinked from high prices, for example in areas such as cancer, HIV/AIDS, rare diseases and antimicrobial resistance. Delinkage feasibility studies should compare current incentives, which were based on the grant of temporary monopolies, to delinkage mechanisms featuring significant research and development subsidies and robust market entry rewards or prize funds, with a view to eventually replacing monopolies and high prices.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, said that governments needed to know the real research and development costs of medicines in order to decide whether prices were fair. In order to act on the recommendation of the High-level Panel on Access to Medicines that WHO establish an international database of medicine prices, governments and companies needed to provide WHO with accurate price information and WHO required adequate funding to carry out the necessary work. Transparency was also needed regarding information on patents, clinical trials and free trade agreements.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the Director-General's report had not adequately addressed the issue of delinking the cost of research and development from the end prices of health technologies. Strategies and approaches with the highest impact should be prioritized, not merely the least complex actions requiring the fewest resources. Transparency in research and development did not require greater complexity or additional resources, but rather political will and WHO's norm-setting capabilities, and should be addressed as soon as possible. She urged WHO to establish a strategy and action plan in order to align its activities with the recommendations of the High-level Panel on Access to Medicines. WHO should take bold steps to delink the cost of research and development from the end prices of health technologies and consider a global convention on research and development, as suggested by the High-level Panel.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that universal health coverage and the Sustainable Development Goals needed to be linked with strategies to increase both affordable access to medicines, and research and development for new health technologies. The Union's Life Prize represented a practical example of research and development costs delinked from the final regimen cost, as it rewarded and funded developers and pooled intellectual property to develop a treatment regimen for all types of tuberculosis.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that access policies should consider not only access to existing products, but also needs-driven research and development for new products. The Secretariat had to continue its work to increase transparency in all aspects of research and development. Strategies to promote innovation and access should be coherent across WHO initiatives and should also support and build on the global strategy and plan of action on public health, innovation and intellectual property and the work of the Consultative Expert Working Group on Research and Development: Financing and Coordination and the High-level Panel on Access to Medicines.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said it

was unfortunate that the Director-General's report focused on the protections that drove discovery of new health technologies. It was also unfortunate that the discussion had focused on the report of the High-level Panel on Access to Medicines, as the Panel's mandate was too narrow and based on a false premise. Its report failed to address key barriers to access and had never been endorsed by United Nations Member States; its recommendations were therefore not a sound basis for further consideration or action by WHO.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed hope that synergies could be found with other global initiatives and said that she supported the Secretariat's efforts to provide technical assistance to Member States on management of health-related intellectual property rights, especially during trade negotiations. Transparency remained an issue, and should be adopted as a core value in order to achieve equitable access to medicines.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that, even though more than 50 resolutions that touched on access had been adopted in the preceding 10 years, insufficient progress had been made. Unacceptable gaps in access persisted within and between countries. Initially a matter of concern for middle- and low-income countries, access had become a global issue requiring global solutions tailored to each country's needs. Responding to the points raised, she said that the Secretariat had started work on an essential diagnostics list and hoped to establish an expert working group in the first half of the year. The road map, for its part, should cover inter alia supply chain problems, transparency, pricing, research and development and TRIPS facilities, all of which had been raised in the discussion and in the Director-General's report. The road map would focus on supporting the specific needs of countries and be prepared in consultation with Member States; it should be flexible, nimble and action-oriented. With regard to pain relief in palliative care, there would be a meeting of the Expert Committee on Drug Dependence in May 2018, at which pain relief drugs, opioids and cannabidiol would be discussed. To clarify what was meant by scaling up access, she provided the examples of expanding support to networks of regulatory agencies and broadening the scope of prequalification to encompass the entire Model List of Essential Medicines.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that countries in the Region had made progress towards expanding access to medicines. However, barriers including pricing and supply chain and production issues, remained. The Region was a major producer of essential medicines and vaccines used around the world, which had helped to increase the availability of low-cost quality generic medicines, at the national and the international level. The fact that the Region encompassed countries with large and small populations posed challenges in terms of economies of scale. Experience had shown that lower prices did not suffice to improve access; increased health care budgets were equally important, and would result in reduced out-of-pocket expenditures. Most essential medicines were no longer under patent, but there was a need for continued research and development for new medicines and vaccines. For patented medicines, the aim was fair price and fair profit. The right balance had to be struck between rewarding innovation, improving trade, and responding to public health priorities, an endeavour that involved appropriate use of TRIPS facilities and trade agreements. Improved data were essential, and more rational use of medicines was an integral part of assuring the quality of medicines, in particular antimicrobials.

The DIRECTOR-GENERAL thanked participants for their comments and said that universal health coverage was not possible without access to medicines. In the past, WHO had been sidelined regarding issues of access to medicines, and was committed to ramping up its activities in that area. The Organization's approach should be a holistic one, as access to medicines involved more than single elements such as pricing. Meetings with private sector stakeholders had been fruitful; both sides had made a commitment to take action on the issues on which they agreed, and to continue discussing points of disagreement.

**The Board noted the report.**

The CHAIRMAN said that she took it that the Board wished to adopt the draft decision.

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

**The meeting rose at 19:45.**

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<sup>1</sup> Decision EB142(3).

## **SEVENTH MEETING**

**Thursday, 25 January 2018, at 09:10**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Global strategy and plan of action on public health, innovation and intellectual property:** Item 3.7 of the agenda (documents EB142/14, EB142/14 Add.1 and EB142/14 Add.2)

The CHAIRMAN invited the Board to take note of the report contained in document EB142/14 and to consider the draft decision contained in document EB142/14 Add.1. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB142/14 Add.2.

The CO-CHAIR of the EXPERT REVIEW PANEL FOR THE OVERALL PROGRAMME REVIEW OF THE GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY said that, although there had been some positive developments since the adoption of the global strategy and plan of action on public health, innovation and intellectual property in 2008, the review had confirmed that research and development for health products remained insufficient, particularly for diseases that mainly affected developing countries. Furthermore, the financial resources devoted to research and development for such diseases had not been increased in a sustainable manner. The lack of access to health products posed an acute problem for millions of people and hindered the attainment of universal health coverage and the health-related Sustainable Development Goals. The original 108 priority actions of the global strategy and plan of action had proven too numerous, while the lack of precision had made progress difficult to monitor. The expert review panel had therefore drawn up a shorter, more focused and achievable list of 33 priority actions that covered the eight elements of the global strategy and plan of action and were accompanied by measurable indicators.

The representative of MALTA, speaking on behalf of the European Union and its Member States, stressed the importance of innovation to find solutions for diseases that disproportionately affected developing countries. The European Union and its Member States welcomed the overall programme review and would continue to support the global strategy and plan of action. He noted that two of the priority actions recommended by the expert review panel had not been among the original 108 actions agreed by Member States. Progress to advance implementation of the global strategy and plan of action must be prioritized; the European Union and its Member States would continue to provide substantial financial support to that end and stood ready to engage in further consultations on the way forward.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed support for the draft decision. He was concerned by the number of challenges identified by the expert review panel that hindered innovation and health research and development. The Secretariat, Member States and all relevant stakeholders should establish sustainable financing mechanisms, in particular for the Global Observatory on Health Research and Development, the Expert Committee on Health Research and Development and the 33 recommended priority actions. WHO and WTO should collaborate closely to identify how the flexibilities provided in the Agreement

on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) could be implemented more effectively in relation to health technology transfer. He stressed the need for health products and services to be made available at lower prices, with increased pricing transparency. The development of an easily accessible database of patents and non-confidential licence agreements for health products and the promotion of voluntary licences would greatly facilitate access to health products.

The representative of PAKISTAN agreed that it was important to promote sustainable financing mechanisms, improve resource allocation and ensure greater transparency regarding the cost of health products and the licensing of patents. Expanding patent pooling was particularly relevant to the attainment of target 3.b of the Sustainable Development Goals. The recommendation that Member States should commit to dedicating at least 0.01% of their gross domestic product to basic and applied research relevant to the health needs of developing countries was merited. Member States should take into account global trends and market analysis when considering the priority public health needs of developing countries. Training programmes should be developed for experts from the public and private sectors involved in research and development, technology transfer should be promoted and new opportunities for collaboration should be identified.

The representative of the NETHERLANDS, agreeing that efforts must be made to improve implementation of the global strategy and plan of action, expressed support for the reduced number of recommended priority actions and endorsed the draft decision.

The representative of JAPAN said that, as mobilizing financial resources for the implementation of the global strategy and plan of action had proved challenging, emphasis should first and foremost be placed on using available resources effectively. Providing an incentive for private entities to develop new medicines was in the interest of all parties, so a balance must be struck between promoting the flexibilities provided in the TRIPS Agreement and protecting intellectual property rights. Since the issue of access to medicines involved a host of factors besides medical product prices and intellectual property, a comprehensive approach would be necessary. He requested additional time to examine the implications of the two new recommendations contained in the expert review panel's list of recommended priority actions.

The representative of COLOMBIA said that, in addition to promoting the development of national legislation, WHO should publicize the flexibilities provided in the TRIPS Agreement and raise awareness of how intellectual property laws could be used to promote research and development. Implementation of the recommended priority actions was essential in order to improve access to medicines. He urged the Secretariat to mobilize resources for the implementation of the global strategy and plan of action and recommended that a specific portion of the proposed programme budget for 2020–2021 should be devoted to it. He expressed support for the draft decision.

The representative of IRAQ said that the global strategy and plan of action should be aligned with the draft thirteenth general programme of work, 2019–2023, and the Sustainable Development Goals, and that sufficient financing should be ensured. He urged the Secretariat to promote the importance of research and development at the regional and country levels, in order to shape public health policies. The global strategy and plan of action should be linked to endeavours to develop and use assistive technology.

The representative of BRAZIL said that, given the importance of the global strategy and plan of action, its implementation must be prioritized and sufficient resources allocated as part of the future resource mobilization strategy. She fully supported the draft decision and the implementation plan for the recommended priority actions proposed therein.

The representative of the PHILIPPINES said that many of the issues that had prompted the creation of the global plan of action remained unresolved. She supported the expert review panel's

recommendations, in particular those on promoting the transfer of technology, managing intellectual property to contribute to innovation and public health, and promoting and monitoring price transparency. WHO should continue to engage with WIPO and related international and civil society organizations so that everyone could benefit from innovations in public health.

The representative of the CONGO said that measures to improve equitable access to medicines were subject to ongoing delays for procedural and other reasons. It was essential not to lose sight of the overall goal of equitable access and to remove obstacles to progress. The necessary resources for research and development must be mobilized in order to facilitate the creation of high-quality, accessibly priced generic health products while protecting the private sector, provided that it in turn respected the principle of equity. He supported the draft decision.

The representative of THAILAND expressed strong support for the draft decision. The global strategy and plan of action would be essential to the achievement of universal health coverage. However, implementing the original 108 priority actions posed a huge challenge, especially as resources were inadequate. She agreed with the expert review panel's recommendation that an implementation and evaluation system should be set up immediately, with clear indicators and time-bound targets.

The representative of PERU<sup>1</sup> said that the methodology to be developed for the prioritization of research and development needs could usefully cover new technologies in addition to medicines, as well as neglected and poverty-related diseases. He would welcome a review of the disease classification system used, as the current classification of diseases into Types I, II and III did not necessarily reflect the burden of morbidity in middle-income countries. He fully supported measures to promote transparency in the costs of research and development. Greater clarity was needed regarding the types of information that would be exchanged as part of the proposed information-sharing mechanism. It would be useful if the proposed database for capacity-building also provided virtual training courses. He encouraged the Secretariat to identify mechanisms to increase technology transfer within the framework of the Sustainable Development Goals and to increase collaboration with WTO in facilitating health technology transfer through the TRIPS Agreement. The Secretariat should provide support to Member States for local technology production programmes, in line with country needs.

The representative of PORTUGAL,<sup>1</sup> noting the emergence of new challenges since the adoption of the global strategy and plan of action in 2008, including the unaffordability of many new medicines, expressed full support for the more focused approach proposed and the reduced number of recommended priority actions.

The representative of SWITZERLAND<sup>1</sup> welcomed the efforts of the expert review panel to prioritize recommended actions. However, under the new recommendations on intellectual property management, which did not reflect the consensus previously reached, certain tasks would be allocated to the Secretariat that fell outside its remit. For that reason, her Government did not support the draft decision, but would continue to support implementation of the global strategy and plan of action and efforts to prioritize action, which should be agreed in consultation with Member States.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that his Government had signed the provision of the TRIPS Agreement on international cooperation with a view to facilitating access by vulnerable populations to much-needed high-quality medicines. There was a need to update the patent list of basic medicines. An information platform on the use by Member States of the flexibilities

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provided in the TRIPS Agreement should be developed and used to monitor the availability of essential medicines. In the light of the high cost of many new medicines, transparency in price-setting was needed; related policies must therefore be based on an effective compromise with the pharmaceutical industry.

The representative of ECUADOR<sup>1</sup> called on WHO to step up efforts and provide resources to strengthen clinical trial capacity and resource preservation in traditional medicine, in line with country needs. Measures to promote technology transfer and knowledge sharing were essential. Moreover, further action was needed to facilitate free access to publications, especially for middle-income countries like Ecuador. Emphasis should be placed not on the protection of patents, but rather on helping developing countries to make the most of the flexibilities provided in the TRIPS Agreement, particularly its Article 31bis. Support should be provided to Member States in negotiating commercial agreements; intellectual property and public health considerations must take precedence over commercial interests. He wished to know how the Secretariat envisaged mobilizing the resources required for implementation of the global strategy and plan of action.

The representative of INDONESIA<sup>1</sup> expressed support for the recommendations of the expert review panel and requested the Secretariat to put in place the necessary follow-up measures. The recommendations should be directed towards, and define the role of, all relevant stakeholders. The proposed indicators should be discussed among Member States prior to their finalization. As part of its national health research agenda, her Government had set up a disease registry to facilitate the sharing of information and hoped to work with the Secretariat on further developing the registry. She encouraged the Secretariat to continue working with Member States to implement the global strategy and plan of action.

The representative of PANAMA<sup>1</sup> welcomed the recommendations of the expert review panel and the extension of the time frame for implementation of the global strategy and plan of action, which, among other things, would help low- and middle-income countries to strengthen their technical and financial capacity. The Secretariat and Member States, together with other international organizations, should develop mechanisms to support and define the procedure for implementation of the global strategy and plan of action, ensuring the necessary human and financial resources. The intellectual property aspects of all trade negotiations should be addressed in line with the TRIPS Agreement and recognize the balance between intellectual property rights and the primacy of public health.

The representative of ARGENTINA<sup>1</sup> said that the Secretariat should develop a detailed estimate of the funding required for the implementation of each of the expert review panel's recommendations, listing any gaps in each case, for presentation to the Seventy-first World Health Assembly. In its 2012 report (document A65/24), the Consultative Expert Working Group on Research and Development: Financing and Coordination had proposed new research and development models and highlighted the need for a binding instrument to secure appropriate funding and coordination. To that end, he requested the Director-General to present a report to the Seventy-first World Health Assembly detailing alternative sources of sustainable and predictable funding for implementation of the expert review panel's recommendations.

The representative of the PLURINATIONAL STATE OF BOLIVIA<sup>1</sup> expressed support for the implementation and development of the global strategy and plan of action and welcomed the review. However, the way in which the recommendations had been prioritized should be clarified. Health was

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a human right and, as such, the issue of access to medicines should be approached from a human rights-based perspective. His Government supported the draft decision.

The representative of KENYA<sup>1</sup> said that the Secretariat should provide technical guidance and support to Member States to help them to implement the expert review panel's recommendations and should submit regular progress reports thereon to the World Health Assembly. Measures were needed to: improve research and innovation capacity in low- and lower middle-income countries; facilitate access to technology knowledge transfer; and align research and development objectives with public health needs. A communications strategy could be developed to raise awareness among all stakeholders of the global strategy and plan of action. Feasible mechanisms were necessary to mobilize the resources required for implementation of the recommendations.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, although some of the expert review panel's recommendations reflected areas of consensus, others did not; the recommendation regarding the calculation and disclosure by pharmaceutical companies of research and development costs, for example, could lead to the abandonment of high-risk research projects, which often provided the best returns. WHO should not stray beyond its mandate and expertise and should not infringe on topics traditionally covered by WTO, such as the TRIPS Agreement. Action by the Secretariat should instead be directed towards areas of consensus and Member States should focus on policies that promoted access to medicines. His Government could not support the draft decision in its current form. He therefore requested that the representative of a Member State represented on the Executive Board should propose, on behalf of his Government, that a drafting group should be convened to consider revisions to the draft decision.

The representative of JAPAN said that his Government seconded the proposal by the representative of the United States of America to convene a working group to consider the draft decision.

The representative of BRAZIL, supported by the representatives of THAILAND, the NETHERLANDS, LIBYA, ALGERIA on behalf of the Member States of the African Region, SRI LANKA, PAKISTAN, VIET NAM, COLOMBIA, the DOMINICAN REPUBLIC, BURUNDI, the UNITED REPUBLIC OF TANZANIA and BENIN, said that the global strategy and plan of action was intended to ensure that the TRIPS Agreement was implemented fully and fairly. Any attempts to further delay the adoption of the draft decision would be contrary to the objectives of WHO and could be construed as serving to protect the interests of the pharmaceutical industry. The draft decision could be revised to reflect the recommendations of the expert review panel that were acceptable to all, and a time-limited discussion of the recommendations on which consensus had not been reached should be organized, with a view to approving the draft decision at the Seventy-first World Health Assembly.

The representative of CANADA, supported by the representatives of FRANCE, SWEDEN and ITALY, expressed support for the development of an implementation plan for the global strategy and plan of action. A compromise might be found by convening a drafting group whose activity should be restricted to making minor drafting changes to the draft decision.

The representative of IRAQ said that it was important to prioritize work on implementation of the global strategy and plan of action and to report on progress. His Government supported the comments made by the representative of Brazil and took note of the proposal made by the representative of Canada.

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The representative of JAPAN said that he agreed that the discussion on drafting changes to the draft decision should be time-limited so as to reach consensus without delay.

The representative of the PHILIPPINES expressed support for the comments made by the representative of Brazil and the way forward proposed by the representative of Canada.

The representative of BRAZIL said that her Government could accept the proposal made by the representative of Canada, provided that the drafting group was limited to discussing only minor changes to the draft decision; there must be no further delay in its adoption.

The representative of BAHRAIN supported the comments made by the representative of Brazil and would accept the proposal made by the representative of Canada. The discussions of the drafting group should be time-limited so as to reach consensus on an agreed text without delay.

The representative of ZAMBIA expressed support for the proposal made by the representative of Brazil and the compromise proposed by the representative of Canada.

The representative of NEW ZEALAND said that a consensus seemed to be emerging relating to the decision to convene a drafting group on the draft decision. He therefore suggested postponing further discussion of the agenda item among the members of the Executive Board, in order to allow the drafting group to begin its work as soon as possible.

The LEGAL COUNSEL confirmed that the Chairman had the authority to suggest that the discussion should be put on hold to allow for an informal drafting group to be convened, subject to the approval of the Executive Board.

The CHAIRMAN suggested that those Member States not represented on the Executive Board who wished to make a statement on the agenda item should do so before the informal drafting group was convened.

The representative of BRAZIL said that she could accept the suggestion made by the Chairman. However, the informal working group should be composed only of Member States represented on the Executive Board.

The representative of INDIA<sup>1</sup> said that the largest obstacle to the implementation of the global strategy and plan of action was a lack of funding, which could be resolved by increasing assessed and unearmarked voluntary contributions. The price of medicines should be delinked from research and development costs. The expert review panel's recommendations on the use of flexibilities provided in the TRIPS Agreement and the promotion of research, development and innovation were imperative to meet the public health needs of developing and least developed countries. His Government had made a commitment to implement the global strategy and plan of action and to ensure that research and development in health was driven by need, not the market. He expressed support for the comments made by the representative of Brazil.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that some of the expert review panel's recommendations, in particular the recommendation on delinking product prices from research and development costs, went beyond the scope of the global strategy and plan of action, which had been agreed by consensus. Her delegation therefore wished to participate in the further deliberations on the draft decision.

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The representative of BANGLADESH<sup>1</sup> said that clinical trials and research at the field level and technology transfer to countries with limited resources were vital to ensuring that effective medicines could be marketed at a low cost. Particular attention should be paid to neglected tropical diseases and vaccine production in developing countries. To make use of the flexibilities provided in the TRIPS agreement, his Government was researching the application of generic formulations of vaccines and medicines. He looked forward to the implementation of the expert review panel's recommendations and expressed support for the comments made by the representative of Brazil.

The representative of GERMANY<sup>1</sup> expressed support for measures to enhance cooperation in research and development for neglected tropical diseases and target unmet research needs for diseases that disproportionately affected developing countries. Action to develop and strengthen regulatory capacity was of paramount importance. She recommended the implementation of measures to support the upscaling of local pharmaceutical production and address the issue of the affordability and availability of medicines in developing countries, such as extending the mandate of the Medicines Patent Pool. Her Government supported the proposal made by the representative of Canada and requested that further discussions on the draft decision should be open to all Member States.

The representative of ANGOLA<sup>1</sup> said that her Government shared the concerns expressed by the representatives of Brazil and the Congo and supported the establishment of a drafting group to resolve the issue as quickly as possible.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> expressed support for the proposal made by the representative of Brazil. With regard to the draft decision, he suggested that the proposed progress report should be submitted for consideration by the Executive Board at its 144th session in January 2019, rather than in 2020.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that harmonized and accurate intellectual property regulations and sustainable and transparent sources of funding would be required to strengthen access to new medicines and facilitate progress towards the attainment of universal health coverage. He therefore called on WHO to accord greater attention to research and development priorities and innovative funding mechanisms.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed support for the expert review panel's recommendations to prioritize the research and development needs relating to Type III diseases and to establish delinking mechanisms for the sale of certain products, including new antibiotics to tackle antimicrobial resistance.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged WHO to prioritize capacity-building, good governance, accurate information and effective advocacy in order to strengthen health systems and make progress towards achieving universal health coverage. Her federation would provide support to WHO in its norm-setting and policy implementation functions. In return, she called on WHO and relevant international organizations to support the public health, innovation and intellectual property processes.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that his federation fully supported the efforts to promote research and development, especially measures to encourage funders of research

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and development to make their publications openly accessible. In order to develop new, safe and effective medicines, steps must be taken to enhance overall research and clinical trial capacities. Stronger collaboration between Member States and the Secretariat was required to ensure access to medicines and health products and to increase funding for research and health technologies, particularly in developing countries, which would significantly enhance the quality of care that patients received.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the increased attention accorded to ensuring that health research and development prioritized unmet health needs, but emphasized the need to transform such efforts into tangible outcomes for those in need. She called on Member States to implement the recommendations of the expert review panel at the earliest possible opportunity and to ensure the availability of adequate funding for that purpose. She stressed the need to apply the recommendations on tackling the challenges related to innovation and access to all essential health products to combat all diseases in all countries.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed support for the recommendations of the expert review panel and welcomed the focus on improving transparency in medicine pricing and the cost of research and development and on ensuring that publicly funded research benefited the public. He urged WHO to implement the expert review panel's findings swiftly in order to improve access to essential medicines for everyone.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should take steps to increase the transparency of research and development costs and medicine prices. He called for better data to be made readily available, particularly on research and development costs and access to new drugs, in order to evaluate pricing and the efficacy of research and development incentives. The scope of the global strategy and plan of action should be expanded to cover a wider range of diseases.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the expert review panel had failed to fully recognize the significant increase in the number of research and development programmes on diseases affecting developing countries. Many of the expert review panel's recommendations exceeded the mandate of the general strategy and plan of action and risked jeopardizing the global consensus that had been reached on public health, innovation and intellectual property. Those recommendations should therefore not be considered by Member States. Additional funding should be provided for incentive models that could strengthen research and development.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the priority actions identified by the expert review panel should be funded through sustainable financing mechanisms, given their importance to ensuring universal health coverage and equitable access to medicines and medical technologies. He also called for consultations to be held on the proposed implementation plan and greater synergies to be developed with other initiatives, such as the Sustainable Development Goals and WHO initiatives on antimicrobial resistance.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, urged WHO to take forward the recommendations of the expert review panel and expressed full support for the Director-General's call for flexible and unearmarked funding to implement the global strategy and plan of action and ensure access to essential medicines.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) welcomed Member States' general approval of the prioritization approach to the objectives set forth in the general strategy and plan of action. The Secretariat would continue to focus on the main issues that had been raised during the discussion, such as identifying health research and development priorities to address unmet medical needs in developing countries; promoting sustainable financing mechanisms; encouraging transparency in medicine prices; expanding research and development to cover a broader range of diseases; improving technology transfer; and enhancing capacity at the country level. Member States had highlighted the need for an approach that balanced intellectual property rights and public health interests, in line with international agreements including the 2001 Doha Declaration on the TRIPS Agreement and Public Health, and for a detailed estimate of the funding required to implement the expert review panel's recommendations. The Secretariat would welcome financial support from Member States to support the implementation of such work.

The DIRECTOR-GENERAL, thanking participants for their comments, acknowledged the concerns expressed regarding the need to focus on implementation and high-impact actions. The Secretariat would strive to strengthen its collaboration with WIPO and WTO and would ensure that consultations on the recommendations prepared by the expert review panel and the proposed implementation plan were conducted in an open and transparent manner. Support from Member States would be required to ensure that adequate funding was in place.

The representative of CANADA, building on the momentum for progress and calls to ensure that action was not further delayed, proposed that paragraph (1) of the draft decision should be amended to read: "to draw up a detailed implementation plan in consultation with Member States and relevant international organizations considering the recommendations of the evaluation and the programme review." An additional paragraph would then be inserted to read: "to submit a detailed implementation plan to the Seventy-first World Health Assembly for Member State consideration." The current paragraph (2) would then become paragraph (3).

The representative of BRAZIL said that she could not agree to the proposal put forward by the representative of Canada without first seeing it in writing. Deleting the phrase "to take forward the recommendations" from paragraph (1) must be carefully considered. It had the potential to jeopardize the consensus reached and delay the drafting of a detailed implementation plan and the submission of an attendant progress report to the Seventy-first World Health Assembly. Rather than putting the whole process at risk in that manner, she proposed that further informal consultations should be held to address the specific concerns of certain Member States.

The representative of JAPAN said that he supported the proposal put forward by the representative of Canada.

The representative of TURKEY said that he agreed with the proposal by the representative of Brazil. The process should not be delayed for the sake of a few specific areas of concern that could be resolved separately. He proposed that a separate drafting group should be established to address those particular concerns ahead of the Seventy-first World Health Assembly.

The representative of THAILAND agreed that the amendments proposed by the representative of Canada should be made available in writing and stressed the importance of agreeing on a compromise that took into account the concerns of the minority without detracting from the interests of the majority. While it awaited the outcome of informal consultations on the two recommendations of concern, WHO should take steps to implement the expert review panel's other recommendations, given their importance and relevance to the core objectives of the Organization.

The representative of ALGERIA expressed support for the proposal made by the representative of Brazil. The expert review panel's recommendations should be implemented without delay.

The representative of BRAZIL said that a new subparagraph should be inserted listing the recommendations regarding which some Member States had concerns, so that implementation of the remaining recommendations could proceed. She proposed that the new paragraph 1bis should contain words to the effect that consultations would be held with Member States with a view to integrating the recommendations of concern in the implementation plan. The recommendations listed in new paragraph 1bis could include those referred to by the representatives of Japan and of Malta on behalf of the European Union.

The representative of MALTA, supported by the representatives of ALGERIA, the NETHERLANDS, FRANCE and ITALY, suggested that both proposals should be made available in writing so that Member States could hold informal consultations on the best way forward.

The representative of the CONGO expressed concern that consensus on a final version of the draft decision would not be reached during informal consultations given the strength of the prevailing opposing views on the subject. He therefore urged Member States to come together to find an acceptable compromise so that tangible progress could be made on the issue.

The representative of CANADA agreed with the comments made by the representative of the Congo and suggested that the Secretariat should incorporate the two proposals into one document for consideration during informal consultations, with the aim of facilitating compromise and building consensus.

The representative of ALGERIA said that informal consultations should focus solely on the two recommendations of concern and not branch out into other areas.

The representative of BRAZIL said that she would prefer to consider the merits of the two proposals separately.

The representative of MALTA noted that the standard procedure was to incorporate the proposed amendments into the existing decision and to clearly indicate the Member State that had put forward each amendment.

The CHAIRMAN took it that the Board wished to postpone the adoption of the draft decision to allow for further consultations among Member States.

**It was so agreed.**

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

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (documents EB142/3 Rev.1, EB142/3 Add.1 Rev.1 and EB142/3 Add.2) (continued from the fourth meeting)

The CHAIRMAN drew attention to a revised version of the draft thirteenth general programme of work, 2019–2023, which was contained in document EB142/3 Rev.1. He also drew attention to the corresponding revised draft resolution contained in document EB142/3 Add.1 Rev.1.

The representative of MEXICO, supported by the representative of the DOMINICAN REPUBLIC, proposed that, in the second sentence of paragraph 29 of the draft programme of work, the phrase “as well as immunization which constitutes a strong platform for primary care upon which UHC needs to be built” should be inserted after the words “Community-based services, health promotion and disease prevention are key components”.

The representative of NEW ZEALAND proposed that, in the second sentence of paragraph 5 of the draft programme of work, the words “stepwise progress in strategic priorities” should be inserted after the phrase “GPW 13 will guide for each biennium”. The words “for 2019” should also be added to the end of the last line of the same paragraph. In the second sentence of the third paragraph in Box 3, the phrase “and reflect these changes in the biennial programme budget” should be inserted after “advance GPW 13’s strategic priorities”. In the first sentence of paragraph 23, the phrase “to reduce health inequalities” should be replaced with “achieve health equity”. In addition, the first sentence of paragraph 39 should be amended to read: “In order to leave no one behind, efforts in support of UHC must focus on reaching those whom services are not reaching, such as marginalized, stigmatized and geographically isolated people of all ages, with a special focus on, and indicators for, women and girls, those from the poorest wealth quintiles, persons with disabilities and indigenous peoples”. The last sentence of paragraph 63 should be amended to read: “The Secretariat will administer the platforms and the development of the related impact and accountability framework so as to ensure a holistic approach that avoids silos”. In the third sentence of paragraph 72, the words “the environment” and the accompanying footnote should be deleted. Lastly, he proposed that the first sentence of paragraph 106 should be amended to read: “WHO will monitor its performance, and establish an independent accountability mechanism to monitor performance”.

The representative of SWEDEN expressed concern about the proposed alignment of the global action plan on antimicrobial resistance with the action plan of the United Nations Inter-agency Coordination Group outlined in paragraph 72 of the draft programme of work. He therefore proposed that, in the second sentence of that paragraph, the phrase “based on the global action plan on antimicrobial resistance, the 2030 Agenda for Sustainable Development and the Political Declaration of the high-level meeting of the General Assembly on antimicrobial resistance” should be inserted after the words “specific pathogens”. The fourth sentence of the same paragraph should also be amended to read: “WHO will also strengthen its collaboration with other United Nations agencies and relevant partners from different sectors including through its role as co-chair of the United Nations inter-agency group and the FAO, OIE, WHO tripartite”. The final sentence of the paragraph should consequently be amended to read: “WHO will support countries in developing, implementing and updating systematically national action plans.”

