PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO headquarters, Geneva
Wednesday, 30 January 2019, scheduled at 9:30

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

CONTENTS

Strategic priority matters (continued)
Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues (continued)
• Prevention and control of noncommunicable diseases (continued) .................. 2
• Ending tuberculosis ........................................................................................................ 6
Eleventh revision of the International Classification of Diseases ............................... 11
ELEVENTH MEETING

Wednesday, 30 January 2019, at 09:35

Chairman: Ms M.N. FARANI AZEVÊDO (Brazil)

STRATEGIC PRIORITY MATTERS: Item 5 of the agenda (continued)

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 5.8 of the agenda (continued)

- Prevention and control of noncommunicable diseases (documents EB144/20 and EB144/20 Add.1) (continued)

The representative of CHILE outlined some of the measures taken by her Government to prevent and control noncommunicable diseases, in line with the Sustainable Development Goals.

The representative of PERU\(^1\) said that countries should advocate for the reduction of the risk factors associated with noncommunicable diseases by taking a comprehensive approach that went beyond health, included other governmental sectors and forged partnerships between civil society and the private sector.

The representative of BULGARIA\(^1\) supported the proposal in the draft decision to extend to 2030 the period of WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020 and comprehensive mental health action plan 2013–2020.

The representative of CANADA\(^1\) supported the recognition of neurological disorders, including dementia, as contributing to the global burden of noncommunicable diseases and as being separate from mental health conditions. He pointed out that the Political Declaration of the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, held in 2018, did not contain a commitment to reducing air pollution, and suggested that the third paragraph of the report should be revised to reflect the fact that the Political Declaration articulated the need to raise awareness of the health effects of air pollution and address the impact of the environmental determinants of noncommunicable diseases. Caution should be exercised when referring to the so-called “5 by 5 framework” in formal WHO documents, as it was not an accepted evidence-based framework. It was important to avoid misrepresenting the main risk factors for chronic disease as the same as for mental illnesses, and inadvertently increasing stigma for people affected by mental illness by suggesting that their lifestyles were the main cause. Member States should be given the opportunity to comment on the indicators, proposed in Annex 4 to the report, for the preparation of the 2024 progress report to the General Assembly.

The representative of the RUSSIAN FEDERATION,\(^1\) noting with concern the persistent underfunding of work on the prevention and control of noncommunicable diseases, encouraged the

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
Secretariat to give the topic its rightful place within its new structure. He supported the adoption of the draft decision.

The representative of SINGAPORE\(^1\) said that many of the challenges that countries faced in relation to noncommunicable diseases were similar. The international community should therefore work together to combat noncommunicable diseases and improve health outcomes. He supported the draft decision.

The representative of POLAND\(^1\) said that adopting an integrated approach required multisectoral action and cooperation at both the national and local level, including the engagement of non-State actors to prevent and control the main determinants of noncommunicable diseases. The prevention of noncommunicable diseases through a holistic approach would have a positive impact on workforce potential, labour market stability and the economy. Given growing ageing populations, efforts to address noncommunicable diseases should go hand in hand with mental health promotion and prevention, including recognizing dementia as one of the main causes of disability and dependency in older people.

The representative of INDIA\(^1\) said that solid frameworks were needed to ensure the effective leveraging of the private sector, civil society organizations and other stakeholders. Low- and middle-income countries lacked the policy capacity required to implement WHO’s set of best buys through health system programmes, intersectoral collaboration, regulations and fiscal strategies. Ensuring capacity would require a whole-of-government approach, for which more resources would be needed.

The representative of ZIMBABWE\(^1\) said that an integrated global health financing mechanism was needed to address noncommunicable diseases. The strategy used to obtain funding for immunization through Gavi, the Vaccine Alliance, and for HIV, tuberculosis and malaria through the Global Fund to Fight AIDS, Tuberculosis and Malaria, should also be considered for noncommunicable diseases to support domestic financing mechanisms.

