



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

144TH SESSION

GENEVA, 24 JANUARY–1 FEBRUARY 2019

SUMMARY RECORDS

GENEVA
2019

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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

PREFACE

The 144th session of the Executive Board was held at WHO headquarters, Geneva, from 24 January to 1 February 2019. The proceedings are issued in two volumes. The present volume contains the resolutions and decisions, and relevant annexes. The summary records of the Board's discussions, and details regarding membership of committees, are issued in document EB144/2019/REC/2. The list of participants and officers is contained in document EB144/DIV./1 Rev.1.

CONTENTS

	Page
Preface.....	iii
Agenda	ix
List of documents	xiii
Committees and selection panels	xix

SUMMARY RECORDS

First meeting

1.	Opening of the session and adoption of the agenda.....	1
2.	Report by the Director-General.....	2

Second meeting

1.	Report of the Regional Committees.....	9
2.	Report of the Programme, Budget and Administration Committee of the Executive Board.....	12
3.	Financial matters Overview of financing and implementation of the Programme budget 2018–2019...	13
4.	Managerial, administrative and governance matters WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform	17

Third meeting

1.	Managerial, administrative and governance matters (continued) WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform (continued).....	23
2.	Strategic priority matters Proposed programme budget 2020–2021	25

Fourth meeting

	Strategic priority matters (continued) Proposed programme budget 2020–2021 (continued).....	35
	Polio	
	• Eradication	40
	• Transition	48

Fifth meeting

1.	Human resources	
	Appointment of the Regional Director for South-East Asia	54
	Appointment of the Regional Director for the Western Pacific	56
2.	Strategic priority matters (continued)	
	Implementation of the 2030 Agenda for Sustainable Development	59

Sixth meeting

	Strategic priority matters (continued)	
	Implementation of the 2030 Agenda for Sustainable Development (continued)	62
	Universal health coverage	
	• Primary health care towards universal health coverage	70

Seventh meeting

	Strategic priority matters (continued)	
	Universal health coverage (continued)	
	• Primary health care towards universal health coverage (continued)	74
	Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme	81

Eighth meeting

	Strategic priority matters (continued)	
	Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (continued)	85
	Universal health coverage (continued)	
	• Community health workers delivering primary health care: opportunities and challenges	93

Ninth meeting

	Strategic priority matters (continued)	
	Health, environment and climate change	106
	Medicines, vaccines and health products	
	• Access to medicines and vaccines	116

Tenth meeting

	Strategic priority matters (continued)	
	Medicines, vaccines and health products (continued)	
	• Access to medicines and vaccines (continued)	117
	• Cancer medicines	130
	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues	
	• Prevention and control of noncommunicable diseases	136

Eleventh meeting

Strategic priority matters (continued)	
Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues (continued)	
• Prevention and control of noncommunicable diseases (continued)	145
• Ending tuberculosis	149
Eleventh revision of the International Classification of Diseases	154

Twelfth meeting

1. Strategic priority matters (continued)	
Eleventh revision of the International Classification of Diseases (continued)	158
2. Other technical matters	
Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	160
Member State mechanism on substandard and falsified medical products	165
Human resources for health	168
Accelerating cervical cancer elimination.....	172

Thirteenth meeting

Other technical matters (continued)	
Accelerating cervical cancer elimination (continued)	176
Patient safety	
• Water, sanitation and hygiene in health care facilities	180
Promoting the health of refugees and migrants	188

Fourteenth meeting

1. Managerial, administrative and governance matters (continued)	
WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform (continued).....	197
Evaluation of the election of the Director-General of the World Health Organization	202
Engagement with non-State actors	202
Multilingualism	206
World health days	208
2. Other technical matters (continued)	
Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (continued)	210

Fifteenth meeting

1. Financial matters	
Scale of assessments for 2020–2021	213
2. Human resources (continued)	
Report of the Ombudsman.....	213
Statement by the representative of the WHO staff associations	217
Human resources update, including on the global internship programme.....	219
Report of the International Civil Service Commission.....	219
Amendments to the Staff Regulations and Staff Rules.....	219

3.	Matters for information	
	Outcome of the Second International Conference on Nutrition.....	222
	Evaluation: update	222
	Reports of advisory bodies	
	• Expert committees and study groups.....	222
4.	Strategic priority matters (continued)	
	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues (continued)	
	• Antimicrobial resistance.....	225

Sixteenth meeting

1.	Strategic priority matters (continued)	
	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues (continued)	
	• Antimicrobial resistance (continued)	227
2.	Other technical matters (continued)	
	Patient safety (continued)	
	• Global action on patient safety	238
3.	Strategic priority matters (resumed)	
	Eleventh revision of the International Classification of Diseases (continued)	249
	Universal health coverage (continued)	
	• Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage	249

Seventeenth meeting

1.	Managerial, administrative and governance matters (continued)	
	Future meetings of the governing bodies	
	• Provisional agenda of the Seventy-second World Health Assembly	259
	• Date and place of the 145th session of the Executive Board.....	266
	Reports of the committees of the Executive Board	
	• Foundations and awards	266
2.	Strategic priority matters (continued)	
	Universal health coverage (continued)	
	• Primary health care towards universal health coverage (continued)	268
	• Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage (continued).....	271
	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues (continued)	
	• Antimicrobial resistance (continued)	272
3.	Other technical matters (continued)	
	Patient safety (continued)	
	Global action on patient safety (continued)	273
4.	Closure of the session.....	273

AGENDA¹

1. Opening of the session and adoption of the agenda
2. Report by the Director-General
3. Report of the Regional Committees
4. Report of the Programme, Budget and Administration Committee of the Executive Board
5. Strategic priority matters
 - 5.1 Proposed programme budget 2020–2021
 - 5.2 Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
 - 5.3 Polio
 - Eradication
 - Transition
 - 5.4 Implementation of the 2030 Agenda for Sustainable Development
 - 5.5 Universal health coverage
 - Primary health care towards universal health coverage
 - Community health workers delivering primary health care: opportunities and challenges
 - Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage
 - 5.6 Health, environment and climate change
 - 5.7 Medicines, vaccines and health products
 - Access to medicines and vaccines
 - Cancer medicines

¹ As adopted by the Board at its first meeting (24 January 2019).

5.8 Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues

- Antimicrobial resistance
- Prevention and control of noncommunicable diseases
- Ending tuberculosis

5.9 Eleventh revision of the International Classification of Diseases

6. Other technical matters

6.1 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

6.2 Member State mechanism on substandard and falsified medical products

6.3 Human resources for health

6.4 Promoting the health of refugees and migrants

6.5 Accelerating cervical cancer elimination

6.6 Patient safety

- Global action on patient safety
- Water, sanitation and hygiene in health care facilities

7. Managerial, administrative and governance matters

7.1 WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform

7.2 Evaluation of the election of the Director-General of the World Health Organization

7.3 Engagement with non-State actors

7.4 [deleted]

7.5 Multilingualism

7.6 World health days

7.7 Reports of committees of the Executive Board

- Foundations and awards

AGENDA

- 7.8 Future meetings of the governing bodies
 - Provisional agenda of the Seventy-second World Health Assembly
 - Date and place of the 145th session of the Executive Board
- 8. Financial matters
 - 8.1 Overview of financing and implementation of the Programme budget 2018–2019
 - 8.2 Scale of assessments for 2020–2021
 - 8.3 [deleted]
- 9. Human resources
 - 9.1 Appointment of the Regional Director for South-East Asia
 - 9.2 Appointment of the Regional Director for the Western Pacific
 - 9.3 Statement by the representative of the WHO staff associations
 - 9.4 Report of the Ombudsman
 - 9.5 Human resources update, including on the global internship programme
 - 9.6 Report of the International Civil Service Commission
 - 9.7 Amendments to the Staff Regulations and Staff Rules
- 10. Matters for information
 - 10.1 Outcome of the Second International Conference on Nutrition
 - 10.2 Evaluation: update
 - 10.3 Reports of advisory bodies
 - Expert committees and study groups
- 11. Closure of the session

LIST OF DOCUMENTS

EB144/1 Rev.1	Agenda ¹
EB144/1 (annotated)	Provisional agenda (annotated)
EB144/2	Report by the Director-General
EB144/3	Report of the regional committees to the Executive Board
EB144/4	Report of the Programme, Budget and Administration Committee of the Executive Board
EB144/5	Proposed programme budget 2020–2021
EB144/6	Proposed programme budget 2020–2021 Better value, better health: strategy and implementation plan for value for money in WHO – update
EB144/7	Proposed programme budget 2020–2021 Thirteenth General Programme of Work, 2019–2023 WHO Impact Framework
EB144/8	Public health preparedness and response Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
EB144/9	Polio Eradication
EB144/10	Polio Transition
EB144/11 Rev.1	Implementation of the 2030 Agenda for Sustainable Development
EB144/12	Universal health coverage Primary health care towards universal health coverage
EB144/13	Universal health coverage Community health workers delivering primary health care: opportunities and challenges

¹ See page ix.

EB144/14	Universal health coverage Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage
EB144/15	Health, environment and climate change Draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments
EB144/16	Health, environment and climate change Draft global plan of action on climate change and health in small island developing States
EB144/17	Medicines, vaccines and health products Access to medicines and vaccines
EB144/18	Medicines, vaccines and health products Cancer medicines
EB144/19	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Antimicrobial resistance
EB144/20	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Prevention and control of noncommunicable diseases
EB144/20 Add.1	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Prevention and control of noncommunicable diseases Proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases for 2020
EB144/21	Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues Ending tuberculosis
EB144/22	Eleventh revision of the International Classification of Diseases
EB144/22 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board
EB144/23	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Implementation of decision WHA71(11) (2018)
EB144/23 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board

LIST OF DOCUMENTS

EB144/24	Member State mechanism on substandard and falsified medical products
EB144/25	Human resources for health WHO Global Code of Practice on the International Recruitment of Health Personnel: third round of national reporting
EB144/26	Human resources for health Global strategy on human resources for health: workforce 2030
EB144/27	Promoting the health of refugees and migrants Draft global action plan, 2019–2023
EB144/28	Accelerating cervical cancer elimination
EB144/29	Patient safety Global action on patient safety
EB144/30	Patient safety Water, sanitation and hygiene in health care facilities
EB144/31	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform
EB144/32	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform Prioritization of proposals for inclusion on the draft provisional agenda of the Executive Board
EB144/33	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform WHO reform
EB144/33 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB144/34	WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform Report of the Executive Board Chairperson on the outcome of the informal consultation on governance reform
EB144/34 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB144/35	Evaluation of the election of the Director-General of the World Health Organization
EB144/35 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB144/36	Engagement with non-State actors

EB144/37	Engagement with non-State actors Non-State actors in official relations with WHO
EB144/37 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB144/38	Multilingualism
EB144/39 Rev.1	World health days
EB144/40	Foundations and awards
EB144/40 Add.1	Foundations and awards Proposal to establish the Nelson Mandela Award for Health Promotion
EB144/41 Rev.1	Provisional agenda of the Seventy-second World Health Assembly
EB144/42	Date and place of the 145th session of the Executive Board
EB144/43	Overview of financing and implementation of the Programme budget 2018–2019
EB144/44	Scale of assessments 2020–2021
EB144/45	Appointment of the Regional Director for South-East Asia
EB144/46	Appointment of the Regional Director for the Western Pacific
EB144/47	Human resources update, including on the global internship programme
EB144/48	Report of the International Civil Service Commission
EB144/49 Rev.1	Amendments to the Staff Regulations and Staff Rules
EB144/49 Rev.1 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board
EB144/50 Rev.1	Outcome of the Second International Conference on Nutrition
EB144/51	Evaluation: update
EB144/52	Reports of advisory bodies Expert committees and study groups
EB144/52 Add.1	Reports of advisory bodies Expert advisory panels and committees and their membership

LIST OF DOCUMENTS

Information documents

EB144/INF./1	Statement by the representative of the WHO staff associations
EB144/INF./2	Report of the Ombudsman
EB144/INF./3	Human resources update, including on the global internship programme End-of-year management letter on protection from sexual exploitation and abuse (SEA) and reporting of SEA allegations
EB144/INF./4	WHO presence in countries, territories and areas

Diverse documents

EB144/DIV./1 Rev.1	List of members and other participants
EB144/DIV./2	Preliminary daily timetable
EB144/DIV./3	List of resolutions and decisions
EB144/DIV./4	List of documents

COMMITTEES AND SELECTION PANELS¹

1. Programme, Budget and Administration Committee²

Professor Mohamed L'Hadj (Algeria), Mrs Maria Nazareth Farani Azevêdo (Brazil, member ex officio), Mr Nilo Dytz Filho (Brazil), Ms Zhang Yang (China), Mr Björn Kümmel (Germany), Professor Dr Nila Farid Moeloek (Indonesia), Dr Hiroki Nakatani (Japan), Mr Omar Bashir Al-Taher Mohammed (Libya), Ms Hilda Dávila Chávez (Mexico), Mr Herbert Barnard (Netherlands), Dr R.M.S.K. Amunugama (Sri Lanka), Dr Rajitha Senaratne (Sri Lanka, member ex officio), Mr Bahar Idriss Abugarda (Sudan) and Dr Jabbin Mulwanda (Zambia).

Twenty-ninth meeting, 21–23 January 2019:³ Dr Jabbin Mulwanda (Zambia, Chairman), Professeur Mohamed L'Hadj (Algeria), Mrs Maria Nazareth Farani Azevêdo (Brazil, member ex officio), Mr Nilo Dytz Filho (Brazil), Mr Cong Ze (China, alternate to Ms Zhang Yang), Mr Björn Kümmel (Germany, Vice Chairman), Professor Dr Nila Farid Moeloek (Indonesia), Dr Hiroki Nakatani (Japan), Dr E.M.O. Ben Omar (Libya), Dr A. Svarch (Mexico), Ms N. Olijslager (Netherlands, alternate to Mr Herbert Barnard), Dr A. Ludowyke (Sri Lanka) and Mr A.A. Almobark Abdalla (Sudan).

2. Sasakawa Health Prize Selection Panel

The Chairman of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder. The selection panel met on 28 January 2019.

3. United Arab Emirates Health Foundation Selection Panel

The Chairman of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder. The selection panel met on 23 January 2019.

4. State of Kuwait Health Promotion Foundation Selection Panel

The Chairman of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder. The selection panel met on 25 January 2019.

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

² Showing the membership as determined by the Executive Board in decision EB143(1) (2018), with a change of representative for Libya, Mexico, Sri Lanka and Sudan.

³ See document EBPBAC29/DIV./1.

5. Dr LEE Jong-wook Memorial Prize Selection Panel

The Chairman of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Western Pacific Region and a representative of the founder. The selection panel met on 25 January 2019.

FIRST MEETING

Thursday, 24 January 2019, at 09:20

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

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the provisional agenda (documents EB144/1 and EB144/1 (annotated))

Opening of the session

The CHAIRMAN declared open the 144th session of the Executive Board.

Adoption of the agenda

The CHAIRMAN drew attention to a proposal by the Secretariat to delete provisional agenda item 7.4, Membership of the Independent Expert Oversight Advisory Committee, as there were no issues to consider in that regard. She also drew attention to a proposal by the Secretariat to delete provisional agenda item 8.3, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received. She took it that the Board agreed to those proposals.

It was so agreed.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with his statement. He recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 144th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The agenda before the Board was particularly heavy, and he called on the Secretariat to propose measures to improve the management of governing body meetings. In his view, reducing agenda length would be the best way to avoid night and weekend meetings without any need to extend sessions.

The European Union and its Member States attached particular importance to the United Nations reform, which WHO was expected to implement from January 2019. He proposed that agenda item 7.1 should be addressed through two separate debates – the first on WHO reform processes, including the transformation agenda, and the second on the implementation of the United Nations development system reform. To support the discussion of the latter, he requested further details of how WHO would fully implement the United Nations reform.

The representative of FINLAND said that the structure of the provisional agenda, which divided items into sections based on their level of priority, had not been approved by Member States. She proposed that the agendas of future meetings of the governing bodies should be aligned with the four pillars of the Thirteenth General Programme of Work, 2019–2023 for greater consistency and clarity.

She expressed disappointment that an issue that had been requested as a priority by the WHO Regional Committee for Europe, namely the role of WHO in countries, had not been included in the session's documentation.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, expressed support for the proposal to align future agendas of the governing bodies with the Thirteenth General Programme of Work. The Secretariat should prepare a document on the structure of future agendas.

The CHAIRMAN said that the Secretariat would submit proposals for the agendas of future Executive Board meetings in due course. A document on the work of WHO in country offices would also be produced. She took it that the Board wished to accede to the request on the participation of the European Union and agreed to address item 7.1 of the provisional agenda item 7.1 in two separate discussions.

It was so agreed.

The agenda, as amended, was adopted.¹

Election of officers

The CHAIRMAN noted that Dr Mohammed Jaber Hwoal Al-Taae (Iraq), elected as Rapporteur at the Board's 143rd session, had been replaced as a Board member. She drew attention to a proposal by the Member States of the Eastern Mediterranean Region to elect Dr Faeqa bint Saeed Alsaleh (Bahrain) as Rapporteur for the remainder of the term. She took it that that proposal was acceptable to the Board.

It was so agreed.

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB144/2)

The DIRECTOR-GENERAL, introducing his report, highlighted the importance of listening to young people and giving them a platform for their ideas on transforming society. In recent months, he had made several visits to the field to see the reality of WHO's work. Those experiences had been humbling and interested Board members would be welcome to accompany him on similar visits in 2019.

Implementation of the Thirteenth General Programme of Work, 2019–2023 had begun in earnest and progress had already been made towards the “triple billion” goals of universal health coverage, better protection from health emergencies and better health and well-being. There would also be discussion and implementation of new initiatives in 2019, which would require WHO to transform and to take advantage of the opportunities presented by the broader United Nations reform. The transformation of WHO should ensure: a measurable impact at the country level; relevance in all countries; normative and technical excellence and leadership; and innovation with a focus on digital health.

That transformation would be achieved through a new strategy, the introduction of new processes, and a new operating model and culture at WHO. Integrity was a key value for WHO and it should be noted that the Organization took a zero tolerance approach towards harassment, sexual harassment,

¹ Document EB144/1 Rev.1.

exploitation and abuse. Diversity was another important value, and action would continue to be taken at all levels of the Organization to improve diversity.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement. He requested more details on the key decisions and policies resulting from WHO's first Global Management Meeting, which had been held in Nairobi in December 2018 in the context of the transformation agenda. WHO should have a strong and efficient presence in Geneva; the strengthening of regional and country offices should not undermine its ability to ensure that core functions were being fulfilled globally from headquarters. As part of its reform, WHO must continue to engage with non-State actors and seek the best way to capitalize on their inputs and expertise.

He supported the draft proposed programme budget 2020–2021, particularly its focus on measurable impacts and taking an integrated approach, but expressed concern that the proposed target of US\$ 99 million for savings through reallocation and efficiencies might be unattainable without a plan on how to achieve it. Synergies between the proposed global action plan for healthy lives and well-being for all, the Thirteenth General Programme of Work and the draft proposed programme budget 2020–2021 were encouraged. Applauding WHO's response to the Ebola virus disease outbreak in the Democratic Republic of the Congo in 2018, he emphasized the importance of scaling up capacity at the country level to tackle health threats and implement the International Health Regulations (2005).

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that, to control the rapid growth of noncommunicable diseases, countries must reform their health care systems and increase health staff numbers. Health sectors should be more decentralized and field-oriented and place more emphasis on awareness-raising. He commended WHO's increased focus on mental health but noted that expertise was needed to manage national and regional programmes in a sustainable manner and to expand services at the grass-roots level. He supported the Director-General's stance on digital innovations in health care.

The representative of the NETHERLANDS, speaking on behalf of Australia, Belgium, Denmark, Finland, Germany, Ireland, Israel, Italy, Japan, Luxembourg, Monaco, New Zealand, Norway, Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America, expressed appreciation for the Secretariat's response to recent allegations of misconduct at WHO. In such situations, action in the form of due process and investigation would strengthen confidence in the Secretariat's ability to fairly and appropriately address complaints. It was essential to create an organizational culture and implement policies and systems, including whistle-blower mechanisms, that would prevent and respond to harassment and other misconduct. The Secretariat should also review its whole system of prevention and investigation, bolster its checks and balances and assess the need for funding and resources in that regard. He also expressed appreciation for efforts to improve diversity and the working culture within the Organization.

The representative of GERMANY said that a strong WHO could not be achieved without a strong Executive Board. To enhance its role, the Board should be briefed, in writing, on key challenges and important decisions taken by the Secretariat at least once between its May and January sessions.

