PROVISIONAL SUMMARY RECORD OF THE SIXTEENTH MEETING

WHO headquarters, Geneva
Thursday, 31 January 2019, scheduled at 17:30

Chairman: Ms G. BEAUCHAMP (Australia)

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SIXTEENTH MEETING

Thursday, 31 January 2019, at 17:40

Chairman: Ms G. BEAUCHAMP (Australia)

1. 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)

- Antimicrobial resistance (document EB144/19) (continued)

The CHAIRMAN invited the Board to resume its consideration of the report on antimicrobial resistance and drew attention to a draft resolution proposed by Argentina, Australia, Canada, Chile, China, Israel, Kenya, Oman, Panama, the Russian Federation, South Africa, Sri Lanka, Switzerland, the United States of America, and the Member States of the European Union, which read:

The Executive Board,
Having considered the report on antimicrobial resistance,¹

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

The Seventy-second World Health Assembly,
(PP1) Having considered the report by the Director General “Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Antimicrobial resistance (AMR)”;
(PP2) Recalling A/RES/71/3, the United Nations General Assembly (UNGA) Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance, and acknowledging the establishment of the Interagency Coordination Group (IACG) on AMR to provide practical guidance and recommendations for necessary approaches to ensure sustained and effective global action to address AMR;
(PP3) Recognizing the importance of addressing growing antimicrobial resistance to contribute to the achievement of the 2030 Agenda for Sustainable Development;
(PP4) Reiterating the need to address AMR through a coordinated, multisectoral, One Health approach;
(PP5) Recalling resolution WHA68.7 on the adoption of the Global Action Plan to Combat Antimicrobial Resistance (AMR GAP), which lays out five strategic objectives (improve awareness and understanding of AMR; strengthen knowledge through surveillance and research; reduce the incidence of infection; optimize the use of antimicrobial agents; and develop the economic case for sustainable investment), and noting the progress made in establishing the WHO Global Antimicrobial Resistance Surveillance System;
(PP6) Recognizing the pressing need for investing in high-quality research and development, including basic research for antimicrobials, diagnostic technologies, vaccines

¹ Document EB144/19.
and alternative preventive measures across sectors, and ensuring adequate access to those in need of quality, safe, efficacious and affordable existing and new antimicrobials, diagnostic technologies and vaccines, while promoting effective stewardship;

(PP7) Acknowledging the threat posed by resistant pathogens to the continuing effectiveness of antimicrobials, especially for ending the epidemics of HIV/AIDS, tuberculosis, and malaria;

(PP8) Acknowledging the positive effect of immunization, including vaccination, and other infection prevention and control measures, such as WASH, in reducing AMR;

(PP9) Recognizing the need to maintain the production capacity of relevant older antibiotics and promoting their prudent use;


(PP11) Noting the importance of providing opportunities for Member States to engage meaningfully with and provide input into reports, recommendations, and relevant actions from WHO, FAO, and OIE, along with engagement with UNEP and the IACG aimed at combating AMR;

(PP12) Reaffirming the global commitment to combat AMR with continued, high-level, political efforts as a coordinated international community, emphasizing the critical need to accelerate Member States’ development, and implementation of their national action plans (NAPs) with a One Health approach,

1. Welcomes the new tripartite agreement on AMR, and encourages the Tripartite Agencies and UNEP to establish a clear coordination for its implementation and to align reporting to their governing bodies on progress under the joint work plan according to their respective mandates;

2. URGES Member States, to:¹

(1) remain committed at the highest political level to combating AMR, using a One Health approach, and to reducing the burden of disease, mortality, and disability associated with it;

(2) increase efforts to implement the actions and the strategic objectives of the AMR GAP, and take steps to address emerging issues;

(3) Further enhance the prudent use of all antimicrobials, and consider developing and implementing clinical guidelines and criteria according to which critically important antimicrobials should be used, in accordance with national priorities and context, in order to slow the emergence of drug resistance and sustain the effectiveness of existing drugs;

(4) Conduct post market surveillance of antimicrobials and take appropriate action to eliminate substandard and falsified antimicrobials;

(5) strengthen efforts to develop, implement, monitor, and update multisectoral, adequately resourced national action plans (NAPs);

(6) participate in the annual Tripartite AMR Country Self-Assessment Survey;

(7) To develop or strengthen monitoring systems which will contribute to the annual Tripartite AMR Country self-assessment survey and to participation in the GLASS, and use this information to improve implementation of the NAPs;

(8) Enhance cooperation at all levels for concrete action towards combating AMR, including through health systems strengthening, capacity building, and research and

¹ And regional economic integration organizations.
regulatory capacity and technical assistance, including, where appropriate, through twinning programs that build on best practices, emerging evidence and innovation;
(9) Support technology transfer on voluntary and mutually agreed terms for controlling and preventing antimicrobial resistance;

3. INVITES international, regional, and national partners, and other relevant stakeholders to:
   (1) continue to support member states in the development and implementation of multisectoral NAPs in line with the five strategic objectives of the AMR GAP;
   (2) coordinate efforts in order to avoid duplication and gaps and leverage resources more effectively;
   (3) Increase efforts and enhance multistakeholder collaboration to develop and apply tools to address AMR following a One Health approach, including through coordinated, responsible, sustainable and innovative approaches to R&D, including but not limited to quality, safe, efficacious and affordable antimicrobials, and alternative medicines and therapies, vaccines and diagnostic tools, WASH, including infection prevention and control measures;
   (4) Consider AMR priorities in funding and programmatic decisions, including innovative ways to mainstream AMR relevant activities in existing international development financing;

4. REQUESTS the Director-General to:
   (1) Accelerate the implementation of the actions and advance the principles defined in the AMR GAP, through all levels of WHO including through a comprehensive review to enhance current work to ensure that AMR activities are well coordinated, including with relevant UN agencies and other relevant stakeholders, and efficiently implemented across WHO;
   (2) Significantly enhance support and technical assistance to countries in collaboration with relevant UN agencies on developing, implementing, and monitoring their multisectoral NAPs, with a specific focus on those who have yet to finalize a multisectoral NAP;
   (3) Support Member States to develop and strengthen their integrated surveillance systems, including emphasizing the need for the NAPs to include the collection, reporting, and analysis of data on sales and use of antimicrobials as a deliverable which would be integrated in the WHO indicator reporting;
   (4) Keep Member States regularly informed on WHO’s work with the Tripartite and UNEP, as well as other UN Organizations to ensure a coordinated effort on work streams, and their progress on developing and implementing multisectoral approaches;
   (5) Consult regularly with Member States, and other relevant stakeholders, to adjust the process and scope of the Global Development and Stewardship Framework1 considering the work of the IACG to ensure a unified and non-duplicative effort;
   (6) to support member states to mobilize adequate predictable and sustained funding and human and financial resources and investment through national, bilateral and multilateral channels to support the development and implementation of national action plans, research and development on existing and new antimicrobial medicines, diagnostics, and vaccines, and other technologies and strengthening of related infrastructure including through engagement with multilateral development banks and traditional and voluntary innovative

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1 As called for in paragraph 4.7 of resolution WHA68.7 and paragraph 13 of the Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance.
financing and investment mechanisms based on priorities and local needs set by governments and on ensuring public return on investment;

(7) Collaborate with the World Bank and other financial institutions, OECD, and regional economic communities, to continue to make and apply the economic case for sustainable investment in AMR;

(8) To facilitate, in consultation with the UN Secretary-General and the Tripartite and UNEP, the development of a process to allow Member States to consider the Secretary-General’s report requested in UNGA Resolution 71.3;

(9) To maintain and systematically update the WHO list of Critically Important Antimicrobials for human medicine;

(10) Submit consolidated biennial reports on progress achieved in implementing this resolution and resolution WHA68.7 to the Seventy-fourth, Seventy-sixth, and Seventy-eighth World Health Assemblies, through the Executive Board, incorporating this work into existing AMR reporting, to allow for Member State review and evaluation of efforts.

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

<table>
<thead>
<tr>
<th>Resolution: Antimicrobial resistance</th>
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<tbody>
<tr>
<td><strong>A. Link to the approved Programme budget 2018–2019</strong></td>
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<tr>
<td>1. <strong>Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</strong></td>
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<tr>
<td>1.6.1. All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance</td>
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<tr>
<td>1.6.2. Appropriate use and availability of antimicrobial medicines in human health and food production settings as a contribution to improving access to and maintaining effectiveness of treatment</td>
</tr>
<tr>
<td>1.6.3. High-level political commitment sustained and effective coordination at the global level to combat antimicrobial resistance in support of the Sustainable Development Goals</td>
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</table>

| **2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:** |
| Not applicable. |

| **3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:** |
| The draft resolution requests the Director-General to accelerate the implementation of the global action plan on antimicrobial resistance across all levels of WHO, and significantly enhance support and technical assistance to countries to implement their multisectoral national action plans for combating antimicrobial resistance. |

| **4. Estimated implementation time frame (in years or months) to achieve the resolution:** |

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1 Paragraph 12b of UNGA Resolution 71/3.
### B. Resource implications for the Secretariat for implementation of the resolution

1. **Total resource requirements to implement the resolution, in US$ millions:**
   - US$ 124.4 million.

2.a. **Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:**
   - US$ 41.7 million.

2.b. **Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:**

3. **Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US$ millions:**
   - US$72.7 million.
   - The estimated resource requirements are based on planned country costs, regional costs and headquarters costs for the biennium, including the scale-up of capacity to provide technical assistance to implement the resolution.

4. **Estimated resource requirements in future programme budgets, in US$ millions:**
   - Not applicable.

5. **Level of available resources 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$ 38 million.
   