The representative of the ISLAMIC REPUBLIC OF IRAN\(^1\) underlined the lack of attention in primary health care to the social, economic and environmental determinants of health that were the root causes of many diseases. It was concerning that the level of morbidity and mortality due to preventable noncommunicable diseases, complications in pregnancy or childbirth and malnutrition was significantly higher in low-income countries and countries with complex emergencies. The Secretariat should provide Member States with technical support and help in capacity-building, strengthening resource generation, creating special funds for noncommunicable disease prevention and control, performing programme evaluations and facilitating collaboration with international scientific institutions.

The representative of NORWAY\(^1\) said that the report submitted to the Seventy-second World Health Assembly should include updated evidence concerning cost-effective noncommunicable disease interventions, developed on the basis of WHO’s standard-setting mandate.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND\(^1\) expressed support for actions to reduce sugar consumption.

The representative of the DOMINICAN REPUBLIC\(^1\) emphasized the importance of establishing effective programmatic lines of action, through regional strategies, to enable Member States to identify evidence-based measures, so as to respond in a timely manner to the new commitments made on

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
noncommunicable diseases and to align their regional plans with national, regional and global needs. In addition to measures to reduce sugar consumption, Member States should take steps to lower the consumption of sodium and trans fats. The proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020 should contain a model for the monitoring and evaluation of the measures proposed, to enable Member States to see the progress made in their implementation and how they were implemented in other countries. She supported the draft decision.

The representative of MOROCCO[^1] said that his Government was willing to share its experience in the prevention and control of noncommunicable diseases with other institutions and countries. He underscored the importance of South–South and triangular cooperation as an innovative and more effective means of addressing noncommunicable diseases in developing countries.

The observer of PALESTINE said that the rates of morbidity and mortality related to noncommunicable diseases were higher in the occupied Palestinian territory compared to elsewhere in the region. Cooperation and the continued provision of support were therefore essential.

The representative of IAEA said that nuclear techniques played an important role in the prevention, diagnosis and treatment of health conditions, in particular for noncommunicable diseases such as cancer and cardiovascular and neurological diseases. The Director-General’s emphasis on the importance of developing partnerships and supporting Member States to achieve the Sustainable Development Goals was welcome.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN and also on behalf of The World Medical Association, Inc., said that a lack of funding and political will was hampering the 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. Member States must increase taxation on tobacco, alcohol and sugar-sweetened beverages, the private sector must take responsibility for its impact on the health of the population, and the international community must ensure that commercial priorities did not have an impact on policy development. She urged Member States to include young people in the development of policies on noncommunicable diseases.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of the Union for International Cancer Control and the World Heart Federation, called on WHO to secure sustainable financing and allocate adequate funding to support the prevention and control of noncommunicable diseases. She urged the Secretariat to regularly update the WHO tools and best buys for the prevention and control of noncommunicable diseases to reflect implementation experience.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and also on behalf of the International Association for Dental Research, said that the Political Declaration had failed to acknowledge the importance of oral health and taxation on sugar-sweetened beverages. Periodic reviews, taking into account oral health indicators, must take place before the fourth High-level Meeting in 2025. She encouraged Member States to participate in the 2019 World Oral Health Day.

[^1]: Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, emphasized that prenatal malnutrition and low birth weight caused a predisposition to health conditions in later life and that efforts to prevent noncommunicable diseases must take into account maternal and child health.