The representative of INDONESIA welcomed the inclusion of universal health coverage as a strategic priority in the Thirteenth General Programme of Work. Access to high-quality and affordable medicines and vaccines was important to attaining universal health coverage and the health-related Sustainable Development Goals. Implementation of the Polio Eradication and Endgame Strategic Plan post-2018 required better preparation through the collection of quality data on and analysis of polio outbreaks, improved coordination to ensure the availability of sufficient inactivated polio vaccine, and the provision of timely funding for polio eradication and transition programmes. The Secretariat should

increase its support for and collaboration with Member States to address noncommunicable diseases through promotion and prevention initiatives and sustainable financing.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that the commitment to increasing the capacity of country offices as part of the WHO transformation process should be reflected in budget allocations to ensure sufficient funds to build technical capacity, even in smaller Member States. He joined the Director-General in appealing to the donor community to consider changing funding arrangements by moving from the use of earmarked resources to a more flexible set-up. Member States, partners and donors should consider replenishing the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2019. Further consideration should be given to the representation of non- and underrepresented Member States within WHO. When managing cases of fraud and alleged misconduct by WHO staff, the Secretariat should always uphold the principles of fairness, objectivity and professionalism.

The representative of CHINA commended efforts thus far in pushing forward with WHO reform. As part of the reform process, the Secretariat should focus on building the confidence of Member States and encouraging the sharing of experience and good practices.

The representative of FINLAND said that the WHO transformation process should lead to a more effective Organization, working with its partners to implement the Sustainable Development Goals. It was vital for Member States and partners to trust the Organization to deliver on its mandate; transparency, efficiency, accountability and good governance were essential in building such trust. WHO staff played a key role in the transformation process and must be appreciated and supported in their work.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that it was important to further promote the role and contribution of country offices. The Secretariat should increase resources to ensure greater complementarity between development and health. Welcoming the Secretariat's response to the allegations of misconduct in the Organization, he emphasized the need to conduct the appropriate investigations. Transparency within the Organization was vital to uphold its integrity.

The representative of the UNITED STATES OF AMERICA commended WHO staff on their efforts to respond to the Ebola virus disease outbreak in the Democratic Republic of the Congo. Building capacity to work effectively across the three levels of the Organization and deliver results for communities was at the heart of the WHO transformation agenda, and the focus on measurable impacts in the draft proposed programme budget 2020–2021 was therefore welcome.

The representative of JAMAICA welcomed the Director-General's drive to create a new culture and mindset within the Organization to address issues such as harassment, abuse and lack of diversity.

The representative of ISRAEL said that it was important to step up efforts on noncommunicable diseases and ensure adequate funding; WHO should continue to fulfil its leadership and standard-setting role in that area. He welcomed the planned increase in investment to expand WHO's work supporting data collection and innovation. The Organization should lead and coordinate efforts in the areas of digital health and artificial intelligence to increase efficiency and global impact, and reduce gaps between countries and regions.

The representative of LIBYA underscored the need to find more flexible solutions to address the complicated health emergencies faced by certain countries. Health care provision for refugees should be improved and the risk of exposure of the local populace in host countries to infectious diseases should be taken into consideration.

The representative of FIJI, speaking on behalf of the Pacific island countries, welcomed Secretariat efforts to combat noncommunicable diseases, which had reached crisis point in his region. With reference to the reform of the global internship programme, he highlighted the importance of providing support to build the capacity of future leaders in small island nations in the Pacific, in order to foster better interaction and facilitate access to WHO and its initiatives.

The representative of VIET NAM welcomed the Director-General's comprehensive report and expressed support for the goals of the Thirteenth General Programme of Work. The General Programme of Work had been used to improve national health activities in his country.

The representative of the PHILIPPINES¹ welcomed the use of a participatory process to develop, finalize and implement the Thirteenth General Programme of Work and the related WHO Impact Framework. He emphasized the importance of work at the country level, citing recent gains in his country made with support from the WHO country office.

The representative of THAILAND¹ said that WHO leaders should make greater use of their social and intellectual capital to support Member States in moving ahead with evidence-based policy actions. At all levels of the Organization they should ensure that they are good role models by exhibiting healthy behaviours, including increased physical activity, sufficient rest, less travel and better weight management. In addition, all WHO meetings should be alcohol-free.

The representative of KENYA¹ said that the links between universal health coverage and other outcomes critical to achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) should be strengthened. He supported the WHO transformation agenda and welcomed the Director-General's efforts to embrace new technologies and innovations in health to improve access to health services for hard-to-reach populations. The commitment to upholding integrity and ethical practices within the Organization was welcome.

The representative of CÔTE D'IVOIRE¹ encouraged the Secretariat to continue to seek innovative sources of financing to facilitate the implementation of the Thirteenth General Programme of Work. With regard to discrimination, equality and abuse in the workplace, he reaffirmed his country's full confidence in the Director-General's ability to guide the Secretariat in preventing and addressing any such misconduct within the Organization.

The representative of the RUSSIAN FEDERATION¹ said that the WHO reform process should be as transparent as possible for Member States. He supported efforts to monitor and prevent public health emergencies, but noted that the Organization had not responded effectively to the Ebola outbreak in the Democratic Republic of the Congo. More strategic use of Member State technical resources would have strengthened response measures. His Government stood ready to send specialized medical teams, mobile laboratories, protective gear for staff and vaccines to the Democratic Republic of the Congo to help to support efforts on the ground.

The representative of NORWAY¹ underlined that the WHO transformation agenda must be fully aligned with the United Nations reform and that the Organization's leadership role and normative function must be preserved and developed, all of which would require a strong WHO headquarters. He expressed appreciation for the Organization's leadership on the proposed global action plan for healthy lives and well-being and for the documents produced by the Secretariat for discussions on universal health coverage. He commended its work on air pollution and climate change and looked forward to advancing discussions in that area, particularly on the issue of health and climate change in small island

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

developing States. He encouraged the Secretariat to mainstream gender in all its activities and welcomed confirmation of the Organization-wide policy of zero tolerance of sexual exploitation and abuse.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the Director-General's continued affirmation of progress made in the WHO transformation process and alignment with the United Nations reform. However, there was a need for evidence of tangible action and more transparency on the process, including sharing with Member States not only the vision, but also details of how it would be achieved. He fully supported the initiatives that WHO had already taken against harassment, bullying, sexual exploitation and abuse, and reaffirmed the importance of WHO's leadership in empowering staff to report cases of abuse and misconduct.

The representative of DENMARK¹ said that strengthening primary health care was key to achieving universal health coverage, and that WHO had a crucial role to play in developing and sharing good practices to that end. The Director-General should demonstrate strong leadership in supporting Member States with the development of primary health care systems and the implementation of the values, principles and commitments of the Declaration of Astana on primary health care.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ said that, while primary health care and access to high-quality, affordable medicines and vaccines were fundamental to achieving universal health coverage, access to affordable medicines remained a major challenge. More efforts should be focused on the funding mechanisms for research and development of high-quality, affordable medicines. The draft road map for access to medicines, vaccines and other health products 2019–2023 should investigate the causes of overpricing of medicines, especially those used to treat cancer and tuberculosis. The draft WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments must take into account the different vulnerabilities and capacities of countries and their responsibilities and obligations under the relevant climate change agreements.

The representative of SOUTH AFRICA¹ said that the success of the Thirteenth General Programme of Work would hinge on ensuring that resources were available for its implementation on the ground, particularly in the African Region. Increased investment in the programmes and countries that were furthest behind on health indicators would be key. She commended efforts to dedicate funding to priority areas and to address allegations of harassment, intimidation, abuse and discriminatory behaviour. She encouraged alignment of the WHO transformation process with the United Nations reform and called on WHO to wield due influence to ensure health-related concerns and investments were appropriately represented in discussions.

The representative of INDIA,¹ highlighting that India would be hosting the Global Digital Health Partnership in New Delhi in 2019, expressed appreciation for the inclusion of digital health as a key pillar of the WHO transformation agenda. He was confident that the Secretariat would take further steps to implement resolution WHA71.7 (2018) on digital health.

The representative of the REPUBLIC OF MOLDOVA¹ commended action taken by the Director-General and his team to transform the Organization and ensure WHO's leadership role in the United Nations reform, thereby maximizing the potential to achieve the Sustainable Development Goals and the "triple billion" goals. She also welcomed efforts to expand health partnerships and increase stakeholder engagement to enhance support for global health policies, including by working with

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

governments, the private sector and civil society, as well as parliamentarians, who should have greater involvement in promoting global health policies.

The representative of TRINIDAD AND TOBAGO,¹ welcoming the reform efforts, said that mindset was indeed an important element of reform; a diverse WHO would be stronger and more effective. She thanked the Director-General for his leadership in tackling the Ebola outbreaks in 2018 and commended the Secretariat's work towards addressing climate change and its effects on small island developing States, diversity in the Organization, noncommunicable diseases, universal health coverage, air pollution and women's health, specifically cervical cancer and maternal health.

The representative of MONTENEGRO¹ welcomed the importance attached to the United Nations reform, notably through the planned strengthening of WHO regional and country offices, which would support measures to enhance accountability and transparency across the Organization. Recent efforts to improve collaboration in global health governance and mainstream Sustainable Development Goal 3 were also commendable, and he looked forward to seeing synergies developed between the proposed global action plan for healthy lives and well-being for all, the Thirteenth General Programme of Work and the programme budget. The Organization should continue to align its work closely with the Sustainable Development Goals, focusing on a multisectoral and human rights-based approach.

The DIRECTOR-GENERAL, thanking Member States for their comments and recommendations, said that good progress had been made on the proposed global action plan for healthy lives and well-being for all, with 12 agencies having committed to the three strategic approaches – align, accelerate and account. He thanked the Governments of Germany, Ghana and Norway, which had initiated the proposed global action plan, for challenging WHO to take on the role of coordination at both the global and country levels; with the support of the other Member States, the Organization would be able to use the mechanism to serve beneficiaries more effectively. Responding to the representative of Eswatini, he observed that one element of the proposed global action plan involved improving resource mobilization alignment to avoid competition.

He called on Member States to make a political commitment to addressing health inequities in the world at the High-level Meeting of the United Nations General Assembly on Universal Health Coverage in September 2019. Many commitments had been made regarding universal health coverage since its inception 70 years previously, most notably with the launch of the Sustainable Development Goals in 2015, which had marked a paradigm shift. It was now time to deliver on those promises, and the most effective way of doing so was to invest in primary health care, since early detection and prevention were the best and most cost-effective ways of tackling health challenges.

The United Nations reform represented a great opportunity for WHO; the Secretariat was making every effort to align the Organization's transformation with that reform and needed the support of Member States. He would continue to report on progress in that regard.

He agreed that a written report could be produced between Executive Board sessions. As previously suggested, the Chairman and Vice-Chairman of the Executive Board, alongside the regional coordinators, could take responsibility for producing such a report.

Gender mainstreaming needed to be implemented throughout the Organization, with all departments taking ownership of the process. WHO aimed to be an open Organization, where people did not self-censor, but felt free to discuss any issue with anyone else. An open-door policy had been implemented, and he personally held regular open-door sessions. Openness was also key to increasing productivity and preventing harassment. Becoming an open organization would take time, but WHO was committed to openness, including with Member States.

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

The CHAIRMAN took it that the Board wished to conclude the discussion of the agenda item.

It was so agreed.

The meeting rose at 12:20.

SECOND MEETING

Thursday, 24 January 2019, at 14:45

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

1. REPORT OF THE REGIONAL COMMITTEES: Item 3 of the agenda (document EB144/3)

The REGIONAL DIRECTOR FOR AFRICA said that the Region's Member States, meeting at the sixty-eighth session of the WHO Regional Committee for Africa, had stressed the need to develop an implementation framework for the draft WHO global strategy on health, environment and climate change. Regarding the draft road map for access to medicines, vaccines and other health products 2019–2023, they had noted that there was a clear need for regional and subregional coordination to improve access to affordable, high-quality medicines and vaccinations, and that countries transitioning out of support from Gavi, the Vaccine Alliance, would require help with vaccine coverage. They had expressed support for the proposed programme budget for 2020–2021 and its “triple billion” goals, and welcomed the consultative, bottom-up approach used to develop them.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the Region's Member States, meeting at the seventieth session of the WHO Regional Committee for the Americas, had considered inter alia a number of regional documents, the proposed programme budget for 2020–2021, the methodology used to develop indicators for the Thirteenth General Programme of Work, 2019–2023, regional issues such as road safety and maternal mortality, and global concerns, such as climate change and eHealth.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Region's Member States, meeting at the sixty-fifth session of the WHO Regional Committee for the Eastern Mediterranean, had examined several papers on implementation of the Thirteenth General Programme of Work in the Eastern Mediterranean, including the “triple billion” strategic priorities. The unprecedented number of conflict-related health emergencies in the Region made it difficult to implement the Programme, and the Secretariat must therefore strengthen national capacities and adapt its work to regional specificities.

Member States had reaffirmed their commitment to universal health coverage, polio eradication and health promotion across the life course. They had expressed support for the approach to health emergencies outlined in the General Programme of Work and endorsed the development of a global action plan on the health of refugees and migrants, but noted that more technical support was required from WHO on emergency preparedness, detection, control, response and recovery, and on building resilient health systems.

The REGIONAL DIRECTOR FOR EUROPE said that the WHO Regional Office for Europe had endorsed a vision aimed at strengthening public health through legislation, governance, institutional structures and a competent workforce. It regularly reviewed the work of the country offices in view of the strategic role they played in advancing that agenda. Visits to country offices were therefore a fixture. Consideration should be given to extending that practice to other parts of the Organization and to discussing the country focus of WHO work, the United Nations reform and other elements of the WHO transformation process. In future, the Committee would insist that it be given the opportunity to review the programme budget in detail before it was submitted to the governing bodies.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that the resolutions and decisions adopted by the seventy-first session of the WHO Regional Committee for South-East Asia included a decision calling on WHO to develop a regional action plan for the draft global strategy on health, environment and climate change and a resolution requesting that disease burden and population size of regions be considered in the proposed programme budget for 2020–2021. To reduce the data burden, the indicators for the Thirteenth General Programme of Work must be measured in a way that was aligned with the Sustainable Development Goals and other existing frameworks.

The Regional Committee had observed a clear link between Member States' achievements, financial investment and Secretariat support, and therefore commended the practice of providing funding before the biennial workplan commenced. It had also recognized that health worker density in most Member States remained below the threshold for human resources for health set out in the Sustainable Development Goals. Efforts were therefore needed to enhance rural retention and transformative education, and to improve data collection and analysis on human resources for health, with a focus on frontline workers. Lastly, the Committee had confirmed its commitment to the global action plan on physical activity 2018–2030.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that the Region's Member States, meeting at the sixty-ninth session of the WHO Regional Committee for the Western Pacific, had discussed conventional public health topics and more innovative subjects, endorsing a regional action framework on, for example, harnessing eHealth for improved service delivery and strengthening legal frameworks for health. As customary, all WHO country offices in the Western Pacific Region had participated in the lunchtime videoconference, which had discussed the importance of communication in implementing the "triple billion" targets.

The representative of INDONESIA said that the disease burden and population size of regions must be considered not only in the proposed programme budget for 2020–2021, but in all future budgets. The new challenges facing the South-East Asia Region – among them, communicable diseases, noncommunicable diseases and climate change – would require more sustainable financing based on value for money and the WHO Impact Framework for the Thirteenth General Programme of Work.

The representative of SRI LANKA reported that the WHO Regional Office for South-East Asia had been endeavouring to improve the efficiency of meetings by reducing the number of items on the agenda. The Regional Committee had therefore agreed to sunset outstanding resolutions from the period 2000–2015 that were no longer relevant. It had also pushed for "green" meetings where all documents were made available through an application. During sessions, the Regional Director had insisted on physical activities, such as yoga or dance.

The representative of FINLAND said that concise reports on the discussions of other regional committees helped delegates to better understand different approaches to topics of both regional and global significance. There might also be value in organizing visits to other regional committees.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, echoed calls for environmental surveillance to be part of the draft global strategy on health, environment and climate change. The draft road map for access to medicines, vaccines and other health products would be a key tool for achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and meeting the targets set out in the Thirteenth General Programme of Work. The Secretariat should support Member States' efforts to implement a Health in All Policies approach, particularly regarding the environment and climate change, and to champion the sharing of best practices across regions.

The representative of JAPAN said that items of regional importance also fed the global debate. His Region's activities were of particular relevance to countries for which international collaboration was shifting from technical assistance to service provision and national capacity-building.

The representative of SUDAN hoped that progress would continue to be made in the African Region in line with the Thirteenth General Programme of Work and the "triple billion" goals. Given that the Region was experiencing several emergency situations and conflicts, immense resources were needed to provide proper health care to refugees and migrants, especially in host communities. Experience had been gained from the "Walk the Talk" initiative, which he hoped would be adopted by all members of society and contribute to the fight against noncommunicable diseases.

The representative of GERMANY said that the regional committees played a crucial governance role and that it was important to take the views of all regions into consideration. The global governing bodies must nevertheless provide oversight and guidance on WHO's work in countries, especially given the impact on the programme budget of the planned shift to a country focus. While exceptional circumstances had led to only a high-level proposed programme budget for 2020–2021 being submitted to the regional committees, in the past entire draft budgets had been made available for thorough review, and he requested that the practice be reinstated in the future.

The representative of JAMAICA said that the Regional Committee for the Americas had provided consistent support that had allowed countries to find effective ways to fight communicable and noncommunicable diseases and chart paths towards a stronger health sector.

The representative of ALGERIA said that the regional committee reports provided valuable information about activities in the regions. For example, the African Region's functional review of country offices had taken countries' needs and the expectations of governments and development partners into account, thus strengthening the evaluation culture. The resulting report had included recommendations for improving the governance and work of the International Coordination Group on Vaccine Provision that should be fully and effectively implemented.

The representative of ISRAEL said that all topics discussed at the regional level required commitments at the national level and guidance from the global governing bodies. The European Region's decisions and resolutions outlined in the report were welcome, as was the Regional Director for Europe's support for advancing cooperation between groups of countries within the Region and for monitoring among Member States within the Region and worldwide.

The representative of GABON said that WHO had a key role to play in matters of environmental health through the draft global strategy on health, environment and climate change and by supporting the strategic plan adopted at the Third Interministerial Conference on Health and Environment held in Gabon in 2018. As one of the middle-income countries ineligible for support from Gavi, Gabon was affected by the issue of access to medicines and vaccines, and he fully supported making improvements to the related draft road map.

The representative of PANAMA¹ said that the possibility that diseases would be imported into transit and destination countries must be reflected in a draft global action plan on the health of refugees and migrants and that there must be effective coordination between all agencies and programmes concerned. She reiterated the importance of consultation with national authorities and WHO officials at

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

the country level during the priority-setting process for the proposed programme budget for 2020–2021 and recommended using the Hanlon Method for prioritizing health problems.

The representative of SOUTH AFRICA¹ said that the issue of access to medicines continued to impede attainment of universal health coverage. The Secretariat must support local production of medicines, with technical and financial support coordinated at the regional and subregional levels. In that respect, the role of country offices in supporting health ministries should be reviewed. The Secretariat should also support local manufacturers, particularly in low-income countries, so that a greater number could submit their products for prequalification by WHO.

The representative of THAILAND¹ said that WHO regional committees enjoyed a unique level of independence among United Nations technical bodies that must be respected. A Member State that did not belong to the South-East Asia Region had recently used informal channels to intervene in the Region's decision to hold its next committee meeting in the Democratic People's Republic of Korea. The Region was now forced to await a decision from the United Nations Security Council. He called on Member States to leave political conflicts out of health work and show the solidarity required to meet the "triple billion" goals. The Director-General should resolve the issue as soon as possible.

The representative of the REPUBLIC OF MOLDOVA,¹ noting that the regional offices' activities were essential to the work of WHO as a whole, said that information from the regions should be exchanged more often. The European Region was at the forefront of health development and had experience worth sharing at the global level in areas such as integrating the 2030 Agenda for Sustainable Development and the Thirteenth General Programme of Work into regional strategies; building coalitions, partnerships and platforms aimed at implementing the 2030 Agenda; and addressing the role of gender in health, as evidenced by its ground-breaking policy document aimed at reducing the number of premature deaths of men from noncommunicable diseases.

The Board noted the report.

2. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB144/4)

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had appreciated the regional focus of the Independent Expert Oversight Advisory Committee's report and hoped that it would be maintained. While the pursuit of new, innovative funding mechanisms in the biennium 2018–2019 was a positive development, it was unfortunate that funding still did not match up with the Organization's priorities. The draft proposed programme budget for 2020–2021 contained a welcome focus on measurable impact, capacity and integrated systems at the country level, and it was encouraging that fundraising was ahead of where it had been at the same time in the previous biennium. He also outlined the Committee's recommendations regarding the Organization's response to sexual harassment, the mobility policy, organizational learning, the primary health care review and implementation of the Framework of Engagement with Non-State Actors.

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

The representative of SRI LANKA stressed the size of the gap between funding and WHO priorities, particularly the lack of funding for noncommunicable diseases. The Committee's report should be borne in mind when discussing the draft proposed programme budget for 2020–2021.