The representative of FRANCE proposed that, in the final sentence of paragraph 35 of the draft programme of work, the words “Non-State actors and, in particular” should be inserted before the phrase “the private sector can also contribute to UHC”. She stressed the importance of retaining the original wording of paragraph 80 as the Framework of Engagement with Non-State Actors had been adopted and must be implemented without conditions or caveats. She therefore proposed that the phrase “while managing conflicts of interest appropriately by” should be inserted between the words “health choices and interventions” and “applying the WHO Framework of Engagement with Non-State Actors”, while the words “as needed” should be deleted. In paragraph 39 of the French version of the programme of work, the words “peuples autochtones” should be replaced by “populations autochtones”; similarly in paragraph 81, the words “considération de sexes” should be replaced by “considération de genre”.

The representative of KAZAKHSTAN proposed that, in paragraph 26 of the draft programme of work, the words “people-centred primary healthcare as the means to move toward” should be inserted after the phrase “placing a spotlight on”. In the second sentence of paragraph 29, the words “community-based services, health promotion and disease prevention are key components” should be deleted. He also proposed that the third sentence of the same paragraph should be amended to read: “The Secretariat will support countries to progress towards UHC and the goal of ensuring that all people and communities have access to and can use high-quality promotive, preventive, curative, rehabilitative and palliative health services that are appropriate to their needs and expectations, while not exposing the user to financial hardship.” Paragraph 30 should be amended to read: “To respond effectively and appropriately to needs and expectations, health services need to be organized around

close-to-community networks of people-centred primary care, with due attention to effectiveness, safety and efficiency, as well as to continuity, integration and coordination of care and respectful and compassionate relations between people and their health care workers. Financial hardship can be limited if out-of-pocket payments for health are kept below the pre-defined threshold where they are “catastrophic” or “impoverishing”, i.e. exceed a household’s capacity to pay or push it below the poverty line.”

The representative of BRAZIL proposed that, after the sixth sentence of paragraph 70 of the draft programme of work, new sentences should be inserted to read: “In particular, relevant SDG targets call for increased efforts to tackle road traffic injuries and violence. As the lead agency for health in the United Nations system, WHO needs to catalyse action globally and in countries.” He asked the Secretariat to clarify what the subsequent steps would be once the proposals from Member States had been compiled.

The CHAIRMAN said that the Secretariat would incorporate the latest amendments proposed by Member States into a new version of the draft programme of work for further discussion. He stressed that the Board must come to an agreement on the resolution contained in document EB142/3 Add.1 Rev.1 so that the draft programme of work could be prepared and submitted prior to the Seventy-first World Health Assembly.

The representative of FINLAND<sup>1</sup> expressed support for the amendments to paragraph 80 of the draft programme of work proposed by the representative of France. He suggested that the words “public health” should be inserted before the words “impact in every country” as appropriate throughout the text, particularly in Box 3 and in the heading preceding paragraph 83.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that his country welcomed the inclusion, in the first sentence of paragraph 106 of the draft programme of work, of a reference to establishing an independent accountability mechanism to monitor performance. In that regard, he also suggested that, at the end of that same sentence, the words “outcomes of the implementation of GPW 13” should be inserted. The last sentence of paragraph 128 should be deleted since it was inconsistent with the previous comments made by the Secretariat concerning the budgetary requirements of the draft programme of work.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that his country supported the focus of the draft programme of work on improving public health outcomes for vulnerable people and on establishing measurable outcomes, goals and impacts.

The representative of ECUADOR<sup>1</sup> suggested that, in the third sentence of the first bullet point of paragraph 98 of the draft programme of work, the words “surveillance systems and anthropometric data” should be inserted after the words “disease registries”.

The representative of PANAMA<sup>1</sup> suggested that, at the end of the last sentence of paragraph 80 of the draft programme of work, the words “as needed” should be deleted. Although many of the proposed amendments required only minor refinements of the text, other suggestions would necessitate substantial revision of the document. She therefore wished to know how the Secretariat would proceed with that work.

The representative of GERMANY<sup>1</sup> suggested that, at the end of paragraph 106 of the draft programme of work, additional sentences should be inserted that would read: “The principles of risk

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

management, ethics, compliance and evaluation are crucial for the transformation of the Organization. The corporate responsibility of WHO is to be able to identify those risks that may impact the agreed results with Member States. WHO has the responsibility to Member States, partners and the international community in general, to guarantee the judicious use of the resources and maintain the good reputation of WHO, in keeping with the Code of Ethics and Professional Conduct, to build further trust.” He also suggested that, after the final bullet point in paragraph 107, an additional line should be inserted, which would read: “The role of WHO in the country setting will be adequately addressed in the Geneva governing bodies, providing adequate effective oversight.”

The SECRETARY suggested that, in the tenth sentence of paragraph 70 of the draft programme of work, the word “reduce” should be inserted before the words “antibiotics in food”.

The CHAIRMAN invited the Board to consider the draft resolution contained in document EB142/3 Add.1 Rev.1.

The representative of NEW ZEALAND said that, following informal consultations among a number of Member States, he wished to propose that the draft resolution should be amended to read:

The Executive Board is invited to consider the following draft resolution:

The Executive Board,  
Having considered the draft thirteenth general programme of work, 2019–2023,<sup>1</sup>

REQUESTS the Secretariat to finalize the outstanding work on the Impact Framework, financial estimates and investment case for consideration of Member States prior to the Seventy-first World Health Assembly.

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following draft resolution:

The Seventy-first World Health Assembly,  
(PP1) Having considered the draft thirteenth general programme of work, 2019–2023 and welcoming its ambitious vision,  
(PP2) Noting their approval of the thirteenth general programme of work, 2019–2023 does not imply approval of the financial estimate contained in [document EB142/3 Add.2].

(OP)1. APPROVES the Thirteenth General Programme of Work, 2019–2023 and the related aspirational “triple billion” goals;

(OP)2. REQUESTS the Director-General:

- (1) to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop realistic programme budgets in consultation with Member State;
- (2) to take into consideration the changing state of global health in implementing the Thirteenth General Programme of Work , and keep Member States informed on progress with implementation through regular updates to governing bodies;

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<sup>1</sup> Document EB 142/3 Rev.1.



- (3) to provide guidance and support to regional offices on the implementation of the Thirteenth General Programme of Work, taking into account different contexts;
- (4) to provide a report to the Seventy-fifth World Health Assembly to inform potential extension to 2025 of the Thirteenth General Programme of Work to align with the wider United Nations planning cycle.

The representative of FIJI, while expressing support for the amended draft resolution, suggested that paragraph 2(3) should refer to both regional and country offices.

The representative of BRAZIL asked for clarification as to why paragraph 1 made specific reference to the “triple billion” goals, particularly given that they represented an integral part of the draft thirteenth general programme of work. He wished to know what impact that reference would have on other integral parts of the programme of work. He also asked why, in paragraph 2(1), the word “realistic” had been used to describe programme budgets, which should, by definition, be well-thought out and feasible.

The representative of SWEDEN expressed support for the amended draft resolution.

The representative of THAILAND said that he fully supported the inclusion of a specific reference to the “triple billion” goals precisely because they represented the core objectives of the draft thirteenth general programme of work. He therefore proposed that the original paragraph 2 contained in document EB142/3 Add.1 Rev.1 should be reinstated and amended to read: “URGES Member States to identify their roles, and the specific actions they need to take, to support the achievement of the “triple billion” goals.”

The representative of IRAQ said that his country supported the amended draft resolution and agreed that a reference to strengthening the guidance and support provided to regional and country offices should be included. He requested clarification of the meaning of the reference to “realistic” programme budgets.

The representative of VIET NAM said that she supported the draft resolution as amended. She proposed that the original paragraph 2 contained in document EB142/3 Add.1 Rev.1 should be reinstated and amended to read: “URGES Member States to support the achievement of the “triple billion” goals.” She agreed with the suggestion by the representative of FIJI that reference should be made to strengthening the guidance and support provided to regional and country offices.

The representative of NEW ZEALAND said that the reference to “realistic” programme budgets had been included since the issue had been raised consistently during informal consultations on the draft thirteenth general programme of work. Given the aspirational nature of the draft programme of work, some Member States had stressed the need to specify that programme budgets must be realistic and based on sensible financial estimates. She agreed with the suggestion to include a reference to providing guidance and support to both country and regional offices. The original paragraphs 1 and 2 contained in document EB142/3 Add.1 Rev.1 had been merged to keep the text as succinct as possible. However, she welcomed the proposals to reinstate the original paragraph 2.

The representative of ALGERIA said that he would like more time to analyse the contents of the amended draft resolution together with other Members States of the African Region.

The representative of BRAZIL, supported by the representative of CANADA, proposed that preambular paragraph 1 should make reference to the “triple billion” goals. The amended paragraph would therefore read: “Having considered the draft thirteenth general programme of work, and welcoming its ambitious vision, as expressed by the aspirational “triple billion” goals.” Paragraph 1

should consequently be amended to read “APPROVES the Thirteenth General Programme of Work, 2019–2023”.

The CHAIRMAN took it that the Board wished to suspend consideration of the draft resolution to allow for further informal consultations on the proposals for amendments.

**It was so agreed.**

**The meeting rose at 12:35.**

## **EIGHTH MEETING**

**Thursday, 25 January 2018, at 14:40**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (documents EB142/3 Rev.1, EB142/3 Add.1 and EB142/14 Add.2) (continued)

The CHAIRMAN recalled that the discussion at the seventh meeting of the draft resolution on the draft thirteenth general programme of work, 2019–2023, had been suspended to allow for informal consultations on the proposed amendments.

The representative of NEW ZEALAND said that the informal consultations had resulted in several proposed amendments to the text of the draft resolution, which would read:

The Executive Board,  
Having considered the draft thirteenth general programme of work, 2019–2023,<sup>1</sup>

REQUESTS the Secretariat to finalize the outstanding work on the Impact Framework, financial estimates and investment case for consideration of Member States prior to the Seventy-first World Health Assembly.

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following draft resolution:

The Seventy-first World Health Assembly,  
(PP1) Having considered the draft Thirteenth General Programme of Work, 2019–2023, and welcoming its ambitious vision [as expressed by the aspirational “triple billion” goals];  
(PP2) Noting that approval of the Thirteenth General Programme of Work, 2019–2023 does not imply approval of the financial estimate contained in [document EB142/3 Add.2].

(OP)1. APPROVES the Thirteenth General Programme of Work, 2019–2023;

(OP)2. REQUESTS the Director-General:

(1) to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop realistic Programme Budgets in consultation with Member States;

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<sup>1</sup> Document EB142/3 Rev.1.

- (2) to take into consideration the changing state of global health in implementing the Thirteenth General Programme of Work, and keep Member States informed on progress with implementation through regular updates to governing bodies;
- (3) to provide guidance and support to regional and Country offices on the implementation of the Thirteenth General Programme of Work, taking into account different contexts;
- (4) to provide a report to the Seventy-fifth World Health Assembly to inform potential extension to 2025 of the Thirteenth General Programme of Work to align with the wider United Nations planning cycle.

The representative of IRAQ said that the issue of the use of the term “realistic”, in reference to programme budgets, remained unresolved.

The representative of the NETHERLANDS proposed that the original paragraph 2 of the draft resolution should be amended to read: “URGES Member States to support work towards achievement of the vision of the Thirteenth General Programme of Work.”

The representative of LIBYA proposed that the original reference to the “triple billion” goals in paragraph 1 of the draft resolution should be retained and should not be moved to the first preambular paragraph, so as to emphasize that the goals could only be achieved through the joint efforts of Member States and the Secretariat.

The representative of SWAZILAND said that, in future, it would be prudent to consult Member States in a timely manner regarding proposed amendments. Nevertheless, he expressed support for the proposed amendments to the draft resolution, and in particular the amendment proposed by the representative of the Netherlands regarding paragraph 2.

The representative of PANAMA<sup>1</sup> requested clarification from the Legal Counsel as to whether the term “realistic” had any legal implications.

The LEGAL COUNSEL explained that no specific legal definition of the term “realistic” existed. Its meaning could vary, depending on the context and what the Executive Board agreed.

The representative of JAPAN said that the use of the term “realistic” in the context of budgeting dated back to when the programme budget had been aspirational, namely prior to the introduction of the financing reform agenda. He would not object to the amendment proposed by the representative of the Netherlands regarding paragraph 2 of the draft resolution, but pointed out that it would subtly alter the meaning of the text by limiting the work on achieving the vision of the draft programme of work and the “triple billion” goals to Member States only, whereas donors should also be part of such efforts.

The representative of IRAQ said that the draft programme of work was an important document and the draft resolution should be worded unambiguously.

The representative of FIJI welcomed the reference in the draft resolution to country offices and expressed support for the proposal to move the reference to the “triple billion” goals to the first preambular paragraph. To avoid potential ambiguity, the term “realistic” should be deleted.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Furthermore, it would be preferable to delete the original paragraph 2, given that the wording “urging Member States” implied a focus on delivery of the draft programme of work, rather than on its creation and endorsement.

The representative of CANADA expressed support for the proposed new wording in the first preambular paragraph of the draft resolution. However, she questioned the wording “URGES Member States” in the original paragraph 2, which had not been used in the resolutions for previous general programmes of work, and suggested that the verb in that paragraph should be in keeping with the wording used previously.

The representative of THAILAND said that he did not agree with, but could nevertheless accept, the proposal to move the reference to the “triple billion” goals from paragraph 1 to the first preambular paragraph of the draft resolution, but strongly suggested retaining the original paragraph 2, possibly in the amended form proposed by the representative of the Netherlands.

The representative of FRANCE said that she agreed with the comments made by the representative of Canada, and therefore favoured deleting the original paragraph 2.

The SECRETARY said that the wording “URGES Member States” had been used in previous draft resolutions related to the general programme of work, for example in the resolution contained in document A59/25 regarding the Eleventh General Programme of Work, 2006–2015.

The representative of GERMANY<sup>1</sup> said that the term “realistic programme budgets” had been introduced following cuts to the programme budget, and had appeared in relevant financial documents approved by the governing bodies since 2012. However, given the concerns expressed regarding the use of that term, he proposed that the wording of paragraph 2(1) should be amended to read: “to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop programme budgets in consultation with Member States, based on a realistic assessment of income and WHO’s implementation capacity”.

The representative of the NETHERLANDS seconded the proposal made by the representative of Germany.

The SECRETARY read out the proposed amendments to the draft resolution. Preambular paragraph 1 would read: “Having considered the draft Thirteenth General Programme of Work, 2019–2023, and welcoming its ambitious vision as expressed by the aspirational “triple billion” goals”. Paragraph 1 would read: “APPROVES the Thirteenth General Programme of Work, 2019–2023”. A new paragraph had been proposed for insertion after paragraph 1, to read: “URGES Member States to support work towards achievement of the vision of the Thirteenth General Programme of Work, 2019–2023”. The original paragraph 2 would be renumbered, and subparagraph (1) thereunder would read: “to use the Thirteenth General Programme of Work as the basis for the strategic direction of planning, monitoring and evaluation of WHO’s work during the period 2019–2023 and to develop Programme Budgets in consultation with Member States, based on a realistic assessment of income and WHO’s capacity”.

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

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

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

The DIRECTOR-GENERAL expressed his sincere thanks for the inclusive and collaborative efforts made by Member States over the past six months to develop the draft thirteenth general programme of work. He was pleased that the Board had adopted the resolution and looked forward to its endorsement at the Seventy-first World Health Assembly. The draft programme of work was on course to be finalized one year ahead of schedule, which would prove advantageous for programme budget development and resource mobilization efforts.

(For continuation of the discussion, see the summary record of the tenth meeting, section 2.)

**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 3.8 of the agenda (documents EB142/15 and EB142/15 Add.1)

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that the double burden of communicable and noncommunicable diseases was a pressing issue for the Region, and stressed the importance of multisectoral action and collaboration with non-State actors in tackling the related risk factors. Industry interference in policies on the production of toxic substances must be addressed. A regional framework for integrating essential noncommunicable disease services in primary health care had been developed, but inadequate human and financial resources, insufficient technical infrastructure, shortage of medicines and high costs of health products, as well as a lack of appropriate legal frameworks, hindered the implementation of plans at the country level. The Secretariat should focus on providing clear guidance on health promotion and disease prevention, and on evaluating the effectiveness of national programmes, in order to facilitate and accelerate their implementation over the coming three years. Technical support and effective and sustainable mobilization of additional resources were vital to enable the countries in the Region to strengthen essential, disease prevention and primary health care services.

The representative of ZAMBIA said that, like other lower-middle-income countries, his country faced the double burden of communicable and noncommunicable diseases. Expressing concern at the insufficient progress made in reducing the number of premature deaths due to noncommunicable diseases, he called for full implementation of the political commitments made at the United Nations General Assembly in 2011 and 2014 in order to achieve the related targets by 2030. Member States had been slow in implementing multisectoral operational strategies due to a lack of capacity. Significant funding was urgently needed to ensure achievement of target 3.4 of the Sustainable Development Goals, which focused on reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. He therefore supported further investment in prevention and better management of the four main noncommunicable diseases.

The representative of TURKEY said that 2018 would be a pivotal year in efforts to prevent and control noncommunicable diseases. Supported by the Regional Office for Europe, his Government had prepared a national multisectoral action plan on noncommunicable diseases and had already implemented the set of noncommunicable disease indicators. Although much remained to be done in the fight against noncommunicable diseases, he praised the efforts of partners and organizations of the United Nations system in that regard.

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<sup>1</sup> Resolution EB142.R2.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro 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. Despite significant progress and the results achieved, particularly in the European Region, the outlook was not encouraging. She welcomed the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority and requested the Executive Board to use it as an input to the preparatory process for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Expressing concern that current efforts would be insufficient to achieve target 3.4 of the Sustainable Development Goals, she called on the Organization to support countries towards the attainment of the nine voluntary global targets for noncommunicable diseases by 2025. The engagement of non-State actors was crucial, in particular to achieving target 3.4 of the Goals. A comprehensive multisectoral response and the implementation of measures to ensure the adaptability of primary health services to demographic change and the growing prevalence of noncommunicable diseases were vital aspects of such efforts. The European Council's conclusions on cross-border aspects of alcohol policy could serve as a useful model for future discussions on action to tackle noncommunicable diseases. Strengthening tobacco control, including through the implementation of the WHO Framework Convention on Tobacco Control, was also an essential part of efforts. A greater focus on improving mental health and well-being was required, including consideration of the related social determinants. Stricter measures on the tobacco industry were also needed, including extending the model policy for agencies of the United Nations system on preventing tobacco industry interference to other members of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. She requested clarification of the tasks and role of the WHO Independent High-level Commission on Noncommunicable Diseases and the objectives and expected outcomes of the third High-level Meeting.

The representative of CANADA, speaking on behalf of the Member States of the Caribbean and South and Central America, as well as Canada and Mexico, said that the Region of the Americas remained strongly committed to taking action to prevent and control noncommunicable diseases. Additional efforts were needed to implement the high-level commitments on tackling noncommunicable diseases and mental health. Countries faced similar challenges in controlling noncommunicable diseases and should therefore exchange information and learn from each other. The WHO Global Conference on Noncommunicable Diseases held in Uruguay in October 2017 and the Montevideo Roadmap 2018–2030 were important inputs for the third High-level Meeting. To address noncommunicable diseases effectively and manage their shared risk factors, a whole-of-government, whole-of-society approach was needed. Strong political will, investment and cooperation were necessary to tackle the social, economic, political and capacity-related challenges that underpinned noncommunicable diseases. The Secretariat played a crucial role in helping Member States to develop and implement their multisectoral national responses and build adequate capacity. It was thus encouraging to note the references to accelerated action on noncommunicable diseases in the draft thirteenth general programme of work, 2019–2023. WHO should continue to provide guidance, including on facilitating the coordination of activities and monitoring the implementation of the goals of the United Nations Decade of Action on Nutrition. To that end, the availability of adequate human and financial resources must be ensured.

Speaking in her capacity as the representative of Canada, she expressed concern that the terminology used in the report (“keeping the levels stable for overweight (including obesity) in children and adolescents”) differed from that used in the global monitoring framework (“halt the rise in diabetes and obesity”) and could lead to a weakened approach to diabetes and obesity. Similarly, she sought clarification as to why the report called for reducing mean population intake of salt by 40% by 2023, while the global monitoring framework called for a 30% reduction by 2025. She also requested further information on the work modalities, membership, budget and accountability of the WHO Independent High-level Commission on Noncommunicable Diseases. To propel action and attract new partners to the cause, it would be useful to compile examples of leadership and innovation

with regard to the control of noncommunicable diseases in countries across all WHO regions for inclusion in the report to be submitted to the United Nations General Assembly.

The representative of BRAZIL said that the Montevideo Roadmap 2018–2030 was an essential input in the preparatory process for the third High-level Meeting. His Government was committed to tackling the burden of noncommunicable diseases and stood ready to support the preparatory work of the global coordination mechanism on the prevention and control of noncommunicable diseases. In that connection, he asked how the Secretariat intended to implement the recommendation aimed at further improving the global coordination mechanism to guarantee results at the country level.

The representative of the DOMINICAN REPUBLIC said that the third High-level Meeting should afford an opportunity for countries to identify strategies that enabled decision- and policy-makers to regulate industry from a public health perspective, and should address the role of primary health care in the prevention of noncommunicable diseases. The high rate of premature deaths from noncommunicable diseases was a constant reminder that urgent action was needed to address their social determinants. Target 3.4 of the Sustainable Development Goals would not be achieved unless countries reached consensus on the related policies.

The representative of BAHRAIN said that the report provided an excellent overview of the measures taken to prevent and control noncommunicable diseases, the progress made and further action to be taken; the report should be submitted to the third High-level Meeting, both to enhance its visibility and as a reminder of the political commitments made at the second High-level Meeting.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that unless measures were scaled up significantly, target 3.4 of the Sustainable Development Goals would not be met. Emphasis must be placed on the risk factors for the four main noncommunicable diseases. It was important to build national capacity for the introduction of public health and cross-sectoral policies; align international finance and noncommunicable diseases; engage constructively with industry; and counter industry interference in public health policymaking. The outcome of the third High-level Meeting should emphasize the need for political will to take action on, and ensure accountability for, those commitments. Civil society was an important partner with regard to advocacy and the development of innovative solutions to tackle noncommunicable diseases. In that connection, the global coordination mechanism was a useful tool for engagement; the Secretariat should intensify efforts to realize the full potential of the mechanism.

The representative of the NETHERLANDS said that, although the global community was largely aware of the causes of, and solutions to, noncommunicable diseases, results were lagging behind the ambitious targets. The third High-level Meeting would be a good opportunity to take stock of progress and decide on the way forward. There was reason for optimism, as many countries had implemented evidence-based and innovative interventions. The Secretariat should continue to map and analyse such developments and should produce scientifically sound guidelines, while continuing to support countries in developing and implementing effective policies.

The representative of MEXICO said that the global response to noncommunicable diseases must be comprehensive and multisectoral. The Montevideo Roadmap 2018–2030, together with examples of best practices in relation to multisectoral interventions, should be used as a starting point for the evaluation to be conducted by the United Nations General Assembly at the third High-level Meeting. Her Government had implemented a national strategy to tackle overweight, obesity and diabetes in collaboration with multiple sectors. The outcome document for the third High-level Meeting should renew the mandate of the WHO Independent High-level Commission on Noncommunicable Diseases and other related mechanisms in order to raise their political profile and facilitate their work.



The representative of JAMAICA said that, although many member countries of the Caribbean Community had made progress towards achieving the global targets on noncommunicable diseases in areas such as physical activity, efforts to improve nutrition and to reduce tobacco use and the harmful use of alcohol had been less successful. The main impediments to effective implementation of global commitments were pushback from industry, the slow implementation of regulatory frameworks to address risk factors and a lack of resources. She urged the Secretariat to develop a comprehensive road map to guide Member States in their efforts.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked WHO for its continued support to facilitate the move from global commitments to effective implementation at the national and regional levels. Despite improvements in some areas, progress towards the achievement of target 3.4 of the Sustainable Development Goals at the national and subnational levels had been uneven and insufficient. WHO should facilitate open, inclusive and transparent formal and informal consultations in the run-up to the third High-level Meeting in order to reach consensus on the obstacles to progress and identify policy options to overcome them. The Member States of the Eastern Mediterranean Region stood ready to engage actively in that process.

The representative of IRAQ said that it was important to identify the risk factors for noncommunicable diseases, measures taken to address them and obstacles to success at the country level. Greater attention should be accorded to: national workplans; the extent to which prevention and control of noncommunicable diseases was reflected in primary health care and public health policies and integrated into national and sustainable development strategies; and measures to increase intersectoral collaboration and political commitment. Emphasis should be placed on cancer, in particular cancer prevention.

The representative of FRANCE expressed support for WHO's work leading up to the third High-level Meeting and said that her Government stood ready to participate in that work. She requested further information on how the specific targets to be attained by Member States by 2023 had been determined. WHO's work should be aligned with the nine global voluntary targets for noncommunicable diseases. Noting the importance of intersectoral collaboration, she welcomed the reference to the global coordination mechanism in the draft thirteenth general programme of work, 2019–2023.

The representative of SRI LANKA expressed disappointment that, more than one year after the adoption of the Colombo declaration on strengthening health systems to accelerate delivery of noncommunicable diseases services at the primary health care level, only a few countries had developed and were implementing multisectoral action plans, primarily due to a lack of human resources. He therefore called for more staff to be trained at the primary care level. Expressing concern at the lack of multistakeholder and intersectoral action to tackle noncommunicable diseases, he welcomed the work of the global coordination mechanism and the support his Government had received in finalizing its multisectoral action plan. Sufficient funding must be made available to help Member States to adopt a whole-of-government approach. In addition, given the growing number of young people and children affected by noncommunicable diseases, a screening programme for young adults should be developed.

The representative of NEW ZEALAND said that a clearer understanding was needed of the roles of the Secretariat, Member States, non-State actors and other organizations of the United Nations system in efforts to reach consensus on the obstacles to progress and define the necessary action to be taken. Such clarification could be obtained at the third High-level Meeting and would facilitate WHO's work in implementing the draft thirteenth general programme of work and establishing programme budgets. Although it was important to engage with all relevant actors, including the private sector, the Secretariat should adopt more pragmatic language and approaches regarding the

political elements that had an impact on the risk factors and outcomes for noncommunicable diseases, and provide further explanations of apparent trends.

The representative of JORDAN said that additional resources should be provided to help Member States achieve the set of indicators for noncommunicable diseases and reduce the number of premature deaths caused by such diseases.

The representative of PAKISTAN said that, as the leading cause of morbidity and premature mortality worldwide, noncommunicable diseases posed a threat to social and economic development. Efforts to tackle such diseases would require a paradigm shift in public health approaches and strategies. His Government was committed to preventing and controlling noncommunicable diseases and their main risk factors but faced several obstacles, including a lack of intersectoral coordination, industry interference, a lack of technical support from development partners and insufficient funding from the international donor community. He urged the Secretariat and Member States to establish a global fund for noncommunicable disease to tackle the shortfall in financial resources.

The representative of THAILAND said that, in order to achieve the global targets on noncommunicable diseases, priority should be given to the countries, risk factors and diseases that were lagging behind. A heightened focus on the commercial determinants of health and the political aspects of noncommunicable diseases was also needed. Furthermore, it was essential to ensure that noncommunicable diseases formed an integral part of universal health coverage. She called on the Secretariat to act as a role model in promoting healthy living, through initiatives such as providing fresh fruit during meeting breaks and stationary bicycles in meeting rooms. Noncommunicable diseases would be the theme of the 2019 Prince Mahidol Award Conference, to be held in Thailand.

The representative of SWAZILAND requested clarification of the new proposals that the Secretariat would be submitting to the third High-level Meeting and the action that it would be requesting from heads of State; a different approach to tackling the issue was required, given the lack of consensus in recent years.

The representative of URUGUAY<sup>1</sup> said that her Government was firmly committed to preventing and controlling noncommunicable diseases, as evidenced by its hosting of the WHO Global Conference on Noncommunicable Diseases, which had led to the adoption of the Montevideo Roadmap 2018–2030. Global action to tackle noncommunicable diseases needed to be stepped up, and political commitment at the highest level must be strengthened in order to promote multisectoral actions that guaranteed respect for the right to health. She urged the Secretariat to strengthen its normative role and provide resources, advice and capacity-building support to Member States. At the global level, WHO had a key coordinating role to play, in particular via the global coordination mechanism and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, through which innovative solutions must be found. She requested the Secretariat to update its report prior to the Seventy-first World Health Assembly in order to include, as an annex, the outcome of the WHO Global Conference on Noncommunicable Diseases, particularly the Montevideo Roadmap and the conference report.

The representative of PERU<sup>1</sup> noted with concern that noncommunicable diseases were the largest underfunded programme area in WHO's Programme budget and that there had been a funding shortfall in 2017. He highlighted the need to reduce risk factors through a multisectoral approach, promote healthy lifestyles and ensure early detection and access to treatment. He welcomed the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Montevideo Roadmap 2018–2030, which would be extremely useful as an input for the third High-level Meeting. He called on the WHO Independent High-level Commission on Noncommunicable Diseases to take account of the Montevideo Roadmap when drawing up its recommendations.

The representative of PANAMA<sup>1</sup> said that premature deaths from noncommunicable diseases represented an obstacle to development and led to health inequities, particularly for low-income countries. Priority must be accorded to ensuring that those countries had the necessary technical support, capacities and resources. At the same time, due attention must also be paid to palliative care and interventions to address the determinants of health, such as tobacco control, and the achievement of target 3.a of the Sustainable Development Goals on implementation of the WHO Framework Convention on Tobacco Control. The approach to tobacco control should be harmonized among Member States and across the organizations of the United Nations system, including WHO and ILO. She urged WHO to implement the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Montevideo Roadmap 2018–2030 as a means of exchanging expertise and information. A multisectoral approach was required in order to effectively manage financial resources and foster collaboration, in particular with non-State actors. She reiterated the need for full and transparent implementation of the Framework of Engagement with Non-State Actors in order to prevent conflicts of interest between the private and public health sectors.

The representative of BANGLADESH<sup>1</sup> said that, although his Government was making progress towards achieving the global targets on noncommunicable diseases through a multisectoral approach and an integrated health response, it required more technical support from WHO. He hoped that the third High-level Meeting would be used as an opportunity to take stock of the progress made in tackling noncommunicable diseases and to identify gaps and future challenges.

The representative of INDONESIA,<sup>1</sup> acknowledging the obstacles and challenges identified in the report, said that prevention and control of noncommunicable diseases was a global challenge that required a strong, multisectoral response. Her Government was taking action at the national and regional levels to prevent and control noncommunicable diseases and would be organizing a meeting for ASEAN member States on the sidelines of the third High-level Meeting in order to discuss regional progress. She reiterated her Government's support for the Director-General's report on the preparations for the third High-level Meeting.

The representative of SWITZERLAND<sup>1</sup> said that an ageing population would further aggravate the issue of noncommunicable diseases, and the role of economic factors meant that it was important to take a multisectoral approach to prevention and control. The third High-level Meeting represented an opportunity to hold in-depth discussions and find appropriate solutions to the issue of noncommunicable diseases; her Government stood ready to contribute to the preparatory process.