The representative of the INTERNATIONAL FEDERATION OF BIOMEDICAL LABORATORY SCIENCE, speaking at the invitation of the CHAIRMAN, said that access to laboratory testing was essential for the management of noncommunicable diseases. Given the global shortage of qualified biomedical laboratory scientists, funding for biomedical laboratory science education was critical to achieving equal access to health services worldwide.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to recognize the need for closer examination of the issue of chronic hereditary disorders and consider a separate approach to health services.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the alcohol industry was hampering implementation of the Political Declaration and, consequently, WHO engagement with the industry should remain limited to its core roles, as set out in WHO’s global strategy to reduce the harmful use of alcohol.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, echoed widespread concerns that the current levels of progress and investment were insufficient to achieve target 3.4 of the Sustainable Development Goals. Collaboration was crucial to tackle noncommunicable diseases.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that there must be more investment in the training and education of a primary health care workforce capable of addressing noncommunicable diseases. That meant ensuring that medical graduates trained in primary care and entered family medicine. Funds should also be allocated to research into primary health care for those living with noncommunicable diseases.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that an international solution was needed to address noncommunicable diseases and tackle the power of multinational corporations. Rather than maintaining a dialogue with corporations, WHO should be working with governments, small farms and social movements to prevent soil depletion, deforestation and land-grabbing, and encouraging the consumption and production of healthy, biodiverse and culturally appropriate food.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the Secretariat would focus in 2019 on providing technical support to Member States, conducting further normative work and launching technical packages on the harmful use of alcohol. It would also launch new nutritional and cancer pain management guidelines. She would continue to encourage cooperation between the organizations of the United Nations system to help countries achieve target 3.4 of the Sustainable Development Goals and address the global drug problem. The Secretariat would continue to engage with the private sector in a balanced way and the WHO Independent High-level Commission on Noncommunicable Diseases would focus on education, universal health coverage and engagement with the private sector. She echoed the call for more funding to be allocated to the prevention and control of noncommunicable diseases.
The DEPUTY DIRECTOR-GENERAL (Programmes) said that the international community must do its utmost to prevent noncommunicable diseases. Actions to strengthen universal health coverage and primary health care would provide an opportunity to integrate the prevention and control of noncommunicable diseases, and to treat the large numbers of patients with noncommunicable diseases like hypertension.

The representative of ITALY noted the Assistant Director-General’s commitment to updating the report contained in document EB144/20 in preparation for the World Health Assembly. He reiterated his request for Annex 1 to be reformulated in line with the exact wording of the Political Declaration and for Annex 2 to be deleted. He objected to the inclusion in the report and other Executive Board documents of a reference to technical packages, such as the SHAKE technical package for salt reduction. Such technical packages went far beyond the consensus that had been reached in the Political Declaration and provided for measures that had not been previously discussed. WHO recommendations must always be based on robust scientific evidence.

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

The Board adopted the decision.1

• Ending tuberculosis (document EB144/21)

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova, aligned themselves with his statement. Communities affected by tuberculosis must be engaged, empowered and supported to act as service deliverers, advocates and activists, thus helping to reduce co-morbidity. Multisectoral action to address the social and economic determinants of the disease and achieve universal health coverage was crucial in ending tuberculosis.

While the new WHO recommendations for treating multidrug-resistant forms of tuberculosis represented a step forward, further research was needed into how the short-course regimens might be adapted to improve treatment outcomes. An update on progress made on the key targets set at the 2018 High-level Meeting of the United Nations General Assembly on Ending Tuberculosis should be provided at the 2019 High-level Meeting of the United Nations General Assembly on Universal Health Coverage. The Secretariat should support Member States in their efforts to implement the draft multisectoral accountability framework, once it was approved, and to do its utmost to encourage the development and use of new drugs and drug combinations and better diagnostic facilities and expertise in order to prevent the development of drug-resistant tuberculosis.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that, to overcome remaining challenges, it was vital to achieve universal health coverage and the renewal of primary health care. Multisectoral action, community participation, sustainable financing and accountability in resource mobilization were also crucial. He requested the Secretariat to provide technical support to Member States in aligning their national strategies with the End TB Strategy.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, once the draft multisectoral accountability framework had been approved, Member States in his Region would need support from the Regional Office to ensure that they could report as per the agreed timelines. The WHO flagship initiative FIND.TREAT.ALL#ENDTB

1 Decision EB144(1).
would be an essential tool for reaching tuberculosis-related targets in high-burden countries. In addition, Member States in his Region with a lower tuberculosis burden would welcome support from the Secretariat in preparing their national action plans, especially given that some were seeing increasing numbers of multidrug-resistant cases.