The representative of MEXICO said that the draft proposed programme budget for 2020–2021 and the indicators contained in the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 were highly relevant issues that deserved further analysis.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that the Secretariat should take into consideration the recommendations on prioritization of expenditures and activities that could be reduced in the event of a budget shortfall, especially in the light of his Region's vulnerability in the underfunded categories of communicable and noncommunicable diseases. He requested further information on a number of points: measures taken with regard to information technology and cybersecurity; pending direct financial cooperation reports; polio transition planning; challenges facing the WHO Health Emergencies Programme; and implementation of the Framework of Engagement with Non-State Actors. The Secretariat should also explain how it planned to guarantee sustainable, predictable financing for priority issues such as transition planning and the full implementation of the WHO Impact Framework.

The representative of ZAMBIA, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee, said that he would take the comments and suggestions made into consideration and that the Committee remained open to advice from members of the Board.

The CHAIRMAN took it that the Board wished to conclude the discussion of the item.

It was so agreed.

3. FINANCIAL MATTERS: Item 8 of the agenda

Overview of financing and implementation of the Programme budget 2018–2019: Item 8.1 of the agenda (document EB144/43)

The representative of AUSTRALIA said that she remained concerned by the serious underlying challenges that WHO faced, including the mismatch between funding and agreed priorities, uneven funding across offices, programmes and projects, and a continued lack of flexible funding. The Secretariat had made significant efforts to overcome those challenges in the draft proposed programme budget for 2020–2021, but Member States would be unable to assess the effect thereof unless they had a full understanding of the financing and implementation of the current programme budget. She was eagerly awaiting the completion of the resource mobilization strategic framework for 2019–2023, and suggested that further details on the three segments and related targets would help to clarify how WHO planned to deliver on the Thirteenth General Programme of Work, 2019–2023 and inspire confidence in agreeing a programme budget for 2020–2021. More detail on growth projections for emerging Member State contributors would be particularly useful. She also stressed the importance of the Independent Expert Oversight Advisory Committee's advice to senior management to prioritize spending requirements and determine which activities could be reduced or eliminated in the event of a funding shortfall.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that a coordinated plan needed to be put in place to allow all outstanding financial projections to be realized and to ensure the availability of the funds needed to fully implement the programme budget in 2019. He looked forward to the finalization of the resource mobilization strategic framework in the first quarter of 2019 and endorsed its implementation to ensure the full financing of the draft proposed programme budget for 2020–2021. He welcomed WHO's willingness to use innovative fundraising methods, promote flexibility and predictability of funding and support targeted resource mobilization efforts to increase country capacities. For the Organization to consolidate its global leadership and decision-making power, it must consider reducing its dependence on voluntary contributions from a few donors by encouraging flexible voluntary contributions, expanding the donor base and maximizing the positive effects of the Framework for Engagement with Non-State Actors. All options for strengthening investment in health should be explored in depth, particularly the use of innovative financing mechanisms and more dialogue on funding.

The representative of FINLAND thanked the Secretariat for its work to develop the programme budget web portal and to update the information quarterly. Although more funding was available for the Programme budget 2018–2019 compared to the same time in the previous biennium, the unevenness of funding across major offices and work areas remained a major concern. The disparity was particularly visible – and posed a serious risk – in activities related to noncommunicable diseases, identified as a global high priority. In relation to the Secretariat's guidance on resource mobilization, she asked whether the Secretariat held discussions with donors to try to better align funding with the priorities set out in the general programme of work, and whether it ever refused funding for overfunded programmes or projects not included therein. Noting the ambitious goals for the development of the resource mobilization strategic framework, she requested further information about the basis for the forecast contributions and about the Partners' Forum planned for April 2019.

The representative of GERMANY observed that, although projected financing exceeded the Programme budget 2018–2019, certain programmes continued to suffer shortfalls, indicating that the underlying structural problem had not been addressed effectively. In the past, the Secretariat had focused on trying to mobilize flexible resources, by increasing either assessed contributions – an approach for which the political appetite was currently limited – or core voluntary contributions. Since the latter were highly unlikely to increase, other solutions needed to be found. He agreed with the representative of Finland that the Secretariat should adopt a corporate approach to resource mobilization, so as to eliminate the ongoing unevenness in funding. The Organization's core functions, such as the normative and enabling functions, were heavily dependent on flexible resources, and it would be useful to know whether they were currently well funded. It would also be useful to know the criteria for the distribution of resources throughout headquarters and whether the Partners' Forum would replace the financing dialogue.

The representative of IRAQ, echoing the concerns of the representatives of Finland and Germany about the large disparities in programme funding, asked the Secretariat to explain its strategies for increasing unearmarked contributions, particularly in relation to funding the additional increase in the base segment for the draft proposed programme budget for 2020–2021, given that most voluntary contributions currently provided were earmarked.

The representative of CHINA noted the funding imbalances across the different technical programmes, particularly the chronically underfunded area of noncommunicable diseases. The Secretariat must improve its analysis of poorly funded areas, strengthen fundraising and adopt relevant measures. Referring to the development of the programme budget web portal, she hoped that the Secretariat would provide a clearer, more direct report on how flexible funding was being used. She noted that data were presented more clearly under the new resource mobilization framework, and trusted that the Secretariat would take concrete steps to push the framework's implementation forward.

The representative of JAPAN questioned the logic of continuing to accept contributions to fully funded budget areas when others were so poorly funded. He asked what efforts were being made to have donors consider making contributions to underfunded areas and suggested that the sustained underfunding of certain programmes was indicative of either an inappropriate fundraising strategy or the unattractiveness of the programme itself.

The representative of MEXICO said that it was encouraging that more funds were available for base programmes at 31 October 2018 than at the same point in the previous biennium; the fact that category 2 (Noncommunicable diseases), a priority area, was underfunded nonetheless clearly indicated that resource allocation was not focused on programme needs. The new emphasis on improving health according to specific priorities would help to focus efforts on areas of interest and allow assessed and voluntary contributions to be redirected to strategic programmes. She urged the Organization to pursue its efforts in respect of the new resource mobilization strategy framework and to maintain the same level of commitment to achieving full funding of the programme budget for future bienniums. She looked forward in 2019 to innovative funding strategies and fundraising among existing and new donors, within the Framework for Engagement with Non-State Actors.

The representative of PANAMA¹ said that more information was needed for in-depth analysis of the funding situation and accurate decision-making. Permanent mechanisms were needed to monitor and control resource allocation and implementation; available resources were far less than the approved budget, yet the implementation rate was low. Regarding the disparity in resource allocation in terms of both budget areas and available resources, she noted that donors had for years shown little interest in implementing certain programmes, such as noncommunicable diseases, and wondered whether a results-based focus was seen as a possible solution to the issue. If the Organization failed to act on noncommunicable diseases, it would not be able to meet the goals of the Thirteenth General Programme of Work. She stressed that the Framework for Engagement with Non-State Actors had to be applied throughout the process.

The representative of MONACO¹ said that she shared the concerns of the representatives of Germany, Iraq and Japan on overall financing. Regarding the implementation rate, she noted that the rate for the base segment of the Programme budget 2016–2017 had been 85%, whereas for the current Programme budget it had averaged 32% at 31 October 2018 and should be approximately 41% if sufficient funding had been available. The implementation rate was fundamental in budgetary matters because it served as the basis for drawing up the next budget. She asked why the Secretariat proposed to increase the budget when the average implementation rate was so low and whether it was sure that 100% implementation was possible under the new proposed budget framework if funds were mobilized.

The representative of THAILAND,¹ referring to the implementation of the resource mobilization strategic framework, pointed out that paragraph 4 of decision EB137(7), on strategic budget space allocation, requested the Director-General to work with regional directors to strive towards the use of WHO country budgets and the Organization's social and intellectual capital to leverage additional resources at the country level in order to implement and sustain national priority programmes effectively. Rather than trying to mobilize funds from donors and being held hostage to their earmarked voluntary contributions, WHO should focus on using its social and intellectual capital, together with the small country budgets, to leverage greater social, intellectual and financial resources to implement the programme budget and thereby obtain more independent resources.

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

The CHAIRMAN noted that dissatisfaction with the clarity of the presentation of the programme budget had already been discussed by the Programme, Budget and Administration Committee of the Executive Board, with several Member States having highlighted the unevenness of programme funding. That put the Secretariat in an uncomfortable position, because without clarity there could be no trust or confidence.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that a more detailed analysis of programme budget implementation and the Organization's financial situation would be provided in future. In an effort to address the long-term underfunding of certain programmes and major offices, the Secretariat had adopted an integrated approach in the programme budget with a view to allocating funds at a higher level. It could not resolve the issue on its own, however, since 80% of the funding it received was tightly earmarked. While it was important to make underfunded programmes more attractive to donors, the disconnect between Member States' priorities and the funding provided by donors also needed to be addressed. That being said, the Secretariat was aware that it had to improve its recognition of and reporting to donors that provided flexible funding. In addition, it had decided to review donor agreements before they were signed, so as to ensure that funding was not allocated to major offices that already had sufficient financial resources.

Regarding the budget approval process, Member States approved the budget for each category, which was then broken down into budget ceilings. The Secretariat was looking at ways to facilitate negotiations on ceiling adjustments, in response to criticisms that the budget ceilings were too rigid, but it could only change them temporarily and following strategic discussions on the general programme of work.

The fact that the Programme budget 2018–2019 was 101% funded did not mean that certain programmes were overfunded, as the amount included projected and non-allocated funds as well. The implementation rate, which was expected to be 85% for the biennium 2018–2019, was not radically low, but could be better. It was calculated based on the approved budget rather than on available funds, which explained why underfunded programmes that had made use of all available resources had a low implementation rate. The implementation rate therefore served as an indicator of how realistic the approved budget ceilings were, raising questions as to whether budgeting should indeed be based on projected income or whether more strategic guidance was needed from Member States. If calculated based on available funds, in 2016–2017 the implementation rate was over 90% for all but three budget categories.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that the new approach to resource mobilization had paid off so far: in 2018, nearly US\$ 46 million had been raised in voluntary contributions from 76 donors that had not contributed in 2017; 12 donors had increased their contributions by over US\$ 10 million; and 32 donors had more than doubled their contributions. The Secretariat was also working to improve its end-to-end processes, which would make the allocation of funds more effective and transparent. To that end, a resource allocation committee was being set up.

The Partners' Forum would serve as a platform for high-level strategic discussions between WHO and its partners on ways to mobilize predictable and flexible funding and build long-term partnerships. Rather than being a pledging platform or a substitute for the financing dialogue, it would be an innovative and fast-paced forum supported by a core group of Member States and involving inspirational speakers and group discussions.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that the Secretariat was taking action and not simply waiting for the new resource mobilization strategy and programme budget to have an impact. Since the Director-General had taken office, for instance, all strategic dialogues had included discussions on the nature, as well as the amount, of funding. In addition, the Secretariat had taken steps to ensure that strategic dialogues with individual Member States involved all government ministries and agencies, as well as all WHO departments working with them; Member States had responded positively to that approach. Finally, some donors had already agreed to review their forthcoming donor agreements with a view to ensuring that funding was allocated in accordance with WHO priorities.

The DIRECTOR-GENERAL said that the underfunding of certain programmes was a result of the large amount of earmarked funds that WHO received. In addition, the Secretariat had to manage 3000 separate grants, 46% of which amounted to less than US\$ 500 000 each. That put the system under pressure and was not cost-effective or time-efficient, resulting, among other things, in delays in the submission of reports to donors. A structural solution was needed, with fewer, more manageable grants, freeing up time and resources for programme implementation. The Secretariat was therefore shifting resource mobilization to the corporate level in an effort to reduce the number of grants and ensure that donors and other partners had a single point of contact within the Secretariat. Member States were encouraged to communicate with the Secretariat at the corporate level and to provide predictable, multiyear funding that was either unearmarked or earmarked at the highest possible level. That would make it possible to focus on priority areas and channel funding to them in order to bring about large-scale, high-quality and timely change. Finally, the Secretariat and Member States needed to work together as partners to mobilize resources. He asked Member States for their continued support in that regard and invited them to join the group of Member States volunteering to promote and support non-earmarked, predictable multiyear funding.

The Board noted the report.

4. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: Item 7.1 of the agenda (documents EB144/31, EB144/32, EB144/33, EB144/33 Add.1, EB144/34, EB144/34 Add.1 and EB144/INF./4)

The CHAIRMAN recalled that the Board had agreed to address item 7.1 through two separate debates. During the first such discussion, she invited the Board to consider WHO reform and the transformation agenda.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) reaffirmed that the goal of transformation was to modernize the Organization so that its work could be seamlessly carried out both horizontally across programme areas and vertically across the three levels of governance, thereby optimizing relevance, quality and impact. Transformation was a long-term endeavour, with the focus in 2019 being on optimizing the set-up of the Organization across all three levels to deliver the Thirteenth General Programme of Work, 2019–2023. Recalling the previous comments from Member States on the need for greater transparency on the transformation as it evolved, both in the context of formal proceedings and informal briefings, he assured Member States that their comments had been taken on board.

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 aligned themselves with his statement. While the information provided on the implementation of the transformation agenda was appreciated, greater clarity was needed on how the agenda helped WHO to work better as a global leader in health and to fully and firmly implement United Nations development system reform. Given the importance of the transformation's aims and the need for greater clarity and transparency, the Secretariat should provide more information on the concepts resulting from the conclusions of the Global Management Meeting, held in Nairobi in December 2018, on the new WHO Values Charter and on how the goals set by senior management would be implemented and measured. It should also provide a detailed organizational chart to help Member States understand the roles of individuals at WHO and how to contact relevant experts. In view of the cases of bullying, harassment and abuse of power within the United Nations family, he understood the need to strengthen the prevention mechanism within the Secretariat and to promote the organizational structure to better reflect WHO values and ethical principles.

The representative of AUSTRALIA commended the action taken to implement Organization-wide change, with the Thirteenth General Programme of Work as the overall guiding strategy. She looked forward to the finalization of the next stage of work on the WHO Impact Framework, the delivery of the new organizational structure by the end of February 2019, and more information on the work being done to enhance the relevance and development of WHO norms and standards. As the country level was so central to the transformation agenda, she urged WHO to ensure country offices had the right capacities to deliver on the agenda. In that regard, more strategic reporting was required on the performance and functioning of WHO country offices.

The representative of the NETHERLANDS, commending the Secretariat for tying the transformation agenda to the United Nations reform agenda and the development of United Nations Resident Coordinators, asked for further information on the link with the United Nations, especially in regard to the new, stronger focus on WHO country-level operations and the more political role that was anticipated for WHO. Recalling the discussions on the Thirteenth General Programme of Work, he said that a clear assessment should be carried out of how the operational skills and technical assistance of the other United Nations agencies tied in with the work of WHO. He asked what stage the process had reached and whether the need for a change in mindsets noted in document EB144/31 also applied to members of the Executive Board, who were likewise part of the reform process and needed to feel comfortable with it. To that end, they needed information about structure, such as an organizational chart of the new WHO.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, noted that WHO had been engaged in the process of reform for 15 years, which raised the question of how it proposed to avoid repeatedly reforming as opposed to continuously improving. At what point should Member States expect the transition to occur? Noting the extensive and active engagement of WHO staff at all levels, he encouraged senior management to lead the transformation process from the front. To successfully align and optimize WHO's operating model, closer working relationships were needed between country offices and the ministries of health of Member States. He looked forward to seeing the Region's leadership and management capacity-building programme expanded to other regions.

The representative of FINLAND said that WHO should focus its resources on issues to which it brought added value, including providing guidance to other United Nations agencies on their health-related work. She found it hard to see how the apparent attempt to transform WHO into more of an implementing agency would bring added value to what was a crowded field. Given that one of the most notable changes being introduced was the transformation of WHO operations at the country level, a strategy should be developed for the Organization's work in and with countries, and understanding

enhanced of how the country offices integrated their work with other partners and the Resident Coordinator. She asked for more information on the appointment of a chief scientist and the establishment of a science division and a WHO museum, foundation and academy, and suggested that the Secretariat draw up quarterly reports on implementation of the general programme of work, the financial situation and projections relating to the biennium.

The representative of the UNITED STATES OF AMERICA welcomed the review and harmonization of WHO's normative function and guideline development processes. She applauded the focus on innovation, but said that, for innovation to thrive, WHO had to be able to work effectively with all relevant partners. Although it used the Framework of Engagement with Non-State Actors to protect its reputation with regard to such engagements, the Framework was fundamentally a tool to promote appropriate engagements. Regarding the Resident Coordinator system, the accountability of WHO representatives to Resident Coordinators must be defined in such a way that it did not undermine their accountability to WHO management and the governing bodies.

The representative of CHINA expressed appreciation for the four-pronged approach to transformation, but asked for more information on the core processes, including how the new "one WHO" ways of working were reflected. The Secretariat should encourage more inclusive participation in the transformation of processes and the WHO culture, and should continue to encourage efficiencies in governing body meetings. As it moved forward with governance reform, it was important that the Organization maintain its intergovernmental character while providing opportunities for civil society to participate in decision-making. Care must also be taken to ensure that the normative function remained free of undue influence.

The representative of ISRAEL said that the decision to allocate 15% of non-core development funding to joint activities should be implemented only once the potential efficiency gains for WHO of enhanced coordination with the United Nations development system were fully understood.

The representative of GERMANY said that WHO needed to sharpen its focus as a coordinating and leading authority in global health. He applauded the Secretariat's efforts to redesign and harmonize the process underpinning WHO's core functions across major offices. WHO's present activities in countries needed to be discussed on the basis of a document, to be submitted to the Seventy-second World Health Assembly, so that the governing bodies could address the issue and provide oversight and guidance. He asked for further information on the new transformation targets for 2019 established by the Director-General and the Regional Directors, and agreed with others that a robust new structure was needed.

The representative of INDONESIA said that the United Nations development system reform would ultimately avoid programme duplication and result in better alignment and coordination between related United Nations agencies. The Resident Coordinator would play a vital role, but strong leadership was also needed to ensure the smooth implementation of reform.

The representative of MEXICO commended the Secretariat for its ongoing analysis of the reforms and changes undertaken, ensuring that the Organization consolidated its position as a leading and coordinating authority in global health. Similarly, he welcomed the alignment and communication at the three levels of governance, the contributions from WHO staff members to institutional change, and the communication with the United Nations Secretariat on its positioning. However, achieving the health goals of the 2030 Agenda for Sustainable Development required assessment of the progress made. In that regard, in parallel with the implementation of the Thirteenth General Programme of Work, new working methods should be reinforced that focused on transparency, efficiency and accountability at all levels, and on achieving alignment between the Organization and regional offices. A clear definition of

responsibilities and roles at all three levels of the Organization would also ensure shared accountability for country impact.

The representative of CANADA¹ expressed support for the transformation agenda and the importance placed on country impact and on strengthening country office capacities. However, attention should be paid to human resources management to ensure results. The normative function should continue to be enhanced and preserved while the transformation agenda was being implemented. Regular communication with Member States on the changes being undertaken as part of the transformation process was important, and relevant updates, in particular on the new structure and operating model, and the findings of the normative review should be provided in advance of the Seventy-second World Health Assembly. The WHO transformation process should be fully aligned with the United Nations development system reform to ensure greater cross-sectoral collaboration and coordination across the United Nations system. He encouraged WHO to continuously seek efficiency gains through common business operations, and to ensure that systems were in place to secure the application of the 1% coordination levy.

The representative of THAILAND,¹ expressing support for the Resident Coordinator system, said that the role of the WHO representative should not be overlooked. His Government stood ready to intervene at the country level to ensure that it was meaningful. It was a pity that, after one and a half years, the transformation agenda remained a work in progress. Prompt decisions were needed, before the current window of opportunity disappeared.

The representative of FRANCE,¹ expressed full support for the United Nations development system reform and WHO's normative role. She asked for information on how WHO was implementing the reform in practice, beyond its participation in working groups, how it intended to help finance the Resident Coordinator system, and what tangible progress had been made in respect of the transformation agenda, in particular with regard to the structure of WHO.

The representative of the RUSSIAN FEDERATION¹ expressed support for the transformation agenda and the proposed programme budget for 2020–2021, implementation of which would be crucial to the achievement of the ambitious goals set out in the Thirteenth General Programme of Work. It was unfortunate that further information on the new operating model would not be available until February 2019. Consultations should be held with Member States after the current session of the Executive Board, to consider the proposed models prior to the Seventy-second World Health Assembly. A consultation process should be launched after the Health Assembly to allow country-level discussions, not only on WHO internal procedures and corporate processes, but also on a strategy for working with countries.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that a clear case existed for transformation with a view to delivering on the Thirteenth General Programme of Work and the Sustainable Development Goals; integration across the Organization; and a focus on delivering results. More information was needed on anticipated timelines and the ways in which activities would link together to achieve an overarching vision. The Secretariat should therefore provide a comprehensive transformation implementation plan to clarify the connections between elements to be discussed at the current session of the Board, such as the programme budget and human resource reform. She welcomed the Secretariat's action on staff engagement, but asked for more information on its plans to incentivize changes in organizational culture.