   - **Remaining financing gap in the current biennium:**
     - US$ 13.7 million.
   
   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
     - US$ 8 million in 2019, based on current projections.
Table. Breakdown of estimated resource requirements (in US$ millions)

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>2018–2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>resources</td>
<td>Staff</td>
<td>2.3</td>
<td>0.0</td>
<td>4.5</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>4.5</td>
<td>1.6</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>6.8</td>
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<td>5.5</td>
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<tr>
<td>additional resources</td>
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<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>0.5</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.0</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2020–2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>resources to be planned</td>
<td>Staff</td>
<td>2.5</td>
<td>4.2</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
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<td>6.0</td>
<td>5.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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<td>10.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Future bienniums resources to be planned</td>
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<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<td></td>
<td>Total</td>
<td>0.0</td>
<td>0.0</td>
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The representative of GERMANY welcomed the progress made to implement the Global Antimicrobial Resistance Surveillance System and appreciated WHO’s efforts to develop, promote and coordinate the implementation of a global protocol for integrated surveillance of antimicrobial resistance in humans, the food chain and the environment. A coordinated platform with data on antimicrobial resistance rates and antibiotic use among humans, animals and in the agricultural sector would help engender an understanding of the impact of the spread of antimicrobial resistance. He also expressed his appreciation for the progress made by the Global Antibiotic Research and Development Partnership in the development of new antibiotics.

Antimicrobial resistance should be integrated into primary health care; which required strengthened stewardship programmes and regular training for physicians on the prudent use of antibiotics. The Secretariat should work with FAO, OIE, UNEP and Member States to finalize the global development and stewardship framework to combat antimicrobial resistance and provide support for the development and implementation of national action plans, which were key to achieving the health-related Sustainable Development Goals.

The representative of the NETHERLANDS noted the increase in political awareness and the joint work of WHO, FAO and OIE to implement the global action plan on antimicrobial resistance in line with the One Health approach. However, despite such initiatives, antimicrobial resistance levels had not fallen and limited progress had been achieved in some sectors. More work remained to be done on the prudent use of antimicrobials among humans, and attempts to phase out the use of antimicrobials as growth promoters in animals. He expressed concern that the debate surrounding reserving medicines on the WHO list of critically important antimicrobials for human medicine remained controversial. The implementation of national action plans for combating antimicrobial resistance was crucial, and his Government would work alongside WHO in that regard.
The representative of CHILE described actions taken by his Government to tackle antimicrobial resistance, including the formulation of a national action plan. He welcomed the expansion of WHO’s collaboration on antimicrobial resistance to include UNEP, which facilitated a broader approach. However, the division of work and the communication flows for that work should be clarified. WHO should prioritize the implementation of national action plans and provide technical support to Member States to ensure that they had sufficient technical resources and multisectoral commitments in place.

The representative of ISRAEL said that antimicrobial resistance posed a major threat to the successful operation of health care systems worldwide. Infection prevention and control and the maintenance and promotion of good hygiene practices were efficient, effective and easily-applicable measures that would help to prevent the spread of antimicrobial resistance in health facilities and communities. He welcomed work done to promote the global development and stewardship framework, which would improve the use of antibiotics in human and animal health. He commended the United States of America for its leadership in the development of the draft resolution.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that antimicrobial resistance jeopardized health security at the global and regional levels, in particular in the African Region, where the threat resulted from the growing misuse of antibiotics in several sectors, and poor adherence to policies guiding the purchase and use of medicines had led to the proliferation of substandard and falsified antibiotics. Combating antimicrobial resistance was central to the attainment of universal health coverage and the Sustainable Development Goals.

The Regional Office for Africa had supported several Member States to formulate national action plans to promote health security and to strengthen surveillance and data handling capacities among laboratories, in particular those dedicated to quality assurance for medicines. However, remaining challenges included the lack of a governance framework and concrete intersectoral collaboration to combat antimicrobial resistance and the shortages of laboratories, equipment, trained staff and financing at the regional and national levels. He asked WHO to provide technical and financial support to help Member States finalize and implement their national action plans on the basis of the One Health approach and to promote the launch of the Region’s action plan. Member States participating in the Global Antimicrobial Resistance Surveillance System should consider the measures implemented worldwide to tackle antimicrobial resistance, so as to make recommendations regarding successful initiatives. He asked that the Member States of his Region be added to the list of sponsors of the draft resolution.

The representative of BRAZIL highlighted the need for a collective response to the growing problem of antimicrobial resistance, which was connected to the overuse of antimicrobials and obstacles to adequate access to quality, safe, effective and affordable medicines. His Government was therefore contributing to discussions on the content of the draft resolution to address those concerns. The draft resolution recognized the multisectoral nature of efforts to combat antimicrobial resistance on the basis of the One Health approach and the consequent need for collaboration among WHO, FAO and OIE. In that connection, his Government had approved a national action plan.

The representative of INDONESIA expressed her appreciation of the progress made since the adoption of the Political Declaration of the High-level Meeting of the United Nations General Assembly on Antimicrobial Resistance in 2016. Her Government had taken concrete steps to tackle antimicrobial resistance, including by implementing a multisectoral national action plan. She requested further details on the country-based pilot project on changing behaviour around the use of antibiotics, referred to in paragraph 9 of the report. She encouraged WHO to help countries build human resource capacities to implement the Global Antimicrobial Resistance Surveillance System and highlighted her Government’s involvement in a pilot project carried out by the WHO Advisory Group on Integrated Surveillance of Antimicrobial Resistance that sought to accelerate the implementation of the Global Antimicrobial
Resistance Surveillance System at the country level. She expressed her appreciation for WHO’s efforts to work with other organizations of the United Nations system, in particular UNEP, to control antimicrobial resistance in the environmental sector. She supported the draft resolution.

The representative of COLOMBIA said that more information was needed on the over-the-counter sale of antibiotics in developing countries, which critically hindered efforts to combat antimicrobial resistance, and on research into new antibiotics in developing countries. There was a need to improve Member States’ basic capacities to address antimicrobial resistance as a health emergency, tackling its social and environmental determinants through a multisectoral approach. The fight against antimicrobial resistance would require an increase in financial and technical resources; coordinated surveillance efforts in all countries; strengthened infection prevention and control measures; investment in the development of new medicines; and effective measures to optimize and regulate the use of antibiotics. She commended the work carried out by WHO, FAO, OIE and UNEP under the joint workplan for 2019–2020, and applauded efforts to establish a trust fund to finance the workplan. She looked forward to receiving more details concerning the workplan and the first biennial global antimicrobial resistance report.

The representative of FIJI, speaking on behalf of the small island developing States, supported the draft resolution. Despite the development of national action plans in several countries, continued support was required to establish national infection prevention and control programmes and national antimicrobial resistance surveillance systems in line with the Global Antimicrobial Resistance Surveillance System. He noted that the planned revision of the Surveillance System would take into account the realities of small island developing States, in particular the lack of appropriate technology and capacities to establish surveillance systems. He commended the WHO toolkit to assist small island developing States in implementing antimicrobial resistance stewardship programmes in hospitals, but requested more support for policy development and capacity-building.

The representative of TURKEY said that antimicrobial resistance was one of the most serious threats of the modern age and should be tackled through multisectoral and international collaboration. Outcome-oriented national action plans underpinned by the One Health approach involving the agricultural and environment sectors and the food industry would be key to success. Her Government supported all global efforts to combat antimicrobial resistance, including the draft resolution.

The representative of the RUSSIAN FEDERATION1 was pleased to note efforts to improve the understanding of the role of inadequate water, sanitation and hygiene in antimicrobial resistance. She trusted that efforts to strengthen monitoring and epidemiological surveillance in animal food production would be regulated under the Codex Alimentarius and welcomed the inclusion in the report of analyses of annual antimicrobial resistance country self-assessment survey results. The report should contain examples of methodological and financial support for low- and middle-income countries for the implementation of antimicrobial resistance surveillance programmes, strengthening laboratory capacity and training specialists.

The representative of THAILAND5 said that evidence was needed on the use of antibiotics in humans and animals, including medicines on the WHO list of critically important antimicrobials for human medicine, which should be preserved as antibiotics of last resort. Member States should engage in the post-marketing surveillance of substandard and falsified human and veterinary antibiotics and strengthen antibiotic stewardship by reclassifying critically important antimicrobials as controlled

1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
substances. To minimize antimicrobial resistance and infection in health care settings, it was important to train veterinarians, physicians and pharmacists in the use of antibiotics and raise public awareness.

The representative of SPAIN\(^1\) supported all efforts to reduce antimicrobial resistance. Plans to combat antimicrobial resistance should be underpinned by a multisectoral One Health approach. To that end, her Government was implementing a cross-cutting national action plan on antimicrobial resistance and had significantly reduced antibiotic use in humans and animals.

The representative of MOROCCO\(^5\) welcomed the fact that UNEP had joined WHO, FAO and OIE to implement the joint workplan for 2019–2020. He described steps taken by his Government to combat antimicrobial resistance, including the launch of a national action plan. He encouraged WHO to pay special attention to antimicrobial resistance and to prioritize the provision of technical support to countries.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND\(^5\) emphasized the need for Member States to begin implementing their national action plans. To that end, WHO should continue to prioritize antimicrobial resistance in the Thirteenth General Programme of Work, 2019–2023. He requested the urgent, fully funded implementation of a new cross-cutting platform to coordinate all relevant departments. Such a platform should not be limited to carbapenem-resistant gram-negative bacteria but extended to all aspects of antimicrobial resistance. WHO should also work with all stakeholders to keep antimicrobial resistance high on the political agenda, and he looked forward to the first global antimicrobial resistance report, which should be as ambitious as possible in line with the recommendations of the Interagency Coordination Group on Antimicrobial Resistance. He called for rapid progress on the finalization of the global development and stewardship framework and requested the Secretariat to set out clear next steps in that regard.