The representative of CHINA<sup>1</sup> welcomed the report but suggested that, before being submitted to the Seventy-first World Health Assembly, it should be updated by the Secretariat to include information resulting from the Ninth Global Conference on Health Promotion and its outcome document – the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development – in order to fully reflect efforts made by the Secretariat and Member States to prevent and control noncommunicable diseases and promote health.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NIGERIA<sup>1</sup> said that her Government had made slow but steady progress in implementing the four national time-bound commitments, especially regarding tobacco risk reduction. Regrettably, a survey using the stepwise approach had not been carried out in Nigeria in over two decades, mainly owing to a lack of financial resources, which remained a major impediment to national tobacco control efforts. She therefore called on WHO and other bodies of the United Nations system to provide support to her Government to enable it to conduct a survey as soon as possible.

The representative of PAKISTAN agreed with the suggestion made by the representative of China to update the report by including the Shanghai Declaration.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> expressed concern regarding the tone and focus of the report; it should address noncommunicable diseases from a broader perspective by citing peer-reviewed evidence, highlighting proven actions to improve prevention and treatment, and encouraging collaboration and private partnerships, including the actions that had been most successful in engaging the private sector. Furthermore, the report relied heavily on the outcomes of a meeting that had not involved the broad participation of Member States. Table 5 of the report, which listed the obstacles at the national and subnational levels to implementing the best buys and other recommended interventions for the prevention and control of noncommunicable diseases, was counterproductive and lacking in objectivity. It should be updated to reflect a more balanced perspective on both obstacles and opportunities. Her Government remained committed to engaging constructively with the Secretariat and Member States to address the critical issue of prevention and control of noncommunicable diseases.

The representative of ECUADOR<sup>1</sup> said that her Government was committed to achieving the global targets for noncommunicable diseases. She agreed with the comments made by the representatives of Canada, speaking on behalf of the Member States of the Caribbean and South and Central America, as well as Canada and Mexico, and the Dominican Republic, that industry interference was a problem in many countries. Firm actions, sufficient financial resources and increased political will were needed to implement the Montevideo Roadmap 2018–2030 and to ensure sustainable and effective efforts. She welcomed the proposal of a mid-point evaluation of progress on the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and asked how the representative group of stakeholders would be formed.

The representative of ESTONIA<sup>1</sup> highlighted the persistent problem of harmful use of alcohol and its significant contribution to the burden of noncommunicable diseases. A global response was needed to tackle alcohol advertising, including by reducing young people's exposure thereto. He encouraged Member States to continue efforts to reduce the harmful use of alcohol, with the support of the Secretariat, for example by monitoring the volume and content of alcohol advertising in the digital media.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that his Government would continue to support WHO's work to prevent and control noncommunicable diseases. He expressed support for the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, which helped to promote intersectoral coordination. The third High-level Meeting should address the economic determinants of noncommunicable diseases and lead to effective policy development. The Director-General's report should take into account the outcomes of the WHO Global Conference on Noncommunicable Diseases, held in 2017. He welcomed the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

evaluation of the global coordination mechanism and hoped that Member States would continue to support its development, which should involve greater participation of non-State actors, civil society organizations and the private sector.

The representative of CHILE<sup>1</sup> said that more coherent and innovative policies, political commitment, civil society participation and enhanced accountability were needed to tackle the social, economic and structural factors influencing people's exposure to the risk factors for noncommunicable diseases. Her Government had taken concrete actions to ensure that people living with noncommunicable diseases had access to diagnosis, treatment and financial protection, and had improved food labelling and advertising. She welcomed the preliminary evaluation of the global coordination mechanism, but sought clarification of how the related recommendations would be implemented, and how Member States would be kept informed of progress in that regard.

The representative of ARGENTINA,<sup>1</sup> agreeing with the comments made by the representative of Canada, expressed support for the recommendations set out in the report and noted the importance of the Montevideo Roadmap 2018–2030 as an input to the third High-level Meeting. She called for the development of a framework convention on healthy eating and obesity prevention, which would be instrumental in advancing global efforts to prevent noncommunicable diseases. In addition, further efforts must be made to implement the WHO Framework Convention on Tobacco Control, ensure more effective implementation of policies to reduce the harmful use of alcohol, to limit the intake of sodium and trans-fatty acids and to promote physical activity.

The representative of INDIA<sup>1</sup> said that his Government's efforts to tackle noncommunicable diseases were based on multisectoral coordination, health promotion, health systems strengthening, surveillance, monitoring, evaluation and research. Food safety standards were being enhanced, effective tobacco control measures had been introduced and a population-based programme had been developed for the prevention, screening and management of common noncommunicable diseases. WHO should lead the coordination of efforts by organizations within the United Nations system to tackle noncommunicable diseases, in order to ensure the alignment of priorities, advocacy and funding.

The observer of PALESTINE said that noncommunicable diseases had had a devastating impact on the population of Palestine. Initiatives, including a strategic plan, had been put in place to raise awareness, enhance prevention and reduce the high number of deaths caused by such diseases. He welcomed WHO's close cooperation with Palestine's health authority and its reports and research on the matter. Cooperation was imperative for the future development of health systems.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that adequate investment and better management were necessary to address the four main noncommunicable diseases. Community health workers and volunteers played a crucial role in tackling noncommunicable diseases, especially among disadvantaged and vulnerable populations, including by raising awareness, bridging the gap between communities and health services, and promoting healthy behaviour through community engagement. She welcomed the emphasis on proactive, compassionate, community-based and sustainable long-term care within WHO's Package of Essential Noncommunicable Disease Interventions. An approach based on ensuring a continuum of care, including for vulnerable populations and those living in complex settings and emergencies, was essential.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules and Procedures of the Executive Board.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that multisectoral action, including the development of coherent policies, was critical to creating environments that promoted health and tackling noncommunicable diseases. The third High-level Meeting would be a timely opportunity for Member States and private donors to increase their funding commitments, which in turn would curb the economic impact of such diseases in the future. Furthermore, Member States should ensure that vulnerable groups, in particular women, children and young people, were accounted for in all measures to prevent and control noncommunicable diseases. Her organization was committed to collaborating with WHO in the fight against noncommunicable diseases, including through the global coordination mechanism.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Member States to schedule the third High-level Meeting at least one day before the United Nations General Assembly, to allow sufficient time for preparation. The meeting should involve the participation of heads of State and government, civil society and people living with noncommunicable diseases. The outcome document of the meeting should include robust commitments by Member States, for example to increase investment and accelerate the implementation of best buys, free of commercial interests.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN and also on behalf of World Cancer Research Fund International, expressed support for the statement made by the representative of Alzheimer's Disease International. She urged the Secretariat and Member States to honour their commitment to reduce premature mortality from noncommunicable diseases by 25% by 2025. Member States must strengthen national action on cancer and noncommunicable diseases by: ensuring the participation of their heads of State at the third High-level Meeting; establishing a United Nations civil society task force; and developing robust commitments to support the implementation and scaling up of prevention, early detection, treatment and care services.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to consult with national dental associations when developing sugar reduction and nutrition interventions. Her federation was developing a measurement tool that it looked forward to sharing with WHO, with a view to establishing baselines and indicators for oral health. She encouraged Member States to: address oral health in their national action plans for noncommunicable diseases; integrate oral health perspectives in the agenda and outcome document of the third High-level Meeting; and update the oral health action plan for health promotion and integrated disease prevention.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, urged the United Nations General Assembly, the Secretariat and Member States to use the third High-level Meeting as a platform to renew their commitment to ending childhood obesity, building on the work of the WHO Commission on Ending Childhood Obesity. He welcomed the reference in the report to industry interference and the fact that it impeded progress in the implementation of policies on best buys, and called on Member States to combat such interference.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on WHO and the organizations of the United Nations system to support a comprehensive preparatory process for the third High-level Meeting. Urgent action was required to: improve access to treatments for noncommunicable diseases; increase financing for national plans to prevent and control noncommunicable diseases; and recognize the synergies between the four main noncommunicable diseases and other diseases, such as kidney disease, by adopting integrated screening and disease management programmes.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, requested that the Secretariat and Member States ensure that palliative care was included in the preparations for the third High-level Meeting. Palliative care should be provided not only to those living with cancer, but also to people living with other noncommunicable diseases such as cardiovascular disease, lung conditions and organ failure. The voices of those receiving palliative care must be heard and efforts made to ensure access to palliative care for those in need.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that his association stood ready to take an active role in the preparatory process for the third High-level Meeting. He welcomed the holistic approach outlined in the report and the focus on universal health coverage and health system strengthening. His association's collaboration with WHO on the global coordination mechanism had been successful; he encouraged WHO to include the mechanism in its general programme of work and to continue its implementation beyond 2020.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that, in order to mobilize the expertise of nurses and make progress in tackling noncommunicable diseases, countries needed to remove barriers that prevented nurses from delivering effective interventions, including prescribing. His council was concerned that target 3.4 of the Sustainable Development Goals would not be achieved, and strongly encouraged Member States to affirm their political commitments and to make strides to implement best buys and other interventions to prevent and control noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on Member States to ensure that their heads of State participated in the third High-level Meeting. WHO should update its definition of premature deaths from noncommunicable diseases to ensure alignment with the targets and indicators of the 2030 Agenda for Sustainable Development, which had no age restrictions. Support should be provided to countries to ensure that programmes were appropriate and accessible to women, and interventions should be integrated into existing programmes on reproductive, maternal, child, newborn and adolescent health. She called on Member States to: hold the third High-level Meeting immediately prior to the United Nations General Assembly; facilitate meaningful participation from civil society and people living with noncommunicable diseases; and promote policy coherence and include robust commitments in the third High-level Meeting outcome document. Support should continue for entities such as the global coordination mechanism.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, strongly encouraged Member States to include pharmacists in the management of noncommunicable diseases and in efforts to improve access to health care. Member States should reform their pharmacy curricula to include competencies related to the management of noncommunicable diseases. Furthermore, in the run-up to the third High-level Meeting, Member States should consider the key role that pharmacists could play and the related opportunities to expand access to cost-effective management of noncommunicable diseases worldwide.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that it was contradictory to cite industry interference as an obstacle and yet suggest that private sector partnerships were the best way forward, especially as private sector consent to regulatory measures was unlikely. Governments needed clear, data-based assessments of their national situations – and ideally laws to protect breastfeeding – before they could consider whether and what role the private sector should play. To promote healthy diets more effectively, Member States should work with town planners, small farmers and public health experts.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that health as a human right would only have meaning if patients had timely access to safe, effective and affordable care. Measures to halt the cancer epidemic should include investment in essential and cost-effective cancer services; implementation of resolution WHA70.12 (2017) on cancer prevention and control; access to treatment for non-preventable cancers; and an adequate and well-trained health workforce. The third High-Level Meeting should be scheduled the day before the United Nations General Assembly, to facilitate attendance by heads of State, and input from non-State actors should be encouraged through a civil society task force.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on noncommunicable diseases but said that its approach failed to address key structural inequalities among countries and between States and private corporations. The Organization had an important role to play in limiting industry interference in policy-making and in advocating for the regulation of unhealthy industries. Technological innovations such as mHealth were insufficient to meet the needs of people affected by noncommunicable diseases, particularly marginalized and vulnerable groups; Member States must therefore increase their investment in public health systems and unearmarked contributions.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, pointed out that the words “price”, “patent” and “intellectual property” did not appear in the report, nor was there mention of new cell and gene therapies, access to which was expensive, limited and highly unequal. It was unclear whether exceptions to patent rights extended to such therapies and, if so, what incentives should replace the patent monopoly. At the third High-level Meeting, WHO should place greater emphasis on the high prices of medicines and services for the treatment of noncommunicable diseases and the related barriers to access. Universal access to medicines would only be achieved by delinking the incentives to invest in research and development from product prices.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), thanking participants for their comments, said that Member States should see the third High-level Meeting as an opportunity to create synergies with the first high-level meeting of the General Assembly on ending tuberculosis, both of which would be held in 2018. Member States should encourage their heads of State to attend both meetings and push for mental health to be included at the former.

In February 2018, members of the new WHO Independent High-level Commission on Noncommunicable Diseases would be announced, and the first meeting of the WHO Civil Society Working Group on the third High-level Meeting would be held. Both groups had been convened by the Director-General to advise him on how best to help countries to accelerate progress towards achieving target 3.4 of the Sustainable Development Goals.

The global coordination mechanism would be scaling up strategic engagement with the private sector in ways that safeguarded against conflicts of interest. The United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases provided a platform for Member States to work on priority issues through joint global programmes.

She welcomed the significant progress made by Member States in reducing the number of premature deaths from noncommunicable diseases. The Secretariat stood ready to provide support at the national, regional and global levels, in particular for the implementation of national multisectoral plans on noncommunicable diseases.

The REGIONAL DIRECTOR FOR THE AMERICAS said that noncommunicable diseases represented an unprecedented catastrophe that required a multisectoral response, including from the private sector and civil society. Without significant investment by 2020, the increasing burden of noncommunicable diseases in low- and middle-income countries would make it impossible to meet



target 3.4 of the Sustainable Development Goals. However, work to meet that target must not distract from the fact that people's lives were at stake; the highest priority must therefore be given to combating the epidemic. Commitments made at the first two High-level Meetings had not been adequately followed through; bolder commitments and strong, high-level, informed participation would be needed at the third High-level Meeting. Real progress would depend on the genuine commitment of national governments, civil society, communities and the private sector to prioritize health ahead of politics, profit and self-promotion.

The DIRECTOR-GENERAL said that 33 countries and the European Union had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products, and urged those Executive Board members whose governments had not yet done so to demonstrate leadership by ratifying that document before July 2018, when ratification by 40 Parties would be required for the instrument to become international law.

Noncommunicable diseases were a priority for the world, not just for high-income countries. The risk factors and solutions were known; only focus and political will were lacking. Rather than seeking a new strategy or solution, it was necessary to focus on implementation, including of measures such as the taxation of tobacco products, alcohol and sugary drinks. Over the past few months, the Secretariat had reached out to heads of State, some of whom had taken bold action. National health authorities must join forces with the Secretariat to mobilize political commitment and build on existing momentum. As many participants had noted, countries must be at the centre of action, as outlined in the draft thirteenth general programme of work.

The representative of TURKEY, responding to the Director-General's comments on the Protocol to Eliminate Illicit Trade in Tobacco Products, said that the domestic ratification process had recently been completed in his country.

**The Board noted the report.**

**The meeting rose at 17:40.**

## **NINTH MEETING**

**Thursday, 25 January 2018, at 18:15**

**Chairman:** Dr A. HAFEEZ (Pakistan)

### **1. STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**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 3.8 of the agenda (documents EB142/15 and EB142/15 Add.1) (continued)

The representative of NEW ZEALAND noted that the executive summary of the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases, contained in document EB142/15 Add.1, had found the mechanism to be “more useful than effective”. It was unclear whether implementation of the recommendations contained in the document would deliver the desired outcomes, as the activities proposed were not contextualized to meet the Member States’ needs. It was also uncertain whether the mechanism would become sufficiently operational during the remainder of its mandate to serve its purpose.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that the majority of Member States had recognized the added value of the mechanism; implementation of the proposed actions would greatly enhance its effectiveness and add strategic clarity, thus enabling the fulfilment of its mandate.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the recommendations would be addressed in such a way as to add value to the mechanism and support implementation of the draft thirteenth global programme of work, 2019–2023, and the Sustainable Development Goals.

**The Board noted the report.**

**Preparation for a high-level meeting of the General Assembly on ending tuberculosis:** Item 3.9 of the agenda (document EB142/16)

The CHAIRMAN drew attention to a draft resolution on preparation for a high-level meeting of the General Assembly on ending tuberculosis proposed by Brazil, the Philippines, the Russian Federation and South Africa, which read:

The Executive Board,

Having considered the report on the preparation for a high-level meeting of the General Assembly on ending tuberculosis, to be held in 2018,<sup>1</sup>

1. REQUESTS the Director-General to develop, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow

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<sup>1</sup> Document EB142/16.

Declaration to End TB (2017), a draft multisectoral accountability framework that enables the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis both globally and nationally, leaving no one behind, through an independent constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries, to be considered by the Seventy-first World Health Assembly in May 2018, and presented at the high-level meeting of the United Nations General Assembly on ending tuberculosis in 2018 in order to secure strong political support;

2. RECOMMENDS to the Seventy-first World Health Assembly the consideration of the following draft resolution:

The Seventy-first World Health Assembly,

(PP1) Noting with concern that tuberculosis remains the leading infectious disease killer in the world today, responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016; and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

(PP2) Reaffirming resolutions: WHA67.1 (2014), by which the Health Assembly adopted the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and WHA68.7 (2015), by which the Health Assembly adopted the global action plan on antimicrobial resistance; as well as recalling General Assembly resolution 71/3 (2016) “Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance”;

(PP3) Recalling the General Assembly resolution 70/1, which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

(PP4) Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy,<sup>1</sup> which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required; and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);

(PP5) Recognizing that to achieve the TB targets and milestones of the Sustainable Development Goals (SDGs) and of the WHO’s End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of [the context of progress towards achieving] [achieving] universal health coverage (UHC) and taking into account social, economic and environmental determinants and consequences of TB;

(PP6) Welcoming the decision contained in the General Assembly Resolution A/RES/71/159, to hold a high-level meeting on the fight against tuberculosis in 2018;

(PP7) Welcoming also the first WHO global ministerial conference on “Ending TB in the Sustainable Development Era: A Multisectoral Response”, organized jointly with the Government of the Russian Federation and held in Moscow on 16 and 17 November 2017, and the resulting Moscow Declaration to End TB,<sup>2</sup> with commitments and calls to action regarding notably: advancing the TB response within the

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<sup>1</sup> Document A70/38, section E.

<sup>2</sup> Available at [http://www.who.int/tb/Moscow\\_Declaration\\_MinisterialConference\\_TB/en/](http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/).

Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly;

(PP8) Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework, [looking towards] the 2018 UNGA high-level meeting on TB, to be considered by the WHO Governing Bodies,

OP1. URGES Member States:<sup>1</sup>

- (1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on tuberculosis, including by enabling high-level participation;
- (2) to pursue the implementation of all the commitments called for in the Moscow Declaration to End TB (2017), which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

OP2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration to End TB (2017) and to invite those who have not yet endorsed it to add their support;

OP3. REQUESTS the Director-General:

- (1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly on ending tuberculosis in 2018;
- (2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to [to achieve (DEL advance towards)] [to strengthen health systems [(DEL for progress)] towards achieving] universal health coverage, [(DEL through health systems strengthening), including for tuberculosis prevention and care; to urgently support high multidrug-resistant TB (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health [(DEL security)] by supporting implementation of the Global Action Plan on Antimicrobial Resistance (AMR) including TB-specific actions in all countries;
- (3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient [, (DEL and)] sustainable [and flexible] financing;
- (4) to develop a global strategy for tuberculosis research and innovation taking into consideration ongoing and new efforts and to make further progress in enhancing cooperation and coordination of tuberculosis research and development, considering where possible drawing on relevant, existing research networks and global initiatives;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

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

<b>Resolution:</b> Preparation for a high-level meeting of the General Assembly on ending tuberculosis	
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b>	<p><b>Programme area:</b> 1.2. Tuberculosis</p> <p><b>Outcome:</b> 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy</p> <p><b>Outputs:</b></p> <p>1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1</p> <p>1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation</p>
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b>	Not applicable.
<b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b>	<p>A draft multisectoral accountability framework.</p> <p>The draft resolution includes two elements:</p> <p>(a) the Executive Board requests the Director-General to develop, in close collaboration with all relevant international, regional and national partners, a draft multisectoral accountability framework that enables monitoring, reporting, review and actions needed to accelerate progress to end TB both globally and nationally, for consideration by the Seventy-first World Health Assembly in May 2018;</p> <p>(b) a bracketed draft resolution for consideration by the Seventy-first World Health Assembly.</p> <p>The financial and administrative implications for the Secretariat included in the current document are those relevant to point (a). The financial and administrative implications for the Secretariat of the proposed draft resolution for consideration by the Health Assembly would be developed in advance of the Seventy-first World Health Assembly.</p>
<b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b>	Three months.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 0.13 million.
<b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	US\$ 0.13 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	Zero.

<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b>
Not applicable.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>
Not applicable.
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
US\$ 0.13 million
– <b>Remaining financing gap in the current biennium:</b>
Not applicable.
– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b>
Not applicable.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.040	0.004	0.004	0.004	0.004	0.004	0.004	0.064
	Activities	0.070	0.000	0.000	0.000	0.000	0.000	0.000	0.070
	Total	0.110	0.004	0.004	0.004	0.004	0.004	0.004	0.134

The representative of BRAZIL, also speaking on behalf of China, India, the Russian Federation and South Africa, said that in order to achieve the tuberculosis targets and milestones set forth in the Sustainable Development Goals and the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the End TB Strategy, treatment and prevention-related activities needed to be reinforced in the context of universal health coverage. Addressing the socioeconomic determinants and consequences of tuberculosis was also critical. Under a cooperation plan adopted in 2016, the Governments of Brazil, China, India, the Russian Federation and South Africa had committed to joining efforts to promote universal access to the diagnosis and treatment of tuberculosis, in particular by mobilizing efforts, resources and investment in research and innovation. In 2017, they had agreed to establish a tuberculosis research network, which had been presented at the first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow, Russian Federation, in November 2017. The current focus was on developing new technologies for more accurate and timely diagnosis and treatment of tuberculosis, including its multidrug-resistant forms, and more effective prevention. The Moscow Declaration to End TB was a crucial reference document for scaling up tuberculosis response and would provide useful input for the first high-level meeting of the United Nations General Assembly on the fight against tuberculosis in 2018.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, expressed support for the implementation of the Moscow Declaration. The Secretariat should update Member States regularly on the preparation for the high-level meeting. The meeting was a crucial opportunity to galvanize greater political commitment to the fight against tuberculosis, enable the allocation of domestic resources and engender a culture of

regular tracking of progress. Tuberculosis remained one of the leading causes of death in the African Region and more support was needed to strengthen health systems and guarantee universal access to more precise, rapid diagnosis. He supported the adoption of the draft resolution.

The representative of VIET NAM said that her delegation fully supported the ambitious goals and solutions set forth in the Moscow Declaration. When preparing for the high-level meeting, it was important to recall that tuberculosis was a leading cause of death globally and undermined global health security. Although diagnostic tools and treatment were available, access was far from universal. Multisectoral approaches were needed to increase access and ensure the optimal utilization of existing tools. The Secretariat should provide timely guidance and support to Member States during the preparation of the high-level meeting to ensure the broadest possible participation.

The representative of ZAMBIA said that strong political commitment was needed to accelerate progress towards ending tuberculosis and the high-level meeting would be a useful tool in that regard. It had already generated increased recognition and stakeholder engagement, effort and investment. Implementation of the Moscow Declaration would be an important first step towards achieving universal coverage of tuberculosis care and prevention. Technical and financial support for Member States should be maintained and WHO should work with different stakeholders to ensure sufficient and sustainable funding for tuberculosis elimination.

The representative of MEXICO briefed the Board on progress made in her country towards ending tuberculosis. She highlighted the importance of a whole-of-society approach and the need to take into account the multiple risk factors and social determinants of the epidemic. WHO played a crucial role in the global fight against tuberculosis and must create synergies with other United Nations agencies to develop an effective response. When preparing for the high-level meeting, the Organization should draw on existing agreements, in particular the Moscow Declaration. At the meeting, discussions on ways to tackle multidrug-resistant forms of tuberculosis should be seen in the context of the broader agenda on antimicrobial resistance.

The representative of the PHILIPPINES stressed the need for a multisectoral response to tuberculosis. The fight against the epidemic must go hand in hand with the drive towards universal health coverage so that no one was left behind. The high-level meeting was expected to garner strong political commitments and action-oriented responses from Member States, especially among high-burden countries. Increased stakeholder engagement was needed to ensure multisectoral accountability and it was imperative to address the social determinants of tuberculosis, including poverty and overcrowding. The roles and functions of different sectors in supporting existing and future interventions should be clearly defined at the high-level meeting.

The representative of BAHRAIN said that her delegation supported the Moscow Declaration. In preparing the high-level meeting, particular emphasis should be placed on the contributions and requests of countries in emergency situations, which should receive additional support and capacity-building assistance.

The representative of JAPAN said that tuberculosis must be addressed in the context of universal health coverage. His delegation supported the work on preparing the high-level meeting and welcomed the draft resolution. As a co-facilitator of the meeting, his Government would spare no effort to contribute to the global drive to end tuberculosis. Innovative measures, new technology and a clear vision for the way forward were crucial to achieving the ambitious goals of the End TB Strategy. He wished to learn more about the way in which WHO intended to drive progress.

The representative of IRAQ said that the Moscow Declaration provided a sound basis for a multisectoral response to tuberculosis and the actions set forth in the document must be implemented. The fight against tuberculosis must involve all States, regardless of their respective disease burden.

National tuberculosis responses should be set in the context of the draft thirteenth general programme of work, 2019–2023, and the Sustainable Development Goals, and integrated into emergency preparedness and response activities, with a special focus on internally displaced persons and refugees. It might also be useful to create synergies between work on tuberculosis and noncommunicable diseases, as both issues would be discussed by the United Nations General Assembly in 2018.

The representative of COLOMBIA said that his Government supported the global drive to end tuberculosis through national action and the End TB Strategy. His Government stood ready to participate actively in the preparation of the high-level meeting and looked to WHO for guidance in that regard. The meeting outcome must highlight the importance of multisectoral commitments and approaches to the prevention, control and treatment of tuberculosis. A strong statement by the General Assembly would be a valuable contribution to the shared objective of achieving global tuberculosis targets.

The representative of the DOMINICAN REPUBLIC said that the poor were disproportionately affected by tuberculosis. The global fight against the epidemic had not produced the desired results and more needed to be done. Strong political commitment and sustained financing were crucial to improve access to fast diagnostics and new medicines, address antimicrobial resistance and coinfection of HIV and tuberculosis, and work with the most affected populations. Her Government placed much hope in the high-level meeting, which must culminate in the adoption of a bold political declaration.

The representative of CANADA thanked the Russian Federation for its leadership in the global fight against tuberculosis. Her Government looked forward to continued engagement with its partners, including civil society, before and after the high-level meeting. Collective action must be inspired by the reality of the people most affected by tuberculosis and based on equity and gender equality. She supported the draft resolution.

The representative of THAILAND said that, despite the global rhetoric and subsequent resolutions, tuberculosis had long been neglected and numerous challenges impeded progress. More investment was needed in health infrastructure, information systems and human resources to combat tuberculosis. Efforts to end the epidemic should be integrated with HIV and other public health programmes. At present, barriers to ending tuberculosis were largely management-related and tuberculosis champions were needed at all levels to take the lead in fighting the disease. It was also crucial to tackle stigma and discrimination in health care settings. She supported the adoption of the draft resolution.

The representative of PAKISTAN said that his country had the highest tuberculosis burden in his region. Given the high cost of tuberculosis prevention, treatment and control, and the persistent funding gap, increased investment and broad partnerships were needed. The current shift from business as usual to bold policies and multisectoral approaches facilitated engagement with a wider range of partners.

The representative of SWAZILAND requested additional information about the logistics of the high-level meeting.

The representative of PERU<sup>1</sup> said that the high-level meeting would generate crucial political support for the difficult fight against tuberculosis. The outcome document should highlight the need for: sustained financial support for high-burden countries; additional human resources for prevention and treatment; a community-based approach to detection and treatment; strengthened dialogue with

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



civil society and the private sector to finance research into new vaccines and medicines; and social support for tuberculosis patients, given the stigma attached to the disease. The Moscow Declaration was an important contribution to the high-level meeting.

The representative of PANAMA<sup>1</sup> said that urgent action was needed on multidrug-resistant tuberculosis to drive progress towards ending the epidemic. WHO Member States must be given guidance and technical support to implement the End TB Strategy. The use of innovative approaches and technologies was also crucial. The high-level meeting should draw on existing agreements and the commitments of Member States, which would help to secure support at the highest political level. She requested that Panama be added to the list of sponsors of the draft resolution.

The representative of CHINA<sup>1</sup> said that his Government's firm commitment to global efforts to end tuberculosis was reflected in its participation in the Global Ministerial Conference and in national action to implement the End TB Strategy. His Government stood ready to participate actively in the preparation of the high-level meeting. He supported the adoption of the draft resolution.

The representative of BANGLADESH<sup>1</sup> said that the situation with regard to tuberculosis in his country was marked by numerous challenges, including inadequate detection, limited engagement of private practitioners, inadequate notification and poor management. Multisectoral and community-based approaches were crucial to drive progress. The high-level meeting would provide an invaluable opportunity for Member States to share best practices and identify areas for rapid action, gaps and challenges.

The representative of ECUADOR<sup>1</sup> said that the high-level meeting should build on the path set forth in the Moscow Declaration. Achieving universal health coverage through health systems strengthening and a human rights-based approach to prevention and treatment were crucial. It was also important to focus on serving vulnerable populations, including people living with HIV, detainees, children and people with disabilities. Global efforts to combat antimicrobial resistance and address HIV and tuberculosis coinfection must be intensified. It was critical to promote shared responsibility and the involvement of people and communities affected by tuberculosis.

The representative of INDONESIA<sup>1</sup> said that the principles laid down in the Moscow Declaration should be incorporated into the outcome document of the high-level meeting.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, as the largest funder of international tuberculosis prevention and detection efforts, treatment and research, her Government stood ready to engage with others to identify avenues for global cooperation. The Global Ministerial Conference and the high-level meeting were both important milestones. Despite the significant progress made in the fight against tuberculosis, it remained the leading infectious disease globally; multidrug-resistant tuberculosis in particular was a serious threat to global health security and development. Continued innovation and research, multidisciplinary approaches and effective collaboration were essential. Through increased global commitment and multisectoral engagement, a world free of tuberculosis was possible.

The representative of SOUTH AFRICA<sup>1</sup> said that the high-level meeting would provide a unique opportunity for real political commitment. Unless urgent action was taken, global tuberculosis targets would not be met. Political will was critical in order to build on existing commitments. Tuberculosis targets could only be achieved if universal health coverage became a reality. Research and development were also crucial to identify new tools. Her Government was pleased to be a partner

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in initiatives such as the Life Prize project, formerly the 3P Project. Tuberculosis action should be given greater priority in the thirteenth general programme of work.

The representative of ARGENTINA<sup>1</sup> said that it was crucial to galvanize political commitment to intensify the fight against tuberculosis and accelerate progress; those steps should go hand in hand with advancing universal health coverage. The drive to end tuberculosis must be seen in the context of the global agendas on antimicrobial resistance, health security and sustainable development. National and external funds must be mobilized for a comprehensive response to tuberculosis. Increased investment in research and innovation and a sound, comprehensive accountability framework that enabled appropriate assessment of outcomes were also vital.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that his Government had taken an integrated approach to ending tuberculosis, while recognizing emerging challenges such as new sources and types of tuberculosis. Given the high mortality burden associated with the disease, it must be addressed at the national, regional and global levels. The Global Ministerial Conference, held in Moscow in 2017, was indicative of his Government's commitment to the global fight against tuberculosis, in which the implementation of the Moscow Declaration would be an important step. The Declaration could serve as an inspiration for the outcome of the high-level meeting.