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

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) assured Member States that WHO's technical and normative functions, role as a coordinating global health authority and efforts to align with the United Nations reform would be safeguarded and enhanced during the transformation process. The Secretariat would provide further information to Member States in the form of a report to be produced before the Seventy-second World Health Assembly; a series of briefings on specific issues, such as the Organization's work to strengthen normative processes and global goods; and an implementation plan to be prepared by mid-2019.

With regard to the Organization's country presence, the Secretariat had engaged in extensive discussions within the United Nations system and partners at the global level, in the context of Sustainable Development Goal 3, and at the country level; the functional review launched by the African Region was one example. For countries to take advantage of the Organization's technical and normative expertise, they needed WHO to have a predictable presence at the country level and the technical expertise to fulfil its health security and universal health coverage responsibilities; the capacity to act as a convening partner; the data monitoring and evaluation capacity to help guide the work of others; and the ability to be a provider of last-resort in emergency contexts. The Secretariat would provide a document and briefings on the WHO country presence at the Seventy-second World Health Assembly and welcomed input from Member States on their needs for WHO capacities at the country level.

With regard to timelines, 2019 would be critical since it was the last budget year in the Twelfth General Programme of Work, 2014–2019, and the first year for implementation of the strategy set out in the Thirteenth General Programme of Work. The Secretariat therefore aimed to have the key elements in position by the end of 2019 to support a move towards continuous improvement as opposed to a series of major reforms.

The DIRECTOR-GENERAL said that the transformation was already being implemented, in particular in the process of formulating the programme budget. Involving the relevant people in the preparations, rather than simply handing them a previously prepared plan, empowered management teams and encouraged a sense of ownership; headquarters and the regional offices had therefore decided to wait until after the appointment of the new leadership team before implementing reform processes and to include staff from the areas affected by the structural changes.

WHO would not seek to step up its role in country-level implementation but would continue to strengthen its technical and normative capacities to enhance its relevance to all countries. It engaged in policy dialogue on the basis of its country profiles, which were developed using country input and projections. It brought added value in the form of its technical and normative functions, such as surveillance, and therefore its practical support at the country level was usually small in scope, time-limited and in line with its technical and normative functions. After sufficient progress had been made, it wound down its country-level operations, and partners such as nongovernmental organizations stepped in to provide continued practical support in line with their implementation capacities and comparative advantage.

The Secretariat would intensify consultations on mobility with Member States in Geneva over the transition period and would make arrangements for staff to travel to countries to observe the situation on the ground. The arrangements should ideally be made in advance, although that would not be feasible in emergency situations and staff wishing to join such missions should be prepared to travel on short notice.

Responding to Member State concerns on engagement with non-State actors, he said that appropriate engagement should be encouraged and any potential risks managed rather than avoided. WHO should proactively engage with civil society organizations, governments, the private sector and other United Nations agencies to achieve change; indeed, active engagement between development partners was a cornerstone of the Sustainable Development Goals. Although concerns had been raised regarding the Organization's recent partnership with Google, that initiative had allowed WHO to reach millions of individuals and address risk factors for several noncommunicable diseases. In addition, the Secretariat had worked with civil society partners on ways to leverage their comparative advantage to enhance WHO activities and better serve target populations.

Regarding the appointment and promotion of WHO scientists, who did not necessarily have the management skills needed to rise through the ranks, the Secretariat was considering the creation of a new professional pay grade with equivalent benefits to the lowest director pay grade, to encourage competition for promotions among scientists, promote excellence in WHO's technical capacities and demonstrate respect for its scientists.

The founding of a WHO academy would meet the need to train trainers and build capacities at the country level in areas such as emergency response. The academy would be a state-of-the-art educational institution that would leverage technology to reach millions of individuals and enhance WHO's influence. It could be an external institution, with headquarters in one location, and provide training focusing on local health issues in partnership with leading institutions in the regions. Given the vast number of health workers worldwide, initial efforts should focus on a small proportion before expansion was considered. It would be difficult for WHO to undertake such a project alone; working with partners would allow a wider reach and greater use of technology. The establishment of a WHO foundation would help address conflicts of interest in raising funds from some partners.

Lastly, concrete change would not be brought about by abrupt changes in structure, but by shifting strategy, enhancing processes and focusing on qualitative issues, all of which required significant investments of time. The best outcomes would only be achieved if the requisite best processes were in place. It would be crucial to benchmark best practices and potentially redesign processes to ensure excellence and value in WHO's work.

The meeting rose at 18:55.

THIRD MEETING

Friday, 25 January 2019, at 09:15

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

1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda (continued)

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: Item 7.1 of the agenda (documents EB144/31, EB144/32, EB144/33, EB144/33 Add.1, EB144/34, EB144/34 Add.1 and EB144/INF./4) (continued)

The CHAIRMAN recalled that the Board had agreed to address item 7.1 of the agenda through two separate debates. During the second such discussion, she invited the Board to consider the implementation of the United Nations development system reform.

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 aligned themselves with his statement. He wished to see a stronger link between the reform of WHO and of the United Nations development system, and the position of WHO reform within the wider process of reform more clearly reflected in the documents. A separate report on how the United Nations reform concerned WHO should be presented to the Seventy-second World Health Assembly and the thirtieth meeting of the Programme, Budget and Administration Committee. The Secretariat should keep the Executive Board informed on implementation of the reform process at WHO.

The representative of AUSTRALIA said that the United Nations reform presented an opportunity for WHO to share costs and enhance efficiency and effectiveness. More information should be provided before the Seventy-second World Health Assembly on the operational, administrative and financial implications for WHO; WHO's role and footprint at the country and regional levels; its cost-sharing contribution to the United Nations Resident Coordinator system; and the management of the 1% coordination levy.

The representative of GERMANY said that the link between WHO reform and the United Nations reform should be strengthened. It should be made clear how the transformation agenda would help WHO to deliver on its mandate, and how the Organization would achieve efficiency gains in line with United Nations General Assembly resolution 72/279 (2018) on repositioning of the United Nations development system. He asked whether WHO planned to review its reporting processes to ensure effective collaboration in delivering results and implementing the Sustainable Development Goals. The Secretariat should elaborate on how it planned to enhance collaboration, coordination and efficiency, in particular at the regional level, and should also clarify whether the Thirteenth General Programme of Work, 2019–2023 required adjustment in the light of General Assembly resolution 72/279.

The representative of FINLAND said that clear roles and responsibilities at the country level would be important as the reform processes continued. She was pleased that WHO would clarify the accountability of WHO representatives to Resident Coordinators and establish a process for receiving relevant performance input. She would also welcome further information on potential common business

operations and efficiency gains, and on WHO's involvement in the discussions on the United Nations funding compact.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, trusted that the United Nations reform would catalyse WHO reform instead of adding a layer of bureaucracy, and ultimately facilitate and accelerate the achievement of the Sustainable Development Goals. The Resident Coordinator system should be properly managed at the country level to ensure coherence and accountability.

The representative of SWITZERLAND¹ said that the transformation process must enable WHO to focus more on its mandate and core activities. To function as efficiently as possible, the Secretariat should ensure that the timeline of the general programme of work coincided with the planning cycles of other United Nations organizations as from 2026, and that the budget cycle was clearly reflected in the general programme of work. WHO should participate fully in the Resident Coordinator system, and ensure that its country cooperation strategies and biennial collaborative agreements were harmonized and aligned with the United Nations Development Assistance Framework. WHO should also work in closer proximity with other organizations of the United Nations system in countries by sharing premises and administrative services. The three levels of the Organization should be better aligned.

The representative of NORWAY¹ said that the transformation agenda would strengthen WHO's ability to improve health impacts at the country level, and requested more information on how WHO intended to strengthen its country offices. The head of the WHO country office should report directly to the Resident Coordinator, and relations should be based on the new United Nations Development Assistance Framework guidance and the management and accountability framework. WHO should provide an assessment of which internal guidelines and regulations would have to be changed to follow up on United Nations General Assembly resolution 71/243 (2017), on the quadrennial comprehensive policy review of operational activities for development, and resolution 72/279 (2018), and specify a time frame for implementation.

The representative of ZIMBABWE¹ said that it was important to avoid adding unnecessary bureaucratic processes to the work of WHO country offices, and to continue to respect established reporting lines. Inadequate resources for the health sector already presented a challenge, which could be worsened if the responsibility for allocating resources was removed from WHO at the country level. Country offices should be strengthened according to country-specific contexts and requirements with a view to achieving universal health coverage.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that WHO was striving to be a leader in the United Nations development system reform at the country level and make health a key priority. In its work under Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), including the development of a global action plan for healthy lives and well-being for all, WHO was working with global partners to strengthen the global health architecture. The more practical elements of the United Nations reform were being completely integrated in WHO's transformation process, and steps were being taken to ensure alignment at all three levels of the Organization. WHO would build on the United Nations reform to put countries at the centre of its strategy, and to make health a more visible and integrated priority area.

The SENIOR ADVISER TO THE DIRECTOR-GENERAL (Organizational Change) assured Member States that the Secretariat was working to align the transformation agenda with the United Nations reform, including by cooperating closely with the transition team to better understand the timelines, priorities and actions of individual agencies. While WHO was fully committed, in principle, to a

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

strengthened role for the Resident Coordinator, and to alignment with the United Nations Development Assistance Framework, many discussions, such as on the management and accountability framework, had yet to be completed. Once those issues had been finalized, WHO would be able to address concerns and take more concrete action. The Secretariat was also looking at its accountability under Sustainable Development Goal 3 in the context of the broader United Nations reform agenda, and was confident that more information would be available by the time of the Seventy-second World Health Assembly.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that a number of issues were still being refined, and further information would be provided for the Seventy-second World Health Assembly. WHO had increased its contribution to the new Resident Coordinator system. Although the guidance had yet to be finalized, it was also implementing a 1% coordination levy on earmarked contributions to development activities; more flexibility in funding would therefore be beneficial for the Secretariat and donors. The funding compact was a Member State-led process, and although the WHO Secretariat had no official role in the initiative, it had been contributing to inter-agency discussions. It should be pointed out that the allocation of 15% of non-core development funding to joint activities referred to in document EB144/31 would involve combined budgeting, not the exchange of funds. Work on common business operations was advancing, and WHO had signed statements of mutual recognition in that regard. Further information on common premises and back-office functions was likely to be available by the Seventy-second World Health Assembly.

(For continuation of the discussion and adoption of two decisions, see the summary record of the fourteenth meeting, section 1.)

2. STRATEGIC PRIORITY MATTERS: Item 5 of the agenda

Proposed programme budget 2020–2021: Item 5.1 of the agenda (documents EB144/5, EB144/6 and EB144/7)

The CHAIRMAN invited the Board to take up documents EB144/5 and EB144/6. She also drew attention to paragraphs 8–20 of the report of the Programme, Budget and Administration Committee of the Executive Board, set out in document EB144/4.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that it was unclear how the transformation agenda would be translated into concrete action and how such action would be measured. To use its resources rationally and effectively, and strengthen impact at the country level, WHO must analyse gaps in its capacity and assess how to reorient its human resources and work at the three levels of the Organization. He sought clarification as to how the draft proposed programme budget 2020–2021 would help countries to achieve the targets of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and trusted that the departure from a disease- or condition-specific approach would not undermine any key areas of WHO's work. The additional resources provided should be used to address critical gaps and give priority to country support. Parts of the draft proposed programme budget, including on how WHO would deliver, were too general.

Furthermore, he noted that the Secretariat might better address the underfunding affecting certain programmes by reconsidering how the programme budget was designed and examining why donors were reluctant to fund certain programmes. The issue of underfunding should be addressed in the draft proposed programme budget 2020–2021, in order to increase donors' trust in WHO and its activities.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro and Albania and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine aligned

themselves with his statement. While the new format of the draft proposed programme budget was welcome, further discussion and details of the monitoring framework might be required. Regarding polio eradication and transition, the Director-General should produce a document, in collaboration with Gavi, the Vaccine Alliance and the Global Polio Eradication Initiative, setting out all sources of financing, fundraising responsibilities and intended uses of funds, prior to the Seventy-second World Health Assembly. He requested additional information on how WHO would achieve further efficiency gains, and on its provision of financing under the United Nations Sustainable Development Group cost-sharing arrangement. It would be useful to know how WHO had estimated the cost of strengthening its capacity to deliver in countries. To approve such a substantial financial shift, the governing bodies should hold a well-informed discussion on WHO's current role and function in countries.

The Secretariat should elaborate on the significant increase in financing to address health emergencies in respect of the other "triple billion" goals and explain how WHO intended to allocate the additional resources. Emergencies should be considered in terms of their link to preparedness, and the Secretariat should clarify how it would balance the resourcing of specific emergency response with supporting countries to strengthen preparedness and compliance with the International Health Regulations (2005). Programme budgets in organizations of the United Nations system should not be increased to take into account projected inflation rates. He wished to know how much of the funding for the draft proposed programme budget could already be projected, and how an uneven distribution of funds between major offices and programme areas would be prevented.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, expressed concern about the continued lack of funding for her Region. The Secretariat should provide additional information before the Seventy-second World Health Assembly explaining how the transition from previous budgets would affect resource allocation and existing programmes at headquarters and in regional and country offices.

The representative of VIET NAM welcomed the report on the proposed programme budget for 2020–2021, which had been developed using a bottom-up approach based on country priorities. The Organization's efforts to increase the proposed programme budget so as to invest in the base segment thereof were appreciated.

The representative of BAHRAIN said that it was necessary to have a clear sustainable plan for the financing of all the proposed activities. A further update on the eight initiatives of the strategy and implementation plan for value for money in WHO would be appreciated.

The representative of the NETHERLANDS requested further clarification of the timeline for the completion of the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023. He wished to know whether WHO would be able to raise enough to finance the budget increase and expressed concern about the availability of adequate data to ensure sufficient accountability for the budget. With the increased shift to the country level, he asked who would be held accountable for value for money. Further details on the funding of WHO's standard-setting function, and the corresponding deliverables and indicators, would be welcome, and he trusted that the Secretariat would provide relevant information and a timeline clarifying the steps to be taken before the Seventy-second World Health Assembly.

The representative of MEXICO said that organizational priorities should be properly financed and that resources should be allocated taking into account the greatest impact on global public health. The draft proposed programme budget should indicate the degree of progress expected to be made on the targets for 2023. Regarding the WHO Impact Framework, it was necessary to consider the capacity of countries to provide the information required for the indicators. The assessment methodology should include short-, medium- and long-term results to determine the level of compliance per biennium, and the activities to be carried out to achieve the Organization's goals.

The representative of TURKEY said that the universal health coverage index should include one or more indicators to measure the quality of services beyond coverage, and that greater emphasis should be placed on equity in the delivery of health services. Steps should be taken to ensure the availability and quality of the data required for the WHO Impact Framework.

The representative of BRAZIL requested further clarification on how WHO planned to allocate limited resources to programmatic areas, to ensure that the priorities set by Member States were achieved during the Thirteenth General Programme of Work; the chronic lack of funding for noncommunicable diseases was a particular concern. More information on the connection between resources and outcomes would be welcome. He invited the Secretariat to examine the new priority-setting methodology employed by PAHO.

The representative of INDONESIA said that her Government had finalized its priority-setting process at the country level, which it hoped would contribute to the achievement of the “triple billion” goals.

The representative of ISRAEL, welcoming a number of the approaches proposed, said that further priority should be given in the draft proposed programme budget to noncommunicable diseases. More detail and greater focus on specific principles and impacts for the biennium were required. The programme budget web portal would become an important tool for Member States to follow the budget flow. Accurate and timely data were essential to achieve the goals on universal health coverage, health emergencies and health populations.

The representative of CHINA asked the Secretariat to provide further information, prior to the Seventy-second World Health Assembly, on the implementation of the draft proposed programme budget, the distribution of resources, and the connection between the new WHO Impact Framework and the Organization’s existing work.

The representative of AUSTRALIA said that several information and system gaps needed to be addressed to operationalize the budget, including the completion of the output framework to measure the Secretariat’s work. The Secretariat should specify the action to be taken at each level of the Organization to reach the proposed target for savings, and provide assurance that key WHO functions would not be compromised. More information was needed to reassure Member States that the increased budget target could be met, particularly given the reliance on voluntary contributions, and to demonstrate how funding allocations would be prioritized in the event of a budget shortfall. The Secretariat should also guarantee the continued protection of WHO from unacceptable influences, in line with the Framework of Engagement with Non-State Actors.

The representative of the UNITED STATES OF AMERICA said that, with the transition of some polio functions to the base segment, it was important to ensure that the draft proposed programme budget did not duplicate the polio-related functions financed through the 2019–2023 budget of the Global Polio Eradication Initiative, and was used to support the main priorities identified by that Initiative. Further information on the financial implications of the United Nations reform would be welcome, as would additional details on the transition from the previous budget to enable clear tracking and accountability for resources. Efficiency savings should be applicable at other levels of WHO.

The representative of ITALY said that consultation and cooperation with Member States were crucial to increase the efficiency of WHO and allocate resources.

The representative of COLOMBIA said that the efforts of countries and WHO should be better aligned, and that functions and value added should be more clearly identified. It was fundamental to continue disseminating the methodology used in developing the draft proposed programme budget, to help Member States better understand the changes. He noted with concern that the budget increase for

the Region of the Americas was smaller than that for other Regions. He also asked whether an indicator existed to assess the impact of the reduction in the base segment allocation for regional offices on the activities and objectives of those offices. WHO should improve the design and implementation of the different programmes with a focus on countries. It was important to guarantee the optimal use of resources, prevent administrative costs from placing a burden on the budget, and create a culture that favoured the strengthening of country capacity and the effective achievement of WHO's objectives.

The representative of JAPAN said that the budget, organizational arrangements and monitoring were interdependent and should be presented in full detail. He would appreciate further information, including on the base component of the draft proposed programme budget, funding for the standard-setting function, and the increased investment for polio transition.

The representative of FINLAND said that, until the Secretariat had made the design of the draft proposed programme budget comprehensible to Member States, the Board would be unable to proceed with the decision-making process. The Secretariat should provide further information on: budget operationalization; the organizational chart of the new operating model; the mapping of global goods and planning for standard-setting work; funding for enabling functions; the country support framework; efficiency measures across the Organization; budgeting for the polio transition; the move towards more flexible funding; implementation of the United Nations reform including the 1% levy; and the financial impact of new ideas. Clarification of the timeline and process for decision-making by the governing bodies would also be welcome.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that sustainable solutions should be identified for underfunded regions and programmes. Noting the amount of US\$ 42 million proposed to support the United Nations Resident Coordinator system, she said that the draft proposed programme budget should be used to influence the direction and speed of transformation and reform. The Secretariat should support Member States in collecting crucial data, applying the value-for-money approach in technical programmes, mobilizing resources and managing programmes. Regional and country offices should continue to assist Member States in translating global standards into national strategies, plans and guidelines.

The representative of GERMANY said that savings through efficiencies offsets should not be confined to WHO headquarters, and sought clarification of possible implications for human resources and normative functions. With the anticipated increase in the voluntary share of the budget, the Secretariat should indicate the level of funding foreseen for normative and enabling functions. Funding should be tailored to meet the needs of the Organization and redress imbalances. To facilitate the submission of a draft of the programme budget to the Seventy-second World Health Assembly, the Secretariat should provide further information on: operationalization of the budget; the US\$ 99 million savings target; and the financing of global goods. Figures to facilitate comparison with the Programme budget 2018–2019 would also be useful.

The representative of BELGIUM¹ said that he was not entirely convinced that the base segment increase was realistic. He requested further information about the assessment of regional needs used to calculate the strategic distribution of budgetary space among the six WHO regions in the draft proposed programme budget. With a 50% increase in health emergencies since the previous biennium, the risk existed that, even with full financing, WHO's role would shift from that of a technical, normative and coordinating health organization to that of a humanitarian agency. Regarding the WHO Impact

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

Framework, the Secretariat needed to reflect on how it could better showcase the Organization's impact on high-income countries, as it was essential to show that WHO was still relevant there.

The representative of URUGUAY¹ said that further information should be provided on the resources allocated to various programmes and to the Region of the Americas. The requests from Member States for more technical assistance and capacity-building for noncommunicable diseases had not been appropriately reflected in the draft proposed programme budget, and she called on the Secretariat to duly reflect that priority area. It was important to ensure that WHO allocated the resources necessary to continue strengthening its normative role.

The representative of MONACO¹ welcomed the new structure of the draft proposed programme budget and echoed the comments expressed on behalf of the European Union and by Finland, Germany and the Netherlands. A number of questions and requests for clarification had yet to be addressed, including with respect to: noncommunicable diseases, the shift to the new operating model, polio transition, access to high quality medicines and health care, and potential cost implications of some of the initiatives proposed such as the WHO academy, foundation and museum and the creation of new posts. WHO's normative function must be properly financed, and a matrix was needed to show how the Organization would move from the old to the new operating model. If Member States were to make a fully informed decision, such information must be provided prior to the Seventy-second World Health Assembly.