The representative of SWEDEN\(^5\) said that her Government was strongly committed to fighting antimicrobial resistance using the One Health approach. Noting the importance of setting goals, monitoring trends and producing reliable and comparable data, she supported the Global Antimicrobial Resistance Surveillance System. It was imperative to build capacities in order to maintain progress. She looked forward to the expected concrete and coordinated results from the collaboration between WHO, FAO, OIE and UNEP and the Interagency Coordination Group.

The representative of CANADA\(^1\) commended the progress made by WHO towards implementing the global action plan in partnership with FAO, OIE and UNEP. Joint and multisectoral action on antimicrobial resistance was necessary at the national and international levels. His Government looked forward to the additional consultations to be held on the global development and stewardship framework and the establishment of a platform that would allow Member States to examine the recommendations of the Interagency Coordination Group.

The representative of DENMARK\(^5\) said that, despite significant progress in the development of the global development and stewardship framework based on the One Health approach, major knowledge gaps remained in terms of translating policy into action. To fill that gap, her Government had been working to establish an international centre for antimicrobial resistance solutions in collaboration with the World Bank and the Consultative Group on International Agricultural Research (CGIAR), which would be a hub for knowledge to support the development of context-specific solutions, particularly in low- and middle-income countries, in collaboration with existing efforts to

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
combat antimicrobial resistance. She encouraged Member States and other partners to provide financial and technical support for the centre.

The representative of INDIA\(^1\) said that there was a need to balance access to antibiotics with their prudent use. Innovation in antimicrobials, diagnostic tools and vaccines, especially in low- and middle-income countries would help to contain antimicrobial resistance. Adequate support should be provided to the Global Antibiotic Research and Development Partnership. All Member States must accelerate the implementation of national action plans to ensure that there were no gaps, and regional partnerships should be encouraged.

The representative of the DOMINICAN REPUBLIC\(^5\) outlined the steps taken by her Government to combat antimicrobial resistance, which included a multisectoral national action plan, strengthened veterinary services, and improved monitoring of antimicrobial resistance in humans.

The representative of SOUTH AFRICA\(^5\) noted progress in implementing the global action plan and looked forward to the implementation of the global development and stewardship framework. Combating antimicrobial resistance was a key element of achieving universal health coverage. Thus, it was critical to support low- and middle-income countries in building capacities and developing national action plans, particularly regarding the use of medicines, infection prevention and surveillance. She appreciated WHO efforts to support the research and development of new antibiotics, vaccines and diagnostic tools and commended the efforts of the Global Antibiotic Research and Development Partnership at the country level.

The representative of SWITZERLAND\(^5\) said that the integrated and sustainable implementation of the global action plan was a public health priority to ensure the long-term effectiveness of antibiotics. While her Government had taken steps to ensure the proper use of antibiotics in humans and animals, control of environmental use was more difficult. Therefore, she welcomed the engagement of UNEP in the joint work with WHO, FAO and OIE. She said that antimicrobial resistance should remain a priority issue.

The representative of the ISLAMIC REPUBLIC OF IRAN\(^1\) said that financial and technical resources to accelerate activity on antimicrobial resistance in developing countries should be a priority, particularly to strengthen health systems and transition to more sustainable agricultural practices. The draft resolution should reaffirm the need to improve access to and affordability of new and existing antibiotics. It would be important to emphasize the linkages between plans for antimicrobial resistance and universal health coverage at the next High-level Meeting of the General Assembly on Antimicrobial Resistance.

The representative of the REPUBLIC OF KOREA\(^5\) said that her Government was prepared to share its best practices in combating antimicrobial resistance. Low- and middle-income countries increasingly required technical and financial support to build prevention and response capacities, and her Government had already made contributions to WHO to support such work. The linkages between plans for antimicrobial resistance and universal health coverage were key, owing to the multisectoral nature of both areas of work.

The representative of KENYA,\(^5\) noting the collaboration between WHO, FAO, OIE and UNEP, requested that WHO provide regular updates to Member States on the implementation of the joint workplan for 2019–2020. She welcomed efforts to strengthen linkages at the country level between

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\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
plans for antimicrobial resistance and universal health coverage. WHO and other stakeholders should provide more financial and technical support to low- and middle-income countries to catalyse implementation of the global action plan.

The representative of PERU welcomed the fact that UNEP had joined WHO, FAO and OIE, which would allow stakeholders to strengthen the integration, research and monitoring of the environmental aspects of antimicrobial resistance.

The observer of GAVI, THE VACCINE ALLIANCE said that the draft resolution should include a reference to the positive effects of vaccinations and other infection control measures, such as water, sanitation and hygiene.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, said that there was an urgent need to adopt the One Health approach in national action plans, which should include environmental resistance. Enrolment in the Global Antimicrobial Resistance Surveillance System was essential for all Member States irrespective of their income level. Member States should use WHO’s global priority pathogens list when deciding how to fund research and development for new antibiotics. They should also fund behaviour change interventions. A robust follow-up mechanism would be required when the mandate of the Interagency Coordination Group came to an end.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, said that, as dentists prescribed up to 10% of all antibiotics used worldwide, their involvement in reducing antimicrobial resistance was essential. She encouraged Governments to involve national dental associations when developing national action plans, with particular regard to guidelines on antibiotic use for dentists. Funding mechanisms for the implementation of national actions plans should be considered at the next High-level Meeting of the General Assembly on Antimicrobial Resistance.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL PHARMACEUTICAL FEDERATION, said that pharmacists played an instrumental role in the fight against antimicrobial resistance by raising awareness, providing advice and developing policies on the use of antibiotics. Agreeing with the need for a One Health approach, she endorsed the global action plan as a blueprint to address antimicrobial resistance nationally and globally.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that the Board’s discussion had given insufficient priority to the role of water, sanitation and hygiene in infection prevention and control and curbing the spread of antimicrobial resistance. She urged Member States to support the draft resolution and to allocate adequate financing to deliver national plans to ensure the provision of water, sanitation and hygiene in health care facilities.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that medical innovation on antimicrobial resistance must be needs-driven, targeted and adapted for resource-limited settings, and be accessible and affordable for all. WHO should provide an evaluation of diagnostic tools to guide Member States on prioritization. The scope and quality of the Global Antimicrobial Resistance Surveillance System could be improved by allowing
non-State actors to supply data. The draft resolution should address conflicts of interest and call for stronger regulation of the pharmaceutical industry.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, said that research and development to combat antimicrobial resistance required an end-to-end approach, a focus on global health priorities, and measures to ensure that old and new antibiotics were available, affordable, effective and used wisely. That approach was put into practice by the Global Antibiotic Research and Development Partnership. All stakeholders must move from principles to practice in ensuring access to antibiotics and stewardship.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged FAO, OIE and WHO to finalize the global development and stewardship framework and set clear milestones for addressing antimicrobial resistance. If such initiatives were not successful, Member States should consider adopting new instruments to better respond to the issue. The underrepresentation of low- and middle-income countries had in important discussions on antimicrobial resistance should be rectified. Specific proposals for tangible funding must be developed. WHO must facilitate access to and encourage prioritization of catalytic funding in the early implementation of national action plans. It was important to develop a strong economic case for sustainable investment in efforts to combat antimicrobial resistance.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, commended WHO for helping to strengthen Codex Alimentarius standards to reduce antimicrobial resistance. WHO must defend global health goals in Codex Alimentarius negotiations, which were dominated by powerful corporations and governments of industrialized nations protecting their own interests. Strong health care systems, surveillance and industry regulation were essential. However, care must be taken to ensure that partnerships with the private sector did not lead to weaker control and action. In order to reduce infections, Member States should promote water, sanitation and hygiene in national action plans and protect women’s right to breastfeeding.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that, without investment in public health and greater regulation of antimicrobial use in the private sector, antimicrobial resistance would continue to increase. Developing countries required sustainable funding to implement comprehensive national action plans. He urged the Secretariat and Member States to consider global funding mechanisms and called on the FAO, OIE and WHO to finalize the global development and stewardship framework and support the delinkage of research and development costs from antibiotic prices in order to improve access to antibiotics.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives) recalled that tackling antimicrobial resistance was one of the key platforms of the Thirteenth General Programme of Work. The Secretariat had been working extensively to promote intersectoral policy and technical dialogue to combat antimicrobial resistance since the adoption of the global action plan. In 2019, the final report of the Interagency Coordination Group would be delivered to the United Nations Secretary-General, who had identified antimicrobial resistance as one of his three major priorities in the health sector. In the same year, the Netherlands would host the International Conference on One Health Antimicrobial Resistance, which would seek to revitalize efforts against antimicrobial resistance and address the associated financial commitments. WHO, FAO, OIE and UNEP would also launch the joint workplan for 2019–2020, which would clearly describe the labour and costs associated with its implementation.

WHO would continue cross-cutting efforts to overcome past fragmentation and would address the development of innovative diagnostics. The second Global Antimicrobial Resistance Surveillance
System report had been published the previous week, and the first WHO Report on Surveillance of Antibiotic Consumption had been published at the end of 2018 during a successful World Antibiotic Awareness Week that had focused on the five strategic objectives of the global action plan. WHO, FAO, OIE and UNEP had worked collaboratively to develop a draft monitoring and evaluation approach to address gaps in efforts to address antimicrobial resistance in humans, animals, the food chain and the environment. He noted that some Member States had implemented financial, regulatory, technical, professional, scientific and legislative measures to address antimicrobial resistance, and that the private sector had particularly contributed to monitoring antimicrobial resistance in the food chain. Efforts to tackle antimicrobial resistance provided stakeholders with an opportunity to promote the One Health approach in all countries.