The representative of SRI LANKA requested the Secretariat to support Member States in identifying country-specific co-morbidities and developing screening guidelines. He highlighted that, in the context of pre-departure labour migration health checks, some countries were using tuberculosis screening to exclude, whereas other countries used screening as a part of diagnostic tests with a view to offering treatment if required. The Secretariat should address the issue and encourage the harmonization across countries of tuberculosis screening carried out for migration health assessment purposes to ensure its rational use.

The representative of BRAZIL emphasized the need to provide support to vulnerable groups to accelerate progress in tuberculosis prevention and control and increase access to interventions. It was important to recognize tuberculosis as a significant driver of antimicrobial resistance. In addition, multidrug-resistant and extensively drug-resistant tuberculosis placed an additional burden on health and community systems, especially in developing countries. To end tuberculosis by 2030, more collaboration, political will and investment from all sources would be required, under the leadership of WHO.

The representative of VIET NAM said that the target of detecting and treating 40 million tuberculosis patients by 2022 must be met, and that new interventions for treating latent tuberculosis infections would be key in controlling the disease. Meeting the targets would require the political commitment of all Member States to providing sufficient funding and human resources, and to heeding the Secretariat’s call for increased overall global investments for ending tuberculosis and bridging the gap in annual funding for tuberculosis research. She urged the Director-General to continue working on the draft multisectoral accountability framework and ensure its timely implementation no later than 2019.

The representative of JAPAN emphasized that, although the adoption of the Political Declaration by the first High-level Meeting of the General Assembly on Ending Tuberculosis was an important first step, efforts to achieve the target of eliminating tuberculosis by 2030 must be accelerated. She supported WHO’s planned steps to build multisectoral accountability at the global and country levels. Multidrug-resistant tuberculosis posed an especially serious challenge, and her Government was committed to continuing to support research and development. It remained important to integrate efforts to eliminate tuberculosis with efforts on other major health topics addressed by the General Assembly, including universal health coverage and controlling antimicrobial resistance and HIV.

The representative of the UNITED STATES OF AMERICA said that it was essential to act immediately to harness the political will demonstrated at the High-level Meeting and develop a multisectoral approach that included an independent review mechanism. Continued innovation and research and effective collaborations, including for the diagnosis and treatment of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis, remained essential, as did scaling up preventive treatment and the diagnosis of latent tuberculosis infection.

The representative of CHILE said that the incidence of tuberculosis in her country had fallen rapidly until 2000, but had subsequently risen significantly in 2017. Outlining a range of measures introduced by her Government to control the disease, she affirmed its commitment to ending tuberculosis by following an approach that was in line with the Sustainable Development Goals.
The representative of the NETHERLANDS said that WHO must step up its work with high-burden countries to develop and strengthen national plans and targets. Early detection and intervention were key in the fight to end tuberculosis. Recent innovations had decreased the cost of treating tuberculosis and drug-resistant tuberculosis, but the knowledge was not yet well integrated into medical practice. In follow-up to the High-level Meeting, her Government intended to contribute €5 million in 2019 towards the Secretariat’s support for countries in the use of innovative approaches on tuberculosis.

The representative of AUSTRALIA acknowledged the important role of WHO and its partners in ensuring that momentum was maintained to realize the commitments of the Political Declaration and associated targets to end tuberculosis. Her Government was committed to contributing to reducing the tuberculosis burden globally and in her region. She looked forward to the finalization of the draft multisectoral accountability framework.

The representative of GERMANY said that making progress on the key targets and commitments made at the High-level Meeting was of critical importance. He requested the Secretariat to finalize the draft multisectoral accountability framework and ensure its timely implementation no later than 2019.

The representative of JAMAICA said that there had been fewer than 125 confirmed cases of tuberculosis per annum over the past five years in her country, and no reported deaths from the disease since 2017. She urged the Secretariat to continue providing support for prevention and control activities to low-burden countries such as Jamaica.