The representative of SINGAPORE¹ noted that the budget share of strategic priority B2 (One billion more people better protected from health emergencies) now included polio transition and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. Strategic priority B3 (One billion more people enjoying better health and well-being) should be prioritized and further funded in line with Member States' priorities; WHO could supplement its resources by using its normative and technical expertise and intellectual and social capital. Although increased investment in data collection and innovation was timely, WHO should be prepared to move forward using the data currently available.

The representative of PANAMA,¹ having highlighted the need for a set of evaluation indicators, noted with satisfaction that the Secretariat would be providing further information on the draft proposed programme budget. That information should focus on impact and outcomes and include the explanations provided by the Secretariat to the twenty-ninth meeting of the Programme Budget and Administration Committee, which would answer many of the questions raised. Further information on the distribution of funding by function, region and country would be useful, as would details of how savings at headquarters and resource mobilization targets would be achieved. A clear explanation of the gradual decrease in the budget allocated to the Region of the Americas over the previous four biennia would be appreciated. She expressed concern about inefficiencies in expenditure, which meant that spending by programme and region was continually less than the allocated amount and she urged the Secretariat to address that problem.

The representative of ARGENTINA¹ sought clarification regarding funding for the Region of the Americas, which continued to be reduced. Before the Board could approve the draft proposed programme budget, further explanations were needed, especially on operationalization. She noted that the proposed funding for strategic priority B3 was much less than that proposed for the other strategic priorities; the Secretariat might wish to examine the budget for strategic priority 4 (More effective and

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

efficient WHO providing better support to countries) in seeking to increase the budget for strategic priority B3.

The representative of SLOVENIA¹ welcomed the focus of the draft proposed programme budget on outputs and outcomes, including by investing in multisectoral action and partnerships. Referring to output 3.2.2, she expressed concern that implementation of the WHO global strategy to reduce the harmful use of alcohol could be hindered by engaging with economic operators in alcohol production and trade. The Secretariat should reformulate relevant text to reflect concerns about conflicts of interest and lobbying on labelling, marketing and retail sales practices. Noting the limited human resources dedicated to implementing the aforementioned global strategy, she highlighted the importance of earmarking predictable funding to support programme implementation.

The representative of NIGERIA¹ welcomed the results-based focus of the Thirteenth General Programme of Work and urged the Secretariat to ensure alignment to countries' contexts and plans.

The representative of SWITZERLAND¹ said that, although she supported the overall direction of the draft proposed programme budget, issues concerning the nature and flexibility of funds and the responsibility of the Secretariat had yet to be resolved. She welcomed the intention of WHO to participate fully in the Resident Coordinator system, which should be fully financed. Synergies, rather than additional instruments, should be used to evaluate outcomes and impact.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that it was important to ensure that fragile and low- and middle-income countries received relatively higher levels of funding. High-income countries in each region should collaborate with low-income countries in achieving the targets of the Thirteenth General Programme of Work. He welcomed the collaboration between WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and appreciated the Secretariat's efforts to strengthen capacity to develop value-for-money approaches. United Nations Development Assistance Framework targets at the country level must be aligned with those of the Thirteenth General Programme of Work. WHO should support capacity-building for resource mobilization in countries.

The representative of SWEDEN¹ said that her country was concerned about the lack of information in the draft proposed programme budget on estimated costs, expected outcomes and outputs, which should be reviewed to ensure that they were measurable. She supported the strengthening of WHO's work at the country level, but would appreciate a discussion on the operating model in countries. More information about the principles for budget allocation within WHO would be useful, as would the Secretariat's views on assessed contribution levels for future biennia, given the anticipated increase in the share of voluntary contributions.

The representative of NORWAY¹ said that his country recognized the need to strengthen the impact of WHO at the country level and for enhanced accountability on the use of resources. Prior to the Seventy-second World Health Assembly, the Secretariat should confirm that the estimated efficiency savings at WHO headquarters would not compromise the Organization's leading role and normative function. It should also provide further information on the US\$ 227 million increase for polio transition and on how the decision to extend the Polio Eradication and Endgame Strategic Plan until 2023 would affect WHO's work on transition. He recognized the importance of allocating sufficient resources to oversight and risk management functions. While the proposed budget increase for the Resident Coordinator system was welcome, the impact of the United Nations reform on WHO country offices

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

should be clarified. His Government had decided to provide a larger portion of its allocation to WHO as unearmarked funds following the Director-General's call for increased flexible funding.

The representative of the REPUBLIC OF KOREA¹ said that difficulties persisted in obtaining funding for certain programmes. It was important to provide funding for capacity-building on health information systems, health data and eHealth, which could play an important role in strengthening access to health in the future.

The representative of INDIA¹ said that country prioritization of the outcomes in the Thirteenth General Programme of Work should be taken into account in planning, resource allocation and engagement with countries. His Government supported the WHO Impact Framework and the updated universal health coverage index and would work with the Secretariat in using the related indicators. The proposals concerning flexible financing and assessed contributions were welcome. Voluntary contributions should be unearmarked in order to prevent undue influence on programme prioritization. He welcomed the focus on WHO's normative role and highlighted the importance of ensuring access to safe, effective and affordable medicines and vaccines.

The representative of ZIMBABWE¹ welcomed the focus on country priorities, country support plans, and the strengthening of country and regional offices. The absence of crucial data was a challenge in some regions; the Secretariat should ensure that accurate data was used and that data collection did not place additional obligations on Member States.

The representative of THAILAND¹ said that innovative resource mobilization must not include resources from economic operators involved in harmful health products, and conflicts of interest should be managed efficiently and transparently. WHO country offices should be tasked with mobilizing additional social, intellectual and financial resources. Given that impact depended significantly on national commitment and resources, WHO should focus on identifying support from national champions for each of the "triple billion" goals.

The representative of the RUSSIAN FEDERATION¹ welcomed the focus in the draft proposed programme budget on outcomes and impacts at the country level. However, key information was missing from the section on the budget, which focused on programmatic aspects. Additional information should be provided, including on items of expenditure compared with indicators from the current biennium and an indication of growth or reduction. More details should also be given on staffing and posts. The proposal in the draft proposed programme budget to decrease regional offices' and headquarters' budgets in comparison with the 2018–2019 base segment was misleading. In absolute terms, there was growth in the case of the regional offices, while spending at headquarters, which his country had expected would decrease, remained the same. He trusted that the Secretariat would provide all relevant financial information to facilitate proper analysis.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that she would welcome a timeline of next steps and further details, including on the proposed target of US\$ 99 million for savings. She sought assurances that increased accountability would be a prerequisite for country offices to receive increased funding. It was a concern that the proposed base programme budget was at the lower end of the estimated cost of implementing the Thirteenth General Programme of Work; while it was important to be realistic about the financing that could be raised, activities should be prioritized or fundraising increased to ensure that the strategy and implementation plan for value for money in WHO, and a fundable budget were evenly matched. She

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

welcomed the initiatives set out in document EB144/6, which would hopefully lead to tangible outcomes.

The representative of CANADA¹ trusted that the country-level focus would strengthen WHO's role in the development of global public goods. Further information on the draft proposed programme budget should be provided, including on: the operating model; quantitative and qualitative indicators to measure Secretariat results; the effect of the transition from previous budgets on regional and country offices and existing headquarters programmes; polio transition figures; and cost efficiencies, which should be identified throughout the Organization. The 13% increase in the base component of the proposed budget was ambitious. Although the Secretariat's more strategic approach to resource mobilization was welcome, the best way to mobilize resources was by delivering on results, including at the country level. He asked how the Secretariat would integrate gender equality, equity and human rights issues into the draft proposed programme budget, in line with WHO's commitments under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women.

The representative of BOTSWANA¹ expressed satisfaction with the Secretariat's efforts to ensure progress on the strategy and implementation plan for value for money in WHO. He trusted that the US\$ 42.4 million proposed to strengthen the Resident Coordinator system would support WHO's normative and enabling role at the country level and influence the transformation and reform. The Secretariat should note the concerns raised by Member States during the twenty-ninth meeting of the Programme, Budget and Administration Committee, and provide additional clarification as requested.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of two oral health indicators in the WHO Impact Framework, but asked the Secretariat to address the lack of a budget to support the monitoring of those indicators. Her organization was working on resources to bridge the oral health data gap, including a mobile app to analyse the oral health care needs of patients, and could assist Member States with monitoring additional indicators.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, commended the draft proposed programme budget 2020–2021 and overall investment case, noting WHO's commitment to measurable outcomes and a more holistic approach to programmes. She welcomed the WHO Impact Framework; it was important to track the efficient use of resources through accountability mechanisms. Further emphasis should be given to the importance of strengthening health systems and strategic investment to deliver the critical services and health workforce needed to achieve universal health coverage. She urged Member States to provide flexible funding that could be used as part of a health systems-oriented approach and for emerging priorities or emergencies.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, expressed appreciation for the increased focus on impact, support for national activities, and improved monitoring through a more integrated health systems-oriented approach; it was important to demonstrate accountability by monitoring progress towards the "triple billion" goals and the health-related Sustainable Development Goals. Noting the high proportion of deaths caused by noncommunicable diseases, she called on WHO to adopt a person-centred approach; secure adequate resources to meet the corresponding rise in demand for technical assistance; support the roll-out of technical packages and evidence-based interventions; and engage with donors to increase support for improved data collection and analysis.

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

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, commended the emphasis on measures to support countries in developing pro-poor and pro-health fiscal policies, which should be an important element in public health policy-making, domestic resource mobilization, and cost-effective investments in health promotion. WHO should ensure adequate resource allocation to meet the increasing demand for technical assistance in that area. She expressed concern that the draft proposed programme budget assigned the private sector, specifically the alcohol industry, a role in reducing the risk factors it created. Engagement with the alcohol industry should remain confined to that provided for in the WHO global strategy to reduce the harmful use of alcohol. The Secretariat should reconsider those elements of the draft proposed programme budget and ensure that the correct technical terminology was used.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed concern that the draft proposed programme budget was overly focused on disease eradication, health emergencies and the redirection of resources to the country level, to the detriment of the integration of palliative care into primary health care in line with the Declaration of Astana on primary health care. Given the new emphasis on devolving resources to countries, palliative care service delivery should be a priority for country offices and included in country collaboration strategies. She encouraged Member States to include a palliative care expert in their national delegations to the World Health Assembly to report on the implementation of related services in their national health systems.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that the proposed US\$ 99 million in efficiencies and reallocations was aimed at creating a more efficient, economical organization, and was an ambitious, but achievable, goal. If the efficiencies were to be sustainable, they had to be implemented carefully. The Secretariat would not introduce draconian cuts across the board, but seek to perform core functions more efficiently. Initial work had focused on business processes and functions within the purview of General Management, and efficiencies totalling 20% of the 2021 target had already been achieved. Next steps included rethinking the Organization's approach to meetings, both at headquarters and elsewhere. Further meaningful economies across the Organization would then need to be identified and carefully implemented, without compromising WHO's ability to perform its enabling functions and normative work. An analysis of programmatic, technical and administrative work was under way to determine where activities could be performed more efficiently and where savings could be made without diminishing core capabilities. In addition, efforts were being made through the transformation agenda to determine how WHO could be more efficiently organized at all three levels to deliver results. The Secretariat remained committed to preserving and strengthening WHO's enabling functions and normative work and to introducing carefully tailored measures to deliver a more efficient Organization. An update on progress would be provided before the Seventy-second World Health Assembly.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) thanked participants for their support and constructive suggestions. Responding to points raised, he drew attention to Table 4 in document EB144/5 showing the strategic budget space allocation for segment 1. Allocations had been affected by polio transition, which pertained primarily to certain countries and accounted for half of the proposed budget increase, and had not originally been included in the strategic allocation formulae. The Secretariat understood that the United Nations reform levy would be paid at source by donors; accordingly the relevant element would be removed from the next version of the budget. The increase in the budget share for strategic priority B2 (One billion more people better protected from health emergencies) was largely due to the additional US\$ 227 million for polio transition. It had also been strengthened by the incorporation of US\$ 37 million for the Pandemic Influenza Preparedness Framework, and of US\$ 130 million for other programmes, relating to health systems strengthening, essential health services in fragile, conflict and vulnerable settings, antimicrobial resistance, routine immunization and emergency vaccination. The internal funding allocation for the

Region of the Americas was not related to the draft proposed programme budget 2020–2021, but the Secretariat would look into the issue. It would also review the terminology used in the document.

The draft proposed programme budget document needed to be strengthened prior to its submission to the World Health Assembly, notably by finalizing the output measurements and providing additional information on the global goods, which should be linked to the programme budget outputs. The Secretariat had noted the request to sharpen the focus of the outputs and provide more details on delivery, and to further integrate some elements of the WHO Impact Framework into the draft proposed programme budget. It would also provide an information document on operationalization, setting out further details of the new budget structure, more clearly identifying differences with respect to the previous budget structure, and explaining the implications of the new approach for donors that continued to earmark funds. A separate document would be provided on the polio transition figures. Provision of an organizational chart and information on the country support model would be better addressed under the appropriate agenda items.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations), thanking participants for their comments, said that the Secretariat would make specific proposals on how to proceed following the discussion of the WHO Impact Framework.

The DIRECTOR-GENERAL said that the number of questions asked by Member States confirmed that the Secretariat had succeeded in initiating a significant shift towards a more results-oriented, country-focused way of working. It was not surprising that certain details were lacking, since they were in entirely new territory. He welcomed the general support expressed, but recognized Member States' need for more information. A list of recommendations would be produced for follow-up before the Seventy-second World Health Assembly.

The CHAIRMAN took it that the Board wished to defer further consideration of document EB144/5 pending discussion of the WHO Impact Framework, contained in document EB144/7.

It was so agreed.

The CHAIRMAN took it that the Board wished to note the report contained in document EB144/6.

The Board noted the report.

The meeting rose at 12:00.

FOURTH MEETING

Friday, 25 January 2019, at 14:45

Chairman: Dr P. SILLANAUKEE (Finland)
Later: Ms M.N. FARANI AZEVÊDO (Brazil)
Later: Dr S.M. ZWANE (Eswatini)

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

Proposed programme budget 2020–2021: Item 5.1 of the agenda (documents EB144/5, EB144/6 and EB144/7) (continued)

The CHAIRMAN invited the Board to consider the report contained in document EB144/7.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that, since the aim of the Thirteenth General Programme of Work, 2019–2023 was to attain measurable impact at the country level, an impact framework was necessary in order to measure the combined efforts of the Secretariat, Member States and partners, which in turn should be closely aligned with efforts to achieve the Sustainable Development Goals.

The WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023 was designed to measure impact using a three-level system. The highest level consisted of the healthy life expectancy indicator, which would measure all policy and regulatory work carried out both within and outside health ministries. The next level comprised the “triple billion” goals. Progress made towards each “triple billion” goal would be measured using a corresponding index. Lastly, the third level contained 46 programmatic targets which would serve as a flexible toolkit to support Member States in measuring the effectiveness of interventions at the national level.

The Secretariat’s contribution towards the realization of the objectives of the Thirteenth General Programme of Work would be measured using various quantitative and qualitative indicators, such as outputs from the results framework and qualitative case studies, and by evaluating intermediate progress towards the “triple billion” goals. Triangulating the above approaches would provide a clearer picture of the Secretariat’s overall contribution.

With regard to data collection, efforts would focus on working with and strengthening existing national health information systems in order to avoid placing an unnecessary burden on countries. In particular, the collection of high-quality data on births, deaths and causes of death would be essential for monitoring the Sustainable Development Goals and must be prioritized by all countries.

As the universal health coverage index was based on the two indicators for target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), any proposed changes to it would need to be approved by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. The development and strengthening of the overall WHO Impact Framework and its indices was intended to be a collaborative process in which the Secretariat would work with Member States, in particular national statistical offices, health ministries and academic partners. It was hoped that projections would be produced for each country and that ministries would be able to use the baseline data to determine which national policy and regulatory changes would be needed to achieve the targets for 2023 and 2030.

The representative of JAPAN said that, although he welcomed the flexible nature of the programmatic targets, uniform monitoring would be necessary to measure progress made towards the “triple billion” goals. However, that may not be possible owing to the differing capacity for data collection among countries. He would appreciate clarification on how the baseline indices would be calculated without additional data collection. With respect to the implementation plan for the WHO Impact Framework, he asked how, how often and from what date Member States would be requested to submit data. He also requested clarification as to when the reports on the mid-term review and final assessment would be completed. Consultation with Member States would be key to the success of the Impact Framework.

The representative of MEXICO welcomed the WHO Impact Framework, but said that its shortcomings, such as the lack of a systematic method of data collection that would allow for comparisons between countries, would hinder the achievement of its objectives. The Framework should include an evaluation methodology that took into account immediate and medium- and long-term measurements so that progress could be assessed for each biennium. He called on the Secretariat to devise a process for harmonizing data to enable the formulation of statistical indicators, so that the real and tangible impact of the Organization’s work could be determined.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, sought clarification on the linkage between each index and its “triple billion” goal, as well as on each region’s contribution to achieving those goals. Further details should be provided on the validity and sensitivity of the three indices identified in the WHO Impact Framework. It would be challenging to compare an index across countries if the component indicators used were different; in that regard, the use of at least eight indicators under the universal health coverage index could require additional data collection. She asked whether the choice and achievement of indicators would have any implications for budget and resource allocation. In that connection, the Secretariat should provide further information on how Member States’ preferences with respect to their contribution to the indices, indicators and targets would be taken into account. Lastly, she sought clarification on the plans in place to address the varying quality of data infrastructure among Member States.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, welcomed the WHO Impact Framework and encouraged discussion of ways to increase the health monitoring capacity of countries. As some technical aspects of the Framework remained unclear, he called for consultations to be held in Geneva before the Seventy-second session of the World Health Assembly, with the participation of health monitoring experts and statisticians responsible for monitoring the Sustainable Development Goals. The Framework must be aligned with the framework for monitoring the attainment of the Sustainable Development Goals, to avoid the duplication of reporting efforts.

The representative of the UNITED STATES OF AMERICA expressed support for the WHO Impact Framework as a key component of the transformation agenda. However, additional information was needed on how the Secretariat would support Member States to prioritize indicators of relevance and strengthen the quality of data to measure those indicators. He looked forward to further clarification of WHO’s roles and responsibilities in achieving impacts. Given the insufficient acknowledgement of the hierarchies, dependencies and interactions between the three layers of the Impact Framework’s measurement system, it should include more detail on accountability and describe inputs at each level. Lastly, further work on data sources and on ensuring functioning data systems at the country level would be essential to enable Member States to provide the necessary data.

The representative of SRI LANKA said that the data requirements of the WHO Impact Framework were challenging but would lead to improvements in national and subnational health information systems and registration systems. Further discussions to prioritize a core set of initial indicators could be useful, although Member States should still be free to tailor adoption of the

Framework to their national needs. The Framework should be used as a driver to identify a set of process indicators that would lead to the achievement of the proposed impact indicators.

The representative of BRAZIL said that the WHO Impact Framework would be a useful tool that might help the Organization to optimize resource allocation. However, many of the new indicators were ambiguous with respect to how they would be assessed and the country capacities that would be required. Further attention should be paid to the standardization of indicators, the coordination and division of work among different actors, and the capacity-building support required. A timetable for the implementation of the Framework should also be created. Regarding the frequency of data submission, he supported the idea put forward by the representative of Mexico for immediate, medium- and long-term measurements.

The representative of GERMANY said that the WHO Impact Framework effectively addressed the targets outlined in the Thirteenth General Programme of Work and would play a key role as an accountability tool. However, the contribution of the Secretariat towards the achievement of targets had not been fully analysed and described; he therefore encouraged the setting of activities and outputs to enable the Secretariat's contribution to be measured at the global, regional and national levels. He shared the concern expressed by other Board members that the data collection requirements related to the Impact Framework could impose too great a burden on countries. He would be interested to learn who would be responsible for measuring the Secretariat's progress and success in relation to the Framework.

The representative of the RUSSIAN FEDERATION¹ expressed support for the WHO Impact Framework and called for a timetable to be developed for its finalization and implementation, which should reflect the support to be provided to build national health information system capacity. A methodology to measure progress against the indices must be also created, and the Impact Framework's indicators aligned with the indicators for the Sustainable Development Goals. She echoed calls for intergovernmental technical consultations to be held before the Seventy-second session of the World Health Assembly. Her Government would be willing to participate in the development of the system to monitor implementation of the Thirteenth General Programme of Work.

The representative of BANGLADESH¹ welcomed the WHO Impact Framework and the universal health coverage index but noted the need to address existing gaps in its measurement. The data collection and analysis requirements under the Impact Framework would be particularly challenging in resource-constrained settings; enhanced and predictable resources would therefore be required in lower-middle-income countries, including from the international community. National-level implementation of the Framework should be tailored to each country's epidemiological and socioeconomic situation. In addition, the Framework should not be used to rate country performance in achieving universal health coverage. His Government was willing to explore the feasibility of implementing the Framework, with technical support from the Secretariat.