The DIRECTOR-GENERAL said that WHO must focus not only on the misuse and overuse of antimicrobials, but also on poor access to affordable high-quality antimicrobials. The Interagency Coordination Group had published draft recommendations, which were already under consultation prior to their submission to the United Nations Secretary-General. The most important question was how to establish a sense of urgency and accelerate efforts to combat antimicrobial resistance. He expressed the hope that the International Conference on One Health Antimicrobial Resistance would help in that regard. WHO would continue to follow the One Health approach through an inclusive process involving all stakeholders, including FARO, OIE and UNEP. The commitment of Member States remained essential.

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

2. OTHER TECHNICAL MATTERS: Item 6 of the agenda (continued)

Patient safety: Item 6.6 of the agenda (continued from the thirteenth meeting)

Global action on patient safety (document EB144/29)

The CHAIRMAN drew attention to a draft resolution on global action on patient safety proposed by Algeria, Angola, Argentina, Australia, Austria, Botswana, Brazil, China, Eswatini, Germany, Greece, Indonesia, Japan, Kenya, Latvia, Luxembourg, Oman, Portugal, Saudi Arabia, Slovakia, South Africa, Sri Lanka, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland and the United States of America, which read:

The Executive Board,
Having considered the report on Global Action on Patient Safety;¹

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

The Seventy-second World Health Assembly,
Having considered the report on Global Action on Patient Safety,
**PP 1: Recalling World Health Assembly resolution WHA55.18 (2002) of the Fifty-fifth World Health Assembly, which urged Member States to “pay the closest possible attention to the problem of patient safety and establish and strengthen science-based**

¹ WHO EB144/29.
systems, necessary for improving patient safety and the quality of health care”; recognizing that patient safety is a critical element and the foundation for delivering quality health care; and welcoming the inclusion of the need for patient safety in the Thirteenth General Programme of Work 2019–2023;

PP2: Recognizing that patient safety cannot be ensured without access to safe infrastructures, technologies and medical devices, and their safe use by patients, who need to be well informed, and a skilled and committed health workforce, in an enabling and safe environment;

PP3: Notes further that patient safety builds on quality, basic and continued education and training of health professionals, to ensure that they have the adequate professional skills and competences in their respective roles and functions;

PP4: Recognizing that access to safe, effective, quality and affordable medicines and other commodities and that their correct administration and use also contribute to patient safety;

PP5: Notes further the importance of hygiene for patient safety, the prevention of health care-associated infections, and for reducing antimicrobial resistance;

PP6: Noting that ensuring patient safety is a key priority in providing quality health services and considering that all individuals should receive safe health services, regardless of where they are delivered;

PP7: Reaffirming the principle of “First do no Harm” and recognizing the benefits to be gained and the need to promote and improve patient safety across health systems at all levels, sectors and settings relevant for physical and mental health, especially at the level of primary health care, but also including, for example, emergency care, community care, rehabilitation, and ambulatory care;

PP8: Recognizing that the safety of patients during the provision of health services that are safe and of high quality is a prerequisite for strengthening health care systems and making progress towards effective universal health coverage (UHC) under SDG3;

PP9: Acknowledging that instilling safety culture, a patient-centred approach, and improving and ensuring patient safety requires capacity building, strong leadership, systemic and systematic approaches, adequate human and other resources, robust data, sharing of best practices, mutual learning, trust and accountability, which can be strengthened, as appropriate, by international cooperation and collaboration;

PP10: Recognizing that improving and ensuring patient safety is a growing challenge to health service delivery globally, and that unsafe health care causes a significant level of avoidable patient harm and human suffering, and places a considerable strain on health system finances and a loss of trust in health systems;

PP11: Concerned that the burden of injuries and other harm to patients from adverse events is one of the top ten causes of deaths and disability in the world, comparable to tuberculosis and malaria, and that available evidence suggests that most of this burden falls upon low- and middle-income countries, where 134 million health care-associated adverse events occur annually in hospitals, due to unsafe care, contributing to 2.6 million deaths;

PP12: Recognizing that most adverse events can potentially be avoided with effective prevention and mitigation strategies, including, as appropriate, improved policies, data systems, redesigned processes of care (including addressing human factors, including training), environmental hygiene and infrastructure, improved practice culture, and supportive and effective regulatory systems and improved communication strategies, and that solutions can often be simple and inexpensive, with the value of prevention outweighing the cost of care;

PP13: Recognizing the success and pioneering work and dedication of governments in many Member States in developing strategies and policies to support and improve patient safety, and in implementing safety and quality programmes, initiatives and interventions;
including for example insurance arrangements, patient ombudsmen, creating a patient safety culture throughout the health system, transparent notification systems allowing learning from mistakes, and no-fault and no-blame handling of adverse events and their consequences; and a patient-centred approach to patient safety;

PP14: Concerned at the lack of overall progress in improving the safety of health care and that, despite global efforts to reduce the burden of patient harm, the overall situation over the past 17 years indicates that significant improvement can be made, and that safety measures – even those implemented in high-income settings – have had limited or varying impact, and most have not been adapted for successful application in LMICs;

PP15: Recognizing the importance of robust patient safety measurement, to promote more resilient health systems, better and more focused preventive work to promote safety, risk and awareness, transparent incident reporting, data analysis and learning systems, at all levels, alongside education, training and continuous professional development to build and maintain a competent, compassionate and committed health care workforce operating within a supportive environment to make health care safe; and the role of engaging and empowering patients and families in improving the safety of care for better health outcomes;

PP16: Recognizing that improving and ensuring patient safety calls for addressing the gaps in knowledge, policy, design, delivery and communication at all levels;

OP1: ENDORSES the establishment of an annual World Patient Safety Day to be marked on 17 September in order to increase public awareness and engagement, enhance global understanding, and work towards global solidarity and action by Member States to promote patient safety;

OP2: URGES Member States:1

OP2.1: to recognize patient safety as a health priority in health sector policies and programmes, making it an essential component for strengthening health care systems in order to achieve UHC;

OP2.2: to assess and measure the nature and magnitude of the problem including risks, errors, adverse events and patient harm at all levels of health service delivery including through reporting, learning, and feedback systems that incorporate the perspectives of patients and their families; and to take preventative action and implement systematic measures to reduce risks to all individuals;

OP2.3: to develop and implement national policies, legislation, strategies, guidance and tools and deploy adequate resources, in order to strengthen the safety of all health services as appropriate;

OP2.4: to work in collaboration with other Member States, civil society organizations, patient organizations, professional bodies, academic and research institutions, industry and other relevant stakeholders to promote, prioritize and embed patient safety in all health policies and strategies;

OP2.5: to share and disseminate best practices and encourage mutual learning to reduce patient harm through regional and international collaboration;

OP2.6: to integrate and implement patient safety strategies in all clinical programmes and risk areas, as appropriate, to prevent avoidable harm to patients related to health care procedures, products and devices, for example medication safety, surgical safety, infection control, sepsis management, diagnostic safety, environmental hygiene and infrastructure, injection safety, blood safety, and

1 Regional and economic integration organizations.
radiation safety, as well as to minimize the risk of inaccurate or late diagnosis and treatment, and to pay special attention to at risk groups;

**OP 2.7:** to promote a safety culture by providing basic training to all health professionals, developing a blame-free patient safety incident reporting culture through open and transparent systems that identify and learn from examining causative and contributing factors of harm, addressing human factors, and building leadership and management capacity and efficient multidisciplinary teams, in order to increase awareness and ownership, improve outcomes for patients and reduce the costs related to adverse events at all levels of health systems;

**OP2.8:** to build sustainable human resource capacity, through multisectoral and inter-professional competence-based education and training based on the WHO patient safety curricula and continuous professional development to promote a multidisciplinary approach, and an appropriate working environment that optimizes the delivery of safe health services;

**OP2.9:** to promote research, including translational research, to support the provision of safer health services and long-term care;

**OP2.10:** to promote the use of new technologies, including digital technologies for health, including to build and scale up health information systems and to support data collection for surveillance and reporting of risks, adverse events, and other indicators of harm at different levels of health services and health-related social care, whilst ensuring the protection of personal data, and to support the use of digital solutions for provision of safer health care;

**OP2.11:** to consider the use of traditional and complementary medicine, as appropriate, in the provision of safer health care;

**OP2.12:** to put in place systems for the engagement and empowerment of patients families and communities (especially those who have been affected by adverse events) in the delivery of safer health care, including capacity building initiatives, networks and associations; and to work with them and civil society, to use their experience of safe and unsafe care positively in order to build safety and harm minimization strategies, as well as compensation mechanisms and schemes, into all aspects of the provision of health care, as appropriate;

**OP2.13:** to mark an annual World Patient Safety Day on 17 September in collaboration with relevant stakeholders;

**OP2.14:** to consider participating in the annual Global Ministerial Summits on Patient Safety;

**OP3:** INVITES international organizations and other relevant stakeholders to collaborate with Member States in promoting and supporting patient safety initiatives, including marking an annual World Patient Safety Day;

**OP4:** REQUESTS the Director-General:

**OP4.1:** to emphasize patient safety as a key strategic priority in WHO’s work across the UHC agenda;

**OP4.2:** to develop normative guidance on minimum standards, policies, best practice and tools for patient safety, including on safety culture, human factors, hygienic infrastructure, clinical governance and risk management;