The representative of INDIA<sup>1</sup> said that increased funding for tuberculosis prevention, treatment and control was crucial. He highlighted the importance of quality care, detection of tuberculosis cases, free diagnosis and treatment, online notification systems, community engagement, communication campaigns and data collection. Since India was a major manufacturer of anti-tuberculosis drugs, his Government remained committed to working with WHO to fight the continuing challenge that the disease presented.

The representative of UNAIDS said that tuberculosis and its multidrug-resistant forms were among the greatest threats to the AIDS response. Greater integration of tuberculosis and HIV programmes was therefore needed, in addition to meaningful engagement with affected communities, strengthened health systems and measures to address the socioeconomic drivers of tuberculosis. UNAIDS and its cosponsors looked forward to engaging with WHO Member States in preparation for the high-level meeting.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the high-level meeting on tuberculosis and the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases would provide opportunities to highlight the interlinkages between the two issues and showcase integrated approaches. Both required political leadership, health systems strengthening, universal health coverage and measures to tackle the social determinants of health. Member States should capitalize on interventions that could address both issues.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that ending tuberculosis could only be achieved by addressing broader global health concerns, including poverty and universal health coverage. It was necessary to fight stigma, focus on community-based interventions and empower people living with tuberculosis. Member States with a high burden of multidrug-resistant tuberculosis should be especially proactive on antimicrobial resistance. More countries should join collaborative research efforts as innovation was crucial. High-risk populations should be involved in the high-level meeting.

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The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a holistic, multisectoral approach was needed to end tuberculosis. The poor, prisoners, migrants and patients with cancer or receiving organ transplants or immunotherapy were disproportionately at risk. Investment in research and innovation, an adequate public health infrastructure and an integrated approach to drug resistance in the context of the broader antimicrobial resistance agenda were critical.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that tuberculosis detection, prevention and treatment must be scaled up using strong, evidence-based policies. The Organization must engage in robust consultation with civil society in preparation for the high-level meeting and develop a political declaration based on equity and medical science. Tuberculosis and the global antimicrobial resistance crisis were inextricably linked. WHO must do its utmost to help to make treatment more accessible and affordable. High-income countries should increase their contributions to end the epidemic.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that particular efforts were needed to reach underserved populations and reduce the stigma, discrimination and isolation affecting tuberculosis patients. A person-centred approach, community-based treatment options and psychosocial and socioeconomic support were crucial. Multidrug-resistant tuberculosis must be tackled in the context of the antimicrobial resistance agenda; strengthening health systems should also be a priority. There was also a need for better legislation, regulations and policies to protect the health workforce from tuberculosis.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the high-level meeting would be a useful opportunity to call for rapid acceleration towards the global targets for ending tuberculosis. Countries must commit to time-bound, ambitious and measureable national treatment and prevention targets. Greater support was needed for public health-driven tuberculosis research and development and equitable access to treatment. A transparent research and development framework was needed that promoted needs-driven priority setting, data sharing, collaborative research and intellectual property pooling. The high-level meeting should convene regularly to assess progress.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that ending the tuberculosis epidemic required access to diagnosis and treatment for all, through a comprehensive primary care network in the context of universal health coverage. The social determinants of tuberculosis must be addressed through social assistance, food and employment security. The high-level meeting should propose concrete actions to address key social determinants of tuberculosis and call for increased investment in tuberculosis research.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that increased political and financial commitments were needed to strengthen Member States' tuberculosis policies and practices. Closing the research and development funding gap could have a transformative impact. The high-level meeting provided an opportunity to mobilize investment for new tools and programme activities and Member States should ensure the highest level of political participation, giving priority to tuberculosis in children and adolescents.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) said that the WHO Secretariat was engaging actively with the secretariat of the United Nations in preparation for the high-level meeting. The draft resolution, which enjoyed broad support from Member States, requested the Secretariat to draft a multisectoral accountability framework for action on tuberculosis and he invited all Member States to participate in the preparation of that document. Giving an overview of

events on tuberculosis scheduled to be held prior to the high-level meeting, he urged Member States to ensure the broadest possible participation in that meeting. The high-level meeting provided a historic opportunity to galvanize political commitment to end tuberculosis. The Secretariat would engage widely with Member States in preparation for the meeting and would continue to support national implementation of the End TB Strategy.

The DIRECTOR-GENERAL said that the Organization had placed a strong focus on tuberculosis over the past six months in an effort to seize the opportunity presented by the high-level meeting. Broad stakeholder engagement, strong partnerships and the involvement of civil society over the coming months were crucial to building a united force that would help to make the high-level meeting a success. High-burden countries, in particular, must act as one and drive progress. The link between tuberculosis and HIV must be taken into account, with a focus on prevention. The Secretariat would do its utmost to push for accelerated action and he relied on Member States for their support.

**The Board noted the report.**

The CHAIRMAN said he took it that the Board wished to adopt the draft resolution.

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

**2. OTHER TECHNICAL MATTERS:** Item 4 of the agenda

**Global snakebite burden:** Item 4.1 of the agenda (document EB142/17)

The CHAIRMAN drew attention to a draft resolution on addressing the burden of snakebite envenoming proposed by Angola, Australia, Benin, Brazil, Burkina Faso, Colombia, Costa Rica, Ecuador, France, Gabon, Guatemala, Honduras, India, Jamaica, Kenya, Mexico, the Netherlands, Nigeria, Pakistan, Panama, Peru, the Philippines, Senegal, Thailand and Zambia, which read:

The Executive Board,  
Having considered the report on global snakebite burden;<sup>2</sup>  
Recommends to the Seventy-first World Health Assembly the adoption of the following resolution:

The Seventy-first World Health Assembly,  
(PP1) Deeply concerned that snakebite envenoming<sup>3</sup> kills an estimated 81 000–138 000 men, women and children a year worldwide and causes physical and psychological disability in four or five times that figure;  
(PP2) Noting that the individuals affected by snakebite are overwhelmingly members of impoverished agricultural and herding communities, the great proportion of whom are 10–40 years of age;  
(PP3) Concerned that several factors, including poor prevention, health worker training, diagnosis and treatment of cases of snakebite envenoming and inadequacy of

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<sup>1</sup> Resolution EB142.R3.

<sup>2</sup> Document EB142/17.

<sup>3</sup> Snakebite envenoming is the disease resulting from the pathological and pathophysiological alterations induced by the deleterious action of venom injected in the body as a consequence of snakebite.

available tools for prevention, diagnosis and treatment of the disease, impede further progress in addressing snakebite envenoming;

(PP4) Recognizing that snakebite envenoming causes disproportionate suffering, but has to date been largely overlooked by the global health community even though it can induce catastrophic health expenditure and exacerbate poverty;

(PP5) Recognizing further that snakebite envenoming by WHO as a high priority neglected tropical disease,<sup>1</sup> following the recommendation of WHO's Strategic and Technical Advisory Group for Neglected Tropical Diseases at its 10th meeting (Geneva, 29 and 30 March 2017),<sup>2</sup> in response to the urgent need to implement effective control strategies, tools and interventions;

(PP6) Recognizing the lack of statistics and accurate information and the need to further improve data on the epidemiology of snakebite envenoming for a better understanding of the disease and its control;

(PP7) Aware that early diagnosis and treatment are essential for reducing the morbidity, disability and mortality that snakebite envenoming can cause;

(PP8) Noting with satisfaction the progress made by some Member States with regard to research into snakebite envenoming and improved case management;

(PP9) Acknowledging the urgent need to improve access to safe, effective and affordable treatments in all regions of the world where snakebite envenoming is endemic;

(PP10) Recognizing the work of WHO towards developing guidelines for the diagnosis and management of snakebite envenoming and for the production, control and regulation of antivenoms and the need to make these available to all regions of the world;

(PP11) Mindful that achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, particularly those concerning poverty, hunger, health and education, may be hampered by the negative impact of neglected diseases of the poor, including snakebite envenoming,

OP1. URGES Member States:<sup>3</sup>

- (1) to assess the burden of snakebite and, where necessary, establish and/or strengthen surveillance, prevention, treatment and rehabilitation programmes;
- (2) to improve the availability, accessibility and affordability of antivenoms to populations at risk, and develop mechanisms to ensure that additional costs related to the treatment and rehabilitation after snakebite envenoming are affordable for all;
- (3) to promote the transfer of knowledge and technology between Member States in order to improve the global availability of antivenoms and the effective management of cases;
- (4) to integrate, where possible and appropriate, efforts to control snakebite envenoming with other relevant disease-control activities;
- (5) to improve access to specific treatment and rehabilitation services for the individuals affected by snakebite envenoming, by mobilizing national resources;
- (6) to provide training to relevant health workers on the diagnosis and management of snakebite envenoming, with particular emphasis in regions of high incidence;

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<sup>1</sup> See <http://www.who.int/snakebites/resources/s40409-017-0127-6/en/> (accessed 8 December 2017).

<sup>2</sup> See [http://www.who.int/neglected\\_diseases/NTD\\_STAG\\_report\\_2017.pdf?ua=1](http://www.who.int/neglected_diseases/NTD_STAG_report_2017.pdf?ua=1).

<sup>3</sup> And, where applicable, regional economic integration organizations.

- (7) to intensify and support research on snakebite envenoming, particularly in order to develop new tools to diagnose, treat, prevent and measure the burden of the disease;
- (8) to promote community awareness of snakebite envenoming, through culturally contextualized public campaigns, in support of early treatment and prevention, and intensify community participation in awareness and prevention efforts;
- (9) to foster cooperation and collaboration among Member States, the international community and relevant stakeholders in order to strengthen national capacities to control, prevent and treat snakebite envenoming;

OP2. REQUESTS the Director-General:

- (1) to accelerate global efforts and provide coordination to the control of snakebite envenoming, ensuring the quality and safety of antivenoms and other treatments and prioritization of high impact interventions;
- (2) to continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;
- (3) to foster international efforts aimed at improving the availability, accessibility and affordability of safe and effective antivenoms for all;
- (4) to provide support to Member States for strengthening their capacities for improving awareness, prevention and access to treatment and for reducing and controlling snakebite envenoming;
- (5) to foster technical cooperation among Member States as a means of strengthening surveillance, treatment and rehabilitation services;
- (6) to cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, directly to provide support to Member States in which snakebite envenoming is prevalent, upon request, in order to strengthen snakebite management activities;
- (7) to report on progress in implementing this resolution to the Seventy-third World Health Assembly.

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

<b>Resolution:</b> Addressing the burden of snakebite envenoming	
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b>	
<b>Programme areas:</b>	
1.4. Neglected tropical diseases	
4.3. Access to medicines and other health technologies and strengthening regulatory capacity	
<b>Outcomes:</b>	
1.4. Increased and sustained access to neglected tropical disease control interventions	
4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies	

<p><b>Outputs:</b></p> <p>1.4.2. Implementation and monitoring of neglected tropical disease control interventions facilitated by evidence-based technical guidelines and technical support</p> <p>4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</p> <p>4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification</p>
<p><b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b></p> <p>Not applicable.</p>
<p><b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b></p> <p>Although they were not specified during the process of preparing the Programme budget 2018–2019, the deliverables planned will contribute to the outputs detailed above. They are set out below.</p> <ul style="list-style-type: none"> <li>• Accelerate global efforts and coordination for the control of snakebite envenoming, ensuring the quality, efficacy and safety of antivenoms and other treatments, and the prioritization of high impact interventions;</li> <li>• Continue to offer technical support to institutions working on research into snakebite envenoming, including WHO collaborating centres, in support of improved, evidence-based disease control efforts;</li> <li>• Foster international efforts aimed at strengthening the production, regulation and control of quality, safety and efficacy of snake antivenom immunoglobulins and improving the availability, accessibility and affordability of safe and effective antivenoms for all;</li> <li>• Support Member States to strengthen capacities for improving awareness and prevention and access to treatment, and for reducing and controlling snakebite envenoming;</li> <li>• Foster technical cooperation among countries as a means of strengthening surveillance, treatment and rehabilitation services;</li> <li>• Cooperate, as appropriate and in accordance with their respective mandates, with international agencies, nongovernmental organizations, foundations and research institutions, to directly support countries in which the disease is prevalent, upon the request of such countries, in order to strengthen snakebite management activities.</li> </ul>
<p><b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b></p> <p>No end-date is presently foreseen for this resolution, with implementation efforts forming part of the ongoing work concerned with the control and elimination of neglected tropical diseases. The financial information presented here concerns the six-year period July 2018 to–2023.</p>
<p><b>B. Resource implications for the Secretariat for implementation of the resolution</b></p>
<p><b>1. Total resource requirements to implement the resolution, in US\$ millions:</b></p> <p>US\$ 29.66 million for the first six years.</p>
<p><b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>Zero.</p> <p><b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>US\$ 6.33 million.</p>

<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b>
US\$ 10.63 million.
<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>
US\$ 12.70 million per biennium, plus cost of indexation against inflation.
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
Zero.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 6.33 million.
– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b>
None at present. Mobilization of funds will be linked to the primary outcome of the deliverables in the biennium 2018–2019. The development of the snakebite environment road map and the organization of the associated stakeholder meeting are expected to mobilize donor voluntary contributions amounting to at least 50% of the biennium budget.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
<b>2018–2019</b> resources already planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>2018–2019</b> additional resources	Staff	1.32	0.15	0.13	0.12	0.07	0.12	0.14	2.05
	Activities	2.53	0.55	0.23	0.31	0.16	0.24	0.26	4.28
	Total	3.85	0.70	0.36	0.43	0.23	0.36	0.40	6.33
<b>2020–2021</b> resources to be planned	Staff	1.98	1.04	0.69	0.83	0.33	0.63	0.70	6.20
	Activities	2.85	0.47	0.21	0.28	0.16	0.22	0.24	4.43
	Total	4.83	1.51	0.90	1.11	0.49	0.85	0.94	10.63
<b>Future bienniums</b> resources to be planned	Staff	3.26	1.08	0.96	0.86	0.50	0.87	0.98	8.51
	Activities	2.55	0.49	0.22	0.29	0.16	0.23	0.25	4.19
	Total	5.81	1.57	1.18	1.15	0.66	1.10	1.23	12.70

The representative of VIET NAM said that his country wished to be added to the list of sponsors of the draft resolution.

The representative of BENIN, speaking on behalf of the Member States of the African Region, requested the Director-General to support efforts to address the global morbidity, disability and mortality burden of snakebite envenoming. Scorpion envenoming was also a serious health threat in the Region and it would be useful to include scorpion stings in the draft resolution. The inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio as a Category A neglected tropical disease was a commendable step. An epidemiological surveillance system should be developed to facilitate the collection of reliable data and thus a realistic assessment of the problem. Although treatment options existed, the high cost of antivenoms and supply shortages in rural areas presented significant barriers. As a result, affected populations, especially in remote settings,



continued to rely on traditional treatment methods. He welcomed the measures proposed to address the global snakebite burden and called for accelerated action towards the development of a strategic plan to combat the disease. Particular emphasis should be placed on research and development, capacity-building for the health workforce and broad antivenom coverage. The Member States of the African Region supported the adoption of the draft resolution.

The representative of ZAMBIA said that, although snakebites in Zambia were notified to the authorities under an integrated disease surveillance response system, obtaining accurate data was difficult and not all cases were reported. Snakebite envenoming had a disproportionate impact on the poor and he was pleased that it had been included in the neglected tropical diseases portfolio. The agenda could be further expanded to include bites from other medically important venomous animals, such as scorpions or spiders. He urged WHO and other stakeholders to support capacity-building for health care workers and communities in the areas of prevention, first-aid and the clinical management of snakebites, as it was not uncommon for inappropriate treatment to result in death or morbidity.

The representative of COLOMBIA, speaking on behalf of the Member States of the Region of the Americas, said that a comprehensive global strategy was needed to address the burden of snakebite envenoming around the world. It was difficult to quantify the global burden, which affected vulnerable populations in rural settings disproportionately and had serious socioeconomic consequences. Given the extent of the problem in the Americas, countries in the region had been working for years to improve surveillance, step up regional and local production to guarantee availability of antivenoms in public health care settings, train the health workforce and conduct research. They stood ready to share their experience and to contribute to the development of a multisectoral, comprehensive strategy to tackle the disease.

The representative of BRAZIL said that the global snakebite envenoming burden was distributed unevenly within and across countries and regions. WHO's initiative to improve the quality, safety and regulation of antivenom production was commendable and special emphasis should be placed on addressing shortages, stock outs and improving access. Like others, she recognized the importance of tackling the morbidity and mortality associated with scorpion stings.

The representative of THAILAND said that, in the context of universal health coverage, antivenoms were provided free of charge in Thailand. With the increasing popularity of raising snakes as pets or on farms, there was a risk that foreign snake species could be introduced for which no antivenom was available locally. In order to address that emerging challenge, the Secretariat should act as a link between Member States to facilitate the timely procurement and exchange of antivenom.

The representative of the NETHERLANDS welcomed WHO's efforts to address the medical and social impact of snakebites. While the availability of safe, affordable, effective and quality-assured antivenom was crucial, it was not the only solution to such a complex problem. A comprehensive approach was needed to prevent snakebites and treat and rehabilitate victims in endemic rural areas. Exchange of scientific knowledge was crucial to developing innovative practical solutions and raise public awareness of the problem. A strong resolution adopted by the Seventy-first World Health Assembly would give WHO the necessary authority to lead the way towards the development of a comprehensive strategy to tackle the global snakebite burden.

The representative of the PHILIPPINES welcomed the inclusion of snakebite envenoming in the list of neglected tropical diseases. She appreciated WHO's support with regard to the production and improvement of antivenoms; health systems strengthening; upgrading facilities for breeding and testing procedures to ensure quality production and good manufacturing practices; continued capacity-building and knowledge transfer.

The representative of JAMAICA deplored the lack of statistics and accurate information on snakebite envenoming. WHO should launch and support regional networks in order to enable access to quality information, improve case and inventory management and generate a better understanding of the situation. Doing so would improve Member States' capacity to respond to chemical emergencies, as required under the International Health Regulations (2005).

The representative of JAPAN said that he supported the report and the draft resolution. He would appreciate additional information on the technical process applied when adding a new disease to the neglected tropical diseases portfolio. He also wished to know whether adding snakebite envenoming – which was classified as a noncommunicable disease – changed the scope of the list, and whether its addition might overstretch the scarce resources available for work on neglected tropical diseases.

The representative of MEXICO said that it would be useful to develop a WHO strategy for the prevention and control of snakebite envenoming in areas where resources were limited. It was crucial to train the health workforce in providing diagnosis and treatment, and to review and regulate the production and effects of antivenoms. In doing so, WHO should draw on the experience of experts and stakeholders already working on neglected tropical diseases, both in academic institutions and the private sector.

The representative of JORDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft resolution, but suggested that it should include scorpion stings, which were among the most common causes of envenoming in his region and affected the same group of impoverished agricultural and herding communities as snakebite envenoming. Similarly to snakebites, scorpion stings required urgent medical treatment and specific antivenoms that were currently in short supply.

The representative of the DOMINICAN REPUBLIC said that, although his country was not at risk of snakebite envenoming, he shared the concerns of others. Factors impeding the reduction of the global snakebite burden included inadequate training of health care professionals and a lack of adequate tools for prevention, diagnosis and treatment. He requested that the Dominican Republic be added to the list of sponsors of the draft resolution.

The representative of IRAQ said that, in the light of the statement by the representative of Jordan and given the lack of studies on snakebite and scorpion envenoming, WHO should support a country-level study of the types of snakes and scorpions concerned. Cooperation within and between regions would be needed in that regard, while capacity-building was required to address shortages of antivenoms. Intersectoral collaboration and community participation were crucial to preventing snakebites and scorpion stings. As an escalating public health issue, envenoming should be addressed through the thirteenth general programme of work, efforts to achieve the Sustainable Development Goals and work on emergency preparedness and response.

The representative of ALGERIA expressed support for the proposal by the representative of Jordan on behalf of the Member States of the Eastern Mediterranean region to include scorpion stings in the draft resolution. His country was among those affected by scorpion sting envenoming. He requested that Algeria should be added to the list of sponsors of the draft resolution.

The representative of BAHRAIN reiterated the importance of addressing both snakebite envenoming and scorpion stings.

The representative of MOROCCO said that thousands of scorpion stings, resulting in many deaths, occurred every year in his region, which had large areas of desert and was home to various different types of scorpions. WHO should take action on scorpion stings.

The representative of COSTA RICA<sup>1</sup> welcomed the progress made in combating snakebite envenoming and fully endorsed the report. The draft resolution reflected years of collaborative work within and across regions and sectors, with WHO support. To reduce the global snakebite burden, scientific research, health workforce capacity-building and community-based interventions were crucial. Regional cooperation was a useful tool that created synergies; her Government would be glad to share its experiences with others to help alleviate human suffering, especially among vulnerable populations in rural settings.

The representative of PERU<sup>1</sup> said that treatment for snakebites was provided free of charge in his country. Notification of snakebite cases was mandatory and specific, and effective serums from native snakes were produced locally. It was important to address the shortage of specific antivenoms, including through cooperation. WHO could prepare a common format for reporting cases of snakebite envenoming to improve the quality of information. Programmes to tackle the disease should provide for the rehabilitation of affected persons. School curricula in endemic areas should include information on accidents involving venomous animals and on relevant prevention and treatment measures.

The representative of AUSTRALIA<sup>1</sup> said that, while snakebites were difficult to prevent, the devastating impact of envenoming was preventable. Rapid access to treatment was critical. Commercial antivenom production was currently not viable: production techniques were complex and the market was small. A focus on emerging technologies and research and development was thus crucial. He welcomed the establishment of the working group on snakebite envenoming and encouraged WHO to support the development of practical treatment protocols, designed in consultation with local experts. It was also important to assess the real impact of snakebite envenoming, as current assessments were likely to underestimate the true burden. He commended Costa Rica and Colombia for their leadership on the draft resolution and said that Australia was pleased to act as one of the sponsors of the document.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that successful treatment of snakebite envenoming depended on the strength of the local community health system. The availability of good quality antivenom was crucial and Member States with high burdens of snakebite envenoming should develop, finalize and implement national action plans to increase access. WHO could harness its technical capacity to assist new and historic manufacturers in their efforts to increase capacity and close the gap in access to good quality antivenom, including through private-public partnerships.

The representative of PANAMA<sup>1</sup> said that her Government was committed to reducing the snakebite burden. An initiative should be launched to ensure that the approach taken to tackling snakebite envenoming involved multiple interventions on surveillance, prevention and risk control, and the availability of antivenoms. Cooperation to produce the antivenoms required for different species was essential.

The representative of TOGO<sup>1</sup> said that, in order to prevent the further impoverishment of vulnerable populations in rural communities as a result of costly snakebite envenoming treatments, his Government subsidised antivenoms. Nonetheless, the availability and proper use of antivenoms remained problematic. He welcomed WHO's efforts to improve the quality, safety and regulation of antivenoms and called for the development of a public health strategy to prevent and manage snakebite envenoming correctly. In order to reduce its impact, health workers and communities must be trained in snakebite prevention and case management. He requested that Togo be added to the list of sponsors of the draft resolution.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BURKINA FASO<sup>1</sup> said that snakebite envenoming was a public health concern in his country and welcomed the increased attention WHO was devoting to the issue. The focus on improved access to safe, effective, affordable and quality antivenoms produced by verified manufacturers was commendable.

The representative of BANGLADESH<sup>1</sup> said that major challenges to tackling snakebite envenoming included appropriate and timely treatment and the procurement, production and equitable distribution of antivenoms. More research and evidence-based data were needed to effectively address the impact of snakebite envenoming. He encouraged WHO to provide technical assistance to high-burden Member States and expressed support for the draft resolution.

The representative of NIGERIA<sup>1</sup> drew attention to the work conducted by the EchiTAb Study Group, in cooperation with the Nigerian Government, which had facilitated the development of effective, safe and affordable antivenoms. She called on WHO to support local production of those antivenoms, as a major contribution to addressing snakebite envenoming.

The representative of INDONESIA<sup>1</sup> highlighted the need for an accurate database on the nature, magnitude and distribution of snakebite envenoming cases at the global, regional and national levels, in order to inform appropriate strategies. In many developing countries, antivenoms were only available at hospitals and were in short supply even there. In order to close that gap, WHO should support local manufacturing of affordable antivenoms. In addition, emphasis should be placed on snakebite envenoming management at the primary care level, as most incidents occurred in rural settings. Primary health care facilities, especially in endemic areas, must have ready access to antivenoms.

The representative of ARGENTINA<sup>1</sup> welcomed the recent inclusion of snakebite envenoming on the WHO list of neglected tropical diseases. In Argentina, notification of snakebite cases was mandatory. WHO's response to the global snakebite burden should include: improved notification procedures to enable better distribution of resources and evidence-based mitigation; development of online courses on up-to-date diagnosis and treatment methods and identification of the species that were most common in a given area; and the promotion of research and development, in order to produce safe, quality and affordable antivenoms.

The representative of ECUADOR<sup>1</sup> said that work on a global response to snakebite envenoming was the result of years of consultation and research. Given the serious impact of snakebite envenoming on many people around the world, she was pleased that the issue had finally received the attention it deserved.

The representative of MEXICO said that she supported the comments by the representatives of Panama and Jordan. As a survivor of a scorpion sting she recognized the importance of addressing envenoming. It was a significant problem in her country that mostly affected children. She supported the proposal by the representative of Jordan on behalf of the Member States of the Eastern Mediterranean region to refer to scorpion stings in the draft resolution.

The representative of BRAZIL expressed support for the initiative proposed by Panama. Scorpion envenoming was a significant issue in her country. It might be useful to embark on a process similar to that which had led to the incorporation of snakebite envenoming in the list of neglected tropical diseases, in order to create a sound evidence base relating to scorpion stings for future action.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules and Procedures of the Executive Board.

WHO might also wish to explore options for developing a comprehensive strategy on the disease burden associated with venomous animals in general.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution. The Secretariat and Member States should: intensify work on access to safe, quality-assured antivenoms; establish a global financing mechanism to support the supply of antivenom free of charge; prioritize the research and development agenda; train the health workforce in the appropriate management of snakebite envenoming; build community awareness and capacities; and conduct epidemiological surveillance to assess the true burden and distribution of snakebite envenoming.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the burden of snakebite envenoming disproportionately affected poor populations. Strengthening primary care structures, including by training health workers in appropriate case management, was thus crucial. WHO should develop guidelines on good antivenom manufacturing practices and Member States must build capacities for the manufacture of safe, good quality and effective antivenoms. It was also important to address the research gap.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the global snakebite burden could be minimized by strengthening health systems, focusing on access to safe, effective, affordable and quality-assured antivenoms, community-based intervention, prevention and first-aid, and affordable innovations and manufacture. The development of a road map to guide the implementation and evaluation of a comprehensive, multi-actor snakebite control programme would be useful. Given the high cost of antivenoms, publicly funded research and development models were important.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked the Board for its strong commitment to action on the global snakebite burden. In response to a request made by the representative of Japan, he described the process that had culminated in the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio as a Category A neglected tropical disease in June 2017. With regard to the concern about spreading limited resources too thinly by including snakebite envenoming in the portfolio, he said that strong commitments and a clear vision usually attracted the resources required to implement them. Turning to the proposed inclusion of scorpion stings in the draft resolution, he said that it would be premature to propose any action on the matter. Incidence, mortality and morbidity burdens and the clinical management of scorpion stings differed from that for snakebites and evidence must be studied carefully before recommending any action.

**The Board noted the report.**

The CHAIRMAN said that he took it that the Board wished to refrain from adding scorpion stings to the draft resolution and adopt the document without amendments.

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

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<sup>1</sup> Resolution EB142.R4.

**Physical activity for health:** Item 4.2 of the agenda (document EB142/18)

The CHAIRMAN drew attention to the report on physical activity for health, contained in document EB142/18, and a draft resolution on the WHO global action plan on physical activity 2018–2030 proposed by Ecuador, France, Indonesia, Israel, Kenya, Luxembourg, Panama, the Philippines, Portugal and Thailand, which read:

The Executive Board,  
Having considered the report on physical activity for health,<sup>1</sup>

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following resolution:

The Seventy-first World Health Assembly,

(PP1) Having considered the report on physical activity for health;

(PP2) Concerned by the rapidly growing burden of noncommunicable diseases, mental health disorders and other mental health conditions globally, and its negative impact on health, well-being, quality of life, and socioeconomic development;

(PP3) Acknowledging that increasing physical activity and reducing sedentary behaviour can prevent at least 3.2 million noncommunicable disease-related mortalities globally per year,<sup>2</sup> reduce related disability and morbidity and the financial burden on health systems, and increase the number of healthy life years;

(PP4) Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011),<sup>3</sup> the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases (2014),<sup>4</sup> the 2030 Agenda for Sustainable Development,<sup>5</sup> Health Assembly resolutions WHA51.18 (1998) and WHA53.17 (2000) on the prevention and control of noncommunicable diseases, WHA55.23 (2002) on diet, physical activity and health, WHA57.17 (2004) on the global strategy on diet, physical activity and health, WHA66.10 (2013) on follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which endorsed the global action plan for the prevention and control of noncommunicable diseases 2013–2020, and which adopted a voluntary global target to, by 2025, achieve a 10% relative reduction in prevalence of insufficient physical activity;

(PP5) Acknowledging the Secretariat's work in providing Member States with tools, including WHO's global Noncommunicable Diseases Progress Monitor, and guidelines to promote physical activity,<sup>6</sup> and further acknowledging that supplementary tools and guidelines may need to be developed to assist Member States to scale up their actions in increasing physical activity and reducing sedentary behaviour;

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<sup>1</sup> Document EB142/18.

<sup>2</sup> Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2014, page 33.

<sup>3</sup> United Nations General Assembly resolution 66/2 (2011).

<sup>4</sup> General Assembly resolution 68/300 (2014).

<sup>5</sup> General Assembly resolution 70/1 (2015).

<sup>6</sup> Global recommendations on physical activity for health. Geneva: World Health Organization; 2010 (<http://www.who.int/dietphysicalactivity/publications/9789241599979/en/>, accessed 22 January 2018).