The representative of SOUTH AFRICA¹ said that strengthening country capacities as well as the capacities of country offices would be critical to realizing the measurable outcomes of the Thirteenth General Programme of Work, the Sustainable Development Goals and countries' national targets. The Secretariat should work with national authorities to determine the type and degree of technical support required by each country. Further discussions on how the Secretariat would support Member States in strengthening health systems and health information systems would be welcome. She questioned why the language used in outcome 3.3 of the results framework referred to "health settings and Health in All Policies promoted", when a reference to "healthier populations" alongside healthy settings would be better aligned with the "triple billion" goal of one billion more people enjoying better health and

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

well-being and the corresponding goal in the Impact Framework and investment case. Her Government would be happy to participate in further discussions on the topic, to be held in Geneva.

Ms Farani Azevêdo took the Chair.

The representative of THAILAND¹ expressed concern that the technical and political process by which the indicators had been developed had not been described in the document under consideration. Member States must be formally consulted and invited to approve the indicators, not merely asked to note them. Indicators should be assessed based on their validity, relevance, specificity, sensitivity, reliability and feasibility. He welcomed the concept of “effective coverage” but noted that the related investments in capacity, knowledge and data collection had not been described. The Secretariat should therefore provide further detail on the processes involved in the WHO Impact Framework and propose a way forward. Her Government was willing to participate in a formal consultation process to be organized by the Secretariat.

The ASSISTANT DIRECTOR-GENERAL (Metrics and Measurement) thanked participants for their comments, which would enrich the development of the WHO Impact Framework and ensure that it was aligned with Member States’ expectations. With regard to the validity and sensitivity of the indices, the Impact Framework reflected the outcome of consultations with Member States but was still a work in progress and would be further refined with Member State input.

The Secretariat had already begun work to strengthen country capacity, in line with the objectives of the Thirteenth General Programme of Work. She outlined the SCORE technical package being developed as standards to help countries assess and optimize their health information systems. A baseline description of existing health information systems based on the SCORE package would be provided by the end of 2019. The Secretariat was launching the World Health Survey+ to support countries to fill data gaps and was providing support to strengthen health information systems not only in stable countries but also in countries in crisis, including those facing emergencies, where data could be reported using digital technologies. The Organization’s focus was not solely on data collection but also on helping countries to make use of data and research evidence in their decision-making. Any additional efforts required of health authorities with respect to data collection under the Impact Framework would lead to enhanced accountability at the national level. She welcomed Member States’ comments on the need for further consultations. The Secretariat had prepared extensive and detailed metadata, of which only a summary had been included in document EB144/7; the full package of information would be made available soon.

Regarding whether the third “triple billion” goal (One billion more people enjoying better health and well-being) should address only health itself or include an intersectoral element, she explained that both the second and third “triple billion” goals could, in a sense, be considered as falling under the purview of universal health coverage. However, they had been formulated as separate goals to emphasize the need for different approaches to tackle two particular aspects of health: protection from health emergencies; and ensuring a Health in All Policies approach.

The DIRECTOR (Metrics and Measurement), clarified that not every country would be required to measure every indicator related to the 46 programmatic targets. The WHO Impact Framework had been aligned with the Sustainable Development Goals and existing Health Assembly resolutions so as not to unduly increase the burden placed on countries with respect to data collection. Countries’ underlying health information systems must, however, be strengthened, and the Secretariat was committed to working with Member States, providing technical support to fill gaps and adapting indicators to varying country contexts. The method for measuring the Secretariat’s contribution was evolving and Member States would be consulted before it was finalized. The report on the methods underpinning the Impact Framework and the measurement system, outlining the metadata,

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

data-availability mapping and sources of technical support for Member States, regional offices and country offices, would be made available before the Seventy-second Health Assembly. Member States would also be consulted on the baseline report.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that it was clear from participants' comments that the Secretariat must consult with country experts from ministries of health and statisticians in further refining the indices set out in the WHO Impact Framework. The aim was to develop a practical way for countries to track the progress made and the impact on their own health systems. She welcomed the idea of further consultations with Member States to finalize the indicators before the next Health Assembly.

The DIRECTOR-GENERAL thanked Member States for their comments, which would be taken into account to further improve the WHO Impact Framework. The Thirteenth General Programme of Work was impact- and outcome-based and, in line with that approach, the Impact Framework was also designed to measure progress. The draft proposed programme budget 2020–2021 and the results framework would become more concrete once the operational plan came into effect. Until then, he agreed that Member State consultations should be held in Geneva, with the aim of finalizing the Framework before the Seventy-second Health Assembly in May. Adequate notice of the consultations would be provided so that representatives from capitals could also participate.

As per established United Nations practice, no indicator could be used without Member State approval. However, even once the Impact Framework and indices had been agreed upon, countries would be limited by their capacity levels. A phased approach could therefore be adopted, and the Organization would play a greater role in providing support for capacity-building and health systems strengthening, including in relation to health information systems. All recommendations as to how to build better health information systems and strengthen country capacities would be welcome. He looked forward to receiving further input from Member States to develop the Framework and enable consensus to be reached on the set of indicators as soon as possible.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) outlined the additional information that would be provided in response to Member States' comments. First, document EB144/5 on the draft proposed programme budget 2020–2021 would be revised to include finalized measurements for the output framework, as well as more information on the global goods process and how normative work would be strengthened in general. The section on outputs would be revised, with a focus on how WHO would deliver them. Programmatic targets from the WHO Impact Framework would also be integrated into the document.

Secondly, the Secretariat would produce two additional information documents. One would detail the operationalization of the draft proposed programme budget, articulate existing challenges, explain how the draft proposed programme budget would solve them, and make it easier to compare the Programme budget 2018–2019 and the draft proposed programme budget 2020–2021. The first information document would also include a high-level implementation plan for the US\$ 99 million reallocation and cost savings target for 2021, with an explanation of how the approach would be applied. The second information document would provide greater detail on polio transition planning, especially as it related to the US\$ 227 million increase included in the proposed base budget 2020–2021.

He took note of the request for consultations to be held on the WHO Impact Framework.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) suggested that a number of informal consultations should be held with Member States in the coming months, during which the new information documents would be presented. The Secretariat would ensure that sufficient notice of the consultations was provided to Member States so as to enable the participation of representatives from capitals.

The DIRECTOR-GENERAL said that the forthcoming consultations with Member States would also cover the grants available and measures to be taken in case of problems relating to resource allocation, and how the draft proposed programme budget related to the new organizational structure. The intention was that new initiatives, such as the proposed WHO academy and strengthening of WHO's normative functions, would be financially self-sustaining from the outset and would not draw funding away from existing programme areas. Further detail on those topics would be provided to Member States during the forthcoming consultations.

The CHAIRMAN confirmed that intersessional consultations would be held prior to the Seventy-second World Health Assembly to enable Member States and the Secretariat to discuss and finalize the WHO Impact Framework and the draft proposed programme budget for 2020–2021. She took it that the Board wished to note the reports contained in documents EB144/5 and EB144/7.

The Board noted the reports.

Polio: Item 5.3 of the agenda

- **Eradication** (document EB144/9)

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that Afghanistan and Pakistan were the only two countries in the world still reporting wild poliovirus circulation. The strong progress made in eradicating wild poliovirus during 2016 and 2017 in both countries had slowed in 2018. The number of poliomyelitis cases had remained low but was higher in 2018 than in 2017, and poliovirus had been circulating in the known common reservoir areas throughout 2018. The conflict situation in Afghanistan and the resulting frequent and extensive bans on immunization had been a significant factor in preventing the national immunization programme from reaching every child. In Afghanistan and Pakistan, pockets of suboptimal programme performance and high levels of population movement had contributed to the continuation of poliovirus transmission. The Governments of Afghanistan and Pakistan and partners from the Global Polio Eradication Initiative remained fully committed to eradicating poliomyelitis from the Region and from the world.

Stopping poliovirus transmission in countries in which the virus was endemic and in those experiencing outbreaks and improving basic immunization services was the only way to eliminate the risk of the international spread of wild poliovirus and circulating vaccine-derived poliovirus type 2, as demonstrated by the fast and comprehensive responses to the outbreaks of circulating vaccine-derived poliovirus in the Syrian Arab Republic and the Horn of Africa. It was hoped that the development of a new strategic plan for the Global Polio Eradication Initiative for the period 2019–2023 would clearly establish poliovirus eradication as a global public health priority and would be reflected in WHO's work at all levels. It was vital to make full use of the experience, skilled human resources and lessons learned over 30 years of global polio eradication to support Member States in improving immunization efforts and responding to outbreaks and emergencies, and to contribute to the goals of the Thirteenth General Programme of Work, 2019–2023.

The representative of VIET NAM highlighted the range of measures taken by his Government to eradicate polio. He expressed grave concern that insufficient doses of inactivated poliovirus vaccine at the national level and the switch from trivalent to bivalent oral poliovirus vaccine had resulted in millions of children not being immunized in his country. He requested sufficient inactivated poliovirus vaccine to meet his country's needs in 2019 and asked the Secretariat to finalize the new polio eradication strategy covering the period 2019–2023.

The representative of the UNITED STATES OF AMERICA welcomed the new approaches and enhanced accountability in the field, but highlighted the need to overcome existing political and organizational challenges in order to fully realize the goal of interrupting poliovirus circulation. He supported the development of a revised endgame strategy covering the period 2019–2023 and looked

forward to continued dialogue with global partners to develop a strategic action plan to interrupt wild poliovirus transmission and sustain global achievements in polio eradication. Member States must intensify efforts to fully implement and certify containment of polioviruses, and the Secretariat must provide timely technical support to Member States for the implementation of poliovirus containment safeguards. He urged all donor nations to continue working towards poliovirus eradication.

The representative of CHINA said that it was important to overcome the challenges described by the Regional Director for the Eastern Mediterranean. He outlined the actions taken by his Government to eradicate poliovirus and expressed support for the development of a new endgame strategy for the period 2019–2023 to achieve and maintain a polio-free world. The Secretariat should take into consideration the specific contexts of developing countries, particularly those with a high risk of imported poliovirus, and develop a feasible programme of action. International and interregional cooperation should be enhanced to reduce the cross-border spread of wild poliovirus. In addition, the Secretariat should increase the financial and technical support provided to countries where poliovirus transmission persisted or those where there was a risk of transmission and implement more timely and effective measures to accelerate the global polio eradication process.

The representative of AUSTRALIA said that the Global Polio Eradication Initiative and its partners must focus their efforts to ensure that the new strategy covering the period 2019–2023 was the final strategy of the Global Polio Eradication Initiative. Immunization and surveillance efforts in hard-to-reach populations needed to be increased. Adequate planning, including the transfer of the responsibilities of the Global Polio Eradication Initiative to other WHO programmes, was also required. The new strategy of the Global Polio Eradication Initiative should have a strong focus on close collaboration with partners such as Gavi be explicit about the total cost of eradication and address issues beyond the health sector, such as conflict, sanitation and infrastructure. She urged Member States to continue engaging in the development of a new eradication strategy, which must be financially proportional and sustainable, and encouraged the Organization to plan for the post-certification period.

The representative of BAHRAIN said that, in order to interrupt circulation of poliovirus, efforts must be stepped up at the global, regional and country levels, including improving outbreak responses and strengthening collaboration between polio programmes and humanitarian programmes in affected areas. It was important to: provide affordable and sustainable inactivated poliovirus vaccine both now and after certification; consolidate containment activities; and fulfil the requirements of the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use: GAPIII. It was essential to tackle the challenges to achieving smooth polio transition and sustaining essential functions in order to ensure that the world remained polio-free. Effective polio transition would contribute significantly towards attaining the Sustainable Development Goals, the global health security agenda and universal health coverage. Member States should honour their programme funding commitments, and resource requirements should continue to be assessed to ensure transparency and cost-effectiveness.

The representative of CHILE said that the development of a new strategy for the period 2019–2023 would highlight which activities needed to be undertaken and what the Global Polio Eradication Initiative needed to do differently in order to certify the eradication of polio. She described the range of measures taken by her Government at the national level and affirmed its full commitment to working at the local, regional and international levels to eradicate poliomyelitis.

The representative of GERMANY said that the challenges related to interrupting transmission of and eradicating poliovirus had to be met with innovative solutions. A universal health systems approach that included health systems strengthening was essential. The new Global Polio Eradication Initiative strategy covering the period 2019–2023 should reflect the recent decision made by Gavi to provide support for inactivated poliovirus vaccine and reflect the associated costs, including for the post-2020 period. Close collaboration was needed between Gavi, the Global Polio Eradication Initiative

and partners, as well as advocacy for future funding for Gavi regarding inactivated poliovirus vaccine. As a key partner of the Global Polio Eradication Initiative, WHO must play a leading role in that regard. It was crucial that the new endgame strategy for the period 2019–2023 included a comprehensive budget for polio activities, rather than a budget solely for financing the Global Polio Eradication Initiative.

The representative of SUDAN thanked the Secretariat for the technical support provided to Member States in the Eastern Mediterranean Region for elaborating national polio eradication plans. The new budget and strategy for the Global Polio Eradication Initiative for the period 2019–2023 would enable a more efficient and effective transition, providing countries with sufficient time to strengthen national health systems, step up routine immunization and emergency response, and mobilize local funding to sustain essential health functions. Transferring part of the cost of transition to the proposed base budget for 2020–2021 was the best way to ensure the sustainability of the work of the Global Polio Eradication Initiative in the post-certification period, and to achieve and maintain eradication. He requested clarification as to how the strategic action plan on polio transition and the new Global Polio Eradication Initiative strategy for 2019–2023 were related.

The representative of MEXICO welcomed the development of a new strategy for the period 2019–2023. His Government supported the declaration in 2014 of the international spread of wild poliovirus as a public health emergency of international concern, as well as the recommendations promulgated under the International Health Regulations (2005) and the positioning of poliomyelitis as a global health priority. His Government would be paying close attention to the outcomes of the Emergency Committee meeting convened in August 2018 under the Regulations to review alternative approaches to, and tools for, eradication. In addition to political will, financial resources must be mobilized in order to maintain a world free of wild and vaccine-derived poliovirus. The new strategy for the period 2019–2023 should therefore be fully funded and applied across the three levels of the Organization. The financing of eradication strategies would require innovative funding solutions and increased funding from donors.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the actions taken by the Regional Office for Africa to eradicate poliomyelitis. In December 2018, there were no reported cases of type 1 wild poliovirus, and the last case of type 2 wild poliovirus had been reported in November 2012. Since May 2016, all countries in the Region had switched from trivalent to bivalent oral polio vaccine and many countries had strengthened acute flaccid paralysis surveillance. However, recurrent gaps in surveillance, weak immunity levels and issues related to data quality in insecure areas made it difficult to verify that wild and circulating vaccine-derived type 2 poliovirus had stopped circulating in poliomyelitis-free areas and countries. The global shortage of inactivated poliovirus vaccine and the length of time taken in discussing documents on poliovirus containment and infectious materials further complicated the situation. In view of those challenges, it was crucial to implement the new strategy covering the period 2019–2023 and to continue financing polio eradication activities beyond certification. He called for adequate and regular availability of inactivated poliovirus vaccine at the global level and requested the Secretariat to provide support to strengthen the health systems of the Member States of the Region.

The representative of FIJI expressed support for the development of a new endgame strategy. Recent polio events worldwide, and especially in neighbouring Papua New Guinea, were concerning. Although his country had a well-established and strong polio vaccination programme, that was not necessarily the case in other small Pacific island countries. The remoteness and isolation of communities remained a challenge. It was therefore essential to strengthen health systems and universal health coverage principles as an approach towards polio eradication.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the risk of the spread of wild poliovirus and circulating vaccine-derived poliovirus type 2 could only be mitigated by interrupting the circulation of poliovirus in countries in which it was endemic, improving basic prevention services, adopting comprehensive containment measures to minimize poliovirus facility-associated risk, and stopping the use of oral polio vaccine. The development of a new strategy for the Global Polio Eradication Initiative was essential, and he looked forward to its presentation to the Seventy-second World Health Assembly. The strategy would position poliomyelitis eradication as one of WHO's priorities and should be reflected at all levels of the Organization.

The Member States of the Region remained fully committed to: helping the Governments of Pakistan and Afghanistan to eradicate wild poliovirus in 2019; facilitating the implementation of the temporary recommendations promulgated under the International Health Regulations (2005) to end the international spread of poliovirus; fully implementing the WHO global action plan to minimize poliovirus facility-associated risk; strengthening monitoring for early detection; ensuring comprehensive prevention coverage among high-risk and vulnerable groups such as refugees, internally displaced persons, migrants and mobile populations; updating poliomyelitis outbreak and response plans; and stepping up planning for the transition of poliomyelitis programme knowledge and resources. Implementing those actions would keep the Region free of the disease and maintain progress in other programme areas dependent on polio programme infrastructure.

The representative of INDONESIA expressed support for the adaptation of the Polio Eradication and Endgame Strategic Plan beyond 2018, as well as the five-year extension of the Global Polio Eradication Initiative. He welcomed the development of a strategy covering the period 2019–2023 and its emphasis on a country-based approach to polio eradication and transition, including ensuring the supply of inactivated poliovirus vaccine, funding for national polio eradication programmes, and poliovirus containment. In response to the recent outbreak of poliovirus in Papua New Guinea, the two countries had organized a cross-border meeting and a table-top exercise.

The representative of JAMAICA expressed support for the development of a polio eradication strategy for the period 2019–2023. There were still gaps and weaknesses that needed to be addressed if regions were to remain polio-free despite increasing mobility. She urged the Secretariat and international partners to continue to advocate for funds to be mobilized for polio eradication, especially in areas such as micro-planning, monitoring and evaluation of data quality, surveillance and vaccine procurement. She thanked PAHO for facilitating the purchase of vaccines at affordable prices.

The representative of TURKEY said that the progress made towards polio eradication was promising despite the ongoing challenges. He welcomed the development of a new endgame strategy, which would clarify action during the transition period, and called for stocks of polio vaccine to be more effectively monitored.

The representative of ISRAEL said that increasing mobility meant that there was an urgent need to improve monitoring and surveillance systems, particularly with regard to sewage systems and the early detection of polioviruses, especially in high-risk populations. His Government stood ready to support such efforts and share best practices. In addition, a contingency plan was needed to ensure sufficient production and supply of monovalent type 2 oral polio vaccine in the event of an outbreak of circulating vaccine-derived poliovirus type 2. He looked forward to the presentation of the new strategy covering the period 2019–2023 to the Seventy-second World Health Assembly.

The representative of LIBYA commended efforts towards polio eradication but stressed that those efforts must continue and that the necessary support should be provided to all stakeholders in the field, especially in at-risk and vulnerable countries. He expressed concern that the resources allocated to polio eradication were in decline, threatening the progress achieved thus far. The increase in the number of displaced persons and refugees from countries in which the disease was endemic had also exacerbated

the risk of a potential spread. He thanked the Secretariat for the technical support provided in improving immunization coverage and surveillance in his country.

The representative of DJIBOUTI said that it was important to maintain surveillance efforts and high immunization coverage in the Horn of Africa and called on Member States and other partners to continue providing support to countries in that region. Polio could not be eradicated unless primary health care systems were strengthened.

The representative of COLOMBIA welcomed the development of a new strategy. Polio eradication should remain a priority for WHO, and his Government supported all country, regional and global efforts in that regard. Globalization and increased migration highlighted the need for sustained and focused action to eradicate polio. He expressed concern about the risk of shortages of polio vaccines, particularly inactivated poliovirus vaccine, and called for short-, medium- and long-term action and planning to mitigate that risk. He also called for renewed political and financial commitments for the eradication of polio.

The representative of ANGOLA¹ said that his Government was committed to working closely with the Secretariat and other partners at the regional and global levels, particularly in terms of surveillance of the border with the Democratic Republic of the Congo. He advocated the inclusion of former polio focal points in integrated surveillance of potentially epidemic diseases.

The representative of THAILAND,¹ noting that a concerted effort by both the Secretariat and Member States was needed to eradicate polio, expressed concern that the report did not state that WHO was doing its utmost to address the global shortage of inactivated poliovirus vaccine. He urged the Secretariat to take account of resource needs and availability when drawing up action plans.

The representative of PERU¹ said that, in order to eradicate polio, it was necessary for all stakeholders to work together to ensure high immunization coverage, ongoing epidemiological surveillance for early detection of poliovirus, and sustainable funding.

The representative of ETHIOPIA¹ said that it was important to further strengthen the polio eradication efforts of Member States in the Horn of Africa to ensure that the interventions initiated by the Regional Office for Africa were effective. He urged WHO to continue to work closely with subregional organizations, such as the Intergovernmental Authority on Development, to eradicate polio.

The representative of INDIA¹ outlined the measures taken by his Government to mitigate the risk of poliovirus importation and emergence of vaccine-derived poliovirus. He expressed concern at the global shortage and rising cost of inactivated poliovirus vaccine, which would become a financial burden for low- and middle-income countries and could adversely affect their health agendas. He called for the unprecedented rise in the price of inactivated poliovirus vaccine to be brought under control.