**OP4.3:** to provide technical support to Member States, especially LMICs, where appropriate and where requested, to help build national capacities in their efforts to assess, measure and improve patient safety, in collaboration with professional associations, as appropriate, and to create a safety culture, as well as effective prevention of health care-associated harm, including infections, and open and
transparent systems that identify and learn from the causes of harm by building capacity in leadership and management;

**OP4.4:** to support Member States, on request, in establishing and/or the strengthening of patient safety surveillance systems;

**OP4.5:** to strengthen global patient safety networks to share best practice and learning and foster international collaboration including through a global network of patient safety trainers; and to work with Member States, civil society organizations, patient organizations, professional bodies, academic and research institutions, industry and other relevant stakeholders in building safer health care systems;

**OP4.6:** to provide, on request, technical support and normative guidance on the development of human resource capacity in Member States through inter-professional competence-based education and training based on WHO patient safety curricula, and, in consultation with Member States, develop “train-the-trainers” programmes for patient safety education and training, and global and regional networks of professional educational councils to promote education on patient safety;

**OP4.7:** to develop and manage, in consultation with Member States, systems for global sharing of learning from patient safety incidents, including through reliable and systematic reporting, data analysis and dissemination systems;

**OP4.8:** to design, launch and support ‘Global Patient Safety Challenges’, and to develop and implement strategies, guidance and tools to support Member States in implementing each Challenge using the best available evidence;

**OP4.9:** to promote, and support the application of digital technology and research, including translational research for improving the safety of patients;

**OP4.10:** to support Member States, upon request, in putting into place systems to support the active engagement, participation and empowerment of patients, families and communities in the delivery of safer health care; and in strengthening networks for engagement of communities, civil society and patient associations, and patients’ networks;

**OP4.11:** to work with Member States, international organizations and other relevant stakeholders to promote World Patient Safety Day;

**OP4.12:** to formulate a Global Patient Safety Action Plan in consultation with Member States and all relevant stakeholders, including in the private sector, for presentation at the Seventy-fourth World Health Assembly through the 148th Executive Board;

**OP4.13:** to submit a report on progress in the implementation of this resolution, for the consideration of the Seventy-fourth, Seventy-sixth and Seventy-eighth World Health Assemblies through the Executive Board.

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1 And, where appropriate, regional and economic integration organizations.
The financial and administrative implications of the draft decision for the Secretariat were:

<table>
<thead>
<tr>
<th>Resolution:</th>
<th>Global action on patient safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Link to the approved Programme budget 2018–2019</strong></td>
<td></td>
</tr>
<tr>
<td>1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</td>
<td></td>
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<tr>
<td>4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage</td>
<td></td>
</tr>
<tr>
<td>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</td>
<td></td>
</tr>
<tr>
<td>Not applicable.</td>
<td></td>
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<tr>
<td>3. Any additional Secretariat deliverables during the biennium 2018-2019, which are not already included in the approved Programme budget 2018–2019:</td>
<td></td>
</tr>
<tr>
<td>Not applicable.</td>
<td></td>
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<tr>
<td>4. Estimated implementation time frame (in years or months) to achieve the resolution:</td>
<td></td>
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<tr>
<td>Seven years (covering the period 2019–2025) (2019 + 3 additional bienniums).</td>
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</tr>
<tr>
<td><strong>B. Resource implications for the Secretariat for implementation of the resolution</strong></td>
<td></td>
</tr>
<tr>
<td>1. Total resource requirements to implement the resolution, in US$ millions:</td>
<td></td>
</tr>
<tr>
<td>US$ 39.37 million (6 years).</td>
<td></td>
</tr>
<tr>
<td>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:</td>
<td></td>
</tr>
<tr>
<td>US$ 3.86 million.</td>
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<tr>
<td>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:</td>
<td></td>
</tr>
<tr>
<td>Zero.</td>
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<tr>
<td>3. Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US$ millions:</td>
<td></td>
</tr>
<tr>
<td>US$ 12.16 million.</td>
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</tbody>
</table>
4. Estimated resource requirements in future programme budgets, in US$ millions:

5. Level of available resources 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$ 1.48 million.
   – Remaining financing gap in the current biennium:
     US$ 2.38 million.
   – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
     Fundraising ongoing.

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

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>2018–2019 resources already planned</td>
<td>Staff</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>0.42</td>
<td>0.08</td>
<td>0.22</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>0.42</td>
<td>0.08</td>
<td>0.22</td>
</tr>
<tr>
<td>2018–2019 additional resources</td>
<td>Staff</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>2020–2021 resources to be planned</td>
<td>Staff</td>
<td>1.01</td>
<td>0.20</td>
<td>0.52</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>1.52</td>
<td>0.29</td>
<td>0.79</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.53</td>
<td>0.49</td>
<td>1.31</td>
</tr>
<tr>
<td>Future bienniums (2022–2025) resources to be planned</td>
<td>Staff</td>
<td>1.95</td>
<td>0.38</td>
<td>1.01</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>2.92</td>
<td>0.57</td>
<td>1.51</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.87</td>
<td>0.95</td>
<td>2.52</td>
</tr>
</tbody>
</table>

The representative of AUSTRALIA noted WHO’s ongoing work on patient safety and the leadership of the United Kingdom of Great Britain and Northern Ireland and Kenya in developing the draft resolution.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,\(^1\) introducing the draft resolution, said that she welcomed the work of policy-makers and technical experts in advancing patient safety and quantifying the challenges posed by unsafe care. Global action, coordination and awareness were essential to preventing patient harm, saving lives and reducing the burden of unsafe care on health systems. Efforts to improve patient safety required greater global visibility and political leadership. The establishment of World Patient Safety Day was important to raise public awareness, encourage the sharing of experience and best practice and promote safe, person-

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
centred care and an open reporting culture. She appreciated the support of Member States in developing the draft resolution.

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 Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. Patient safety must be enhanced in all countries, including by sharing knowledge, experience and best practice. Capacity-building should be based on WHO’s Multi-professional Patient Safety Curriculum Guide. Patient safety must be regarded as an issue spanning all areas and contexts of health care, including social care and cases of patient transfer from one sector to another. Patient safety must be addressed through non-punitive measures, promoting an atmosphere where health professionals were able to learn from errors in a fair, open culture of learning that was free of fear, including in the reporting of adverse events. Patient empowerment was also key, since patients were necessary, effective partners in improving safety. Education and public debate were crucial to that end. It was important to recognize that digital solutions such as electronic health records and prescriptions could create new patient safety risks, as well as eliminating old ones. Patient safety was fundamental to building the quality health services required for universal health coverage and reducing the risk of antimicrobial resistance. It was a shared responsibility across all health system levels. WHO should encourage Member States to share effective policies and ensure a good understanding of safe practices at all levels.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, outlined various measures adopted in his Region to address patient safety but noted that progress was slow. Member States in his Region should be provided with assistance to build and implement evidence-based safety systems to ensure they developed robust national plans. All Member States should be encouraged to develop holistic approaches when establishing guidelines on quality, with priority for patient safety. Robust national patient safety monitoring and evaluation systems were required at all levels of health care. Regulatory, governance and leadership frameworks should be developed at the national and subnational levels. Investment would also guarantee an improvement in the quality of care for patients. He called upon the Secretariat to foster coordination among all relevant stakeholders to ensure the delivery of quality and safe health services.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed concern that no substantial change had been accomplished in the previous 15 years, despite global efforts and pioneering work in some health care settings. It was critical to understand the burden of unsafe care in hospitals and the primary health care system. There was also an increasing need for guidance on how to safeguard patient safety during emergencies. He asked the Secretariat to provide technical support for the implementation of national patient safety policies, including mainstreaming patient safety for achieving universal health coverage; advocate for patient safety to be embedded in all strategies and programmes; and assist in engaging patients and care givers to ensure the provision of safe care.

The representative of GERMANY supported the initiative of World Patient Safety Day to raise public awareness of the key issue. He drew attention to digital techniques, such as the digital redesigning of care processes, which could increase patient safety. His Government supported high-level political momentum, as a cofounder of the global ministerial summits on patient safety.

The representative of FINLAND outlined her Government’s comprehensive approach to patient safety, which encouraged a culture of transparency and the reporting of adverse events.
The representative of INDONESIA said that the issue of patient safety required more applicable solutions, such as a global action plan. Incident reports should facilitate an assessment of patient safety, with a view to preventing similar occurrences in future. Her Government was particularly committed to improving patient safety in primary health care.

The representative of MEXICO said that dangers to patients persisted despite widespread awareness of the importance of strengthening health systems. A focus on high quality, people-centred primary care should be the basis for any comprehensive patient safety strategy. Improving patients’ trust in primary health care services would require continuous training and capacity-building for health workers and the involvement of patients’ families and communities in policy development. He agreed with the guidance on continuing to improve patient safety outlined by the Secretariat in paragraph 26 of the report.

The representative of VIET NAM said that WHO should give priority to supporting low- and middle-income countries in developing national guidelines, best practice and research on patient safety; and provide further guidance on health care standards to improve patient safety.

The representative of ITALY said that patient safety was an important and growing public health challenge. He asked that his Government be added to the list of sponsors of the draft resolution.

The representative of BRAZIL said that improving the safety of health systems would be essential as countries moved toward attaining universal health coverage. The high levels of avoidable harm occurring in primary and outpatient health care were worrisome. Clear policies, the Organization’s leadership, data to drive improvements, sufficiently skilled health care professionals and patients’ involvement in their own care were all needed to make lasting improvements to patient safety.

The representative of ALGERIA said that insufficient financial and human resources for health had a negative impact on patient safety. WHO should support the drafting of norms, standards and codes of ethics and assist Member States in implementing them. WHO should also work to strengthen data collection systems for monitoring patient safety and quality of care, as well as promoting research and patients’ rights charters.