(PP6) Recognizing the efforts made by Member States and all relevant stakeholders in recent years to promote physical activity and reduce sedentary behaviour as part of broader efforts to prevent and control noncommunicable diseases and improve mental health;

(PP7) Recognizing also the need to further scale up actions and enable environments to facilitate physical activity and reduce sedentary behaviour throughout the life course, bearing in mind different national contexts, priorities and policy opportunities,

OP1. ENDORSES the global action plan on physical activity 2018–2030;

OP2. ADOPTS the voluntary global target of a 15% relative reduction, using a baseline of 2016, in the global prevalence of physical inactivity in adolescents<sup>1</sup> and in adults<sup>2</sup> by 2030, as an extension of the existing voluntary global target of a 10% relative reduction in prevalence of insufficient physical activity by 2025;<sup>3</sup>

OP3. URGES Member States<sup>4</sup> to implement the global action plan on physical activity 2018–2030, according to national contexts and priorities, and to monitor and report on progress regularly in order to improve programme performance;

OP4. INVITES relevant national, regional and international partners along with other relevant stakeholders, including the private sector, to implement the global action plan on physical activity 2018–2030 and contribute to the achievement of its strategic objectives, aligned with domestic plans or strategies;

OP5. REQUESTS the Director-General:

- (1) to implement the proposed actions for the Secretariat in the global action plan on physical activity 2018–2030, including providing necessary support to Member States for its implementation, in collaboration with other relevant partners;
- (2) to finalize, in consultation with Member States and other relevant stakeholders, a monitoring and evaluation framework on the implementation of the global action plan on physical activity 2018–2030, including a recommended set of process and impact indicators, by the end of 2018, taking into account the existing monitoring framework and indicators at the global and regional levels, and to publish it on the WHO website;
- (3) to produce, before the end of 2020, the first global status report on physical activity, building on the latest available evidence and international experience, including on sedentary behaviour;
- (4) to incorporate reporting on progress made in implementing the global action plan on physical activity 2018–2030 in the reports to be submitted to the Health Assembly in 2021 and 2026 in accordance with the agreed reporting sequence set

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<sup>1</sup> Insufficient physical activity among adolescents (aged 11–17 years) is defined as less than 60 minutes of moderate to vigorous intensity activity daily.

<sup>2</sup> Insufficient physical activity among adults (aged 18+ years) is defined as less than 150 minutes of moderate-intensity activity per week.

<sup>3</sup> See resolution WHA66.10.

<sup>4</sup> And, where applicable, regional economic integration organizations.

out in resolution WHA66.10; and to submit a final report on the global action plan on physical activity 2018–2030 to the Health Assembly in 2030.

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

<b>Resolution:</b> WHO Global Action Plan on Physical Activity 2018–2030	
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b>	<p><b>Programme area:</b> 2.1. Noncommunicable diseases</p> <p><b>Outcome:</b> 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors</p> <p><b>Outputs:</b></p> <p>2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated</p> <p>2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants</p> <p>2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020</p>
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b>	Not applicable.
<b>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b>	None.
<b>4. Estimated implementation time frame (in years or months) to achieve the resolution:</b>	Eight years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b>	US\$ 30.3 million.
<b>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	US\$ 9.4 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b>	Zero.
<b>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b>	US\$ 8.1 million.



<b>4. Estimated resource requirements in future programme budgets, in US\$ millions:</b>
2022–2023: US\$ 6.4 million.
2024–2025: US\$ 6.4 million.
<b>5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions</b>
– <b>Resources available to fund the resolution in the current biennium:</b>
Zero.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 9.4 million.
– <b>Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:</b>
Zero.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
<b>2018–2019</b> resources already planned	Staff	1.2	0.8	0.8	0.6	0.7	0.6	0.7	5.4
	Activities	2.8	0.2	0.2	0.2	0.2	0.2	0.2	4.0
	Total	4.0	1.0	1.0	0.8	0.9	0.8	0.9	9.4
<b>2018–2019</b> additional resources	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>2020–2021</b> resources to be planned	Staff	1.2	0.8	0.8	0.6	0.7	0.6	0.7	5.4
	Activities	1.5	0.2	0.2	0.2	0.2	0.2	0.2	2.7
	Total	2.7	1.0	1.0	0.8	0.9	0.8	0.9	8.1
<b>Future bienniums</b> resources to be planned	Staff	2.4	1.6	1.6	1.2	1.4	1.2	1.4	10.8
	Activities	0.8	0.2	0.2	0.2	0.2	0.2	0.2	2.0
	Total	3.2	1.8	1.8	1.4	1.6	1.4	1.6	12.8

The representative of BHUTAN said that the draft global action plan on physical activity 2018–2030 would represent value for money by reducing the burden of noncommunicable diseases. To move the proposal forward, it was important to assess the implementation capacity of Member States and the Secretariat's technical capacity to assist them. He noted the report by the Director-General on physical activity for health and supported the adoption of the draft resolution.

The representative of BAHRAIN expressed support for the draft global action plan but noted that economic and social differences among countries presented an obstacle to implementation. In that regard, countries should share experience and best practices and the Secretariat should provide technical assistance for training and establish guidelines on the implementation of national plans. A detailed action plan was needed to help States address the challenges to implementation, such as the need for funding and capacity-building in research and development.

The representative of BRAZIL said that her Government was in favour of the goal of a 15% relative reduction in physical inactivity by 2030. She supported the promotion of physical activity throughout the life course, since children, adults and the elderly needed to be involved in efforts to

achieve target 3.4 of the Sustainable Development Goals, which focused on reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. Access to physical activities had to be promoted regardless of socioeconomic status, age, gender, disability or geographic location. References to the principles of proportional universality and equity across the life course in the draft global action plan were welcome. She looked forward to discussions on the monitoring and evaluation frameworks for the draft global action plan and noted the importance of Member States' full engagement in the development of targets and related indicators.

The representative of THAILAND noted the impact of physical activity on life expectancy. Her Government was committed to the implementation of the draft global action plan. She looked forward to the development of the monitoring framework and to receiving the first global status report in 2020.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, noted the positive health, societal and economic effects of an increase in physical activity and the role of physical activity in achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He supported the four strategic objectives and the 20 policy actions set out in the draft global action plan, and took note of the report. The Secretariat should provide technical advice to help Member States implement the draft global action plan and prepare national action plans for the promotion of physical activity.

The representative of SRI LANKA asked to join the list of sponsors of the draft resolution. Attention should be focused on physical activity among children and adolescents, as habits developed in childhood continued into adulthood. Children should play a sport regularly; scheduling a daily time slot for physical activity in schools would provide an opportunity for children to participate in sports.

The representative of FIJI endorsed the report. He asked to join the list of sponsors of the draft resolution.

**The meeting rose at 21:00.**

## **TENTH MEETING**

**Friday, 26 January 2018, at 09:10**

**Chairman:** Dr A. HAFEEZ (Pakistan)

### **1. OTHER TECHNICAL MATTERS:** Item 4 of the agenda (continued)

#### **Physical activity for health:** Item 4.2 of the agenda (document EB142/18) (continued)

The representative of MALTA, speaking on behalf of the European Union and its Member States, expressed full support for the draft global action plan on physical activity 2018–2030 and the draft resolution on the subject introduced at the Board's ninth meeting. In view of the urgent need to update WHO's existing global recommendations on physical activity for health, she proposed the inclusion, in paragraph 5 of the draft resolution, of a new subparagraph, to read: "to update the global recommendations on physical activity for health 2010."

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that some of those countries used accelerometers to monitor physical activity, on the basis that objective monitoring provided more detailed information than self-reporting. WHO should develop criteria for data collection and reporting to facilitate efficient data sharing. The global recommendations on physical activity for health should be updated with new, evidence-based recommendations on sedentary behaviour. Welcoming the draft action plan, she expressed support for the draft resolution, with the amendment proposed by the representative of Malta on behalf of the European Union.

The representative of JAPAN said that, according to the accumulated evidence, physical activity contributed to preventing noncommunicable diseases and promoting health throughout the life course. The 2020 Olympic and Paralympic Games, hosted by Japan, would provide an opportunity to encourage physical activity. He requested that his country be added to the list of sponsors of the draft resolution.

The representative of IRAQ said that his Government had introduced a range of measures to promote physical activity in government workplaces and educational establishments and had launched media campaigns to encourage the wider community to exercise. He supported the draft resolution.

The representative of the DOMINICAN REPUBLIC said that commitment from the environmental, education, health, sports and technology sectors was needed if the recommendations set out in the draft action plan were to be implemented. Cross-sectoral involvement was also essential to attaining the voluntary global targets of the global monitoring framework for prevention and control of noncommunicable diseases and achieving the Sustainable Development Goals. Although the draft action plan called for information systems to be strengthened, conducting surveys to measure indicators was costly. The Secretariat should therefore support Member States to build their monitoring and evaluation capacities.

The representative of MEXICO said that national efforts to encourage physical activity must take a multisectoral approach, raise awareness of the benefits of exercise among the population and provide safe environments in which to keep fit. Comprehensive policies on physical activity,

developed in consultation with relevant sectors, academic institutions and civil society, must go hand in hand with policies on diet and nutrition. Precise physical activity indicators should be established to allow for effective routine monitoring. She welcomed the draft resolution.

The representative of the PHILIPPINES said that the Secretariat should identify simple but effective measures that could be implemented immediately for specific age groups, in line with the draft resolution.

The representative of ZAMBIA said that physical activity must become a way of life and that the goal of reducing physical inactivity around the world by 15% was too modest. The draft action plan should be more ambitious, especially with regard to physical inactivity among adolescents, and resources should be allocated accordingly. The Secretariat should provide technical support to Member States to help them to implement the draft action plan, once it had been finalized.

The representative of CANADA said that Member States should implement the draft action plan in such a way as to promote leadership opportunities for women and girls in sport and recreation. She supported the draft resolution with the amendment proposed by the representative of Malta and asked for her country to be added to the list of sponsors.

The representative of FRANCE, welcoming the draft action plan, said that physical activity must be encouraged from early childhood and continue throughout the life course, with priority given to reducing social inequality in that sphere. His Government had long been committed to encouraging physical activity among the population, which it did through inter-agency and interministerial cooperation. WHO should cooperate more closely with other international organizations, such as OECD, in preparing the draft action plan.

The representative of ALGERIA expressed support for the draft resolution and the amendment proposed by the representative of Malta. He requested that his country be added to the list of sponsors.

The representative of TURKEY said that physical activity should be promoted alongside healthy eating habits. Separating the two might make it easier to raise funds, but WHO should be aware of the undue influence of some food manufacturers that tried to conceal the impact on obesity of foods high in salt, sugar and trans-unsaturated fatty acids. He requested that his country be added to the list of sponsors of the draft resolution and endorsed the amendment proposed by the representative of Malta.

The representative of JAMAICA said that her Government intended to share a recent national campaign to promote physical activity as a best practice within the Region of the Americas. In a separate initiative, health practitioners had been provided with training in prescribing physical activity. The draft action plan should be amended to include the estimated costs of implementing the measures it recommended in low-, middle- and high-income countries.

The representative of the CONGO said that the draft action plan should be amended to reflect the fact that any physical activity undertaken by persons living with certain noncommunicable diseases, such as homozygous sickle cell disease, should be supervised, given the increased risk of morbidity and mortality that such diseases entailed. Furthermore, amendments should be made to the effect that any physical activity prescribed should be tailored to suit individuals' health, ability and medical history. He requested that his country be added to the list of sponsors of the draft resolution.

The representative of INDONESIA<sup>1</sup> said that his Government had taken a number of steps to encourage physical activity, such as launching a multisectoral national healthy lifestyle initiative focused on preventing noncommunicable diseases and improving maternal and child health.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that national, regional and international cooperation would be needed to promote physical activity for persons of all ages. WHO should establish guidelines for physical activity that were differentiated by age group. The Secretariat should provide support to Member States with limited capacity to collect data on physical activity and monitor trends.

The representative of PANAMA,<sup>1</sup> welcoming the draft action plan, said that States were responsible for creating conditions that would facilitate healthy lifestyles. Employers should be encouraged to promote physical activity among their workers. Policies designed to discourage sedentary leisure activities among children and young people should be prioritized. The Secretariat should provide technical support to Member States to implement the draft action plan and establish innovative, evidence-based strategies with a view to attaining Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of ECUADOR<sup>1</sup> said that the potential political and economic implications of strategic objectives 2 and 4 of the draft action plan could make them difficult to achieve. Technical support from the Secretariat and political resolve would be needed to ensure effective implementation. The establishment by WHO country offices of partnerships and strategies would be beneficial in that regard. Although progress reporting was an important factor, disparities in Member States' strategies and priorities could make it difficult to compare the data collected.

The representative of PERU<sup>1</sup> said that his Government had taken a number of measures to promote physical activity and healthy eating, following a multisectoral approach. He supported the draft action plan, including the prioritized list of policy actions and guiding principles set out therein, and the draft resolution.

The representative of ARGENTINA,<sup>1</sup> highlighting the importance of reducing vulnerability and inequity, promoting physical activity within the context of protecting human rights, and addressing conflicts of interest, said that the draft action plan should include more specific, measurable and quantifiable ways to apply its recommended actions, with a focus on "physical activity and health", rather than on "sport and health". An evidence-based ranking of the measures proposed should be established in order of efficacy and cost-effectiveness. Such a ranking would be useful for low-income countries that were unable to apply the full range of recommended measures simultaneously.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that some of the wording in the draft action plan concerning obligations and rights should be edited for accuracy, particularly in paragraphs 17, 24, 29 and 31. His Government did not recognize some of the rights referred to in the document. While access to sport, physical education and safe places and spaces to exercise could be useful in the progressive realization of the right to the highest attainable standard of health, they should not be inaccurately characterized as rights in themselves. The references in the appendix to the marketing of foods and non-alcoholic beverages should also be reviewed for accuracy and variations in Member States' legislation and policies in that regard should be acknowledged. He asked whether the Organization's strategy on the use of fiscal policies for health would be made available to Member States before the Seventy-first World Health Assembly. Inclusive technical consultations should be

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

held to finalize the monitoring and evaluation framework and the setting of process and impact indicators.

The representative of AUSTRALIA<sup>1</sup> expressed support for the draft resolution.

The representative of SWITZERLAND<sup>1</sup> asked for his country to be added to the list of sponsors of the draft resolution.

The representative of SPAIN<sup>1</sup> emphasized the importance of physical activity in preventing noncommunicable diseases and promoting health and outlined some of the measures his Government was taking in pursuit of its commitment to healthy ageing.

The representative of BANGLADESH<sup>1</sup> said that it would be valuable for the Secretariat to provide Member States with technical assistance to implement national policies in line with the draft action plan, with particular emphasis on operationalizing existing and new multisectoral coordination mechanisms and ensuring accountability; applying equity analyses in the design, implementation and monitoring of programmes to reduce gender, rural–urban and socioeconomic inequalities in physical activity prevalence; and urban planning and design to promote physical activity. He expressed support for the draft action plan and the draft resolution.

The representative of INDIA,<sup>1</sup> expressing full support for the draft action plan and the draft resolution, said that his country had introduced a multisectoral national action plan to tackle noncommunicable diseases and promote physical activity. It had also launched a national campaign to raise awareness of the importance of physical health and had developed a national school sports programme to reduce physical inactivity among children and adolescents.

The representatives of FINLAND<sup>1</sup> and GERMANY<sup>1</sup> requested that their countries be added to the list of sponsors of the draft resolution.

The observer of PALESTINE said that a number of initiatives, including an anti-obesity plan and child nutrition strategy, had been launched in the occupied Palestinian territory with the aim of promoting physical activity and preventing noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed support for the holistic approach to tackling physical inactivity set forth in the draft action plan and particularly welcomed the focus on strengthening health workforce capacity across sectors. Youth-led organizations should be involved in implementing the draft action plan. There should be an emphasis on promoting and establishing healthy lifestyles in early childhood and adolescence, particularly in underserved communities.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that cross-sectoral collaboration, joint investment and accountability would be crucial to implementing the draft action plan. Given the severe shortages in human and financial resources for the promotion of physical activity and the implementation of healthy lifestyle programmes, she welcomed the recommendations on strengthening the available dedicated funding mechanisms. WHO should ensure that partnerships with sectors whose products and services had an impact on noncommunicable disease risk factors or undermined sustainable development principles were approached with caution.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, expressed strong support for the revised target of a 15% relative reduction in physical inactivity among adults and adolescents. In developing process and impact indicators, WHO should include an indicator to measure the number of countries that allocated budgetary resources to finance national multisectoral action plans on physical activity or had a designated, funded implementation and monitoring unit. He also urged the Secretariat to include a definition of, and indicator for, “safety” under strategic objective 2.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft action plan and the proposed target of a 15% relative reduction in inactivity.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that schools should introduce gender-sensitive athletics programmes and activities and that awareness-raising campaigns should tie in to educational efforts. Local governments should invest in infrastructure improvements that provided opportunities for physical activity.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for their support for the draft resolution and their active participation in informal consultations on the draft action plan. She also acknowledged the work of many non-State actors who had provided valuable input to that document. The Secretariat would update and refine the draft action plan to reflect Member States’ comments before submitting it to the Seventy-first World Health Assembly. Adopting the draft action plan was only the first step, however, and the Secretariat and the United Nations Inter-agency Task Force on the Prevention and Control of Noncommunicable Diseases stood ready to assist Member States in taking the subsequent, more challenging step of implementing the draft action plan at the country level.

The DIRECTOR-GENERAL thanked Member States for their valuable comments and suggestions. He urged Member States to share their best practices on physical activity for health and organize events and initiatives that promoted healthy, active lifestyles. WHO, for its part, would lead by example by holding a 5 km run the day before the Seventy-first World Health Assembly to raise awareness of the issue. Leading world athletes would be invited, in the hope of ensuring high media coverage. It was anticipated that the event would become an annual fixture and would be accompanied by similar events elsewhere.

**The Board noted the report.**

The CHAIRMAN took it that the Board agreed to adopt the draft resolution on physical activity for health, with the amendment proposed by the representative of Malta.

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

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<sup>1</sup> Resolution EB142.R5.

**2. STRATEGIC PRIORITY MATTERS:** Item 3 of the agenda (continued)

**Global strategy and plan of action on public health, innovation and intellectual property:** Item 3.7 of the agenda (documents EB142/14, EB142/14 Add.1 and EB142/14 Add.2) (continued from the seventh meeting)

The representative of COLOMBIA said that informal consultations had been held on the draft decision contained in document EB142/14 Add.1, as a result of which several amendments had been proposed. Subparagraph (1) of the draft decision for consideration by the Health Assembly should be amended to read: “to urge Member States to implement, as appropriate and taking into account national contexts, the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property”. Subparagraph (1)*bis*, originally proposed by the representative of Canada at the Board’s seventh meeting, should be amended to read: “to urge Member States to further discuss the recommendations of the review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property”. An additional subparagraph had been proposed for insertion after subparagraph (1)*bis*, to read: “to request the Director-General to implement the recommendations addressed to the Secretariat as prioritized by the review panel, in an implementation plan, consistent with the global strategy and plan of action on public health, innovation and intellectual property”. The original subparagraph (2) would be renumbered and altered to read: “to further request the Director-General to submit a report on progress made in implementing this decision to the Seventy-third World Health Assembly in 2020, through the Executive Board at its 146th session”. The words “to request the Director-General” would be deleted from the introductory part of the text. She expressed appreciation to the representative of Malta for his efforts to facilitate consensus.

The representative of MALTA welcomed the spirit of cooperation in which the informal consultations on a difficult issue had been conducted.

The representative of BRAZIL, supported by the representative of THAILAND, expressed support for the draft decision, as amended, which represented a good compromise. She noted that the recommendations of the expert review panel referred to in subparagraph (1)*bis* were the fourth, twenty-seventh and twenty-eighth in the report of the review panel annexed to document EB142/14.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> expressed support for the draft decision, as amended, on the understanding that subparagraph (1) referred only to those recommendations of the review panel that were consistent with the global strategy and plan of action.

The representative of ALGERIA, welcoming the spirit of compromise shown, expressed full support for the draft decision, as amended, and requested that his country be added to the list of sponsors.

The representatives of the NETHERLANDS, IRAQ, BENIN, the CONGO and MEXICO welcomed the constructive spirit that had prevailed and expressed full support for the amended draft decision.

The CHAIRMAN took it that the Board agreed to adopt the draft decision, as amended.

**The decision, as amended, was adopted.<sup>2</sup>**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> Decision EB142(4).



The representative of THAILAND emphasized the fact that the Board's decision served only to prioritize a certain number of the 108 actions set out in the global strategy and plan of action on public health, innovation and intellectual property and did not invalidate any of them.

**Draft thirteenth general programme of work, 2019–2023:** Item 3.1 of the agenda (documents EB142/3 Rev.2, EB142/3 Add.1 Rev.1 and EB142/3 Add.2) (continued from the eighth meeting)

The CHAIRMAN, recalling resolution EB142.R2, adopted at the Board's eighth meeting, said that a revised version of the draft thirteenth general programme of work, 2019–2023, had been issued, incorporating Member States' comments and suggestions. The revised draft was contained in document EB142/3 Rev.2.

He took it that the Board agreed to approve the revised draft thirteenth general programme of work, 2019–2023, for transmission to the Health Assembly.

**It was so decided.**

**Health, environment and climate change:** Item 3.5 of the agenda (document EB142/12) (continued from the sixth meeting)

The CHAIRMAN drew attention to a revised version of the draft decision contained in document EB142/12, incorporating amendments proposed by Member States, which read:

The Executive Board,

Taking note of the report on health, environment and climate change,<sup>1</sup> the commitment by the Director-General "to address health effects of climate change in small island developing States and other vulnerable settings" as platforms within the draft thirteenth general programme of work 2019–2023, and the launch of that initiative at the twenty-third session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Bonn, Germany, 6–17 November 2017), **also welcoming the United Nations Environment Assembly resolution UNEP/EA.3/L.8/Rev.1 on environment and health; as well as decisions XII/21, XIII/3 and XIII/6 of the Convention on Biological Diversity, on health and biodiversity, and mainstreaming biodiversity within and across sectors; [Mexico]** decided to request the Director-General:

1. To develop, as a priority and in consultation with Member States and other stakeholders as appropriate, and in coordination also with the regional offices, **a draft action plan for the platforms to address health effects of climate change initially in small island developing States and subsequently in other vulnerable settings [Fiji] and to submit the draft action plan for consideration by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019; [EU]**
2. To develop, in consultation with Member States and other stakeholders as appropriate, and in coordination also with the regional offices **and with other relevant UN- programmes and specialized agencies such as UNEP, [EU]** a draft comprehensive global strategy on health, environment and climate change, **with special attention to the work environment [Sri Lanka]** to be considered by the Seventy-second World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019;

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<sup>1</sup> EB142/12.

3. To ensure that, in accordance with decision WHA65(9) (2012), the regional committees are asked to comment and provide input on the global strategy on health, environment and climate change.

**(3bis) bearing in mind the World Health Organization and Secretariat of the Convention on Biological Diversity (2015) State of Knowledge Review “Connecting Global Priorities: Biodiversity and Human Health”, to report on actions taken on the interlinkages between human health and biodiversity to be presented to the consideration of the 71st Health Assembly in order to prepare WHO contribution to the 14th Conference of the Parties of the Convention of Biological Diversity. [Mexico]**

The representative of MALTA, speaking on behalf of the European Union and its Member States, proposed the deletion of the words “as well as decisions XII/21, XIII/3 and XIII/6 of the Convention on Biological Diversity, on health and biodiversity, and mainstreaming biodiversity within and across sectors” from the introductory part of the paragraph, since the content of those decisions had not been considered by WHO’s governing bodies. In paragraph 1, the word “initially” should be altered to “both”, the word “subsequently” should be deleted, and the word “settings” should be replaced with the word “States”.

The representative of FIJI, supported by the representatives of JAMAICA, NEW ZEALAND, the DOMINICAN REPUBLIC, CANADA and IRAQ, said that the words “initially” and “subsequently” should not be altered or deleted. The proposed sequence of resource allocation did not imply any loss of resources from other States or settings. Given the urgency of the issue for small island developing States, action could not be delayed.

The representative of MEXICO expressed support for the amendments to paragraph 1 proposed by the representative of Malta.

The representative of ALGERIA, supported by the representatives of BRAZIL and IRAQ, requested that a definition of “vulnerable settings” or “vulnerable States”, depending on how the draft decision was amended, be included in the text.

The representative of FRANCE said that the wording of the draft decision should be aligned with the revised wording of the draft thirteenth general programme of work, 2019–2023, which referred to “other vulnerable States”. The words “initially” and “subsequently” should be removed so as to ensure that the concerns of such States could be addressed as necessary.

The representative of NEW ZEALAND, supported by the representative of FIJI, suggested that deleting the words “and subsequently in other vulnerable settings” would retain the emphasis on small island developing States and obviate the need to define any terms. He requested clarification of the intent behind the proposed addition in paragraph 2 of the words “with special attention to the work environment”.

The representative of SRI LANKA said that the amendment to paragraph 2 had been intended to refer to occupational safety; on reflection, however, he wished to withdraw it.

The representative of MALTA said that, if assurance could be given that other vulnerable settings would also be considered, she could agree to the amendment proposed by the representative of New Zealand.

The DIRECTOR-GENERAL gave that assurance.

The CHAIRMAN took it that the Board wished to adopt the revised version of the draft decision, as orally amended.

**The decision, as amended, was adopted.<sup>1</sup>**

**3. OTHER TECHNICAL MATTERS:** Item 4 of the agenda (resumed)

**Maternal, infant and young child nutrition:** Item 4.6 of the agenda

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (documents EB142/22 and EB142/22 Add.1)
- **Safeguarding against possible conflicts of interest in nutrition programmes** (document EB142/23)

The CHAIRMAN, inviting the Board to comment on both aspects of the agenda item, drew particular attention to the draft decision, contained in paragraph 29 of document EB142/22, and to the associated financial and administrative implications for the Secretariat, set out in document EB142/22 Add.1.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region and referring to the comprehensive implementation plan on maternal, infant and young child nutrition, asked WHO to invest in anaemia control, particularly for women of reproductive age. The Secretariat should also encourage research into low birth weight and support Member States in curbing obesity. Global and regional efforts to promote breastfeeding were encouraging. Expressing concern at reports of breast milk substitutes being contaminated with salmonella, he urged Member States to be vigilant about the marketing of breast milk substitutes and requested the Secretariat to provide clear guidance on ending the inappropriate promotion of foods for children.

With regard to safeguarding against possible conflicts of interest in nutrition programmes, the Governments of the African Region were concerned about the influence of public–private partnerships on the decision-making and regulatory activities of public authorities. He expressed support for the six-step tool described in the report on safeguarding against possible conflicts of interest and suggested that each stage be evaluated by the national authorities.

The representative of the NETHERLANDS requested further consultations on the draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at the country level. He asked the Secretariat to produce a document comparing the 10 principles of the Scaling Up Nutrition Movement with the draft approach.

The representative of FRANCE expressed support for the work of WHO on conflicts of interest in nutrition programmes and suggested that it could be extended to other areas of health. WHO should coordinate its work with other bodies, such as the Committee on World Food Security and the Scaling Up Nutrition Movement.

The representative of the DOMINICAN REPUBLIC said that WHO should organize meetings aimed at encouraging external bodies to address maternal, infant and young child health. It was particularly important to engage the private sector by demonstrating that nutritious products were

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<sup>1</sup> Decision EB142(5).

profitable. Member States should increase efforts to ensure adherence to regulations on breast milk substitutes and allocate more resources to the implementation of the International Code of Marketing of Breast-milk Substitutes. WHO should promote the benefits of breastfeeding by continuing to provide support and by involving specialists, such as paediatricians and neonatologists.

The representative of IRAQ said that intersectoral collaboration was essential to pursuing the comprehensive implementation plan on maternal, infant and young child nutrition. Collaboration among the various levels of the Organization and with other agencies and donors was also needed. The implementation plan should include an emergency response strategy and be combined with the action plan for sexual and reproductive health. It must also encourage breastfeeding by supporting mother- and baby-friendly hospitals and tackle micronutrient deficiencies.

The representative of ZAMBIA expressed appreciation for the tool on managing conflicts of interest and called on the Secretariat to provide technical support for its use.

The representative of BRAZIL welcomed the recommended indicators presented in paragraph 20 of document EB142/22. Recalling that Brazil had been the first country to formally submit its specific, measurable, achievable, relevant and time-bound (SMART) commitments to the Secretariat as part of the United Nations Decade of Action on Nutrition, he encouraged other Member States to follow suit. On the issue of safeguarding against possible conflicts of interest in nutrition programmes, he welcomed the intention to develop pilot projects in all regions to test the applicability and added-value of the tool for managing conflicts of interest, which was outlined in document EB142/23.

The representative of CANADA said that work on maternal, infant and young child nutrition must engage all actors, in compliance with the Framework of Engagement for Non-State Actors; measures should include seeking new ways to engage the private sector. The replenishment period for the Global Financing Facility in support of Every Woman, Every Child provided an opportunity to consolidate investments.

Safeguarding against possible conflicts of interest in nutrition programmes was essential to maintaining public trust. The tool on managing conflicts of interest should complement existing national approaches.

The representative of MEXICO said that safeguarding against possible conflicts of interest in nutrition programmes would require the participation of external actors in formal meetings, not solely in online consultations. Establishing strategic alliances with all sectors would ensure a comprehensive approach to nutrition. Member States should heed the views of wider society to prevent conflicts of interest in all programmes, not only those related to nutrition.

The representative of ITALY said that the six-step tool proposed as part of the draft approach for the prevention and management of conflicts of interest appeared to be exclusive rather than inclusive. In order to avoid placing undue strain on national authorities, a more manageable approach was required, based on transparency, accountability and the participation of all stakeholders. It should not be mandatory for Member States to adopt the draft approach if equivalent domestic legislation already existed.

The representative of the UNITED REPUBLIC OF TANZANIA, referring to the comprehensive implementation plan on maternal, infant and young child nutrition, said that further investment was needed to tackle anaemia in Africa, for instance by strengthening programmes on neglected tropical diseases and continuing anti-malaria interventions. WHO should provide clear guidance on ending all inappropriate promotion of foods for children. He supported the draft decision contained in document EB142/22.

The representative of the PHILIPPINES welcomed the draft approach for the prevention and management of conflicts of interest and said that her Government would explore its use, particularly in engaging with the private sector. WHO should set the tone by avoiding engagement with industries that involved inherent conflicts of interest, such as producers of tobacco, alcohol and infant formula milk.

The representative of THAILAND said that she supported the decision to extend the comprehensive implementation plan on maternal, infant and young child nutrition until 2030, but suggested that WHO should adopt a more proactive approach, including by providing an increased level of technical support at the regional and global levels and organizing training for nutrition professionals. She supported the draft decision.

With regard to safeguarding against possible conflicts of interest in nutrition programmes, she expressed support for the six-step tool and for country-level pilot projects to test its applicability and practical value.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> expressed the concern that some of the tools associated with the comprehensive implementation plan on maternal, infant and young child nutrition were neither consensus- nor evidence-based. While she supported the expansion of nutrition surveillance efforts, she had reservations about the use of the NetCode toolkit, which referred to technical guidance that had not been formally endorsed or adopted by the Health Assembly, having instead been “welcomed with appreciation”.

Noting concerns that the draft approach for the prevention and management of conflicts of interest might have a negative impact on successful public-private initiatives, such as the Scaling Up Nutrition Movement, she emphasized the need for such guidance to build on relevant Member State experience. Given that there was confusion over how the guidance would apply to existing programmes, she requested time for further consultation among Member States and the Secretariat, with a view to taking a decision at the 144th session of the Board.

The representative of PANAMA<sup>1</sup> expressed support for the draft approach for the prevention and management of conflicts of interest, stressing that it should be aligned with the Framework of Engagement with Non-State Actors. She agreed that the implementation guidance for country-level application of the Baby-friendly Hospital Initiative should be updated on the basis of a more inclusive approach.

The representative of GERMANY,<sup>1</sup> speaking also on behalf of the representative of Latvia, questioned the suitability of indicators 2 and 4 in the comprehensive implementation plan on maternal, infant and young child nutrition. The former contradicted scientific evidence; the latter failed to take account of how nutrition advice was provided within the health systems of different countries. Adequate flexibility to accommodate individual country needs should be built into the plan. At least one indicator should take into account the transition from poor nutrition to caloric overconsumption in many parts of the world, especially in view of the proposed extension of the action plan to 2030.