The representative of CANADA¹ encouraged the Secretariat to work closely with the governments of countries in which the disease was endemic in order to rapidly implement the recommendations of the review conducted by the Independent Monitoring Board of the Global Polio Eradication Initiative of affected countries and to ensure that the recommendations, particularly those concerning governance and management challenges, were integrated into the new strategy for the period 2019–2023. It was important to fully understand the reasons for immunization refusals and address the issue by implementing communication and community outreach strategies and drawing up contingency plans to vaccinate more children in inaccessible areas. To increase immunization coverage, it was necessary to improve immunization campaigns, adopt innovative strategies and work closely with other

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

stakeholders such as Gavi. Concerning the budget for the Global Polio Eradication Initiative, it was essential to have a full and accurate picture of the costs of both eradicating wild poliovirus and monitoring circulating vaccine-derived poliovirus.

The representative of NIGERIA¹ highlighted the steps taken by his Government in response to the resurgence of circulating vaccine-derived poliovirus type 2, including a robust outbreak response with support from the Global Polio Eradication Initiative and its partners. His Government had stepped up routine immunization activities using both inactivated poliovirus vaccine and fractional-dose inactivated poliovirus vaccine in some states in northern Nigeria. Activities had also been carried out in the security-compromised states of Borno and Yobe to reach inaccessible children and improve surveillance. His Government was committed to eradicating polio and would further strengthen its immunization, response and surveillance efforts in 2019. Steps were also being taken by his Government to apply for certification of wild poliovirus interruption.

The representative of the RUSSIAN FEDERATION¹ welcomed the development of a new strategy for the period 2019–2023. It was important to eradicate wild poliovirus, while also recognizing that vaccine-derived poliovirus was a problem. She considered the report to be too optimistic regarding the time frame for the transition to inactivated polio vaccine, since there was a shortage of the vaccine in many countries and therefore a real risk of transmission. Further in-depth dialogue was needed on the transition to inactivated polio vaccine, combined with careful assessment of global vaccine needs and full consideration of Members States' financial capacity to procure vaccines. She supported Secretariat efforts to step up countries' technical capacities in containment, particularly with regard to the development of appropriate guidelines and the training of auditors on GAPIII, and the differentiated support provided post-certification with a focus on resource-constrained countries.

Dr Zwane took the Chair.

The representative of SPAIN¹ said that, in order to achieve polio eradication, it was necessary to reach all populations and areas that did not have sufficient immunization coverage. Renewed political will was therefore essential and should be accorded high priority by WHO and the international community. She urged all Member States to continue efforts to eradicate polio.

The representative of MOROCCO¹ welcomed the development of a new polio eradication strategy for the period 2019–2023 and highlighted the measures his Government was taking to advance global efforts to eradicate polio.

The representative of NORWAY said that efforts should be focused on stopping not only transmission of wild poliovirus, but also circulation of vaccine-derived polioviruses. Use of inactivated poliovirus vaccine would be essential in that regard. Strategic work on polio transition should maintain a focus on eradication. Effective collaboration between all stakeholders would be crucial, as well as a clear division of tasks, budget clarity, predictable financing and increased resource mobilization. Further work was needed on the strategy and budget of the Global Polio Eradication Initiative. In addition, support should be provided for the implementation of measures to ensure safe retention of polioviruses.

The representative of MONACO¹ expressed disappointment that the number of cases of polio had increased in 2018, while recognizing the difficulty of the daily work done by workers trying to reach all children for vaccination. She supported the idea of continuing the eradication strategy until 2023 and ensuring that financial and human resources were made available for its implementation. She applauded

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

the measures taken by Gavi and other stakeholders to achieve and maintain polio eradication, including poliovirus containment activities and the switch to the use of injectable vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that her Government was engaging with the Global Polio Eradication Initiative in developing its new strategy. Many of the strategy's future challenges were delivery-based in nature, which would require new ways of working and collaboration with non-health actors. In the light of the expected shortfall in the funding of the Global Polio Eradication Initiative for 2019, it was imperative that donors were provided with accurate financial information. The Global Polio Eradication Initiative and WHO should therefore work closely with Gavi to prepare a comprehensive report detailing the total costs of polio, including post-certification and inactivated poliovirus vaccine costs.

The representative of BOTSWANA¹ described the measures taken at the national and regional levels to eradicate polio. Recognizing the need to strengthen country capacity, she welcomed the continued support for polio eradication and the polio transition process in both the African Region and around the world.

The representative of ECUADOR¹ underscored the need to step up efforts to prevent the re-emergence and spread of polioviruses. Countries should reduce the number of containment facilities, prioritizing those facilities that had vital national or international functions. He called on all Member States to implement the Strategic Advisory Group of Experts' recommendations of 2016 on immunization. Shortages of polio vaccine, especially in areas that were endemic, as well as in high-mobility and inaccessible areas, increased the risk of the virus spreading or re-emerging. To ensure availability, strategies for pooled purchasing must be reviewed, pricing of vaccines should be renegotiated, and notification of any projected shortages in vaccines should be provided.

The representative of the SYRIAN ARAB REPUBLIC¹ said that, since the re-emergence of poliovirus in her country in 2013, a wide-ranging immunization campaign had been carried out. She thanked WHO and UNICEF for the support provided, which had led to the Syrian Arab Republic being declared polio-free in December 2018. Work was continuing at the national level to maintain that status.

The observer of GAVI, THE VACCINE ALLIANCE said that he had taken on board Member States' call for greater collaboration between Gavi and the Global Polio Eradication Initiative in the development of the latter's next strategic period. Amid the current challenges concerning the supply of inactivated poliovirus vaccine, the board of Gavi had increased funding by approximately US\$ 200 million for the period 2019–2020, and approximately US\$ 850 million for the post-2020 period. Such funding would operate in combination with appropriate country co-financing arrangements. Emphasizing the importance of accelerating nationally owned transition plans, he said that Gavi had provided time-limited bridge funding to facilitate the transition and absorption of essential routine immunization functions into national budgets. Gavi was working with the Global Polio Eradication Initiative to leverage polio-funded assets to strengthen routine immunization coverage and the delivery of routine polio and other life-saving vaccines. He reaffirmed the commitment of Gavi to effectively implementing the polio endgame strategy, sustaining strong health systems and maintaining a polio-free world.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the increase in polio cases in 2018 and outbreaks of circulating vaccine-derived poliovirus were worrying. She applauded the Director-General for visiting Afghanistan and Pakistan to urge a renewed focus on polio eradication and welcomed the development of a new strategy. The implementation of targeted, tailored strategies in priority areas and strong country ownership were

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

essential. To ensure a successful outcome, adequate material, human and financial resources should be provided to the Global Polio Eradication Initiative and collaboration with a wide range of partners must be strengthened. Bold and ambitious action would be needed to achieve a polio-free world.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that success was the only accepted and expected outcome of the fight against poliomyelitis. He hoped that the goal of zero reported cases among children could be achieved by no later than the end of 2020. However, achievement of the goal would require the full support and efforts of all key players. During the recent visit of the Director-General to Afghanistan and Pakistan, the importance of the active contribution of those countries and their communities was stressed. Similarly, reassurance had been provided to the Governments of Afghanistan and Pakistan of the continued active participation and support of WHO, UNICEF, other United Nations bodies, partners and donors, until polio had been eradicated. Innovative solutions would be required by all means and at all levels, including in relation to surveillance, financing, increasing coverage in inaccessible areas and raising awareness. The Member States of the Region remained fully committed to eradicating polio.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) thanked Member States for the support and commitment that they had shown in indicating a way forward to eradicate polio; their comments would be taken into account in the development of a new strategy. There appeared to be consensus that the challenges were global in nature, and that the global supply and cost of vaccines must be taken into consideration in a single, comprehensive polio budget. He highlighted the need for collective efforts and the development of innovative strategies to access hard-to-reach population groups and thanked the Government of Nigeria for its efforts in piloting such strategies. The drivers of low coverage should similarly be tackled, and collaborative governance should be improved with Gavi and other organizations, including at the local and subregional levels. A number of challenges remained, such as cross-border movement of populations, the fragility of certain countries, especially in the Eastern Mediterranean Region, and conflicts. In that regard, the Global Polio Eradication Initiative infrastructure should be sufficiently robust for it to take a leading role in ensuring the highest possible immunization coverage. Recalling resolution WHA71.16 (2018) on the containment of polioviruses, he said that containment had become an issue and that providing support to strengthen integrated surveillance systems was crucial. He welcomed the comments from the representative of Gavi especially in regard to strengthening routine immunization systems.

The DIRECTOR (Polio Eradication) said that, although the world was close to being polio-free, more remained to be done. The strategic plan for polio eradication would be revised for the period 2019–2023 to take present challenges into account, build on lessons learned from the period 2013–2018, and improve performance in all regions using proven tools. The new strategic plan would also identify innovative ways of using local knowledge to overcome obstacles that had previously seemed insurmountable, including the importance of understanding and allaying the concerns of parents and communities. Member States had a key role in and responsibility for achieving that objective; countries in which the disease was endemic must continue their efforts to gain access to all children, and countries that were facing outbreaks of vaccine-derived polioviruses must act swiftly and decisively. In addition, countries with weak routine immunization infrastructure and low coverage must urgently commit to improving that situation. Countries that produced vaccines and those that were planning to store potentially infectious materials must accelerate efforts to meet the requirements of resolution WHA71.16.

A sufficient supply of inactivated poliovirus vaccine was now available to support routine immunization programmes in all countries that needed it; a priority exercise would be conducted to provide supplies to those countries most at risk. He expected the price of inactivated poliovirus vaccine to decrease and stabilize with the arrival of new supplies from 2020 onwards and agreed that information on the total cost of polio eradication should be provided. Increased collaboration with Gavi was also necessary. The Secretariat would report back to Member States before the Seventy-second World Health Assembly on the progress made in reaching all children, ensuring sufficient vaccine supply and proper

containment, and increasing routine immunization coverage. While the Secretariat and its partners would continue to provide support, ultimately it was the responsibility of Member States to deliver a polio-free world.

The DIRECTOR-GENERAL said that Gavi had recently joined the Polio Oversight Board; the vaccine-related issues raised by Member States would therefore be discussed in that forum.

During a recent mission to Afghanistan and Pakistan, the two remaining countries where the virus was endemic, he had observed a high level of commitment from the respective Governments to address the root causes of poliovirus transmission, which would be key to eliminating polio in those countries. However, security concerns were complicating efforts: many children lived in inaccessible locations that could not be reached, and a significant proportion of poliomyelitis cases were located in border regions affected by conflict. Despite their best efforts to take ownership of the problem, the Governments of Afghanistan and Pakistan had agreed that they would not be able to eliminate poliovirus without cooperation; to that end, the Government of Afghanistan had demonstrated willingness to negotiate access to areas where children were in need. The Secretariat had discussed the devastating physical and social effects of poliomyelitis with the Governments of Afghanistan and Pakistan and had emphasized the need to reduce the stigma surrounding poliomyelitis and raise awareness of the importance of immunization among communities.

The last phase of polio eradication efforts would be the most difficult. Micro-planning based on concrete problems would be critical. For example, immunization teams had reported that families sometimes actively prevented their children from receiving vaccinations by marking their fingers in such a way that it appeared as though the child had been vaccinated. Another problem was the fabrication of data by a small minority of vaccinators who falsely claimed that they had vaccinated certain children or visited certain areas. Eradication required an all-or-nothing approach: failure to reach every child and seemingly minor gaps in immunization coverage would reverse progress made, hinder future gains and ultimately thwart eradication. Sustained and increased efforts, financing, commitment and courage would be needed to succeed in the polio endgame. He thanked all partners for their support, and Rotary International in particular for its role as a trailblazer in polio eradication.

The Board noted the report.

- **Transition** (document EB144/10)

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives) said that the development of a new strategic plan for the Global Polio Eradication Initiative for the period 2019–2023 would provide additional time to ensure the effective and efficient management of polio transition and related assets and enable strengthening of country capacities around the core goals of the Thirteenth General Programme of Work, 2019–2023. However, the Secretariat would continue to provide support to priority countries where needed. Transition planning and implementation should proceed without delay. He reassured Member States that funding from the Global Polio Eradication Initiative for the polio transition element of the WHO base budget for 2020–2021 would prevent a potential duplication between the new budget for the Global Polio Eradication Initiative and the polio transition element of the WHO base budget. Polio transition was a key institutional priority for WHO: the African Region was already aligning polio assets with the wider infrastructure of the Expanded Programme on Immunization; the South-East Asia Region had completed functional transition, with India having already committed substantial financial resources to support polio transition; and the Eastern Mediterranean Region was making steady progress, despite challenges faced in Afghanistan and Pakistan – the two remaining countries in which the disease was endemic – and obstacles to immunization resulting from fragile conflict situations.

The representative of JAMAICA said that more work was needed to raise public awareness of efforts to ensure that Jamaica and the Region of the Americas remained polio-free. She supported the proposed increase in the draft proposed programme budget 2020–2021 for the polio transition element

and welcomed the decision to extend the work of the Global Polio Eradication Initiative for a further five years. A differentiated approach was needed to support countries in polio transition, which should be country-led so as to support involvement at the local level, sustainable commitments and national funding and policies. She urged the Secretariat to consider providing support to countries to carry out risk assessments, formulate risk mitigation plans and evaluate the impact of mitigation activities, and expressed support for the Secretariat's recommendations and proposed next steps.

The representative of JAPAN called for increased collaboration between WHO, UNICEF and Gavi to ensure that regions remained polio-free after the Global Polio Eradication Initiative had concluded its programme. In line with the objectives of the Thirteenth General Programme of Work, the Secretariat should identify the essential functions that should be maintained during polio transition and those that should be terminated, since that information would be pertinent to discussions on the draft proposed programme budget 2020–2021.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the work done at all levels of WHO to prepare for a polio-free world, but emphasized the need to retain a focus on eradication and cautioned against any premature scaling back of the polio programme. He welcomed the recent stakeholder meeting held in Montreux, but said that more robust dialogue with donors, partners and other key stakeholders was essential to ensure that the necessary accountability, financing and governance structures were in place to maintain polio eradication in the post-certification period, including by containing and eliminating outbreaks of vaccine-derived poliovirus. Pragmatic proposals on the funding and implementation of integrated vaccine-preventable disease surveillance, strengthened essential immunization, augmented emergency response capacity for outbreaks and containment in laboratories would be welcome.

The representative of GERMANY said that a successful polio transition would greatly contribute to the goal of universal health coverage. He highlighted the importance of country ownership in that regard, noting that polio-related structures must be transformed into general structures as part of domestically financed national health systems. Preparation for transition must begin before eradication had been achieved in order to provide sufficient time to build the necessary national health system capacities. He therefore urged the Secretariat to intensify high-level political dialogue with countries and focus on strengthening the capacity of national partners to enable them to assume increasing responsibility for transition, including with regard to long-term funding, and to tackle not only the technical but also the political aspects of transition. Given the surprising initial lack of consideration of the issue of alignment in the funding provided for human resources in the pre- and post-eradication periods, it would be useful to map the progress achieved in polio transition for presentation to the Seventy-second World Health Assembly.

The representative of BRAZIL welcomed polio transition efforts and the development of the strategic action plan on polio transition. The Secretariat and the Global Polio Eradication Initiative must continue to provide support to the 16 countries that were global priorities for transition and the necessary funding must be ensured to enable essential functions to be maintained. He asked how the Secretariat intended to mobilize the US\$ 227 million for polio transition; how it would integrate essential polio-funded functions into its regular work; and whether the resources required would be allocated from assessed or voluntary contributions, reiterating that his country did not support an increase in assessed contributions.

The representative of CHINA, welcoming the progress made in polio eradication and efforts to plan for polio transition, said that, during the transition period, it would be crucial to ensure that the necessary plans and arrangements were in place to maintain the progress achieved. Vaccine supplies were a key concern; coordination from WHO would be required in order to ensure a sufficient supply of inactivated poliovirus vaccine to meet country needs and reduce gaps in immunization.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that the activities planned for 2019 clearly addressed Member States' concerns. Six of the priority countries for polio transition in the African Region had already finalized their national transition plans and budgets. However, certain challenges remained, namely: shortfalls in financing for the implementation of national transition plans; a lack of support for investment proposals; a shortage of experienced workers; and a reduction in funding provided to the Secretariat and Member States by organizations such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Sufficient resources should therefore be mobilized at the national level and advocacy should be scaled up among development partners to ensure sufficient funding for the implementation of national transition plans. In particular, he urged Member States and development partners to finance the Secretariat's funding proposals for vaccination, surveillance and emergency situations in the Region. A monitoring and evaluation framework should be formulated to provide better information on the progress made on polio transition.

The representative of ALGERIA welcomed the progress made towards polio eradication. He expressed support for the proposed approach to funding polio transition and highlighted that Member States had an important role to play in the transition process by implementing national transition plans.

The representative of VIET NAM welcomed the Secretariat's continued progress towards reaching the milestones set out in the strategic action plan on polio transition. He described the range of polio transition activities implemented in his country and asked the Secretariat and global partners to continue efforts to ensure sufficient supplies of inactivated poliovirus vaccine to countries in need. Clear information on transition costs would be required to develop the next national plan for polio transition.

The representative of MEXICO underscored that the Secretariat, in collaboration with national authorities, must take national circumstances and local situations into account in developing an appropriate polio transition strategy. She expressed appreciation for the efforts made by the Secretariat and the Global Polio Eradication Initiative to secure financing for the fight against poliomyelitis. Avoiding duplication in resource allocation and ensuring the optimal management of existing resources would be crucial. She reaffirmed her country's commitment to the formulation of a sustainable transition plan.

The representative of INDONESIA said that his Government supported the Global Polio Eradication Initiative programme, as long as it was implemented in a transparent and accountable way and strengthened the systems of the countries concerned. Enhanced support should be provided to countries in which the disease was endemic to enable them to build capacity. Governments must monitor points of entry and request a certificate of polio immunization from travellers arriving from a country in which the disease was endemic, in accordance with the International Health Regulations (2005). It was important to intensify high-level consultations with all relevant stakeholders, including the private sector and nongovernmental organizations. In addition, a comprehensive strategy should be formulated to research a new and affordable polio vaccine. He requested clarification regarding the objectives and the selection procedure for country transition support visits and further information on the results of the four country visits that had been undertaken in 2018.

The representative of AUSTRALIA expressed support for moving polio-related functions from the Global Polio Eradication Initiative to the proposed WHO base budget. She welcomed action to ensure that the critical functions of the Global Polio Eradication Initiative would be sustained after the programme had been concluded. The Secretariat and Member States must swiftly implement the strategic action plan on polio transition to ensure that global health security and progress towards the health-related Sustainable Development Goals were not compromised. Given that the goal of polio transition should be to develop country capacity, including for routine immunization, the Secretariat should provide an update on efforts to increase country-level resource mobilization in priority countries, as well as further information on the implications of extending the programme of the Global Polio

Eradication Initiative. In addition, the Secretariat must continue to engage proactively with affected countries and key stakeholders, such as Gavi and donors.

The representative of THAILAND¹ expressed support for the strategic action plan on polio transition, as well as the recommendation for a differentiated approach that was tailored to the contexts of individual countries. However, there must be no duplication between the budget for the Global Polio Eradication Initiative and the WHO base budget.

The representative of MONACO¹ recalled that her Government was one of the States that had promoted polio transition and was one of the co-sponsors of resolution WHA70.9 in 2017. She welcomed the work undertaken thus far on polio transition. However, the data on polio transition should have been further refined and the information in document A71/9 updated to allow a clearer understanding of the implementation of the strategic action plan on polio transition and enable the formulation of more focused budget-related questions. Country ownership would be key to ensuring a smooth and successful polio transition and maintaining a polio-free world, which in turn would be an essential element of achieving universal health coverage.

The representative of NORWAY¹ said that interaction at the country level was crucial to ensure national ownership of transition plans, especially in the light of the larger share of transition-related costs that many governments would have to bear. However, the biggest task was to make country plans operational. It was vital for WHO and its country-level partners to monitor the risk of discontinuation of polio-related activities. The Secretariat should explain the possible consequences of extending the programme of the Global Polio Eradication Initiative on transition planning and implementation. All stakeholders must work together to ensure the success of the strategic action plan on polio transition.

The representative of ETHIOPIA¹ said that the polio transition process should not create unintended implications for national health systems. The winding down of the Global Polio Eradication Initiative was extremely worrying since polio was still a challenge in many Member States in the African Region, including Ethiopia, which was one of the priority transition countries. He called on WHO and its partners to address the funding gap for polio transition plans in priority countries in a timely and effective manner.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that his Government looked forward to participating in further discussions on how polio-funded assets were being integrated into the most appropriate organizations and programmes, as well as on potential future governance and monitoring mechanisms. He welcomed the participative process that had begun with the Montreux meeting in November 2018. Clarification should be provided of whether the proposed independent monitoring mechanism would be based on the existing Transition Independent Monitoring Board. In addition, it was essential to provide the governing bodies with regular updates on polio transition progress.