The representative of MEXICO said that tuberculosis continued to be a serious public health problem in her country and countries worldwide, which required ongoing focus and adequate resources. She encouraged Member States to develop and adopt human rights-based approaches.

The representative of ISRAEL expressed concern that the current rate of progress would be insufficient to eliminate tuberculosis by 2030. The increased movement of persons across borders and between continents meant that tuberculosis control went beyond the national context.

The representative of FIJI requested, on behalf of the small island States of the Pacific, the Secretariat’s support in dealing with the threat of drug-resistant tuberculosis in the region, which was compounded by an increasing prevalence of diabetes. He also requested the Secretariat to provide support in improving mechanisms for the provision of anti-tuberculosis drugs and strengthening health systems.

The representative of INDONESIA said that Member States must implement effective national strategies to end tuberculosis. There should be greater efforts to strengthen capacities for the early detection of tuberculosis; the role of the family and the community in detecting new cases was important. Steps should be taken to ensure more equal access to quality health services, given that poor populations were the most vulnerable to infectious diseases.

The representative of DJIBOUTI said that his country had a relatively high incidence of tuberculosis. It was essential to support countries in strengthening their capacities in active case finding to combat resistance. He encouraged WHO to continue its multisectoral, cross-border approach to eliminating the disease.

The representative of CHINA said that funding and technical support should continue to be provided to key countries and regions as part of global efforts to eliminate the disease. He called on
relevant partners to focus cooperation more closely on the development of vaccines and drugs to prevent and cure tuberculosis.

The representative of FRANCE\(^1\) said that only a joint and comprehensive approach would lead to the elimination of the disease. France supported the work of Unitaid to advance research and the availability of new, more effective tools that could be implemented with money from the Global Fund to Fight AIDS, Tuberculosis and Malaria. He encouraged State and private actors to pledge their support at the Global Fund’s Sixth Replenishment Conference, to be held in Lyon in October 2019.

The representative of ANGOLA\(^1\) emphasized the need to source additional funding and explore other financing mechanisms in the fight to eliminate tuberculosis, particularly for low- and middle-income countries. Ongoing dialogue between stakeholders, particularly States and private entities, was needed on producing safe and efficacious medicines and reducing the cost of medicines and diagnostic tools. She expressed the hope that the advances already made in the treatment of drug-sensitive and drug-resistant tuberculosis would be replicated with regard to vaccination for tuberculosis.

The representative of PERU,\(^1\) noting that his country had a high-burden of tuberculosis, outlined some of the measures taken by his Government to address the social determinants of health involved in the transmission and persistence of tuberculosis.

The representative of ARGENTINA\(^1\) said that research into the epidemiological trends and causes of death from tuberculosis in their own countries would help Member States to address the common social and economic factors and guide future actions. Agreements between ministries and parliamentary support would facilitate action and resources for the elimination of tuberculosis, particularly in vulnerable populations where interventions were hindered by poor nutrition, substandard living conditions and low incomes. Yearly national action plans, including adequate resource allocation and ongoing evaluation under the End TB Strategy would also be useful.

The representative of SLOVAKIA,\(^1\) acknowledging the importance of multisectoral action to address the social and economic determinants of tuberculosis, emphasized that the communities and people affected must be empowered to help fight the disease. The success of tuberculosis control depended largely on effective prevention strategies and early diagnosis, incorporating screening and adequate treatment of high-risk groups.

The representative of CANADA\(^1\) said that emphasis must be placed not only on prevention, diagnostics, treatment and care, but also on addressing social and economic factors, particularly poverty, stigma and discrimination, marginalization and gender inequality. An effective accountability framework was key to ensuring that lessons learned guided action. The best way to chart progress nationally would be through an independent evaluation body.

The representative of the DOMINICAN REPUBLIC\(^1\) stressed that finalizing the draft multisectoral accountability framework was crucial to achieve the ambitious goals of the Political Declaration and monitor the initiatives proposed in the End TB Strategy.