The representative of the UNITED STATES OF AMERICA encouraged Member States to share research findings and best practice. Infection control, health worker training, and the integration of other safety practices into patient care were all critically important to minimizing and preventing avoidable harm to patients and thereby helping to address the global threat of antimicrobial resistance.

The representative of CHINA said that keeping patients safe was of fundamental concern for health care services. He supported stronger collaboration with WHO collaborating centres, international professional associations, patient organizations and experts, and looked forward to receiving technical guidance on the formulation of management and monitoring systems, norms, standards and guidelines.

The representative of JAPAN said that patient safety was one of the most important components of health care delivery and essential to achieving universal health coverage. He asked Member States to support the draft resolution.

The representative of SRI LANKA said that the role of patients and health staff in contributing to policies and strategies should be taken into consideration. It was also important to align policies and methods with capacities and resources. Discussions among national authorities and other stakeholders should be informed by the gaps and deficiencies identified. In developing countries in particular, a
holistic patient-centred approach and a clear political vision were needed, along with good incident reporting systems and a culture of transparency, communication and teamwork. There must be clear mechanisms for sharing and adopting best practice, particularly among developing countries.

The representative of FIJI asked that his Government be added to the list of sponsors of the draft resolution. Unsafe surgical care was a particular concern in his country and other small island developing States in the Pacific, and he stressed the need for safe surgical practices and perioperative care to improve health outcomes. He requested the Secretariat, along with other agencies and donors, to support small island developing States in strengthening their surgical systems so as to enable progress toward universal health coverage.

The representative of ARGENTINA\(^1\) said that patient safety policies and strategies should be strengthened by empowering patients, developing and implementing local measures for preventing and addressing harm, and creating systems for reporting and handling adverse events. WHO should continue cooperating with countries and agencies to advance global action on patient safety through investment, information-sharing, coordinated efforts and intersectoral cooperation.

The representative of KENYA said that health systems must be strengthened to ensure that Member States’ efforts to expand access to care were not undercut by structures or behaviour that harmed patients. A multidisciplinary, global patient safety action plan should be developed to strengthen system capacities. Health workers should receive additional training that fostered a blame-free reporting culture, and strong surveillance systems were needed to provide data for decision-making and awareness-raising. She supported the establishment of World Patient Safety Day.

The representative of SWITZERLAND\(^5\) expressed support for information-sharing and close international collaboration, as the challenges to patient safety were often similar across countries. The draft resolution under consideration would form the basis of discussions at the fifth global ministerial summit on patient safety to be held in Switzerland in 2020, which would serve to strengthen collaboration with global partners and low- and middle-income countries.

The representative of the RUSSIAN FEDERATION\(^5\) said that WHO should make greater use of pharmacovigilance centres as a source of information on medical errors and misuse of medicines. The pharmaceutical industry should provide fair access to programmes aimed at minimizing the risks associated with medicines. Patient safety management systems were required, which included regulatory requirements, staff training and control measures. It was essential to provide patients with objective and comprehensible information to help them participate in their own treatment. WHO should issue recommendations on potentially fatal or disabling conditions such as anaphylactic shock, pulmonary embolism and stroke. She supported the proposal to establish a global coordination mechanism.

The representative of SPAIN\(^5\) said that his Government’s commitment to patient safety was evidenced by its national strategy and continued collaboration with WHO and the European Commission. He supported advancing global action on patient safety through creating a culture of safety and sharing experiences, knowledge and best practice. Scientifically proven therapies must be used to provide better and safer health care services to patients.

The representative of SOUTH AFRICA\(^5\) said that the Global Patient Safety Network and global ministerial summits on patient safety encouraged Member States to improve patient safety. She

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
supported the establishment of a global coordination mechanism to implement standards, share information and disseminate safety practices. World Patient Safety Day would further strengthen those efforts.

The representative of INDIA,¹ highlighting the efforts made by his Government to improve patient safety, said that patient safety should be considered as part of wider health systems strengthening. The report should address the issue of health care funding.

The representative of PANAMA¹ said that Member States must prioritize patient safety in order to make the gains not yet achieved over the previous decade. Her Government was committed to ensuring safe, timely and high-quality health care services and asked to be added to the list of sponsors of the draft resolution.

The representative of THAILAND⁵ said that alongside the need to improve patient safety, the safety of health care personnel was a growing concern. WHO should help Member States to engage all relevant stakeholders to improve the quality and safety of health care systems. As patient safety was essential to achieving universal health coverage, he expressed support for the Tokyo Declaration on Patient Safety (2018).

The representative of SLOVAKIA⁵ welcomed the recognition of patient safety as a global health priority, underscoring the importance of creating a supportive environment that focused on education, responsibility and behaviour change and that enabled health care providers to measure and evaluate adverse events through data-driven analyses and indicators.

The representative of TURKEY requested that her Government be added to the list of sponsors of the draft resolution.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, underscored the importance of effective leadership, good communication and a competent and compassionate workforce, alongside a non-punitive culture to support confidential reporting of adverse events and that was focused on preventing and correcting system failures. Greater emphasis needed to be placed on the education, training and continuous professional development of physicians.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the recognition of patient safety as a growing public health concern and highlighted the need for fair, blame-free and non-punitive reporting and learning systems. She urged Member States to prioritize funding for water, sanitation and hygiene in health care facilities. She also called on Member States to adopt robust quality assurance and formal accreditation mechanisms for medical schools.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, commended WHO for leading global action on patient safety and encouraged Member States to make patient safety a priority, underscoring the crucial role played by pharmacists in that regard. She expressed support for the establishment of a World Patient Safety Day.

¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that family doctors could contribute by enhancing the safety of their own clinical practices and fostering a patient safety culture among primary care teams, patients and their families. His organization stood ready to work with WHO to share best patient safety practices.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN and on behalf of the INTERNATIONAL ALLIANCE OF PATIENTS’ ORGANIZATIONS, urged Member States to ensure that patients and care-givers were recognized as co-producers of health and to take steps to build the capacities of those individuals as informed and knowledgeable health care partners. His organization would continue to work closely with all stakeholders to achieve safe, patient-centred universal health coverage.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that safe care was a patient’s right and urged WHO to ensure that the guidelines for good clinical practice for trials on pharmaceutical products were followed in all human clinical trials, including those involving medical devices. WHO should also provide Member States with stricter market approval and post-market surveillance guidelines.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) thanked Member States and the health care community for their support and guidance and said that there were still many challenges to improving patient safety. She took note of the comments regarding the need for a holistic approach across the whole health system that focused on teamwork and organizational learning, as well as those highlighting the importance of safe surgical care and mental health. She had also taken on board the recommendations concerning patient safety in emergency settings, surveillance and monitoring of adverse events, antimicrobial resistance and quality of care. WHO would take steps to further strengthen collaboration and create information-sharing platforms for Member States, including the Global Patient Safety Network. She thanked the Governments of the United Kingdom of Great Britain and Northern Ireland, Germany, Japan, Switzerland and Saudi Arabia for hosting the global ministerial summits on patient safety.

(For continuation of the discussion and adoption of a resolution, see the summary record of the seventeenth meeting, section 3.)

3. **STRATEGIC PRIORITY MATTERS**: Item 5 of the agenda (resumed)

**Eleventh revision of the International Classification of Diseases**: Item 5.9 of the agenda (documents EB144/22 and EB144/22 Add.1) (continued from the twelfth meeting, section 1)

The CHAIRMAN suggested that consideration of the item should be suspended in order to allow Member States to hold further informal consultations during the intersessional period, with a view to submitting a draft resolution to the Seventy-second World Health Assembly.

It was so agreed.
Universal health coverage: Item 5.5 of the agenda (continued from the eighth meeting)

- Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (document EB144/14)

The CHAIRMAN drew attention to a draft resolution on preparation for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage, proposed by Bangladesh, Botswana, Canada, China, Finland, Georgia, Indonesia, Japan, Malta, the Russian Federation, Sri Lanka, Switzerland, Thailand and Uruguay, which read:

The Executive Board,
Having considered the Director-General’s report on “UHC: Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage”,

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

The Seventy-second World Health Assembly,

(PP1) Recalling the WHO Constitution which recognizes that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP2) Recalling UNGA resolution 70/1 entitled “Transforming our world: The 2030 Agenda for Sustainable Development” by which Member States adopted a comprehensive, far-reaching and people-centred set of universal and transformative sustainable development goals and targets, that are integrated and indivisible, and recognizing that achieving UHC will greatly contribute to ensuring healthy lives and well-being for all at all ages;

(PP3) Recognizing that health is a precondition for and an outcome and indicator of all three dimensions – economic, social and environmental – of sustainable development;

(PP4) Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;

(PP5) Recognizing that through the adoption of the 2030 Agenda and its Sustainable Development Goals in September 2015, Heads of State and Government had made a bold commitment to achieve universal health coverage (UHC) by 2030, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;

(PP6) Recognizing also that Heads of State and Government committed to ensuring, by 2030, universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;

(PP7) Recalling resolution WHA69.11 which recognizes that UHC implies that all people have access, without discrimination, to nationally-determined sets of the needed promotive, preventive, curative, palliative, and rehabilitative essential health services, and essential, safe, affordable, effective, and quality medicines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population;

(PP8) Recalling the United Nations General Assembly resolution 67/81 of 12 December 2012, entitled “Global health and foreign policy” which urges governments, civil society organizations and international organizations to collaborate and to promote the inclusion of UHC as an important element on the international development agenda,
and a means of promoting a sustained, inclusive and equitable growth, social cohesion and well-being of the population, as well as achieving other milestones for social development;