The representative of COLOMBIA,<sup>1</sup> expressing support for the draft decision contained in document EB142/22, said that it was particularly important to approve the four indicators proposed in paragraph 20 thereof, so that the impact of the implementation plan could be monitored. Mechanisms should be put in place to share experience and best practice among Member States. With regard to safeguarding against possible conflicts of interest in nutrition programmes, he expressed support for the six-step tool outlined in the report but suggested that greater emphasis should be placed on the role of health professionals and associations of health workers.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of PERU,<sup>1</sup> referring to the issue of safeguarding against possible conflicts of interest in nutrition programmes, stressed the continued pertinence and universal applicability of the Framework of Engagement with Non-State Actors and welcomed the recognition of country-specific circumstances in the draft approach for the prevention and management of conflicts of interest. The Secretariat should follow up on the proposed country-level pilot of the draft approach by compiling the lessons learned.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said, with reference to document EB142/3, that further consultations between WHO and all relevant stakeholders would be welcome to further develop the proposed six-step tool for managing conflicts of interest in nutrition programmes.

The representative of INDONESIA,<sup>1</sup> noting the importance of improving maternal, infant and young child nutrition to meeting the Sustainable Development Goals, said that the Secretariat should intensify its work with Member States to that end. The four indicators recommended in document EB142/22 were welcome, but steps must also be taken to ensure that each country had the capacities necessary to make progress in the areas covered by those indicators.

The representative of POLAND,<sup>1</sup> echoing the comments made by the representative of Germany, said that similar concerns applied to the indicator pertaining to the availability of lactation counselling.

The representative of BURKINA FASO<sup>1</sup> said that, thanks to support provided by Taiwan,<sup>2</sup> the health and nutrition status of mothers, infants and young children in his country had improved significantly. Further technical assistance from all quarters would be welcome in the area of food and nutrition.

The representative of NIGERIA<sup>1</sup> said that efforts were being made in his country to accelerate the reduction of maternal, infant and young child malnutrition. The measures proposed in the comprehensive implementation plan had the potential to improve the situation further; however, support was needed to address significant resource gaps in relation to nutrition professionals and funding.

The representative of INDIA<sup>1</sup> expressed support for the draft approach for the prevention and management of conflicts of interest and said that his country intended to participate in the country-level pilot envisaged to test its applicability and value.

The representative of ECUADOR<sup>1</sup> said that it was important to continue to guard against possible conflicts of interest in relation to nutrition programmes and to be aware of all potential forms of conflicts of interest. Emphasis should be placed on the need for the food industry to recognize available scientific evidence regarding nutrition and to heed public policies formulated on the basis thereof.

The observer of PALESTINE said that a multisectoral approach was needed to the issue of safeguarding against possible conflicts of interest in nutrition programmes. Active and targeted assistance should be provided by WHO to help tackle the situation at the country level.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> World Health Organization terminology refers to “Taiwan, China”

The representative of UNICEF said that the Ten Steps to Successful Breastfeeding should be adopted by all maternity facilities. She called for greater attention to be paid to improving young children's diets. It was regrettable that global levels of anaemia had not improved. Scaling up the use of iron and folic acid supplements during pregnancy would help to accelerate progress.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Secretariat should provide technical assistance to Member States to ensure comprehensive, multisectoral implementation of the indicators in the comprehensive plan on maternal, infant and young child nutrition. More Member States should adopt legislation on implementing and monitoring implementation of the International Code of Marketing of Breast-milk Substitutes.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that systemic problems in the global food system must be addressed. The lack of nutrition indicators for breastfeeding women and those of reproductive age gave the false impression that women's nutrition only mattered during pregnancy. WHO should therefore prioritize interventions that promoted women's nutrition throughout their lives. Breastfeeding should be viewed from a human rights perspective, not merely through the lens of low-cost investments in public health and economic growth.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that increasing breastfeeding rates was critically important to reducing preventable child deaths, metabolic syndrome and diabetes, preventing childhood obesity and ensuring long-term health and well-being.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that institutional capacity to monitor low birth weight must be strengthened. Moreover, it was essential to begin to monitor and address the issue of wasting in infants under the age of six months. It would be impossible to promote the empowerment of girls and women without devoting more attention to the issue of anaemia. Efforts to monitor the nutrition workforce were most welcome.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a combination of traditional and innovative financing, through development assistance and domestic resources, would be vital to achieving the targets in the comprehensive implementation plan on maternal, infant and young child nutrition. Member States should raise awareness of the benefits of breastfeeding, fully incorporate the International Code of Marketing of Breast-milk Substitutes and subsequent resolutions into domestic law and invest in independent monitoring and effective enforcement mechanisms.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that progress on implementing support for breastfeeding remained slow. She expressed satisfaction with WHO's increased work on implementing the International Code of Marketing of Breast-milk Substitutes through the NetCode toolkit.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that skilled support for parents relating to breastfeeding and infant nutrition should not be discontinued once an infant had reached six months of age. She expressed concern about changing the order and content of the well-known Ten Steps to Successful Breastfeeding and asked WHO to pay due attention to the input received during its consultations with stakeholders on that matter.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called on more countries to implement sugar taxes, in consultation with their national dental associations. Commending WHO on developing a manual on ending the inappropriate promotion of foods for infants and young children, she urged Member States to implement both the manual and the WHO guidelines on sugar intake for adults and children.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that political commitment to nutrition was growing. WHO was committed to scaling up country support to improve maternal, infant and young child nutrition and would pursue its normative role in defining healthy diets and cost-effective, nutrition-related actions in line with the draft thirteenth global programme of work, 2019–2023. The Secretariat would also work with Member States to update the operational guidance for tracking progress on the global nutrition monitoring framework and find solutions to the concerns of national governments. She looked forward to collaborating with UNICEF to further develop the Baby-friendly Hospital Initiative.

The Secretariat did not discourage engagement with non-State actors if it was in the interests of public health. Member States should rest assured that the draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level was a work in progress and would be updated on the basis of consultations with Member States and experience gained in individual countries.

The CHAIRMAN took it that the Board wished to note the reports contained in documents EB142/22 and EB142/23.

**The Board noted the reports.**

The CHAIRMAN also took it that the Board agreed to adopt the draft decision contained in paragraph 29 of document EB142/22.

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

**The meeting rose at 12:35.**

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<sup>1</sup> Decision EB142(6).



## ELEVENTH MEETING

Friday, 26 January 2018, at 14:35

Chairman: Dr A. HAFEEZ (Pakistan)

### 1. OTHER TECHNICAL MATTERS: Item 4 of the agenda (continued)

#### Improving access to assistive technology: Item 4.5 of the agenda (document EB142/21)

The CHAIRMAN drew attention to the report on improving access to assistive technology, contained in document EB142/21, and to a draft resolution on the subject, proposed by Algeria, China, Costa Rica, Ecuador, Ethiopia, France, Germany, Ghana, Iraq, Israel, Jamaica, New Zealand, Pakistan, the Philippines, Sri Lanka, Turkmenistan, the Bolivarian Republic of Venezuela and Zambia.

The representative of PAKISTAN said that, following informal consultations, Italy, Turkey, Thailand, Sudan, Haiti, the Dominican Republic, Jordan and Japan had been added to the list of sponsors of the draft resolution. Informal consultations had also resulted in several proposed amendments to the text of the draft resolution, which would read:

The Executive Board  
Having considered the report on assistive technology,

RECOMMENDS to the Seventy-first World Health Assembly the adoption of the following resolution:

The Seventy-first World Health Assembly,  
(PP1) Considering that one billion people need assistive technology and that, as the global population ages and the prevalence of non-communicable diseases increases, this figure will rise to more than two billion by 2050;<sup>1</sup>  
(PP2) Noting that assistive technology enables and promotes the inclusion, participation and engagement of persons with disabilities, ageing populations and people with **co-morbidities** ~~many health conditions~~ in the family, community and all areas of society, including the political, economic and social spheres;  
(PP3) Recalling that 90% of those who need assistive technology do not have access to it, thereby having a significant adverse impact on the education, livelihood, health and well-being of individuals, and on families, communities and societies;<sup>2</sup>  
(PP4) Recalling the 2030 Agenda for Sustainable Development and its ultimate aim of “leaving no one behind”;  
(PP5) Recognizing that the inclusion of assistive technology, **in line with countries’ national priority and context, into health systems** is essential to realizing **progress towards achieving** the SDG targets relating to universal health coverage, inclusive and equitable quality education, inclusive and sustainable economic growth, full and productive employment and decent work for all, reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of

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<sup>1</sup> WHO, 2011. World Health Organization & World Bank, World report on disability. Geneva: WHO.

all, make cities and human settlements inclusive, safe and sustainable, and provide universal access to safe, inclusive and accessible green and public spaces, particularly for persons with disabilities;

(PP6) Recalling the United Nations Convention on the Rights of Persons with Disabilities, under which 174 Member States have committed inter alia, to ensuring access to quality assistive technology at an affordable cost (Article 20) and to foster international cooperation (Articles 4, 20, 26 and 32) in support of national efforts for the realization of the purpose and objectives of the Convention;

(PP7) Emphasizing the need for a comprehensive, sustainable and multisector approach to improving access to assistive technology that fulfils the safety and quality standards established by national and international regulations, at the national and subnational levels;

(PP8) Recalling resolutions WHA69.3, WHA67.7, and WHA66.4 and WHA70.34 in which, respectively, the Health Assembly calls on Member States inter alia to improve access to assistive technology for older people, people with disabilities and people with vision and hearing loss, respectively;

(PP9) Noting the request made to the Executive Board by the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC63/R.3 on improving access to assistive technology, to include assistive technology as an agenda item for the Health Assembly.

OP1. URGES Members States:<sup>1</sup>

- (1) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to assistive technology within universal health and/or social services coverage;
- (2) to ensure that adequate and trained human resources for the provision and maintenance of assistive products are available at all levels of health and social service delivery;
- (3) to ensure that assistive technology users and their carers have access to the most appropriate assistive products and use them safely and effectively;
- (4) where appropriate, **based on national needs and context**, to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list;
- (5) to promote or invest in research, development, innovation and product design in order to make existing assistive products affordable, and also to develop a new generation of products including high-end or advanced assistive technology, taking advantage of universal design and new evidence-based technologies, in partnership with academia, civil society organizations, in particular with persons with disabilities and older persons and their representative organizations, and the private sector, as appropriate;
- (6) to encourage international and/or regional collaboration for the manufacturing, procurement and supply of priority assistive products, ensuring that these remain affordable and available across borders;
- (7) to collect population-based data on health and long-term care needs including those that may be met by assistive technology in order to develop evidence-based strategies, policies and comprehensive programmes;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

- (8) to invest in and promote inclusive barrier-free environments so that all people who need assistive technology can make optimum use of it, in order to live independently and safely and participate fully in all aspects of life;
- (9) to promote the inclusion of priority assistive products and inclusive barrier-free environments within emergency preparedness and response programmes;

OP2. REQUESTS the Director-General:

- (1) **by 2021**, to prepare a **global report on effective access to** assistive technology in the context of an integrated approach, based on the best available scientific evidence and international experience, with the participation of all relevant units within the Secretariat and in collaboration with all relevant stakeholders, including the possibility of establishing an Expert Advisory Group, within existing resources, for this purpose;
- (2) to provide the necessary technical and capacity-building support for Member States, aligned with national priorities, in the development of national assistive technology policies and programmes, including procurement and financing, regulation, training for health and social services, appropriate service delivery, and inclusive barrier-free environments;
- (3) to provide technical and capacity-building support to countries, on request, to assess the feasibility of establishing regional or sub regional manufacturing, procurement and supply networks for assistive technology and cooperation platforms;
- (4) to contribute to and engage in, as appropriate, the development of minimum standards for priority assistive products and services, in order to promote their safety, quality, cost-effectiveness and appropriateness;
- (5) to report on progress in the implementation of the present resolution to the Seventy-fifth World Health Assembly and thereafter to submit a report to the World Health Assembly every four years until 2030.

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

<b>Resolution:</b> Improving access to assistive technology	
<b>A. Link to the programme budget</b>	
<b>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted</b>	
<b>Programme area:</b> 2.4. Disabilities and rehabilitation	
<b>Outcome:</b> 2.4. Increased access to comprehensive eye care, hearing care and rehabilitation services	
<b>Output(s):</b> 2.4.1. Implementation of the WHO global disability action plan 2014–2021: better health for all people with disability, in accordance with national priorities	
<b>Programme area:</b> 3.2. Ageing and health	
<b>Outcome:</b> 3.2. Increased proportion of people who are able to live a long and healthy life	
<b>Output(s):</b> 3.2.1. Countries enabled to develop policies, strategies and capacity to foster healthy ageing across the life-course	
<b>Programme area:</b> 4.3. Access to medicines and other health technologies, and strengthening regulatory capacity	

<p><b>Outcome:</b> 4.3. Improved access to and rational use of safe, efficacious and affordable quality medicines and other health technologies</p> <p><b>Output(s):</b> 4.3.1. Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</p>	
<b>2.</b>	<p><b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:</b></p> <p>Not applicable.</p>
<b>3.</b>	<p><b>Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</b></p> <p>No additional deliverables are foreseen, but existing deliverables that support establishing regional or subregional assistive technology manufacturing, procurement and supply networks (notably the production of the first draft of the World report on assistive technology) are to be scaled up and strengthened.</p>
<b>4.</b>	<p><b>Estimated implementation time frame (in years or months) to achieve the resolution:</b></p> <p>The implementation time frame is currently planned up to 2030. Work may continue beyond this date as needed.</p>
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>	
<b>1.</b>	<p><b>Total resource requirements to implement the resolution, in US\$ millions:</b></p> <p>US\$ 32.5 million until 2030.</p>
<b>2.a.</b>	<p><b>Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>US\$ 2.45 million.</p>
<b>2.b.</b>	<p><b>Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</b></p> <p>US\$ 2.55 million.</p>
<b>3.</b>	<p><b>Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</b></p> <p>US\$ 5.0 million per biennium.</p>
<b>4.</b>	<p><b>Estimated resource requirements in future programme budgets, in US\$ millions:</b></p> <p>US\$ 5.0 million per biennium.</p>

- 5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions**
- **Resources available to fund the resolution in the current biennium:**  
US\$ 2.45 million.
  - **Remaining financing gap in the current biennium:**  
US\$ 2.55 million.
  - **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**  
US\$ 15.0 million until 2030.

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

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
<b>2018–2019</b> resources already planned	Staff	1.60	0.00	0.00	0.00	0.00	0.00	0.00	1.60
	Activity	0.20	0.15	0.05	0.15	0.05	0.20	0.05	0.85
	Total	1.80	0.15	0.05	0.15	0.05	0.20	0.05	2.45
<b>2018–2019</b> additional resources	Staff	0.25	0.10	0.05	0.10	0.05	0.10	0.05	0.70
	Activity	0.60	0.20	0.10	0.20	0.25	0.25	0.25	1.85
	Total	0.85	0.30	0.15	0.30	0.30	0.35	0.30	2.55
<b>2020–2021</b> resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00
<b>Future bienniums</b> resources to be planned	Staff	1.85	0.10	0.10	0.10	0.05	0.10	0.05	2.35
	Activity	0.65	0.40	0.20	0.40	0.25	0.50	0.25	2.65
	Total	2.50	0.50	0.30	0.50	0.30	0.60	0.30	5.00

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, said that access to assistive technology was an issue that related not only to universal health coverage, but also to human rights. Addressing access to assistive technology required a health systems approach. While the work carried out by WHO was commendable, more remained to be done. WHO should speed up the finalization and dissemination of the assistive technology policy framework; strengthen procurement mechanisms, with a focus on high-burden, low-access countries; and consider mathematical modelling of the economic and health impact of assistive technologies in low- and middle-income countries, with a view to encouraging investment. He supported the draft resolution.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the need for assistive technology must be urgently addressed at all levels, particularly at the country level. While acknowledging WHO's current efforts to promote access to assistive technology through the Global Cooperation on Assistive Technology initiative, he called on the Secretariat to make additional technical support available to national health ministries so that they could better integrate assistive product service provision into their respective health systems and ensure widespread access to assistive technology. Member States should also take steps to include access to assistive technology as a core component of their respective national health preparedness and

response programmes, particularly in those countries experiencing situations of instability and armed conflict.

The representative of SRI LANKA said that access to assistive technology would become an increasingly important part of public health care service provision, especially as populations aged. However, many of the more useful assistive products required expensive, high-end technologies. Promoting technology transfer would therefore be vital in reducing the costs of, and improving access to, assistive technology. He expressed support for the draft resolution.

The representative of THAILAND said that not only did assistive technology allow persons with disabilities to participate more fully in society and the economy, it also helped to prevent or delay disability in some cases. Although essential assistive products were available free of charge in Thailand, in reality access to those products was not universal. He therefore called on WHO to adopt the draft resolution and to promote assistive technology as part of universal health coverage, in order to make such technology accessible in practice, not just in theory.

The representative of the UNITED REPUBLIC OF TANZANIA expressed concern about the projected sharp rise in the number of people requiring assistive products and the limited access to assistive technology around the world. While acknowledging the successes of the Global Cooperation on Assistive Technology initiative and the progress made in enhancing coordination with WTO and other related partners, he stressed the importance of taking further action to reduce the high tariffs on basic assistive products, such as hearing aids, so as to ensure that they were more affordable and readily accessible to those who needed them most. His country wished to be added to the list of sponsors of the draft resolution.

The representative of ZAMBIA said that her country's implementation of the United Nations Convention on the Rights of Persons with Disabilities had been hindered by factors such as cost, poor health-seeking behaviour and inadequate service provision. She called on the Secretariat to raise awareness of its strategic documents and partnerships to promote access to affordable assistive products, particularly in developing countries. She welcomed the proposed issuance of guidance on innovative models of service provision and urged the Secretariat to make the document available to Member States as soon as possible.

The representative of JAPAN said that his country wished to be added to the list of sponsors of the amended draft resolution. Assistive technologies were rapidly evolving and served many purposes, including helping the ageing population to stay active, encouraging involvement in the community and enabling nurses to lift heavy patients.

The representative of the DOMINICAN REPUBLIC expressed support for the draft resolution. Improving access to assistive technology would enable countries to fulfill their social obligations towards the one billion people in need of such technology. Assistive technology enabled people to function better, promoted well-being and represented a means of making progress towards universal health coverage.

The representative of MEXICO urged Member States to promote the integration of assistive products into services at all levels, particularly at the primary health care level, as a step towards universal health coverage. Due consideration should also be given to the clinical, economic, social and ethical aspects of assistive technology when devising national plans and programmes to improve access to such products and to related systems and services. She endorsed the draft resolution, as amended.

The representative of COLOMBIA said that one of the main advantages of assistive technology was that it facilitated the social inclusion of persons with disabilities, ageing populations and people with specific functional needs, which was why a multisectoral approach was essential. As such, it was critical that research and investment focused not only on high-end assistive products, but also on ensuring that basic, low-technology assistive products were readily accessible to everyone. Greater knowledge transfer among Member States would be essential in order to facilitate the necessary skills development and capacity-building to ensure access to both types of assistive devices. Standard guidelines on the assistive technology to be included in health systems would be useful in that regard and should therefore be made available to support Member States in their decision-making processes. His country wished to be added to the list of sponsors.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that his country had made significant investments in assistive technology over the previous two decades. He supported the draft resolution, as amended.

The representative of PERU<sup>1</sup> expressed support for the draft resolution. His Government remained committed to ensuring the full enjoyment by persons with disabilities of their human rights, including the right to health.

The representative of ETHIOPIA<sup>1</sup> said that assistive technology enabled people to live healthy, productive, independent and dignified lives. Ensuring access to such products was therefore of paramount social and economic importance for developing countries. He urged the Secretariat to focus on improving access to assistive technology for women and children with disabilities in particular. He endorsed the draft resolution, as amended.

The representative of BANGLADESH<sup>1</sup> expressed support for the draft resolution. He called on the Secretariat to assist Member States in their efforts to guarantee equal access to assistive technology while simultaneously reducing out-of-pocket payments as a proportion of total health expenditure and expanding the scope of community-based rehabilitation.

The representative of ISRAEL<sup>1</sup> called for activities under the Global Cooperation on Assistive Technology initiative to be stepped up, with the aim of addressing the lack of access to assistive technology and enabling all citizens to lead full and productive lives.

The representative of GHANA<sup>1</sup> noted that the draft resolution sought to enable persons with disabilities to lead meaningful and dignified lives.

The representative of SOUTH AFRICA<sup>1</sup> expressed support for the draft resolution and requested that South Africa be added to the list of sponsors.

The representative of SAUDI ARABIA<sup>1</sup> said that greater emphasis should be placed on enabling persons with disabilities to live with their families and participate actively in society. Such an approach would result not only in positive social, economic and political outcomes for the individuals concerned, but also for the communities to which they belonged. His Government therefore welcomed the strengthened cooperation between WHO and other international organizations aimed at improving access to assistive technology and the related systems and services for persons with disabilities and older people.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ARGENTINA<sup>1</sup> urged Member States to address the barriers to access to assistive technology and ensure that adequate human and technological resources were available for the provision of assistive products. In particular, efforts should be made to guarantee access to assistive information and communication technology for all those who required it, not just older people. He called on the Secretariat to provide additional technical assistance to Member States in that regard, including by sharing examples of good practice from across the globe. He supported the draft resolution, as amended.

The representative of AUSTRALIA<sup>1</sup> said that persons with disabilities and their carers must be involved in the development of new assistive technologies and related policies. Her own country had been active in the research and development field, both at the national and the international level. She welcomed the launch of projects such as the Global Cooperation on Assistive Technology initiative and looked forward to further progress in the areas of accessibility and affordability of assistive products. She requested that Australia be added to the list of sponsors of the draft resolution.

The representative of CHINA<sup>1</sup> said that assistive technology offered persons with disabilities the opportunity to participate fully in family and community life, and greatly improved their overall health and well-being. Ensuring access to assistive technology also contributed to the attainment of the Sustainable Development Goals.

The representative of INDONESIA<sup>1</sup> said that greater efforts should be made to promote local, standardized and affordable assistive products as part of a range of measures to increase access to assistive technology. She called on the Secretariat to offer support to Member States in the development of policies to integrate assistive technology into their respective national health insurance systems and to strengthen their human resources capacity for the provision and maintenance of assistive products. She asked for her country to be added to the list of sponsors of the draft resolution.

The representative of PANAMA<sup>1</sup> expressed support for the draft resolution and requested that her country be added to list of sponsors.

The representative of ECUADOR<sup>1</sup> said that, sooner or later, the majority of representatives to the Board would likely depend on one or more assistive products, such as hearing aids, to maintain their quality of life. Recognizing that they belonged to a privileged minority with access to such devices should lead to increased awareness and decisive action.

The observer of the HOLY SEE said that universal access to assistive technology could only be achieved by strengthening regulatory mechanisms, addressing difficulties in accessing affordable local repair and maintenance services, obtaining high-quality products at low cost and tackling the lack of availability of assistive devices for persons affected by natural disasters or conflicts. Greater emphasis should therefore be placed on strengthening cooperation between WHO and other relevant United Nations agencies and partners in order to improve access to assistive technology, especially for poor, marginalized and vulnerable people. Efforts should also be made to address the challenges relating to intellectual property policies, including through the promotion and adoption of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired, or Otherwise Print Disabled.

The representative of the INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS, speaking at the invitation of the CHAIRMAN, said that his society had a long history of cooperation with WHO, including on the development of global standards for prosthetics and

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



orthotics. He welcomed the report and the resolution, which would contribute to serving the most vulnerable and achieving the goal of the 2030 Agenda for Sustainable Development, namely to leave no one behind.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that persons with disabilities should participate in the development and implementation of global activities to improve access to assistive technology. Technical assistance should be made available to national health authorities so that they could promote the rational use of assistive technologies and introduce priority assistive product lists at the country level. Technical cooperation should also be prioritized in order to strengthen the development, manufacture and maintenance of assistive devices in States with limited capacity. WHO should build a closer relationship with the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities and take the steps necessary to ensure that its partnerships avoided any conflicts of interest.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals), responding to the points raised, agreed that the global approach to assistive technology must focus on ensuring equitable access to assistive products and services for all. The lack of access to assistive technology across the world had deleterious effects on health and well-being. Only one in ten people had access to the assistive products they needed, including very basic devices such as hearing aids or reading devices. That situation was unacceptable. Certain barriers to access, such as prohibitive costs, should be simple to address by cutting or eliminating taxes on assistive products. Other obstacles to access, including those relating to maintenance, such as the replacement of wheelchair tyres or hearing aid batteries, should also be easy to overcome. In the face of an ageing population and a growing number of people affected by injury-related disability, access to assistive technologies was essential. WHO had fostered global cooperation on technical products through the Global Cooperation on Assistive Technology initiative and had launched the Priority Assistive Products List, similar to the Essential Medicines List.

In response to questions posed by Member States, she said that the Secretariat would increase the amount of technical assistance provided to Member States to integrate the Priority Assistive Products List into their respective national policy frameworks. The Secretariat also intended to draft a policy framework on assistive technology as part of its workplan for 2018–2019, and was in the process of preparing a procurement manual and a report on assistive technology financing mechanisms.

**The Board noted the report.**

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

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

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<sup>1</sup> Resolution EB142.R6

## 2. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS (continued)

### **Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits:** Item 5.1 of the agenda (documents EB142/24 and EB142/24 Add.1)

The CHAIRMAN invited the Board to consider the report contained in document EB142/24 and the draft decision therein. The financial and administrative implications of the draft decision were set out in document EB142/24 Add.1.

The representative of BRAZIL agreed that 70% of Partnership Contributions should continue to be used for pandemic preparedness measures and 30% should continue to be reserved for response activities. That division of allocations had allowed for important advancements in the surveillance of influenza cases, the identification of new influenza viruses of pandemic potential and the development of effective vaccines. The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits had proved to be a successful instrument and served as a model for WHO cooperation with non-State actors. While recognizing the need for flexibility in deploying resources, he wished to know under what circumstances the Director-General would be able to temporarily reallocate Partnership Contribution resources.

The representative of THAILAND expressed support for the draft decision and the proposal to maintain the existing proportional allocation of Partnership Contribution resources. Such contributions must be made in a timely manner to allow a focus on comprehensive prevention and early detection. She proposed that, in the last sentence of paragraph (2) of the draft decision, the words “Member States” should be replaced with “the Executive Board”.

The representative of the DOMINICAN REPUBLIC said that, despite the considerable progress made in the Region of the Americas to strengthen national influenza pandemic surveillance and response capacities, gaps remained with regard to intersectoral coordination. WHO should therefore make additional technical and financial resources available to address that issue, with the overall aim of strengthening cooperation at all levels.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, welcomed the recommendation to maintain the existing proportional allocation of Partnership Contributions and the inclusion of a reference to the vital role of the PIP Framework in the draft thirteenth general programme of work, 2019–2023. He recognized the ongoing need to strengthen pandemic preparedness capacity under the International Health Regulations (2005) and supported the draft decision, particularly the flexibility it gave the Director-General to respond to pandemic influenza emergencies.

The representative of IRAQ stressed the importance of improving epidemiological surveillance and enhancing diagnostic capacities at the country level. Efforts must also be made to address the shortage of influenza vaccines and strengthen information sharing on pandemic influenza preparedness at the regional level.

The representative of the NETHERLANDS said that his country supported the draft decision, but remained concerned at the underutilization of resources set aside for preparedness measures.

The representative of CANADA said that strengthening capacities for pandemic influenza preparedness would be essential to the successful implementation of the draft thirteenth general programme of work and the attainment of the Sustainable Development Goals. She therefore expressed support for the draft decision and the PIP Framework in general.

The representative of MEXICO, expressing support for the draft decision, said that efforts to strengthen the PIP Framework must continue, in collaboration with the regional and country offices. All stakeholders involved in pandemic influenza preparedness and response must be provided with timely information so that they could decide what measures to take.

The representative of PAKISTAN said that implementation of the PIP Framework in his country and the rest of the Eastern Mediterranean Region had begun in July 2014. Since that time, his Government had made significant progress in developing laboratory surveillance of human cases of influenza and had shared the relevant epidemiological and virological data with WHO.

The representative of COLOMBIA expressed support for the draft decision. She urged Member States to strengthen the capacities of their respective national reference laboratories and share relevant information with WHO collaborating centres, including with regard to vaccine development. Steps should also be taken to provide specific training to health workers on surveillance, laboratory work and risk communication.

The representative of NEW ZEALAND asked the representative of Thailand to explain the reasoning behind her proposed amendment.

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that she had no objection to maintaining the current proportional allocation of Partnership Contribution resources, particularly as the Director-General would be able to make temporary modifications thereto in the event of a pandemic influenza emergency.

The representative of CHINA<sup>1</sup> said that her country supported the draft decision. Her Government had launched a number of national pandemic influenza preparedness measures and promptly reported pandemic situations to WHO and to relevant countries. She stressed the importance of sharing surveillance information and genetic sequencing data in an open, transparent, equitable and fair manner.

The representative of INDONESIA<sup>1</sup> said that ongoing efforts must be undertaken to strengthen pandemic influenza preparedness activities through the Global Influenza Surveillance and Response System. While she agreed with the decision to maintain the proportional allocation of resources, she suggested that resources should also be made available for all activities aimed at strengthening Member States' preparedness capacity, including knowledge and technology transfer for vaccine development. It was also essential to share genetic sequencing data under the Standard Material Transfer Agreement 2.

The representative of INDIA<sup>1</sup> expressed support for the draft decision. He stressed, however, that the results of the PIP Framework must be regularly monitored, measured and communicated, and that virus samples and genetic sequencing must be shared equitably. A transparent process should be introduced to evaluate countries' eligibility for continued funding and those with a high burden of disease, such as India, should be given priority in receiving influenza vaccines. More technology transfer and capacity-building were needed to support developing countries in manufacturing vaccines,

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

and international collaboration should be strengthened to increase the efficient use of laboratory services and other capacities.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> expressing support for the draft decision, said that influenza pandemic preparedness and response should remain a high priority at WHO. The rapid, systematic and continuous sharing of contemporary, diverse and representative samples of circulating influenza viruses was essential to assess and take action aimed at reducing the global risk of an influenza pandemic, and would be critical to the overall success of the PIP Framework. Noting the growing regulatory complexity of biosecurity that made sample shipping difficult, he called on WHO to streamline the process by mobilizing all relevant authorities, not just national health ministries. Member States should also take steps to honour their virus- and benefits-sharing commitments under the PIP Framework. He urged the Secretariat to adopt measures to ensure that the use and management of Partnership Contribution resources remained transparent.

The representative of PERU<sup>1</sup> said that his Government had made considerable progress in the areas of influenza pandemic surveillance, risk communication, preparedness and response. Nevertheless, there was a need to strengthen the country's network of laboratories, improve monitoring in certain areas and develop systems to better register influenza cases. In that regard, he called for Secretariat support under the PIP Framework.