The representative of SOUTH AFRICA\(^1\) asked the Secretariat to reach out to the Heads of State who had not attended the High-level Meeting, particularly those from high-burden countries and those who supported low-income countries, to encourage a collective increase in funding for research and

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
programme implementation. She asked how many of the estimated millions of undiagnosed tuberculosis cases had been detected since the Political Declaration and how much in additional resources had been mobilized.

The representative of PANAMA\(^1\) said that there was an urgent need to finalize and implement the draft multisectoral accountability framework, given the high tuberculosis mortality rate. Universal health coverage would only be possible through a broad, multisectoral approach, due consideration of the social and economic determinants of health and respect for and protection of human rights. She encouraged WHO to develop a global strategy to reduce the high cost of interferon-gamma release assay tests, which limited access to treatment.

The representative of INDIA\(^1\) said that WHO should focus on accelerating vaccine development and approvals to advance preventive measures, and on facilitating the development of point-of-care diagnostic tools and the reduction in new drug and diagnostic tool prices, particularly for drug-resistant tuberculosis. The social context of tuberculosis infection should be fully documented to identify the factors leading to the exposure of vulnerable groups to the disease and guide future actions.

The representative of the RUSSIAN FEDERATION\(^1\) said that the development and use of new and effective diagnostic tools, treatment and preventive medicines were crucial to ending tuberculosis. He therefore supported the development of a global strategy for tuberculosis research and suggested a collaboration with the BRICS (Brazil, Russia, India, China and South Africa) TB Research Network.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to invest resources to close the funding gap for tuberculosis research and implement the new all-oral drug-resistant tuberculosis treatment regimens, as recommended by WHO. Painful injectable drugs should no longer be offered as treatment. Once the draft multisectoral accountability framework had been finalized, Member States should adopt the framework, factoring in measurable national targets, which should include the agreed goal of treating 90% of those in need by 2023.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed efforts to develop a multisectoral accountability framework and engage stakeholders in the process. To fulfil the commitments of the Political Declaration, Member States should align national strategic plans on tuberculosis and increase budgets to enable effective implementation. Heads of State should drive such action and civil society must be meaningfully engaged. Global high-level review should be independent and hold stakeholders, including Member States, accountable. She welcomed the attention given to children’s needs at the High-level Meeting.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) welcomed Member States’ broad support of the draft multisectoral accountability framework. He reassured them that the need for an independent review had been reflected in the framework documents. The Secretariat would take all comments made into account when revising the draft framework, which would be shared with Member States for their approval by March 2019, and finalized for publication prior to the Seventy-second World Health Assembly. The Secretariat would support the framework’s implementation at the global, regional and country levels. Updated information to answer the questions raised by the representative of South Africa would be presented in the forthcoming global tuberculosis

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
He underscored the Secretariat’s commitment to supporting high-burden countries, including through implementing flagship initiatives and updating guidelines for treatments and early diagnosis.

The Board noted the report.

Eleventh revision of the International Classification of Diseases: Item 5.9 (documents EB144/22 and EB144/22 Add. 1)

The CHAIRMAN drew attention to the draft resolution, contained in document EB144/22, with its financial implications.

The representative of ROMANIA, speaking on behalf of the Member States of the European Union, welcomed the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (International Classification of Diseases). She asked the Secretariat to support Member States in the transition process and to refer in the draft resolution to a transitional period of at least five years, during which the Secretariat should support Member States in compiling statistics using both the tenth and eleventh revisions, with translation to the eleventh revision through electronic tools.

With regard to adding a supplementary chapter on traditional medicine to the International Classification of Diseases, the Secretariat should consider how best to make a clear distinction between traditional medicine, and the other categories in the presentation and rules of the eleventh revision. Furthermore, linkages with existing statistical systems and nomenclatures must be retained in the further development of the eleventh revision to enhance interoperability, especially for mortality statistics and hospital payment systems, as many Member States used automated coding systems that would require conversion.