(PP9) Recognizing the responsibility of governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health care services and reaffirming the primary responsibility of Member States to determine and promote their own paths towards achieving UHC;

(PP10) Recalling the United Nations General Assembly resolution A/RES/69/313 on the Addis Ababa Action Agenda of the third International Conference on Financing for Development on 27 July 2015, which reaffirmed the strong political commitment to address the challenge of financing and create an enabling environment at all levels for sustainable development in the spirit of global partnership and solidarity, and encouraged countries to consider setting nationally appropriate spending targets for quality investments in health and better alignment of global health initiatives’ programmes to national systems;

(PP11) Recalling also the United Nations General Assembly resolution 72/139 of 12 December 2017, entitled “Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society”, in which Member States decided to hold a high-level meeting of the General Assembly in 2019 on UHC;

(PP12) Recalling further the United Nations General Assembly resolution 72/138 of 12 December 2017, entitled “International Universal Health Coverage Day”, in which Member States decided to proclaim 12 December as International Universal Health Coverage Day;

(PP13) Reaffirming WHO Member States’ commitment to the resolution WHA71.1, on Thirteenth General Programme of Work, to support the work towards the achievement of the vision “triple billion” goals, including one billion more people benefitting from UHC, one billion more people protected from health emergencies, as well as further contributing to one billion more people enjoying better health and well-being;

(PP14) Recalling UNGA resolution A/RES/73/2 of 10 October 2018 on the Political Declaration of the third High-level Meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases which committed to promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

(PP15) Reiterating that health research and development should be needs driven, evidence-based, guided by the core principles of affordability, effectiveness, efficiency and equity and considered a shared responsibility;

(PP16) Recalling all previous World Health Assembly resolutions aimed at promoting physical and mental health and well-being, as well as contributing to the achievement of UHC;

(PP17) Noting with great concern that the current slow progress in achieving UHC means that many countries are not on track to achieve target 3.8 of the SDGs;

(PP18) Noting that health is a major driver of economic growth;

(PP19) Noting that current government spending on and available resources for health, particularly in many low- and middle-income countries, are not adequate for achieving UHC, including financial risk protection of the population;
(PP20) Acknowledging the important role and necessary contribution of NGOs, private sector entities, philanthropic foundations, and academic institutions, as appropriate, to the achievement of national objectives on UHC, and the need in this regard for synergy and collaboration among all relevant stakeholders;

(PP21) Recognizing the role of parliamentarians in advancing the UHC agenda;

(PP22) Noting that investment in strong, transparent, accountable, and effective health service delivery systems, including an adequately distributed, skilled, motivated, and fit-for-purpose health workforce;

(PP23) Recognizing that effective and financially sustainable implementation of UHC is based on a resilient and responsive health system with capacities for broad public health measures, prevention of diseases, health protection, health promotion, and addressing of determinants of health through policies across sectors, including promotion of the health literacy of the population;

(PP24) Noting that the increasing number of complex emergencies are hindering the achievement of UHC, and that coherent and inclusive approaches to safeguard UHC in emergencies, including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles, are essential;

(PP25) Recognizing the fundamental role of primary health care (PHC) in achieving UHC and other health-related SDGs and targets as envisioned in the Declaration of Astana on PHC and in providing equitable access to a comprehensive range of services and care that are people-centred, gender-sensitive, high quality, safe, integrated, accessible, available and affordable, which contribute to the health and well-being of all;

(PP26) Recognizing that patient safety, strengthening health systems, and access to quality promotive, preventive, curative, as well as rehabilitation services and palliative care, are essential to achieving UHC;

(OP1) URGES Member States:

(OP1.1) To accelerate progress towards achieving SDG target 3.8 on UHC by 2030, leaving no one behind, especially the poor, vulnerable and marginalized population;

(OP1.2) To support the preparation for the high-level meeting of the United Nations General Assembly in 2019 on universal health coverage, participate at the highest possible level, preferably at the level of Head of State and Government, and engage in the development of the action-oriented consensus political declaration;

(OP1.3) To continue to mobilize adequate and sustainable resources for UHC, as well as to ensure efficient, equitable and transparent resource allocation through good governance of health systems, to ensure collaboration across sectors, as appropriate, and have a special focus on reducing health inequities and inequalities;

(OP1.4) To support better prioritization and decision-making notably by strengthening institutional capacities and governance on health intervention and technology assessment, to achieve efficiencies and evidence-based decisions, while respecting patient privacy and promoting data security, and encourage the greater and systematic utilization of new technologies and approaches, including digital technologies and integrated health information systems as a means of promoting equitable, affordable, and universal access to health and to inform policy decisions in support of UHC;

1 And, where applicable, economic integration organizations.
(OP1.5) To continue investing in and strengthening primary health care as a cornerstone of a sustainable health system, to achieve UHC and other health-related SDGs, with a view to providing comprehensive range of services and care that are people-centred, high quality, safe, integrated, accessible, available and affordable, as well as providing public health functions as envisioned in the Declaration of Astana on PHC and implement its commitments;

(OP1.6) To continue investing in and strengthening gender-sensitive health care services that address gender-related barriers to health and secure women and girls’ equitable access to health, to realize the right to the enjoyment of the highest attainable standard of health for all and achieve gender equality and the empowerment of women and girls;

(OP1.7) To invest in an adequate, competent and committed health workforce and promote the recruitment, development, training, and retention of the health workforce in developing countries, especially in LDCs and SIDS by active implementation of the Global strategy on human resources for health: workforce 2030;

(OP1.8) To promote access to affordable, safe, effective, and quality medicines, vaccines, diagnostics, and other technologies;

(OP1.9) To support research and development on medicines and vaccines for communicable and non-communicable diseases, including neglected tropical diseases, particularly those that primarily affect developing countries;

(OP1.10) To consider integrating, as appropriate, safe and evidence-based traditional and complementary medicine services within the national and/or sub-national health systems, particularly at the level of PHC according to national context and priorities;

(OP1.11) To promote more coherent and inclusive approaches to safeguard UHC in emergencies including through international cooperation, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(OP1.12) To promote health literacy in the population, especially among vulnerable groups, to strengthen patient involvement in clinical decision-making with a focus on the health professional-patient communication, and to further invest in easily accessible, accurate, understandable, and evidence-based health information including through internet;

(OP1.13) To continue to strengthen prevention and health promotion by addressing the determinants of health and health equity through multisectoral approaches involving the whole-of-government and the whole-of-society, as well as the private sector;

(OP1.14) To strengthen monitoring and evaluation platforms to support regular tracking of the progress in improving equitable access to a comprehensive range of services and care within the health system and financial risk protection and make best use of it for policy decisions;

(OP1.15) To make the best use of the annual International Universal Health Coverage Day, including by considering appropriate activities, in accordance with national needs and priorities;

(OP2) Call upon all development cooperation partners and stakeholders from the health sector and beyond to harmonize, synergize, and enhance their support to countries’ objectives in achieving UHC, and encourage their engagement in, as appropriate, the development of the Global Action Plan for Healthy Lives and Well-Being for All.
accelerate the progress on Sustainable Development Goal 3 and other health-related SDGs and targets in order to achieve the agenda 2030;

(OP3) REQUESTS the Director-General:

(OP3.1) To fully support Member States’ efforts, in collaboration with the broader UN system and other relevant stakeholders towards achieving UHC by 2030, in particular with regard to health systems strengthening, including by strengthening WHO’s normative work and its capacity to provide technical cooperation and policy advice to Member States;

(OP3.2) To work closely with the Inter-Parliamentary Union to raise further awareness among Parliamentarians about UHC and fully engage them in advocacy and for sustained political support towards achieving UHC by 2030;

(OP3.3) To facilitate and support the learning and sharing of UHC experiences, best practices, challenges and lessons learned across WHO Member States, including by engaging relevant non-State actors, as appropriate, as well as initiatives such as the International Health Partnership UHC2030, and in support of the preparatory process and the High-level Meeting of United Nations General Assembly on UHC;

(OP3.4) To produce a report on UHC as a technical input to facilitate informed discussions at the HLM;

(OP3.5) To make the best use of International Universal Health Coverage Day to drive the UHC agenda, including by encouraging increased political commitment to UHC;

(OP3.6) To report the biennial progress in implementing this resolution, starting from Seventy-third World Health Assembly until 2030, as part of existing reporting on WHA69.11.

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

<table>
<thead>
<tr>
<th>Resolution:</th>
<th>Follow up to the high level meeting of the United Nations General Assembly on universal health coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Link to the approved Programme budget 2018–2019</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:</strong></td>
<td></td>
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<tr>
<td>4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>4.4.1 Comprehensive monitoring of the global, regional and country health situation, trends, inequalities and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment</td>
<td></td>
</tr>
<tr>
<td><strong>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2018–2019:</strong></td>
<td></td>
</tr>
<tr>
<td>Not applicable.</td>
<td></td>
</tr>
<tr>
<td><strong>3. Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019:</strong></td>
<td></td>
</tr>
<tr>
<td>Not applicable.</td>
<td></td>
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</tbody>
</table>
4. **Estimated implementation time frame (in years or months) to achieve the resolution:**
   Twelve years (covering the period 2019–2030).

### B. Resource implications for the Secretariat for implementation of the resolution

1. **Total resource requirements to implement the resolution, in US$ millions:**
   
   US$ 435.9 million.

2.a. **Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US$ millions:**
   
   US$ 26.0 million.

2.b. **Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US$ millions:**
   
   Zero.

3. **Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US$ millions:**
   
   US$ 59.6 million.

4. **Estimated resource requirements in future programme budgets, in US$ millions:**
   
   US$ 350.3 million.