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked Member States for their participation in the Global Influenza Surveillance and Response System, which had been vital to ensuring global health security and promoting open and collaborative sharing of viruses. Responding to comments made, he said that the preparedness and response resource allocations of 70% and 30% were approximate and were expected to vary between 65% and 75%, and 25% and 35%, respectively. The Director-General would be able to temporarily modify those allocations upon the declaration of an influenza pandemic emergency by WHO. Allocated resources for preparedness had been underutilized due to the overwhelming global institutional response to the Ebola outbreak in 2014 and 2015 and the delay in receiving Partnership Contributions from industry. He underscored that the Secretariat had devised a high-level implementation plan and called upon all stakeholders to offer their contributions in a timely manner so that its provisions could be adopted immediately. The Secretariat welcomed the suggestions to use resources on intersectoral coordination, preparedness and technology transfer and would look to do so wherever possible. Lastly, concerning the amendment to the draft decision proposed by the representative of Thailand, he said that the PIP Framework Advisory Group had suggested the current language to ensure that Member States received immediate notification of any temporary modifications in resource allocation during influenza pandemic emergencies, without having to wait for an Executive Board session to be convened.

The representative of THAILAND recalled that the modification of resource allocations during emergencies would be a decision for the Executive Board. The Director-General should therefore report to the Executive Board if such a measure was taken. It was unclear how the Director-General would report to Member States. If the Director-General were to report to the Health Assembly, it would be acceptable to reflect such a course of action in the draft decision.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The DIRECTOR-GENERAL agreed with the amendment proposed by the representative of Thailand. During emergencies, it was important to report to the Executive Board as it was the governing body able to take the most immediate action. He hoped that the Secretariat could work with the Officers of the Executive Board on a regular basis, so that it could receive governance support.

The representative of NEW ZEALAND said that all Member States should be informed about any modifications to resource allocations as soon as possible, should such measures be taken.

**The Board noted the report.**

The CHAIRMAN said he took it that the Board agreed to adopt the draft decision, as amended.

**The decision, as amended, was adopted.<sup>1</sup>**

**Statement by the representative of the WHO staff associations and report of the Ombudsman:**  
Item 5.9 of the agenda

• **Statement by the representative of the WHO staff associations** (document EB142/INF./1)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, IARC and UNAIDS, said that the implementation of salary adjustments on 1 February 2018 would be premature and detrimental to the Organization. There had been significant errors in the methodology and findings of the previous cost-of-living survey for Geneva. It was therefore imperative that the methodology issues were corrected ahead of the upcoming 2018 survey, which would be conducted in 60 countries. Unpredictable resources and large salary adjustments would undermine morale and make it difficult for WHO to retain staff members. WHO should therefore defer the implementation of the measures set forth by the International Civil Service Commission and continue discussions with the Commission to ensure that its recommendations were lawful and did not harm the Organization.

Although WHO had been doing its utmost to deliver on the needs and challenges of global health, the internal health of the Organization had been weakened through an unprecedented number of changes to the Staff Regulations and Staff Rules. An increasing number of professional staff members and their families had also faced difficulties following the introduction of the revised compensation package for United Nations employees.

For a community to thrive, it must be healthy and safe. Staff must not fear job losses due to inconsistent staff policies. Efforts should therefore be made to reform the internal justice system and ensure a greater level of accountability at all levels. The Organization should collect statistics on the number of staff members on extended sick leave due to harassment and bullying, and on the corrective actions taken. Moreover, since many staff members had raised concerns at the lack of career development opportunities within the Organization, horizontal and vertical career pathways should also be developed. While striving to achieve better health for the population at large, staff worldwide must feel confident that they had access to health facilities and affordable medicines for themselves and their families. A global network of health care facilities must therefore be made available that recognized WHO staff health insurance and offered preferential prices for health services and direct billing arrangements. Equity, quality and solidarity must be reinforced by ending the two-tier policy and 20% copayment, which placed unfair, discriminatory financial burdens on staff members. WHO should also implement the extension of the mandatory age of separation to 65 by 1 January 2018, pursuant to United Nations General Assembly resolution 70/244.

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<sup>1</sup> Decision EB142(7).

Staff engagement would be critical to the success of the transformation agenda of the Organization. To be engaged, staff members must feel that their work was valued. That required the fostering of mutual trust, common values and a shared vision, and an acknowledgement of the workforce as the main driver of WHO's success.

- **Report of the Ombudsman** (document EB142/INF./2)

The OMBUDSMAN, speaking on behalf of all of WHO's ombudsmen, said that his role was to assist staff members experiencing work-related difficulties through informal means, in order to prevent the escalation of, and to avoid, conflicts. The Ombudsman monitored trends so that systemic issues were detected early and brought to the attention of senior management for corrective action. WHO's workforce was dedicated to the Organization's success, but was often exposed to dysfunctional systems or managerial flaws, which must be corrected. To do so, greater investment in managerial skills was needed. Dysfunctional relationships often existed between managers and staff, commonly as a result of internal communication problems. The Secretariat should provide managers with the tools required to engage successfully with staff, specifically to address work-related conflicts and performance issues. Furthermore, there was a common perception that the Secretariat had tolerated or failed to properly address disrespectful behaviour, particularly in cases of harassment. WHO should strive to create a safe working environment that prevented harassment and encouraged staff to report situations of concern without fear of reprisals. While current efforts to revise WHO's harassment policy were commendable, further progress must be made. All WHO services receiving reports about potential cases of harassment should join forces and share information to address the matter and correct systemic issues. Moreover, the Secretariat should do more to foster career development among staff members seeking new opportunities within the Organization. WHO's human resources unit had placed great emphasis on the subject of career progression, but further efforts were needed. Lastly, there should be equal access to informal resolution of work-related issues in all WHO offices. Each regional office should have an ombudsman who operated under the same professional standards as those employed in other offices.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that staff welfare and safety were crucial to the success of the WHO transformation agenda. The dysfunctional relations between managers and staff highlighted in the report of the Ombudsman could impair the implementation of the draft thirteenth general programme of work, 2019–2023. Such communication problems must therefore be addressed immediately.

The representative of SRI LANKA expressed concern at the prospect of industrial action, and asked the Chairman how other United Nations agencies handled disputes with staff. He also asked whether the decision had already been taken to implement a salary cut as of 1 February 2018.

The representative of FIJI said that he was concerned by the Board's lack of response to the report of the Ombudsman and by the issues raised by the representative of the United Republic of Tanzania. He encouraged the Director-General and his leadership team to further consider the report and to remember that the principle of leaving no one behind should also apply to the Organization's staff members, who appeared all too often to be suffering under poor management.

The representative of MEXICO expressed support for the statement made by the representative of Fiji. Such issues should be discussed in depth and in detail, both within WHO and across the United Nations system.

The representative of CANADA asked the Secretariat to confirm whether the report of the Ombudsman would be considered by the Programme, Budget and Administration Committee of the Executive Board on an annual basis. Private-sector executive boards used management action plans to implement a process for continual improvement, so that staff members knew that their concerns would be addressed. She expressed the hope that WHO could move forward in a similar, systematic way on the issue.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that the dysfunctional relations between managers and staff identified in the report of the Ombudsman could lead to high rates of staff turnover and distract the Organization from its mission. She asked what plans the Secretariat had for implementing the recommendations of the Ombudsman and what steps it would take to improve managerial skills across WHO. There was a widespread perception that disrespectful behaviour was tolerated within the Organization. She urged senior leaders to counter that perception and to lead by example. Employees should feel comfortable reporting misconduct without fear of retaliation, which would enable the Organization to address wrongdoings before they became systemic issues. She supported the development of harmonized terms of reference for all WHO ombudsmen.

The representative of GERMANY<sup>1</sup> said that he agreed with the statements made by the representatives of Canada, Fiji and the United States of America, and expressed his gratitude to the Director-General for allowing the Ombudsman to report to the Executive Board for the first time. That practice should be continued, and the recommendations of the Ombudsman should continue to be discussed, possibly at the twenty-eighth meeting of the Programme, Budget and Administration Committee of the Executive Board.

The DIRECTOR-GENERAL, thanking the representatives for their comments, said that the report of the Ombudsman had been made available to Member States in the spirit of transparency. The report would be converted into a plan that would address the issues raised, and would include short-, mid- and long-term objectives. Systemic solutions must be found. One solution was to ensure that the Organization had an open approach and that problems could be identified as early as possible. An open-door policy had already been introduced to encourage staff to report problems immediately and to share their transformative and creative ideas for the Organization. Recent staff surveys on internal culture had helped to identify problems and their root causes, as identified by staff. The results of those surveys and the report of the Ombudsman would serve as the basis for future action.

With regard to training managers, the Organization had already identified two partners to provide training in managerial skills. Such skills were required from the team level right up to the highest level of WHO. At a meeting with the staff associations, ten main issues had been identified, and there had been agreement on the majority of those issues. More regular meetings, including informal meetings of the Secretariat, would be organized in order to engage further with staff. The Ombudsman would report to the Executive Board on a regular basis. The Secretariat would prepare a plan of action and a progress report in response to the Ombudsman's report. While great strides had been made during the previous six months, more remained to be done.

**Report of the Programme, Budget and Administration Committee of the Executive Board:**  
Item 5.2 of the agenda (document EB142/25)

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had considered matters including the draft thirteenth general programme of work, value for money in WHO, the report of the Independent Expert Oversight Advisory Committee, the implementation of the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Framework of Engagement with Non-State Actors and the amendments to the Staff Regulations and Staff Rules. It had also taken note of the progress report on human resources and the report of the International Civil Service Commission. The Committee had welcomed the progress made in increasing the diversity of WHO's workforce and had encouraged the Secretariat to continue to improve the gender balance and address geographical underrepresentation at all levels of the Organization. Furthermore, the Committee had asked the Secretariat to provide more information about the introduction of mandatory mobility in 2019, including whether the necessary administrative support was available. The Committee had noted the report of the International Civil Service Commission and had underscored that the Secretariat should implement the Commission's recommendations in due time and form. Regarding the proposed amendments to the Staff Regulations and Staff Rules, the Committee had recommended that the Executive Board should adopt the three draft resolutions contained in document EB142/38. It had also noted the report on real estate and the update on the Geneva buildings renovation strategy.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that the countries in her Region shared the concerns raised by the Programme, Budget and Administration Committee concerning the financing of the draft thirteenth general programme of work and the need for a well-organized resource mobilization strategy. There were also concerns about the uneven funding levels among programmes for the biennium 2016–2017, and considered that to be linked to the growing disparity between public and private sources of voluntary contributions. Clearer rules should therefore be developed to govern the interaction between WHO and funding sources to allow for more flexibility. It was important to apply the value-for-money approach to financial and human resources and to strengthen accountability. More progress must be made in improving the gender and geographical balance of staff at all levels of the Organization.

The representative of THAILAND urged WHO to pay more attention to the risk management process and to integrate that process into its planning cycle. Highly earmarked funding had a negative impact on WHO's implementation rate and the Secretariat should seek systematic solutions to that issue. The Organization should also use more of its social and intellectual capital, which no one could earmark, to engage with countries.

**The Board noted the report.**

**Evaluation: update and proposed workplan for 2018–2019:** Item 5.4 of the agenda (document EB142/27)

The CHAIRMAN drew attention to the summary of the discussion of the agenda item by the Programme, Budget and Administration Committee of the Executive Board, contained in paragraphs 30 to 33 of document EB142/25, which encouraged the Board to consider the proposal for two additional evaluations – one of normative functions at the country level and one of the implementation of primary health care.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, welcomed the centralized and decentralized evaluations contained in the proposed evaluation workplan for 2018–2019, but stressed that evaluations commissioned outside the central Evaluation Office must follow standard operating procedures. The proposed evaluation workplan should be updated every six months in order to incorporate new evaluations requested by Member States, donors or United Nations country teams. She asked WHO to ensure that the Evaluation Office received adequate funding in order to avoid budgetary constraints that would hinder implementation of the workplan. The Member States of the African Region fully supported the proposed workplan.



The representative of the DOMINICAN REPUBLIC highlighted the importance of implementing the framework for strengthening evaluation and organizational learning, as it was essential to WHO's reform process. He approved the proposed workplan, and recalled that his Government had proposed an evaluation of progress in the implementation of primary health care in countries, conducted through the regions, that should take place to mark the fortieth anniversary of the Alma-Ata Declaration on primary health care. Every country should be evaluated and the results presented at the Seventy-third World Health Assembly in 2020, with a view to finding the most effective way of attaining universal health coverage.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that the Evaluation Office must possess sufficient funding and maintain its independence in order to perform its role effectively. He therefore raised concerns about the budgetary constraints that had resulted in the deferment of some evaluations in the 2016–2017 biennium. Resources devoted to the evaluation function in WHO should be benchmarked against best practices in the United Nations system and be subject to further discussion. The principle of independence should be highlighted in the revised evaluation policy to be submitted to the Seventy-first World Health Assembly, with reference to the appropriate reporting lines and budgeting mechanisms.

The representative of BRAZIL recalled that, according to the Alma-Ata Declaration, the promotion and protection of the health of the people was essential to sustained economic and social development and contributed to a better quality of life and to world peace. He therefore supported the proposal made by the representative of the Dominican Republic.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, recalled that it had been agreed at the twenty-seventh meeting of the Programme, Budget and Administration Committee that the Evaluation Office would conduct two additional evaluations, one on normative functions at the country level and another on the implementation of primary health care. When designing the latter, the Committee would take into account the outcome of the international conference to mark the fortieth anniversary of the Alma-Ata Declaration, to be held in Almaty, Kazakhstan, in October 2018, as well as the evaluation work on primary health care implementation currently being undertaken by the WHO Regional Office for the Americas.

The representative of THAILAND said that increasing capacities at the regional, country and institutional levels to accommodate priority evaluations could be a viable option in the light of the limited capacities of the Evaluation Office. His Government supported the proposed workplan and was in favour of the two additional evaluations of normative functions at the country level and the implementation of primary health care.

The representative of COLOMBIA expressed support for the evaluation of primary health care implementation, proposed by the representative of the Dominican Republic.

The representative of IRAQ said that the evaluation process should focus on analysing the gaps in primary health care provision. Care should be taken to consider how the funding of programmes corresponded to country priorities, including in emergency situations. A detailed evaluation should be undertaken of how funds were allocated for the implementation of primary health care programmes, so that problems could be identified and addressed in a timely manner.

The representative of JAMAICA said that significant gaps remained in the implementation of primary health care globally. She therefore fully supported the proposal made by the representative of the Dominican Republic.

The representative of FIJI said that any evaluation of primary health care implementation would need to have a well-defined scope if it were to produce meaningful and actionable recommendations. The approach outlined in the report of the Programme, Budget and Administration Committee would therefore be a practical way of addressing the need identified by the representative of the Dominican Republic. The proposed reviews of six to ten country offices should take into account both technical and managerial aspects.

The representatives of MEXICO, ECUADOR<sup>1</sup> and COSTA RICA<sup>1</sup> expressed support for the proposal by the representative of the Dominican Republic.

The representative of TURKEY said that more country office evaluations should be conducted in order to plan the future work of the Organization more effectively.

The representative of PERU,<sup>1</sup> supported by the representative of SPAIN,<sup>1</sup> welcomed the proposal made by the representative of the Dominican Republic. The suggested evaluation of the implementation of primary health care at the country level should be aligned with efforts to implement the 2030 Agenda for Sustainable Development and the draft thirteenth general programme of work.

The representative of INDIA<sup>1</sup> said that the work of the Evaluation Office should be holistic and include substantive and operative elements and the strict monitoring of financial resources. He agreed that the proposed workplan should be aligned with the provisions of the draft thirteenth general programme of work. Efforts should also be made to harmonize the decentralized and centralized evaluations so as to ensure better organizational learning and implementation.

The representative of INDONESIA<sup>1</sup> said that the evaluation of the neglected tropical diseases programme should be completed as soon as possible, with a particular focus on the current neglected tropical diseases road map for implementation. The efficacy of emergency programmes that required a large budget should also be measured. As part of the evaluation process, WHO should report on the implementation of programmes in each Member State, as well as the Organization's contribution to achieving the targets set. Moreover, experts from the countries concerned should be involved in the evaluation of programmes.

The representative of PANAMA<sup>1</sup> said that the evaluation proposed by the representative of the Dominican Republic should be carried out in line with the recommendations contained in the report of the twenty-seventh meeting of the Programme, Budget and Administration Committee, in order to ensure a systematic approach.

The representative of BELGIUM,<sup>1</sup> echoing the concern expressed by the representative of Sweden regarding the lack of resources devoted to the evaluation function, said that the Evaluation Office should be given higher visibility in order to make it easier for Member States, stakeholders and the general public to access information on its operation and output. Greater prominence should also be given to the evaluation function in both informal briefings and meetings of the governing bodies. Oversight and evaluation constituted an essential element of organizational learning, decision-making and accountability that required adequate funding, human resources, visibility and transparency.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked all representatives for their comments and guidance. In the future, the Secretariat would focus on strengthening quality assurance and technical backstopping in decentralized evaluations, in partnership with the Regional Directors. The Evaluation Office would consider posting

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

biannual evaluation updates on its website to supplement the annual reports on evaluation activities submitted to the Health Assembly each May.

The Evaluation Office would hold discussions with the Deputy Director-General for Corporate Operations to define a budget for the two additional evaluations proposed at the January 2018 meeting of the Programme, Budget and Administration Committee. Defining the scope of the primary health care evaluation would be a great challenge. The necessary guidance would come from the planned conference in Almaty, the review by the WHO Regional Office for the Americas on primary health care implementation over the previous 40 years, and evaluation work by other regional offices. The Evaluation Office would report back to the Board in January 2019 with a scope and framework for the evaluations.

Following the recent independent review of the evaluation function, the Evaluation Office would be working with the Deputy Director-General for Corporate Operations to prepare a management response. The Board would receive a revised evaluation policy, to be guided by the recommendations of the independent review and the updated United Nations Evaluation Group Norms and Standards for Evaluation, in May 2018. The Evaluation Office would take into account the Board's guidance regarding the inclusion of a managerial dimension in evaluations of country offices.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that, in future, greater emphasis would be placed on the recommendations issued after evaluations. The transformational shift envisaged by the Director-General would involve a greater focus on following up on recommendations at all levels of the Organization.

The representative of the DOMINICAN REPUBLIC said that the purpose of his proposed evaluation was to examine the current gaps that existed between countries in relation to their human resource capacities, processes and information systems. The Director-General would subsequently be able to use the data collected to instruct Member States on actions to be taken in order to improve primary health care provision.

The representative of IRAQ said that the proposed evaluation of primary health care implementation should focus on the country level. It was primarily an exercise for WHO representatives, who were best placed to understand the demographic variables of their countries.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) said that the useful guidance provided by the representatives of the Dominican Republic and Iraq would be taken into consideration.

The CHAIRMAN took it that the Board wished to note the report contained in document EB142/27 and approve the Organization-wide evaluation workplan for 2018–2019.

The Board noted the report and approved the evaluation workplan for 2018–2019.

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

## **TWELFTH MEETING**

**Friday, 26 January 2018, at 18:00**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 5 of the agenda (continued)

**Evaluation of the election of the Director-General of the World Health Organization:** Item 5.3 of the agenda (document EB142/26)

The meeting was held in open (private) session until 19:15, when it resumed in public session.

**Amendments to the Staff Regulations and Staff Rules:** Item 5.10 of the agenda (documents EB142/38 and EB142/38 Add.1)

The CHAIRMAN drew attention to document EB142/38, which contained three draft resolutions on amendments to the Staff Regulations and Staff Rules. The financial implications of adopting those resolutions could be found in document EB142/38 Add.1. He also drew attention to paragraphs 34 to 42 of the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB142/25, noting that the Committee had recommended that the Board should adopt the draft resolutions.

The DIRECTOR (Human Resources Management) said that the proposed amendments to the Staff Regulations and Staff Rules had been devised with the aim of improving the text's readability and comprehensibility, and had been prepared in consultation with staff representatives. Responding to questions raised at the twenty-seventh meeting of the Programme, Budget and Administration Committee, she said that Staff Rule 350 had been amended to correctly cite the authority of the Director-General to define the term "child", which was set out in the Human Resources eManual, not the Staff Rules, and was aligned with the United Nations definition. Staff Rules 650 and 655, on leave without pay and special leave, had been consolidated to make them easier to understand, to facilitate their implementation and to bring the WHO rules into line with those of the United Nations. The words "at the request of the staff member" had been removed from Rule 650, but more detailed information on special leave was available in the eManual. Staff Rule 1225 had been amended based on lessons learned in the first year of the new internal justice system, namely that three categories of administrative decisions should not be subject to administrative review because, in those categories, a peer-body review would have already considered the staff member's grievance.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, confirmed that the Committee had recommended that the Executive Board should adopt the three draft resolutions contained in document EB142/38 and that the Director-General should submit them to the Seventy-first World Health Assembly.

The CHAIRMAN said he took it that the Board wished to adopt the three draft resolutions contained in document EB142/38.

**The resolutions were adopted.<sup>1</sup>**

**Engagement with non-State actors:** Item 5.5 of the agenda (documents EB142/28, EB142/29 and EB142/29 Add.1)

The CHAIRMAN drew attention to paragraphs 24 to 29 of the report of the Programme, Budget and Administration Committee, contained in document EB142/25. The Committee had recommended that the Board should adopt the draft decision contained in document EB142/29, the financial and administrative implications of which were set out in document EB142/29 Add.1. The Board was invited to note the report contained in document EB142/28.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, took note of the decisions of the Programme, Budget and Administration Committee on the initiation and continuation or discontinuation of official relations in respect of the non-State actors mentioned in document EB142/29 and its annex, which had been made on the basis of their ability to work in accordance with the principle of transparency and free from private sector influence. He endorsed the decision to defer the review of relations with a number of non-State actors until the 144th session of the Executive Board, so as to enable the Secretariat to perform the requisite due diligence. He expressed support for the draft decision.

The representative of MEXICO welcomed the Secretariat's decisions on the initiation, and the continuation or discontinuation, of official relations in respect of the non-State actors listed in document EB142/29 and its annex, and the decision to defer the review of 11 further non-State actors to the 144th session of the Executive Board. With regard to document EB142/28, the Secretariat should provide further information on the four secondments mentioned in the report, in order to ensure that they did not undermine the independence and integrity of WHO, involved no conflict of interest and met the criteria for secondment.

The representative of IRAQ said that an implementation workplan should be developed and that non-State actors should work with governmental bodies as one team. In his country, a health cluster supported Ministry of Health emergency preparedness and response activities. WHO should ensure capacity-building support for non-State actors and work with them in full collaboration with health ministries.

The representative of TURKEY agreed with the view expressed in the report of the Programme, Budget and Administration Committee that it would be useful to have the perspective of, and feedback from, non-State actors on the implementation of the Framework of Engagement with Non-State Actors. That being said, no non-State actors appeared to be participating in the present meeting to provide feedback.

The CHAIRMAN said that the request to participate had been sent to all non-State actors, but only the two present had responded.

The representative of THAILAND encouraged WHO to strengthen its due diligence and risk assessment of non-State actors to ensure that all engagements were in line with the draft thirteenth

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<sup>1</sup> Resolutions EB142.R7, EB142.R8 and EB142.R9.

general programme of work, 2019–2023, and the Framework of Engagement. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> urged WHO to take neither a risk-averse nor a cavalier approach to engagement with non-State actors. Risk management was better than risk avoidance, which would only diminish WHO leadership and global health partnership opportunities. She looked forward to hearing feedback from non-State actors on how the policy was working, and would welcome updated information on the financial implications of the Framework's implementation and whether the Secretariat would be able to meet the 2018 deadline for its full operationalization.

The representative of INDIA<sup>1</sup> said that follow-up to the Framework of Engagement process was critical. A comprehensive policy on conflicts of interest should be developed. Any collaboration on research and development should be in line with the Framework of Engagement. Accountability would be improved if the Framework of Engagement also covered the dealings of Member States with non-State actors, and not just those of the WHO Secretariat. Implementation of the Framework of Engagement should be the responsibility of the Office of the Legal Counsel, not of the departments in charge of implementation and resource mobilization, as there could be conflict between those two functions.

The representative of ARGENTINA,<sup>1</sup> noting that full implementation of the Framework of Engagement was essential, asked whether the Secretariat expected to meet the 2018 deadline.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, welcomed the evaluation of the Framework of Engagement to be conducted in 2019 and expressed concern at its failure to address conflicts of interest, sponsorship and lobbying. The terminology and the level of due diligence were also proving problematic. Citing the unofficial presence of non-State actors and industry representatives at meetings of WHO governing bodies and CODEX Alimentarius, she recommended that different categories of non-State actor should be distinguished by badge colour and that all participants, including those with public badges, be listed to improve transparency. Member States should ensure that their delegations to such meetings were free from commercial influence and the Secretariat should take urgent action to correct the definition of conflicts of interest in the Framework of Engagement in time for the upcoming Health Assembly.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that there was an urgent need for further information on areas such as the number of engagements in each category and the details of secondments, including the rank and position of seconded staff. He called on the Secretariat to establish a policy on conflicts of interest and ensure the effective implementation of paragraph 13 of the Framework of Engagement. It was a cause for concern that entities linked to the alcohol industry had participated in the WHO Global Conference on Noncommunicable Diseases in October 2017, and that the co-chair of the WHO Civil Society Working Group on the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, also had links to that industry.

The representative of NEW ZEALAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that the Committee had been interested in

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

non-State actors' experiences of the revised process for re-establishing official relations with WHO, not in aspects of the Framework that they wished to see changed.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that WHO aimed to launch the Framework of Engagement at the Seventy-first World Health Assembly. However, the deadline could be extended if the Framework was not fully operational by that date, in line with the recommendation of the Independent Expert Oversight Advisory Committee. The main implementation costs related to human resources and the development of the information technology tool; budget needs would fall, however, once the Framework was operational. WHO was determined to implement the Framework efficiently; to that end, it had established a steering group to monitor implementation and answer questions on issues such as transparency and the four categories of non-State actors.

The LEGAL COUNSEL said that the purpose of the Framework was to promote engagement with non-State actors in a way that managed conflicts of interest. Chapter 3 of the guide for staff on engagement with non-State actors set out the position of WHO on conflicts of interest.

The DIRECTOR-GENERAL said that WHO had to manage risk without becoming risk-averse. It had to engage with all players, including civil society and the private sector, with a view to achieving the Sustainable Development Goals. He had received complaints during the WHO Global Conference on Noncommunicable Diseases relating to the fact that representatives from the food and beverage industries had been invited to attend. However, it was beneficial to engage with such industries, since doing so allowed WHO to honestly and directly challenge them on their morals. It was also an opportunity to identify areas of cooperation, understand each other better and exchange ideas. Engagement did not preclude the enforcement of regulations or necessarily imply a conflict of interest. WHO would not engage with the tobacco or arms industries, but it was important to engage with all other sectors.

**The Board noted the report contained in document EB142/28.**

The CHAIRMAN took it that the Executive Board agreed to adopt the draft decision contained in document EB142/29.

**The decision was adopted.**

**Future meetings of the governing bodies:** Item 5.7 of the agenda

- **Provisional agenda of the Seventy-first World Health Assembly** (document EB142/31)
- **Date and place of the 143rd session of the Executive Board** (document EB142/32)

The representative of BRAZIL asked for confirmation that value for money would be discussed at the Seventy-first World Health Assembly under item 11.2, on WHO reform, while all other discussions under that item would take place at the 143rd session of the Executive Board. He asked what would be discussed under item 15.2 in relation to financing of the Programme budget 2018–2019.

The representative of JAPAN said that his Government wished to discuss patient safety at a future session of the Executive Board, as it was an important aspect of universal health coverage.

The representative of ZAMBIA, supported by the representatives of the UNITED REPUBLIC OF TANZANIA, ALGERIA, SWAZILAND, TURKEY and ANGOLA,<sup>1</sup> proposed that a draft resolution on cholera prevention be discussed under item 11.3 (Public health preparedness and response) of the provisional agenda of the Seventy-first World Health Assembly. There was a pressing need for a renewed focus on the growing public health threat of cholera, which would only be exacerbated by climate change. The strategy recently launched by the Global Task Force on Cholera Control, Ending Cholera – A Global Roadmap to 2030, aimed to reduce cholera-related mortality by 90% by 2030, in line with the Sustainable Development Goals, and to eliminate the disease in up to 20 countries. Those objectives would be achieved by enhancing case detection, surveillance and outbreak response, and by strengthening prevention and preparedness through a multisectoral approach. However, they would also require high-level political commitment and strategic leadership.

The representative of CANADA asked whether the draft resolution would need to be linked to an existing item of the agenda or whether a new item would need to be requested. If the latter was the case, it would be helpful to have details of the process for requesting a new item.

The SECRETARY said that, if the proposal was to submit a draft resolution, that resolution would have to be linked to an item already on the provisional agenda – in the case at hand, to item 11.3. In accordance with Rule 48 of the Rules of Procedure of the World Health Assembly, the formal draft would have to be submitted to the Health Assembly by the end of the first day of the session. If, however, the intention was to request that a new item be added to the provisional agenda, then that request should be made to the Board at its present session; if the Board agreed, the Secretariat would prepare a report on cholera for consideration by the Health Assembly, along with any draft resolution.

The representative of ZAMBIA confirmed that the intention was to submit a draft resolution under an existing agenda item.

The representative of FIJI asked for confirmation that item 18.1 (Evaluation of the election of the Director-General of the World Health Organization) of the provisional agenda was redundant and would be deferred to the 144th session of the Executive Board.

The SECRETARY confirmed that consideration of item 18.1 would be deferred. Item 15.2 simply comprised an update on the Programme budget; the two items on WHO reform that remained to be finalized would be discussed at the 143rd session of the Executive Board.

The CHAIRMAN asked the Board to consider suspending discussion of the present item so that the documents could be amended and circulated for adoption.

**It was so agreed.**

**The meeting rose at 20:15.**

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.



## **THIRTEENTH MEETING**

**Saturday, 27 January 2018, at 09:05**

**Chairman:** Dr A. HAFEEZ (Pakistan)

**later:** Mr P. DAVIES (Fiji)

**later:** Dr A. HAFEEZ (Pakistan)

### **1. OTHER MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS:** Item 5 of the agenda (continued)

**Future meetings of the governing bodies:** Item 5.7 of the agenda (continued)

#### **• Provisional agenda of the Seventy-first World Health Assembly** (document EB142/31)

The DIRECTOR (Governing Bodies) drew attention to the draft provisional agenda of the Seventy-first World Health Assembly, contained in document EB142/31. Summarizing the previous discussion, he said that the following amendments had been proposed: item 18.1 (Evaluation of the election of the Director-General of the World Health Organization) would be deleted; progress report K (Health and the environment: road map for an enhanced global response to the adverse health effects of air pollution (decision WHA69(11) (2016)) would be discussed under item 11.5 (Health, environment and climate change); and progress report M (Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (resolution WHA69.2 (2016)) would be discussed under item 12.3 (Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development).

In addition, he informed the Executive Board that the two documents on WHO reform that had not been discussed during its current session, EB142/5 and EB142/6 would be discussed at the 143<sup>rd</sup> session of the Executive Board in May 2018.

The representative of IRAQ, supported by the representative of ALGERIA, proposed that a separate item on cholera should be added to the draft provisional agenda of the Seventy-first World Health Assembly, given the dramatic rise in the number of global cases.