She proposed that the draft resolution be amended to read:

The Executive Board,
Having considered the report on the eleventh revision of the International Classification of Diseases,\(^1\)

RECOMMENDS to the Seventy-second World Health Assembly the adoption of the following draft resolution:

The Seventy-second World Health Assembly,
(PPI) Having considered the report on the eleventh revision of the International Classification of Diseases;

[(PP1bis) Recalling the WHO Nomenclature Regulations adopted by the Twentieth World Health Assembly on 22 May 1967;]

[(PP1ter) Recalling the resolution of the Forty-third World Health Assembly on 30 March 1990, adopting the tenth revision of the International Classification of Diseases with effect from 1 January 1993;]

(OP1) ADOPTS the following, based on the report by the Director-General:

(1) the detailed list of four-character categories and optional five- and six-character subcategories\(^2\) with the short tabulation lists for mortality and

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1 Document EB144/22.

morbidity, constituting the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11);

(2) the definitions, standards and reporting requirements related to maternal, fetal, perinatal, neonatal and infant mortality;¹

(3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

[(OP1bis) Having considered the report contained in document EB144/22:]

(OP2) DECIDES that the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems shall come into effect on 1 January 2022[, subject to transitional arrangements to be determined by the Director-General; and for a period of at least five years];

(OP3) ENDORSES:

(1) the further development and implementation of the family of disease and health-related classifications, with the International Statistical Classification of Diseases and Related Health Problems as the core classification linked to other related classifications, specialty versions and terminologies;

(2) the updating process within the lifetime of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems;

(OP4) REQUESTS the Director-General:

(1) to put in place the electronic tools and support mechanisms for [the implementation, including transition from ICD 10 to ICD 11,] maintenance and dissemination and issue of the International Statistical Classification of Diseases and Related Health Problems;

(2) to provide support, upon request, to Member States in implementation of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems;

[(2bis) to propose to the Seventy-fifth World Health Assembly through the Executive Board a process and timeline on the updated ICD 11;

(2ter) to provide transitional arrangements from 1 January 2022 for at least five years, enabling Member States to compile statistics using previous revisions of the International Classification of Diseases, with translation to the eleventh revision through electronic tools;]

(3) to report on progress in implementing this resolution[, through the Executive Board to the Seventy-seventh World] Health Assembly [in 2024] through the Executive Board to the Executive Board [to the Eighty-second World Health Assembly in 2029].

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, agreed that the eleventh revision should enter into effect on 1 January 2022, but suggested that some countries, especially those that were yet to implement the tenth revision, might benefit from a more gradual introduction, prioritizing the adoption of electronic morbidity and mortality systems, the use of the updated coding rules and training for health workers.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, drew attention to the challenges that some Member States had faced in implementing the tenth revision, especially with regard to data quality. He requested the Secretariat to provide support to Member States by way of a dedicated capacity-building programme, and not simply to provide support on request. Attention should be given to disease classification data at the primary health care level.

The representative of the UNITED STATES OF AMERICA said that gaming disorder should not be included in the International Classification of Diseases until there was sufficient evidence to categorize it as a unique disorder. He asked the Secretariat to provide explicit guidance that the supplementary chapter on traditional medicine was for research and data collection and classification purposes only, and did not constitute endorsement of any traditional medicine treatments. He expressed concern about the potential impact of recognizing traditional medicine diagnoses and disorders – which lacked clinical evidence – alongside the science-based classification system. There should be further discussions with Member States regarding the key activities necessary for implementation. He asked for the relevant paragraphs of the draft resolution to be bracketed while those concerns were addressed.

The representative of BRAZIL expressed concern that certain innovations, such as the updates relating to antimicrobial resistance, HIV, diabetes and allergies and patient safety events could lead to category changes that could have an impact on statistics and data. Special attention should therefore be paid to the possible effects on WHO reporting and implementation of the Thirteenth General Programme of Work, 2019–2023.