5. **Level of available resources 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$ 1.0 million.
   
   - **Remaining financing gap in the current biennium:**
     
     US$ 25.0 million.
   
   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**
     
     Zero.
Table. Breakdown of estimated resource requirements (in US$ millions)

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Region</td>
<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
<td>Europe</td>
<td>Eastern Mediterranean</td>
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<tr>
<td>2018–2019 resources already planned</td>
<td>Staff</td>
<td>1.7</td>
<td>0.8</td>
<td>1.3</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>2.7</td>
<td>0.9</td>
<td>1.6</td>
<td>1.5</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4.4</td>
<td>1.7</td>
<td>2.9</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>2018–2019 additional resources</td>
<td>Staff</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td></td>
<td>Total</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>2020–2021 resources to be planned</td>
<td>Staff</td>
<td>3.8</td>
<td>1.9</td>
<td>2.9</td>
<td>2.3</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>6.3</td>
<td>2.2</td>
<td>3.7</td>
<td>3.3</td>
<td>3.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>10.1</td>
<td>4.1</td>
<td>6.6</td>
<td>5.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Future bienniums resources to be planned</td>
<td>Staff</td>
<td>22.6</td>
<td>11.2</td>
<td>17.1</td>
<td>13.6</td>
<td>19.6</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>36.8</td>
<td>12.7</td>
<td>21.7</td>
<td>19.6</td>
<td>18.1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>59.4</td>
<td>23.9</td>
<td>38.8</td>
<td>33.2</td>
<td>37.7</td>
</tr>
</tbody>
</table>

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that the High-level Meeting of the United National General Assembly on Universal Health Coverage represented another opportunity to reaffirm the high-level commitment to achieving universal health coverage. To ensure that the actions agreed upon at the meeting were aligned with the needs of the African Region, he suggested that: a high-level champion of universal health coverage from the Region should speak during the opening of the meeting; heads of Member States from the Region should co-chair the multistakeholder panels; and the WHO Regional Director for the African Region should sit on one of those panels. In addition, the multistakeholder panels should cover certain topics that were important for the Region, such as expanding available services, overcoming barriers to equity, and ensuring financial risk protection in low-income settings. Lastly, Member States from the African Region should participate in preparing the political declaration so that it addressed issues of concern to the Region. Such issues included: strengthening linkages between universal health coverage and other outcomes critical to the attainment of Sustainable Development Goal 3; placing greater emphasis on the performance of health systems, especially at the subnational level; and supporting the generation and use of information to guide and monitor progress towards universal health coverage.

The representative of AUSTRALIA expressed support for the draft resolution, which reflected the critical components of the preparatory work required for the High-level Meeting of the General Assembly on Universal Health Coverage. Achieving universal health coverage was central to implementing the 2030 Agenda for Sustainable Development, and building political momentum was crucial to Member States’ collective commitment. WHO therefore had a critical role to play; indeed, experience from recent high-level meetings had demonstrated the significant contribution of its technical, evidence-based advice.

The representative of GERMANY commended the strategic direction and next steps outlined in the report. He suggested involving UHC2030 in the preparatory process for the High-level Meeting, notably in organizing the multistakeholder hearing. The High-level Meeting should create political momentum and lead to concrete actions for the implementation of the proposed global action plan for healthy lives and well-being for all. He supported the draft resolution.

The representative of MEXICO expressed concern regarding the continuing gaps in universal health coverage, but welcomed WHO’s shift from a disease-oriented focus to a more comprehensive
approach that included strengthening health systems and advancing universal health coverage. He noted that preparatory work for the High-level Meeting should build on other initiatives, including the 2030 Agenda for Sustainable Development, the recent Global Conference on Primary Health Care in Astana and the launch of the PAHO report on “Universal Health in the 21st Century: 40 Years of Alma-Ata”. Member States should join forces to set out an ambitious vision of universal health coverage and address disparities between health systems, and catastrophic and impoverishing spending on health.

The representative of COLOMBIA agreed that universal health coverage was a means of implementing the 2030 Agenda. The High-level Meeting should highlight the importance of strengthening health systems in addressing the challenges of universal health coverage, and the resulting political declaration should be a joint commitment to ensuring quality health care, financial protection, and universal access to medicines and vaccines, and to implementing the Declaration of Astana on primary health care through a multisectoral approach. She expressed support for the introduction of a monitoring and evaluation mechanism to identify the specific challenges that countries faced in achieving universal health coverage.

The representative of INDONESIA highlighted the importance of the High-level Meeting and welcomed the preparatory work undertaken by Member States. His Government stood ready to contribute to efforts to achieve universal health coverage globally by 2030, which required political commitment at the highest level and multisectoral collaboration to secure sustainable financing.

The representative of JAPAN said that the report effectively summarized the current situation and the relevance of universal health coverage in achieving the Sustainable Development Goals. It was important to enhance political commitments and WHO should make full use of the forthcoming High-level Meeting. It was also imperative to monitor progress towards universal health coverage; he looked forward to the publication of the 2019 global monitoring report on universal health coverage.

The representative of the NETHERLANDS welcomed the recognition of universal health coverage as an urgent issue, but expressed regret that the report had not mentioned the need for gender-specific policies in achieving universal health coverage. It was therefore positive that the notion had been incorporated into the draft resolution, which her Government supported in full.

The representative of SRI LANKA highlighted the importance of universal health coverage in ensuring the equity of health services and reducing out-of-pocket expenditure.

The representative of the UNITED STATES OF AMERICA commended the aim of increasing access to health care, calling on Member States to do so by reducing costs, engaging all stakeholders and expanding health care choices for patients and their families. Each country should progress towards universal health coverage within its own cultural, economic, political and structural context and priorities. It was positive that the High-level Meeting would bring together diverse stakeholders and build on other relevant initiatives, but it was important to avoid using prescriptive language that may lead to a narrow understanding of universal health coverage.

The representative of TURKEY said that it was overly idealistic to expect the incidence of catastrophic spending on health to decrease immediately if the provision of primary health care were better organized. However, the situation regarding such spending should be monitored. She expressed concern about the scheduled date of the High-level Meeting, which was to be held the day before the seventy-fourth session of the United Nations General Assembly. It would be useful to have a WHO information desk at the event, to increase the visibility of the Secretariat.
The representative of SPAIN\textsuperscript{1} reiterated his Government’s commitment to universal health coverage, and expressed support for the adoption of an ambitious outcome document at the High-Level Meeting. WHO had a key role to play in the global attainment of universal health coverage. Universal health coverage should be based on an integrated primary health care system to ensure that everyone could access care according to their needs.

The representative of NORWAY\textsuperscript{5} commended the Director-General’s clear vision of the elements required to achieve universal health coverage by 2030 and agreed that action was needed to tackle all three dimensions of universal health coverage. The proposed global action plan for healthy lives and well-being for all would allow a coordinated, multisectoral approach to strengthening primary health care and achieving universal health coverage. Highlighting WHO’s key role as the lead coordinating agency for health-related activities, he expressed his Government’s commitment to working towards a political declaration that would hold all parties to account in achieving universal health coverage by 2030.

The representative of CANADA\textsuperscript{5} stressed the need for a firm commitment to equity; it was important to understand who was being left behind and why, and address the broader social and economic determinants of inequity in health care. It was also important to integrate sexual and reproductive health and rights into universal health coverage, as many women still lacked access to modern contraception and safe abortion. Those gaps in access to basic services would make it extremely difficult to achieve universal health coverage by 2030.

The representative of HUNGARY\textsuperscript{5} reaffirmed her Government’s commitment to strengthening primary health care and achieving universal health coverage. She welcomed the fact that dialogue on universal health coverage had begun, but emphasized the need to translate that into action.

The representative of INDIA\textsuperscript{1} welcomed the focus on community health workers in primary health care, and said that their role in addressing the social determinants of health should be considered further. Primary health care should fully integrate traditional and complementary medicine services alongside new technologies. Consideration should also be given to the role of the private sector in delivering primary health care, by analysing relevant models and legal frameworks. The Secretariat should ensure adequate funding to support Member States in fulfilling their commitments under the Declaration of Astana.

The representative of IOM said that it would not be possible to achieve truly universal health coverage if service coverage and financial protection measures did not include migrants, particularly those from marginalized groups or in situations of vulnerability. Taking into account existing international instruments and initiatives, the High-level Meeting should incorporate an evidence-based discussion on migrant health that was centred on best practices and national realities. The promotion of migrant and refugee health should be an integral part of the action-oriented political declaration to be approved at the meeting.

The observer of GAVI, THE VACCINE ALLIANCE, speaking at the invitation of the CHAIRMAN, emphasized the importance of community-based services, health promotion and disease prevention in the strengthening of primary health care. Guaranteeing robust and sustainable primary health care increased the capacity of health systems to prevent, detect and respond to infectious diseases

\textsuperscript{1} Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
and outbreaks. It was important to prioritize the WHO best buys, and mobilize adequate and sustainable resources and ensure their efficient allocation and effective use.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that the political declaration of the upcoming High-level Meeting should reflect the need for universal health coverage to include the provision of a set of cost-effective essential cancer and palliative care services delivered at the primary and secondary health care levels.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) noted the high expectations that many Member States had expressed regarding the outcome of the High-level Meeting. The Director-General would continue to work with the President of the General Assembly on preparations for the High-level Meeting, including the multistakeholder hearing, and the Secretariat would provide Member States with technical support to ensure that the political declaration adopted at the Meeting was efficient and effective.

The DIRECTOR-GENERAL thanked Member States for their input and said that joint work would continue in order to make the High-level Meeting as successful as possible.

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

The meeting rose at 20:25.