The representative of CANADA recalled that the Board had gone to great lengths to improve efficiency and limit the number of items for inclusion on the provisional agenda. Therefore, while she recognized the need to discuss cholera, she was not in favour of adding a separate item on the subject.

The representative of THAILAND, supported by the representatives of the NETHERLANDS, SWEDEN, the UNITED REPUBLIC OF TANZANIA and FRANCE proposed that, rather than adding an additional item for discussion, the Secretariat should include a dedicated section on cholera in the report on public health preparedness and response to be produced under item 11.3. The Secretariat should also offer support to Member States wishing to table a draft resolution on the topic.

The representative of ZAMBIA said that, while he would have preferred the inclusion of cholera as an additional item for discussion, he agreed with the compromise proposal made by the representative of Thailand.

The DIRECTOR (Governing Bodies) took note of the proposal.

The CHAIRMAN invited the Board to adopt the draft decision contained in document EB142/31, as amended.

**The decision, as amended, was adopted.<sup>1</sup>**

- **Date and place of the 143rd session of the Executive Board** (document EB142/32)

The representative of BRAZIL asked the Secretariat for an update on the status of the official WHO health days.

The CHAIRMAN said that the Secretariat was in the process of evaluating the impact of marking the official WHO health days. It would submit its findings to the Executive Board at its 143rd session.

The representative of SWAZILAND, noting the increasingly heavy agenda of the Executive Board, proposed that Member States should discuss how best to organize the work of future Board sessions to avoid it becoming a second Health Assembly.

The CHAIRMAN urged Member States to consider that issue carefully and said that the organization of the work of the Executive Board could be addressed as part of future discussions on WHO reform.

He invited the Board to adopt the draft decision contained in document EB142/32.

**The decision was adopted.<sup>2</sup>**

**Mr Davies took the Chair.**

**Reports of committees of the Executive Board:** Item 5.6 of the agenda

- **Foundations and awards** (document EB142/30)

#### **Ihsan Doğramacı Family Health Foundation Prize**

**Decision:** The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2018 to Professor Vinod Kumar Paul of India for his exceptional and lasting contribution towards improving the health and well-being of families. The laureate would receive US\$ 20 000.<sup>3</sup>

#### **Sasakawa Health Prize**

**Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2018 to the Fundación Pro Unidad de Cuidado Paliativo (Pediatric Palliative Care Unit Foundation) of Costa Rica for its contribution to the rights of children with terminal illnesses. The laureate would receive US\$ 40 000.<sup>4</sup>

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<sup>1</sup> Decision EB142(10).

<sup>2</sup> Decision EB142(11).

<sup>3</sup> Decision EB142(13).

<sup>4</sup> Decision EB142(14).

**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 2018 to The Korea Institute of Drug Safety and Risk Management (KIDS) of the Republic of Korea for its work to enhance national health quality through the prevention and recognition of drug-related issues. The laureate would receive US\$ 20 000.<sup>1</sup>

**His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion**

**Decision:** The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2018 to the Association El Badr, Association d'aides aux malades atteints de cancer (El Badr Association, Cancer Patient Association) of Algeria for its efforts to improve the management of care for patients with cancer through the involvement of civil society in social and humanitarian actions. The laureate would receive US\$ 20 000.<sup>2</sup>

**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 2018 to Dr Nazni Wasi Ahmad of Malaysia for her contribution to innovative research in forensic entomology, particularly her studies on maggot debridement therapy with *Lucilla cuprina* to expedite the healing process in diabetic wounds and foot ulcers. The laureate would receive US\$ 100 000.<sup>3</sup>

**Dr A.T. Shousha Foundation Prize**

**Decision:** The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2018 to Dr Assad Hafeez of Pakistan for his significant contribution to public health in Pakistan. The laureate would receive the equivalent of 2500 Swiss francs in United States dollars.<sup>4</sup>

**2. OTHER TECHNICAL MATTERS:** Item 4 of the agenda (continued)**Global Strategy for Women's, Children's and Adolescent's Health (2016–2030): early childhood development:** Item 4.3 of the agenda (document EB142/19)

The representative of FRANCE said that, Belgium, Canada, Denmark, Estonia, Finland, Germany, Iceland, Japan, Latvia, Luxembourg, New Zealand, the Netherlands, Norway, Portugal,

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<sup>1</sup> Decision EB142(15).

<sup>2</sup> Decision EB142(16).

<sup>3</sup> Decision EB142(17).

<sup>4</sup> Decision EB142(12).

Spain, Sweden, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland and Uruguay aligned themselves with her statement. The rights of young children were particularly at risk in migration and humanitarian crises and in other vulnerable contexts. Women and girls should be guaranteed access to a comprehensive set of sexual and reproductive health services, in line with a wider commitment to promoting gender equality and women's rights. It was also important to consider men's responsibility in upholding sexual and reproductive rights, as well as their access to and their use of contraceptives. A human rights-based and gender-responsive approach to implementing the Global Strategy for Women's, Children's and Adolescent's Health (2016–2030), under the leadership of WHO, was essential.

**Dr Hafeez resumed the Chair.**

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, although much progress had been made, collective action was needed to further reduce the mortality rate among women, children and adolescents. Early childhood development was essential to the attainment of the 2030 Agenda for Sustainable Development; the health sector was uniquely placed to help families and caregivers in that regard, through action in areas such as nutrition, mental health and breastfeeding. The Secretariat should help Member States to support responsive caregiving and early learning, adopt multisectoral approaches to early childhood development, integrate early childhood development into national plans, and strengthen health information systems to overcome the challenges presented by data gaps.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that she looked forward to the publication of more detailed information on the health needs of women, children and adolescents, such as that which would soon be made available on the Global Health Observatory data portal. The safety of contraceptive products must be ensured and clear information regarding the return to fertility after their use should always be provided to ensure that women and girls were able to make informed choices. A person's culture exerted a significant influence on the use of certain sexual and reproductive health services, a factor which should be the subject of further research. Abortion should always be undertaken on medical grounds and promoted only in line with national legislation and contexts. For the sake of transparency and accountability, an annex listing those countries targeted by the measures outlined in document EB142/19 should be attached to the final version of the report that would be discussed by the Seventy-first World Health Assembly.

The representative of CANADA said that the Sustainable Development Goals could not be attained without addressing the issue of gender inequality and the empowerment of women and girls, and ensuring their enjoyment of sexual and reproductive health rights. There was a particular need for effective, gender-responsive nutrition policies, which would reduce the prevalence of anaemia. The Global Financing Facility in support of Every Woman, Every Child was an important tool with which to accelerate progress on women's, children's and adolescents' health. Member States were therefore encouraged to invest in the trust fund related to that tool.

The representative of the DOMINICAN REPUBLIC said that the Secretariat should continue to widen access to modern methods of family planning and should help Member States to increase and safeguard resources for women's, children's and adolescents' health. National health systems should incorporate approaches to health care that took into account the life cycle, gender equality and human rights to address issues such as cervical and breast cancer, teenage pregnancy and violence. Investment and policy-making that focused on early childhood should continue, given the importance of development during the first years of life to later physical and mental health.

The representative of ZAMBIA said that the draft nurturing care framework, which was available for consultation online, would offer a road map for the integration of early childhood

interventions into Member States' health and social sectors. Member States and other WHO partners should join the Zambian Government in sponsoring an event at the Health Assembly to launch the framework.

The representative of KAZAKHSTAN expressed support for the statement made by the representative of France. Social factors exerted a great deal of influence on children's health; for example, children growing up in orphanages or single-parent families might not have access to all health services from early childhood and could be affected by mental health problems in later life. Such social issues should be addressed by making it possible for more children to grow up in a family environment.

The representative of COLOMBIA said that everyone had the right to health; the Colombian Government had therefore focused on guaranteeing equal access to health services for all. Early childhood development should be a priority area in development policies. The Secretariat's next report on the Global Strategy should focus on obstetric care, given its importance to the health of mothers and their newborn children.

The representative of IRAQ said that WHO should support the provision of health services in schools. Adolescent health could be improved through a focus on sexually transmitted diseases and mental health. Teacher and parent councils should be empowered to monitor children's health. In the Arabic version of the report, care should be taken to use the correct terminology: the term "adolescent" was preferable to "pre-adolescent".

The representative of MEXICO said that capacity-building measures should be established to ensure that adolescents' health needs were better met. The problems inherent to adolescents' health were complex and caused by a variety of factors; the design and implementation of any strategies to address those problems should therefore involve the input of adolescents themselves.

The representative of the PHILIPPINES said that her Government's approach to children's health and development incorporated measures that addressed a number of factors, such as disability and socioeconomic inequality, rather than focusing solely on life-saving measures. In line with the draft nurturing care framework, a multisectoral approach to care should be adopted during the first 1000 days of the life course; that approach could be complemented by existing children's health strategies, such as nutrition programmes.

The representative of THAILAND said that the main issue besetting the Global Strategy was a lack of funding and monitoring capacity. The Secretariat should provide further technical support in that regard, including through the establishment of a standardized assessment system and guidance regarding child development. Promoting physical activity helped to ensure children's healthy development and should be highlighted in the draft nurturing care framework.

The representative of GEORGIA said that her Government attached great importance to women's and children's rights and, in that context, supported the work being undertaken in the area of women's, children's and adolescents' health.

The representative of PAKISTAN said that the health of young and adolescent girls should be a priority for Member States, as neglecting the issue negatively affected their health and socioeconomic situation in later years. Early childhood development and midwifery should be prioritized in future discussion of the Global Strategy.

The representative of TURKEY said that the report should place greater emphasis on the role of the family in early child development.

The representative of SLOVAKIA<sup>1</sup> agreed with the comment made by the representative of Kazakhstan that growing up in a family environment was of the utmost importance for children's physical and mental health. More research should be conducted on natural methods of family planning and methods based on the awareness of fertility, which were an important part of reports on the Global Strategy.

The representative of ECUADOR<sup>1</sup> said that WHO should continue to support Member States in the establishment of policies and actions to address women's and children's health issues, such as gender-based violence, postpartum and neonatal mortality, and access to information on sexual and reproductive rights and contraceptives. In its work with UNICEF, WHO should integrate an intercultural perspective into its redesign of childhood health guidelines, so as to increase the demographic reach of those guidelines in countries where such a perspective was needed. Lastly, the next report on the Global Strategy should consider how midwifery services could be made available to all women and their newborn children, recognizing the need for an approach that was rights-based, community-focused and gender-sensitive.

The representative of INDONESIA<sup>1</sup> said that efforts to end preventable death during pregnancy, delivery and the postpartum period should go hand in hand with an improvement in the quality of other services offered to new mothers. WHO should work with UNESCO and other partners on a global framework for early childhood development. The Global Strategy should consider how to make midwifery available to all women and their newborn children.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that the use of age and sex disaggregated data in tailored and multisectoral approaches that were centred on the involvement and empowerment of families and communities played a critical role in improving adolescents' health. Critical and sustained efforts were needed to end the preventable mortality of children under five years of age. She expressed concern regarding the transfer of resources and attention away from life-saving efforts. Information contained in the Global Abortion Policies Database should not be used to lobby for or against abortions, and she recalled her Government's policy on the use of foreign assistance funds to promote or facilitate abortions. The Global Strategy should be implemented in line with the Programme of Action adopted at the International Conference on Population and Development in Cairo, which stated that abortion should not be promoted as a method of family planning. The next report on the Global Strategy should include a holistic strategy to increase the number of well-trained midwives. Member States should continue to prioritize ending violence against women, girls and children.

The representative of PERU<sup>1</sup> expressed support for the comments made by the representative of Canada on child nutrition and the fight against anaemia. Improving maternal and neonatal health and reducing chronic child malnutrition would facilitate early childhood development. WHO and the Office of the United Nations High Commissioner for Human Rights should work in a coordinated manner to ensure the enjoyment of the maximum level of health as a fundamental human right.

The representative of SOUTH AFRICA<sup>1</sup> said that implementation of the Global Strategy at the country level should be strengthened. Adequate financing should be ensured, and support should be provided to partners working to increase domestic resources.

The representative of INDIA<sup>1</sup> said that his Government was to host the 2018 Partners' Forum organized by the Partnership for Maternal, Newborn and Child Health. Efforts to define "skilled health personnel" were ongoing, and should take into account local contexts and challenges. Finally, he

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

cautioned against setting ambitious goals that might jeopardize planning for the implementation of the Global Strategy at country level.

The representative of POLAND<sup>1</sup> said that the section of the report on early childhood development should be more detailed and provide further guidance on potential action. Coordinated multisectoral action was the key to helping children reach their full potential. He agreed that the role of the family was vital to the proper social and emotional development of children.

The representative of HUNGARY<sup>1</sup> said that her Government had launched an intersectoral early childhood intervention programme to ensure the efficient provision of services, which had been shared with the Member States of the WHO European Region. Effective and timely interventions were essential to the survival and quality of life of children and, later on, adults. The report should focus more on breastfeeding and the WHO-led Baby-friendly Hospital Initiative. She welcomed the draft nurturing care framework, and the consultations on that framework.

The representative of PANAMA<sup>1</sup> said that all programmes, policies and strategies relating to health across the life course should include palliative care. The Global Strategy was important for human rights and achieving universal health coverage.

The observer of the HOLY SEE expressed concern about the engagement of WHO and other United Nations agencies with the open-access Global Abortion Policies Database. He strongly objected to efforts by United Nations specialized agencies to promote national legislation that permitted abortion. He could not accept the claim that the promotion of “safe abortion” was a means of protecting the human rights of women and girls.

The observer of PALESTINE said that WHO should strengthen early childhood development programmes in the occupied Palestinian territory. An early childhood development strategy contributing to more comprehensive and equitable access to early childhood development activities was already in place.

The representative of UNFPA welcomed the progress being made to strengthen data and indicators related to the Global Strategy, and efforts to update the definition of “skilled health personnel”, with particular reference to the Sustainable Development Goals. She expressed appreciation for the establishment of the Global Abortion Policies Database, which included country profiles and United Nations treaty body observations. She commended efforts to develop a framework cooperation agreement on the health and human rights of women, children and adolescents, and encouraged WHO to widen consultations to ensure effective collaboration with relevant stakeholders.

The representative of the GAVI ALLIANCE said that the report should contain a reference to immunization as a high-impact intervention for child health and development. It should also mention that vaccinated children demonstrated better cognitive and physical development, and that vaccines against cervical cancer and rubella had significant social and economic benefits.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to the value of pharmacists in supplying over-the-counter contraception, providing advice on general contraception, and promoting breastfeeding. In 2017, the Federation had set up a working group dedicated to women in their role as informal caregivers and their contribution to ensuring the responsible use of medicines.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that medical students worldwide should receive more equitable training on women's, children's and adolescents' health issues. Member States should strive for universal access to sexual and reproductive health care and recognize the negative impact of stigma on the health of individuals. Women, children and adolescents should be placed at the centre of coordinated activities to implement the Global Strategy.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that pneumonia was one of the leading causes of death in children, and called on the Executive Board to support the development and implementation of pneumonia action plans integrated with national nutrition plans in countries with a high pneumonia burden. The draft nurturing care framework should include guidance on specific strategies for families in adversity, prevention of violence by and among caregivers, and care in humanitarian settings.

The representative of MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIRMAN, and also on behalf of the Drugs for Neglected Diseases initiative, said that efforts must continue to ensure better access to effective paediatric medicines and to develop better paediatric treatments for HIV, tuberculosis, malaria and neglected tropical diseases. She expressed the hope that the draft nurturing care framework would emphasize the urgent need for research and development and for access to, and uptake of, child-friendly medicines, in line with relevant WHO guidance.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIRMAN, expressed concern that breastfeeding had been omitted from the report. She drew the Board's attention to the publication of Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, which had been produced in support of breastfeeding by the Infant and Young Child Feeding in Emergencies Core Group.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, noted with concern that comprehensive education on sexuality had been omitted from the report. She welcomed the recognition of the challenges faced by women and girls in humanitarian crises and other fragile settings, including those living in hard-to-reach areas, those impacted by disability and those living in extreme poverty. Cervical cancer prevention and control required a comprehensive approach across the life course, and integrated programmes that included vaccination and screening.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the recommendations contained in the 2017 report of the Every Woman, Every Child's Independent Accountability Panel on adolescent health care provision and the need for disaggregated data on adolescent health. Addressing adolescent nutrition was crucial. The international community must prioritize the social drivers of poor sexual and reproductive health. Engagement with community leaders, institutions and families would help to foster healthy environments for young people.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, expressed concern that perinatal and adolescent palliative care and palliative care for women were absent from the report and requested that they be included. Globally, mothers received little or no support for their terminally ill children. Palliative care must appear within all strategies developed by WHO.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the reproductive rights of women could not be separated from children's right to health. Breastfeeding was an important element of nurturing care. The



relationship between mother and child was vital to the physical and mental development of children, and adequate maternity provisions should be made. Commercial interference from companies selling breast-milk substitutes should be addressed.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that she welcomed the initiative to redesign child health guidelines to define universal health coverage for all children. The guidelines should take into account the recommendations contained in the Roadmap for Childhood Tuberculosis and ensure that children were included in household contact investigations in cases where adults had been diagnosed with tuberculosis. WHO should consider evidence for scaling up clinical approaches to diagnose tuberculosis in children. The needs of infants, children and adolescents must be given prominence in the outcome documents of the 2018 high-level meeting of the United Nations General Assembly on ending tuberculosis.

The ASSISTANT DIRECTOR-GENERAL (Family, Women, Children and Adolescents), thanked Member States and partners for their responses, which showed that some of the targets contained in the Global Strategy and aligned with the Sustainable Development Goals would be met as planned. The Secretariat would support Member States in addressing the critical gaps highlighted. WHO was committed to expanding contraceptive choice through research and development, and to assessing the safety and efficacy of new and existing methods of contraception. Guidelines on contraception were based on systematically reviewed evidence, including information on the return to fertility. In addition, those guidelines required health care providers to ensure that users were able to make an informed choice of contraceptive method.

Progress had already been made in some of the areas highlighted by Member States. For example, the WHO Director-General and the Office of the United Nations High Commissioner for Human Rights had already signed a Framework of Cooperation that would ensure that human rights were at the forefront of the work of both organizations.

**The Board noted the report.**

**mHealth:** Item 4.4 of the agenda (document EB142/20)

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that, although the expansion of mobile technologies in his Region had brought many opportunities, work on mHealth faced a number of challenges, including a lack of standards and evaluation tools, insufficient coordination with telephone operators and a lack of guidance for governments on selecting digital technologies. To overcome those challenges, it was important to promote multisectoral collaboration. The Governments of the African Region approved the priority areas outlined in paragraph 13 of the report contained in document EB12/20, in particular the use of mHealth to provide health care services and achieve universal health coverage. WHO should continue to work closely with ITU. He welcomed efforts towards drafting a resolution on mHealth for submission to the World Health Assembly.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro 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 his statement. He said that, although digital technologies could improve the efficiency and coverage of health services, the final goal was not technological innovation itself, but the health of citizens. More than simply a method of delivering care, eHealth formed an essential part of health systems and was therefore a critical component of health reform. Public health policy should be shaped by reliable, progress-driven data. Thus, he welcomed the planned update of the Global Observatory for eHealth.

In order to address remaining challenges, clear rules on access to, and the use of, health data should be considered when sharing data; there should be a balance between innovation, people-centred care and commercial interests; common regulations and policies should promote interoperability; Member States and health professionals should be trusted to implement digital health; and a combination of service delivery methods should be used to maximize access to care. He supported the Organization's priorities on digital health and the focus on innovation, which were outlined in the draft thirteenth general programme of work, 2019–2023. WHO should collaborate with other United Nations agencies, including ITU, and stakeholders. The development of a global strategy on digital health would facilitate future discussions.

The representative of the DOMINICAN REPUBLIC requested that, in the Spanish version of document EB142/20, the term “pacientes tuberculosos” be changed to “pacientes con tuberculosis” as the former was discriminatory.

The representative of BAHRAIN described her country's efforts towards implementing mHealth, highlighting the development of a unified national health data system, monitoring of electronic medical records using mobile devices, and the use of mobile technology to track repeat visits to accident and emergency departments. She commended efforts to promote health awareness and accelerate Member States' progress towards achieving universal health coverage through digital technologies.

The representative of BRAZIL said that private information on digital platforms must be managed carefully to protect the right to privacy and prevent the commercial use of data. He welcomed ongoing efforts to draft a Health Assembly resolution on mHealth, which should propose a clear way forward, in line with WHO's mandate, and should include nutrition and physical activity as important elements of mHealth.

The representative of NEW ZEALAND acknowledged the importance of digital technologies in realizing the strategic priorities contained in the draft thirteenth general programme of work. Digital technologies could be used to transform health care access and provision. He welcomed efforts to trial the use of such technologies, including secure eHealth portals and the use of video calling for patient triage; engagement with non-State actors and the private sector would help Member States to learn from those and other initiatives. Existing solutions relating to privacy and data security should be standardized and implemented.

The representative of SRI LANKA said that his Government was implementing an electronic health record system and asked Member States to share best practices in that regard. He emphasized the need for a mechanism at the country level to regulate health-related applications for mobile devices.

The representative of IRAQ emphasized WHO's role in cooperation and coordination within and between regions to promote mHealth. WHO should incorporate mHealth into the draft thirteenth general programme of work, with regular progress reporting, monitoring and evaluation. Moreover, mHealth should form part of primary health care delivery and the management of digital information should be strengthened at the country level.

The representative of ZAMBIA emphasized the need to consider country-level needs in matters of research innovation, stressing that investment in digital technologies should not disadvantage the traditional national health information architecture.

The representative of JAPAN recognized the benefits of mHealth in enhancing individual health, achieving universal health coverage and developing public health policy. Collaboration with ITU on mHealth should be strengthened and WHO should work more strategically with the private

sector. In addition, the promotion of public–private partnerships should be included in one of the priority areas referred to in the report. It was important to recognize the wider benefits of mHealth for public health, including its application in monitoring health-related Sustainable Development Goal indicators, projecting future medical needs and collating information on long-term care.

The representative of MEXICO recommended integrating applications for mobile devices into national health systems. A regulatory framework would ensure the reliability, quality and security of data. His Government stood ready to share its experience in using digital technologies to support public health.

The representative of the PHILIPPINES said that national initiatives should capitalize on digital technologies to facilitate public health development. Specific interventions to streamline and address issues relating to accountability, patient rights, privacy, data protection and security would be welcome.

The representative of PAKISTAN said that the regulation and governance of mHealth to ensure the privacy, security and confidentiality of staff and patient health records required greater attention. Member States should be supported in developing their capacity to implement mHealth, thereby improving access to quality health services.

The representative of THAILAND said that, given the increase in digital information, stronger regulation was required. Member States should engage with partners to better understand patient behaviour and benefit from new technologies and marketing strategies. Digital health could potentially also contribute to strengthening health information systems. However, he expressed concern that the growing use of digital technologies may erode the human element of health care.

The representative of INDIA<sup>1</sup> outlined national activities in the area of digital health to improve surveillance and emergency preparedness and response, and to introduce electronic medical records. He requested that the Secretariat produce a separate, supplementary document for the Seventy-first World Health Assembly that clearly defined the digital technologies available, with specific reference to health information systems, electronic medical devices and diagnostic equipment. He proposed that the Secretariat develop a global strategy on digital health to ensure its place on the sustainable development agenda. He encouraged Member States to contribute to the preparation of a draft resolution on the use of appropriate digital technologies for public health for submission to the Health Assembly, under the leadership of his Government.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that greater coordination would avoid the duplication and fragmentation of digital health systems. National digital health strategies should be developed to reflect the priorities of the national health strategy in each country. Resource mobilization should be aligned with those priorities, recognizing that each country was implementing digital health technologies at a different rate. Member States should build capacity and strengthen governance to facilitate the use of digital health technologies, with a focus on privacy, accessibility and the use of data and data systems. While digital technologies could be a powerful tool for public health surveillance, care should be taken in emergency situations to protect the security of health workers.

The representative of KENYA<sup>1</sup> recognized the key role of mHealth in achieving universal health coverage, the Sustainable Development Goals and important health outcomes. She supported the development of a platform for sharing evidence and best practices relating to mHealth. The

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Secretariat should continue to support Member States in building their capacity to implement digital technologies, and should develop guidance and assessment frameworks to support decisions regarding investment in digital technologies. Her Government looked forward to contributing to the development of a draft resolution.

The representative of PARAGUAY<sup>1</sup> said that increasing connectivity provided an opportunity to develop digital technologies, which improved access to, and the quality of, health care, reduced costs, improved diagnosis and treatment times, and fostered resilient and sustainable health care systems. In particular, WHO and other international organizations should continue to provide support relating to mHealth to landlocked developing countries, least developed countries and small island developing States. His Government, with support from Taiwan,<sup>2</sup> was implementing digital technologies to improve health information management. Given the support it provided, Taiwan should be allowed to participate more actively in the work of WHO.

The representative of POLAND<sup>1</sup> said that eHealth and mHealth were high on the national health agenda and that his Government had developed a national eHealth strategy. He stressed the importance of setting evidence-based eHealth standards and norms, which should be aligned with other relevant actions.

The representative of INDONESIA<sup>1</sup> said that the adoption of digital technologies improved health services and helped to promote healthy lifestyles. WHO should continue to collaborate with ITU and other stakeholders to help Member States to improve mHealth interventions. She supported plans to draft a resolution for submission to the Health Assembly, underlining the importance of confidentiality in developing digital health technologies.

The representative of the REPUBLIC OF KOREA<sup>1</sup> shared information regarding the use of mobile technologies in her country. Her Government would actively participate in drafting a resolution for submission to the Health Assembly; that draft document should serve to clearly define the scope of data sharing and emphasize the need to protect personal information. The role and participation of private sector providers in mHealth should be further explored.

The representative of ITU said that his organization had worked with WHO and the private sector to support Member States in the development of eHealth strategies and mobile health initiatives; that collaboration would continue. Recent events organized by ITU had provided opportunities to foster cross-sectoral dialogue between the health and the information and communication technology sectors, and to discuss the future of digital technologies and their contribution to the Sustainable Development Goals.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that mobile technology contributed to improving health care safety and accessibility, disease surveillance and data collection, engagement and health coverage. She underscored the importance of youth participation in developing mHealth programmes and strategies. There was a need to prioritize funding for mobile solutions to global health problems. An mHealth strategy should be developed to provide an integrated approach to standard setting and sharing of best practices.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, acknowledged the positive impact of mHealth on health care quality

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

and provision. However, there was a need for greater regulation of digital technologies, particularly in cases where they met the definition of a medical device. Furthermore, data protection policies should be put in place to regulate and secure the data of mHealth users. Finally, the education of health professionals should remain a major focus, in the light of the shortage of health workers.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that mHealth could contribute to solving the global shortage of trained health care professionals and could significantly accelerate Member States' progress towards achieving universal health coverage. However, the delivery of high-quality health care still depended on the education and training of health care professionals and an understanding of the patient's right to data protection. She welcomed WHO's new priorities for digital health, set out in paragraph 13 of the report.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, expressed support for the recommendations contained in the report, but said that digital technologies should only be used to complement more traditional health care if pharmacists and other health care professionals were involved in the development and oversight processes. Any data provided to patients through such technologies should be strictly verified by clinicians and appropriate, easy-to-use language was needed to prevent miscommunication. mHealth technologies should be included in the curricula used to train health care professionals. Finally, collaboration between Member States and the Secretariat was crucial if progress was to be made in the priority areas set out in the report.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for greater leadership from the Secretariat and Member States with regard to: the coordination of stakeholder action at the country level; the scale-up of proven digital applications in the area of child protection; and the integration of mHealth systems into the global plan of action, in order to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and children. Finally, protocols and minimum standards should be developed to ensure the security of data, data privacy, informed consent and responsible use of technologies.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO's mHealth strategy should be built upon strong national health care systems and that mHealth should not be seen as a substitute for strong primary health care or as a cost-cutting measure. The fact that people in some countries were more likely to have access to a mobile telephone than to clean water was indicative of a distorted paradigm of development. He expressed concern that the report envisaged a close partnership with ITU, as its work with certain private sector entities may represent a conflict of interest. Issues related to data privacy should be addressed and strong public oversight of the use of digital technologies must be ensured.

The DIRECTOR (Service Delivery and Safety) welcomed the comments made, which recognized the need to leverage digital technologies to achieve universal health coverage through integrated, people-centred health services across the care continuum, including prevention and public health. He noted the development of national and regional strategies on mHealth, which constituted important guidance, and the need to strengthen discussions on engagement with the private sector. Digital health was a key element of the draft thirteenth general programme of work, 2019–2023. He also took note of the specific areas of importance mentioned, including the quality of service delivery, measures to strengthen health workforce education and management, and modern data management systems. The Secretariat would support Member States' discussions on mHealth, led by the Government of India, prior to the Seventy-first World Health Assembly, and would consider how to update the report to incorporate Member States' comments.

The DIRECTOR-GENERAL welcomed the comments made and said that digital health would be a key component of the innovation hub being set up within the Organization. It was important to look ahead and consider the impact that the increased use of digital technologies would have on health care, even beyond 2030. While digital technologies would improve the quality of health services and address some of the gaps in universal health coverage, mHealth did have limitations, particularly with regard to the delivery of primary health care. In addition, it was also essential to consider how best to leverage digital technologies in the current health context. Those efforts would require closer collaboration with partners, including ITU. Such partnerships offered significant untapped potential. The Secretariat was reviewing existing cooperation agreements and exploring new partnerships and financing mechanisms.

**The Board noted the report.**

**3. MATTERS FOR INFORMATION:** Item 6 of the agenda

**Report of the regional committees to the Executive Board:** Item 6.1 of the agenda (document EB142/34)

The CHAIRMAN thanked the chairpersons of the regional committees for their work.

**The Board noted the report.**

**Global vaccine action plan:** Item 6.2 of the agenda (document EB142/35)

**The Board noted the report.**

**Reports of advisory bodies:** Item 6.3 of the agenda

**Expert committees and study groups** (documents EB142/36 and EB142/36 Add.1)

**The Board noted the reports.**

**Eradication of poliomyelitis:** Item 6.4 of the agenda (document EB142/37)

**The Board noted the report.**

The representative of NEW ZEALAND requested that, in the future, the Secretariat should explain the reason why a report had been included for information purposes only, rather than for more in-depth consideration.

**4. CLOSURE OF THE SESSION:** Item 7 of the agenda

The DIRECTOR-GENERAL congratulated all participants on a successful session and thanked Member States for endorsing the draft thirteenth general programme of work, 2019–2023 and the ambitious “triple billion” target therein. The fact that the draft programme of work would be approved by the Health Assembly one year ahead of schedule reflected his commitment to speeding up WHO processes and the need to work with a sense of urgency. In response to concerns raised by Member

States, he stressed his commitment to ensuring that all documents were issued on time prior to the Seventy-first World Health Assembly.

He reiterated his request for each country to take at least three concrete steps towards universal health coverage prior to the upcoming Health Assembly. He also called on Member States to pledge staff to the health reserve workforce and agree to cover all expenses related to their deployment. Finally, he encouraged Member States to consider increasing unearmarked contributions, so as to facilitate the prioritization of activities.

After the customary exchange of courtesies, the CHAIRMAN declared the 142nd session of the Executive Board closed.

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

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