The representative of SRI LANKA expressed concern at the lack of disease classification data at the primary care level. An international classification of primary care codes should be considered, which would help to improve the morbidity statistics for out-patient visits and, more broadly, contribute to advancing universal health coverage. He welcomed efforts by India to raise awareness of the use of traditional medicine systems; there was a need to adopt comparable disease classification systems in that area.

The representative of JAPAN welcomed the addition of a supplementary section on functioning assessment, which was particularly relevant given the growth in ageing populations, and the incorporation of traditional medicine. As substantial amendments had been proposed to the draft resolution, his delegation requested an opportunity to review the revised text.

The representative of BAHRAIN welcomed the Secretariat’s efforts to ensure that Member States could access more detailed statistics on morbidity and measure progress towards the Sustainable Development Goals. She expressed support for the draft resolution.

The representative of BHUTAN said that Member States should continue to take ownership of the further development of the International Classification of Diseases and establish a timeline for implementation. Improving health information systems at the community level would play an important role in strengthening primary health care. Traditional medicine was an essential part of his country’s health system, and he therefore welcomed the supplementary chapter on that subject. He supported the draft resolution, but proposed amending paragraph 4(2), to read: “to support Member States in implementation of the eleventh revision of the International Classification of Diseases and Related Health Problems”.
The representative of FINLAND said that, while he recognized the need for statistical monitoring of health care in countries with a strong preference for traditional medicine, the Finnish health service was strictly based on evidence and widely approved medical practice, as required by law. Traditional medicine concepts could not therefore be included in the health system or recognized in the disease classification system, meaning that his country faced a major legal problem if the classification in the eleventh revision remained unchanged in that respect.

The representative of CHINA said that the supplementary chapter on traditional medicine would provide an additional effective tool for promoting health in many Member States where traditional medicine was widely used. While he agreed in principle with the draft resolution, it should be noted that Member States would need to adapt the International Classification of Diseases to their own national health systems.

The representative of TURKEY said that the eleventh revision of the International Classification of Diseases was more suited to current needs. It was appropriate to include a supplementary chapter on traditional medicine, in recognition of its use worldwide; the Secretariat and Member States had a responsibility to ensure that it had a scientific and legal basis. She welcomed the additional information to improve data recording in primary health care settings.

The representative of AUSTRALIA requested clarification of the wording of paragraph 2 of the draft resolution concerning the eleventh revision coming into effect on 1 January 2022 in order to reflect the fact that Member States would seek to adopt it when it was practical to do so. In her country, the adoption process would require time, as it would affect workforce training and education, patient safety and hospital funding arrangements. She also encouraged the Secretariat to provide additional support for implementation in the context of digital health information systems, which should be reflected in paragraph 4 of the draft resolution.

The representative of MEXICO said that the International Classification of Diseases provided a real tool for Member States in the systematization of data for decision-making in public health. The updates would help to improve mortality and morbidity data and the monitoring of progress towards the Sustainable Development Goals. She supported the draft resolution, and in particular the time frame set for implementation of the eleventh revision.

The representative of GERMANY said that Member States using the Iris system for automated coding of causes of death would need more time to implement the eleventh revision. The Iris Institute was preparing for the conversion of the software; after that, more time would be needed for national implementation, user training and the updating of documentation. A transition period starting in 2022 and lasting for at least five years would be the best solution. Flexible use of the eleventh revision would also facilitate implementation, particularly in highly interconnected health systems such as in Germany. The Secretariat should therefore provide Member States with support for morbidity coding based on their national requirements.

The representative of INDONESIA welcomed the eleventh revision, particularly the addition of a supplementary chapter on traditional medicine. The time frame for implementation of the eleventh revision should be extended. His Government would welcome technical support from the Secretariat for the transition.
The representative of GABON said that studies had indicated that age limits placed on global goals to prevent and control noncommunicable diseases, and the use of premature mortality thresholds, including in the Sustainable Development Goals, could be used to discriminate against older people. He therefore called for the health of older people to receive attention in the International Classification of Diseases and for the Secretariat to provide financial and technical support in implementing national strategies to promote the health of older people.

The meeting rose at 12:30.