The representative of INDIA¹ said that his Government was in favour of transitioning polio programme assets to other public health programmes, without compromising polio eradication activities. A reduction in committed funding to the polio infrastructure could put polio and other immunization programmes at risk. His Government had strengthened national immunization activities and was providing financial support at the national level to ensure a smooth transition. In the light of the global challenges that still existed in polio eradication, funding for the Global Polio Eradication Initiative and the National Polio Surveillance Project must continue, so as to sustain and strengthen the gains made to date.

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

The representative of CANADA¹ urged WHO to present key stakeholders with a clear road map indicating the consultations, work streams and discussions that would be required to advance towards the successful governance of polio following its eradication. Options for a clear governance framework should also be provided in order to identify how key functions, such as financing and operations, would be shared among the new owners. WHO must work closely with the Global Polio Eradication Initiative to address key challenges and shortfalls, and the Global Polio Eradication Initiative must continue strengthening its relationship with Gavi. Regular updates on the progress made on transition efforts would be welcome.

The representative of ZIMBABWE¹ said that global polio eradication could become a reality during the course of the Thirteenth General Programme of Work. It would require the Secretariat to sharpen the focus of its work in countries, revitalizing primary health care and accelerating universal health coverage. Polio transition would be more effective if Rotary International, WHO and Gavi stepped up their work on measles elimination and eradication, with robust and expanded immunization programmes embedded in strong national health services and systems.

The representative of the REPUBLIC OF KOREA¹ said that her Government was in favour of a differentiated approach that was tailored to the needs of Member States. She agreed with the importance of developing strategies for polio post-certification; discussions on the governance of those strategies would also serve as a catalyst to facilitate polio transition. Regular monitoring and assessment of the high-level Steering Committee for Polio Transition, and ensuring transparency in the management of finances would be key to the success of transition efforts. Her Government would continue to work closely with Member States to help ensure a stable polio transition.

The representative of BOTSWANA¹ said that her Government appreciated the road map and detailed workplan to implement the strategic action plan on polio transition. She noted with satisfaction the decision of WHO to consider transition under its proposed base budget for 2020–2021 and the decision of the Global Polio Eradication Initiative to extend its programme. Support from the Secretariat in developing the national polio and post-certification transition plan would be welcome. If not carefully planned, the polio transition process could hinder the achievement of the goals set out in the global vaccine action plan. In that connection, it would be necessary to strengthen the Expanded Programme on Immunization.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ emphasized that the Secretariat and Member States should be fully focused on ensuring the eradication of polio, since it was not guaranteed. Polio assets should be transitioned within the context of the Thirteenth General Programme of Work and its strategic priorities, with some key assets transitioned to strengthen surveillance, immunization and emergency and readiness response in priority countries. Outreach strategies and supplementary immunization activities would not be sufficient to eradicate polio and use of inactivated polio vaccine must change. It was essential to launch a global campaign to combat vaccine resistance. In addition, clarification regarding targeted sampling of healthy children would be appreciated.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that WHO must fill gaps in polio transition planning and evaluate current and future immunization and health needs. Greater progress was needed on the Sustainable Development Goals, particularly with respect to health equity. Future stakeholder meetings must consider country-specific challenges as they related to the four thematic transition priority areas and include a wider range of stakeholders, including governments and civil society. She requested further details on the work of the high-level Steering Committee on Polio Transition and its expected outcome. The financial responsibilities of the Global Polio Eradication Initiative and WHO remained unclear with regard to

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

short- and long-term funding for transition. Although the proposed polio transition budget had increased, it was still insufficient, and it might be necessary to adapt fundraising strategies at the country level. WHO must establish a global governance mechanism for polio transition.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives), responding to points raised, said that the most important part of the polio transition process was making essential functions strong enough to ensure continuity of work, including by providing customized support aimed at achieving full national ownership and working extensively with UNICEF and Gavi. WHO would not dismantle any functions but instead integrate and transform them into health system blocks. There was therefore a need to carefully review the deployment of human resources that had been trained by the polio programme. The extension of the programme of the Global Polio Eradication Initiative was not a threat, but instead an excellent opportunity to ensure a smooth, progressive transition, especially in fragile countries. WHO was establishing a monitoring and evaluation framework for transition and would be discussing transition with the Transition Independent Monitoring Board of the Global Polio Eradication Initiative to ensure continuity of independent oversight. The follow-up to the meeting in Montreux would consist of four thematic high-level meetings that would take place before the next World Health Assembly. There would also be a final governance meeting to identify viable governance opportunities, taking into consideration the final reports on country visits. The Secretariat would report to the Seventy-second World Health Assembly with consistent data and a clear indication of the feasibility of updated national transition plans.

THE DIRECTOR-GENERAL, thanking participants for their comments, said that, although an organized transition was important, the focus must be on eradication. He agreed that ownership of polio transition should lie with countries. Recognizing that the situation in different countries varied, the Secretariat would provide tailored support to the 16 countries that were global priorities for transition. In addition, the Secretariat would continue to hold inclusive stakeholder consultations to determine the best way forward.

The Board noted the report.

The meeting rose at 19:15.

FIFTH MEETING

Saturday, 26 January 2019, at 09:30

Chairman: Dr P. SILLANAUKEE (Finland)

1. HUMAN RESOURCES: Item 9 of the agenda

Appointment of the Regional Director for South-East Asia: Item 9.1 of the agenda (document EB144/45)

**The meeting was held in private session until 10:45,
when it resumed in public session.**

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for South-East Asia adopted by the Board in private session:¹

The Executive Board,

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

Considering also the nomination made by the Regional Committee for South-East Asia at its seventy-first session,

1. REAPPOINTS Dr Poonam Khetrapal Singh as Regional Director for South-East Asia as from 1 February 2019;

2. AUTHORIZES the Director-General to issue a contract to Dr Poonam Khetrapal Singh for a period of five years from 1 February 2019, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIRMAN congratulated Dr Singh on her reappointment.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA thanked the Member States of the South-East Asia Region for her unanimous appointment for a second term as Regional Director, which reflected their desire to continue the progress made during her previous term, and honoured the work undertaken by the regional and country teams. WHO stood at a critical juncture in global health history and she emphasized the importance of universal health coverage in the Thirteenth General Programme of Work, 2019–2023, the transformation agenda and the WHO Impact Framework. WHO had a robust commitment to protecting people from health emergencies and promoting better health and well-being for all and responsibilities under the Declaration of Astana on primary health care. She would address the challenges being faced by WHO over the next five years through: sustaining gains made by ensuring that technical and operational frameworks were in place and that efforts towards disease elimination were maintained; accelerating sustainable progress by focusing on results at the country level and aligning

¹ Resolution EB144.R1.

targets with regional priorities; and finding innovative solutions to current and new challenges. She was committed to working with governments and partners to effect the change desired by Member States.

The DIRECTOR-GENERAL congratulated Dr Singh on her well-deserved reappointment, which reflected the confidence, respect and trust that the Member States of the South-East Asia Region had rightly placed in her. He admired her dedication, energy, wisdom and vast experience in public health. As the first woman to be appointed as Regional Director for South-East Asia, she had exercised dynamic leadership in that Region, which accounted for 25% of the world's population but had a disproportionate burden of disease, and she had been a champion for women's empowerment. He noted her country-focused approach, which was one of the key themes of the Thirteenth General Programme of Work and the transformation agenda. He listed several accomplishments in the Region under her leadership, including the finalization of multisectoral noncommunicable disease action plans, progress towards universal health coverage and access to essential medicines, national action plans on antimicrobial resistance, and significant progress in disease elimination. He wished Dr Singh every success and offered his full support over the coming years.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, congratulated Dr Singh on her reappointment. He wished her every success in her duties as Regional Director.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, congratulated Dr Singh on her reappointment, which was a clear sign of Member States' confidence in her leadership and capacity. Dr Singh had shown a spirit of public service throughout her career, which served as a reminder of the importance of clear and efficient technical collaboration between regional offices and Member States to strengthen national health systems in line with national priorities. Dr Singh had achieved lasting results through a participatory process and had been an active advocate for the inclusion of health in the Sustainable Development Goals.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated Dr Singh on her reappointment, which reflected Member States' appreciation of her leadership. In view of commonalities between the two regions, there were many opportunities for the Eastern Mediterranean Region and the South-East Asia Region to share experiences and learn from one another. She wished Dr Singh success in her vision to ensure health gains for people across the South-East Asia Region.

The representative of ISRAEL, speaking on behalf of the Member States of the European Region, congratulated Dr Singh on her reappointment and commended her on her leadership, which had led to several achievements in the South-East Asia Region, including in the areas of poliomyelitis, maternal and neonatal tetanus, and antimicrobial resistance. He wished her success in continuing to transform health systems and people's lives.

The representative of SRI LANKA endorsed Dr Singh's reappointment, which reflected Member States' acceptance of her leadership since taking up the post as the first female Regional Director in that Region. Dr Singh had demonstrated vision in addressing regional epidemiological and demographic health challenges, while advancing universal health coverage and ably handling public health crises and natural disasters. She ensured that regional health priorities were included in the global health agenda. He noted the continued support she had given to tackling health issues in Sri Lanka. Given her impressive experience, he had no doubt that the collective vision of universal health coverage was safe in her hands.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, congratulated Dr Singh on her reappointment. In her national capacity, she noted Dr Singh's vast experience and broad knowledge of regional and global affairs and their

interconnectedness with health issues. In her previous five years as Regional Director, Dr Singh had introduced several innovative responses to health challenges in the Region, which included the flagship priority programmes.

The representative of the PHILIPPINES¹, speaking on behalf of the Member States of the Western Pacific Region, congratulated Dr Singh on her reappointment. Having served with distinction as Regional Director for South-East Asia, Dr Singh had reaffirmed her intention to focus on priority issues relating to health challenges in the context of epidemiological and demographic shifts, the promotion of universal health coverage and the strengthening of health security. The Member States in his Region shared those priorities, and he noted the close working relationship between the two Regions in key areas. He looked forward to continued collaboration.

The representative of INDIA¹ congratulated Dr Singh on her reappointment and thanked the Executive Board and the Member States of the South-East Asia Region for their steady support for Dr Singh. Under her exceptional leadership, the South-East Asia Region had successfully funded and implemented many programmes. Dr Singh's commitment to public health was reflected in the significant achievements of the flagship priority programmes. The fact that Dr Singh was the first woman to be appointed as Regional Director of the Region was a source of satisfaction. He reiterated his Government's support for Dr Singh's vision for the Region over the coming years.

Appointment of the Regional Director for the Western Pacific: Item 9.2 of the agenda (document EB144/46)

At the invitation of the CHAIRMAN, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Western Pacific adopted by the Board in private session:²

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

1. APPOINTS Dr Takeshi Kasai as Regional Director for the Western Pacific as from 1 February 2019;
2. AUTHORIZES the Director-General to issue a contract to Dr Takeshi Kasai for a period of five years from 1 February 2019, subject to the provisions of the Staff Regulations and Staff Rules.

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

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

The REGIONAL DIRECTOR-ELECT FOR THE WESTERN PACIFIC thanked the Executive Board for appointing him as Regional Director for the Western Pacific. He acknowledged the leadership shown by his predecessor, who had helped transform WHO into a more country-focused organization and supported Member States to significantly improve the health of their populations. He hoped to be able to build on that legacy.

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

² Resolution EB144.R2.

At a time of great economic, social and environmental change for the Region, WHO needed to stay ahead of the curve to remain relevant and valuable. Although there were great challenges ahead, they could be overcome with the help of innovation and new technologies. By acting today to address tomorrow's challenges, those challenges could be turned into shared opportunities. At the same time, it was important to remember the fundamentals; as Regional Director, he would do his best to strengthen primary health care in the Region and ensure that health care workers could enjoy fulfilling careers. The Western Pacific Region was vast and diverse and although its Member States required tailored approaches, they also shared common ambitions. The Secretariat therefore needed to support both national and regional health aspirations through close dialogue and a good understanding of realities on the ground; regional offices played an important role in that respect. He looked forward to working with the Director-General and other regional directors to deliver the Thirteenth General Programme of Work, 2019–2023 and its vision of health as a driver of global development. He also looked forward to working with the Region's dedicated staff, committed Member States and capable partners.

The DIRECTOR-GENERAL congratulated Dr Kasai on his unanimous appointment, recognizing his 15 years of service to the Organization. His campaign priorities of health security, climate change, and noncommunicable diseases and ageing were perfectly aligned with those of the Organization and Dr Kasai's focus on people-centred primary health care was welcome. The Western Pacific Region faced unique challenges but also had unlimited potential. He looked forward to working with Dr Kasai to create a healthier, safer and fairer future for the people living there.

At the invitation of the CHAIRMAN, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:¹

The Executive Board,

Desiring on the occasion of the retirement of Dr Shin Young-soo as Regional Director for the Western Pacific, to express its appreciation for his services to the World Health Organization;

Mindful of Dr Shin Young-soo's lifelong, professional devotion to the cause of international health, and recalling especially his 10 years of service as Regional Director for the Western Pacific;

Recalling resolution WPR/RC69.R9, adopted by the Regional Committee for the Western Pacific, which designates Dr Shin Young-soo as Regional Director Emeritus,

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

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC congratulated Dr Kasai on his appointment as the new Regional Director, highlighting the energy and commitment he would bring to the role. WHO had the noble mission of creating a better world through better health, which had made his own time as Regional Director the most satisfying period of his professional life. He had done his best to leave the Regional Office for the Western Pacific a stronger, more country-focused organization than it had been ten years ago. He was proud of the Organization's achievements in that regard and thanked the dedicated staff who had worked with him. He also thanked his colleagues in the Global Policy Group for their collaboration, noting that it was a valuable forum for decision-making by senior management. Observing that the world needed a successful WHO, which in turn relied on the success of its leader, he thanked the Director-General for his strong leadership and efforts to transform the

¹ Resolution EB144.R3.

Organization. Lastly, he thanked the Member States for their support. It had been a great honour to serve WHO and he wished the Organization every success in the future.

The DIRECTOR-GENERAL thanked the outgoing Regional Director, Dr Shin Young-soo, for his service, highlighting his valuable contribution to the Global Policy Group and the transformation agenda, his country-focused approach and his candour, which was a vital ingredient in helping organizations achieve better results. Dr Shin Young-soo's commitment to humanity was an inspiration and the Region had seen many advances during his term in office, including reduced maternal and child mortality rates, a reduction in deaths from tuberculosis, improvements in core capacities for emergencies and progress towards universal health coverage. His legacy would endure in the lives of the women, men and children he had served.

The representative of BENIN, speaking on behalf of the Member States of the African Region, congratulated Dr Kasai on his appointment, wishing him every success in the role, and expressed appreciation to the incumbent for his work.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the Member States of the Region of the Americas, offered congratulations to Dr Kasai, expressing confidence that his determined leadership would continue to strengthen the Region's resilience to existing and emerging health challenges. He thanked Dr Shin Young-soo for his leadership over the previous decade, drawing attention to the profound impact of his country-focused approach and his commitment to improving the health of the people in the Region.

The representative of LIBYA, speaking on behalf of the Member States of the Eastern Mediterranean Region, thanked Dr Shin Young-soo for his leadership, which had enabled WHO to better serve the countries of the Region. He congratulated Dr Kasai on his appointment and wished him all the best in continuing the work of WHO in the Region at a time when health threats, including climate change and multidrug resistance, were becoming increasingly complex.

The representative of ISRAEL, speaking on behalf of the Member States of the European Region, expressed deep appreciation for the leadership shown by Dr Shin Young-soo, whose guiding principle of placing countries at the centre of the Regional Office's work had set an example for the Organization as a whole. Other notable achievements during his term included reducing the incidence of tuberculosis, bringing the Region closer to eliminating malaria and increasing viral hepatitis immunization among children. He congratulated Dr Kasai on his appointment, expressing confidence that his experience in tackling emerging infectious diseases and improving health systems would greatly benefit the Region.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, congratulated Dr Kasai on his appointment and wished him all the best in furthering the common objective of improving the health and well-being of all people. He thanked Dr Shin Young-soo for his tireless work during his time as Regional Director, noting the close working relationship between the Western Pacific and South-East Asia Regions, which would doubtless continue under the leadership of Dr Kasai.

The representative of JAPAN, speaking on behalf of the Member States of the Western Pacific Region, said that Dr Shin Young-soo had recognized the synergies between better health and socioeconomic development, helping to close the gap in health standards between countries in the Region that had existed at the start of his tenure. Dr Shin Young-soo had also used his expertise in health care management to reform the Regional Office, building strong partnerships and leaving behind an efficient and effective regional structure.

The representative of AUSTRALIA thanked Dr Shin Young-soo for his strong and strategic leadership. She congratulated Dr Kasai on his appointment and said that his skills and wealth of experience would be invaluable to her Region in efforts to implement the Thirteenth General Programme of Work, 2019–2023 and attain the Sustainable Development Goals, with particular regard to health security and universal health coverage.

The representative of the REPUBLIC OF KOREA¹ said that Governments in his Region would work closely with Dr Kasai to improve the health of their populations, including through the opening of the WHO Asia-Pacific Centre for Environment and Health in 2019, which was a legacy of the work of Dr Shin Young-soo. He thanked the outgoing Regional Director for his achievements and dedication.

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

Implementation of the 2030 Agenda for Sustainable Development: Item 5.4 of the agenda (document EB144/11 Rev.1)

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that, despite progress in several areas, no significant progress had been made to improve treatment coverage for HIV and malaria, or to address air pollution or the other environmental determinants of health. A multisectoral and coordinated approach, led by Member States, would be required to achieve the established targets. The Secretariat should provide support and assistance for Member States to implement intersectoral approaches to address the social, environmental and economic determinants of health.

The representative of JAMAICA welcomed the focus on the Sustainable Development Goals in the Programme budget 2018–2019 and the Thirteenth General Programme of Work, 2019–2023, and commended WHO on its contribution to achieving the health-related Sustainable Development Goals at the country level through the implementation of resolution WHA69.11. The Secretariat should continue to support the strengthening of country policies and institutional frameworks for health systems.

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 her statement. Greater momentum, commitment and action for the implementation of the 2030 Agenda for Sustainable Development at the local, national and international levels would be required if the Sustainable Development Goals were to be attained. He welcomed WHO's commitment to reform and its multisectoral approach to addressing health determinants in the Thirteenth General Programme of Work, with universal health coverage at the heart. A rights-based approach was also crucial; it was unacceptable that the family planning needs of millions of women remained unmet, and he noted the related slow progress in combating malnutrition both nationally and globally. Action should be taken to address the exponential rise in environmental threats, including efforts to raise public and political awareness of environment-related deaths, tackle air pollution, and increase funding to meet national water, sanitation and hygiene targets. To improve the alignment of funding with global public health needs, North–North, South–South and triangular cooperation should be explored further, and WHO should engage with the private sector and other global health partners. The use of evidence-based data, benchmarks and indicators should remain a priority.

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

The representative of MEXICO said that recognizing the inherent weaknesses in health systems was an important step towards attaining the Sustainable Development Goals. Member States should continue work to reduce maternal mortality and guarantee access to quality care during pregnancy and childbirth, with an emphasis on women from indigenous communities and adolescents. While progress had been made to decrease infant mortality, respiratory infections, stunting and obesity remained a concern. Work on a joint strategy to slow the increase in the prevalence of noncommunicable diseases should continue. National policies to implement the 2030 Agenda should include health aspects and involve all levels of government.

The representative of BAHRAIN said that several projects and programmes had been launched in her country in relation to the implementation of the 2030 Agenda. Noncommunicable diseases were a major obstacle to the achievement of the health-related Sustainable Development Goals and placed a significant economic burden on primary health care services.

The representative of the NETHERLANDS said that, although the presentation of extensive data and focus on multilateral cooperation in the document were appreciated, the next report should contain more information on WHO's collaboration with nongovernmental organizations to attain the Sustainable Development Goals. In the future, the data collected could be plotted against the Goal indicators to demonstrate the progress made. While the section on reproductive, maternal and child health, and nutrition was welcome, it was concerning that the report did not mention Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) since none of the Goals could be attained in isolation; Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) could not be attained without equality for and an end to discrimination against women and girls. Sexual and reproductive health and rights were an indivisible part of universal health coverage.

The representative of INDONESIA applauded the role that WHO had been playing in the implementation of the 2030 Agenda. In his country, progress towards universal health coverage was on track, but there was a need to accelerate efforts to improve the level of many other key health indicators.

The representative of GERMANY said that the proposed global action plan for healthy lives and well-being for all must include concrete actions, particularly towards attaining universal health coverage. Furthermore, Member States, civil society and the private sector, as well as bilateral donors and UNODC, should be involved in its design. WHO should seek to derive maximum benefit from suitable multistakeholder initiatives, such as UHC2030 and the Providing for Health initiative. The involvement of other multilateral actors in the development of the proposed global action plan, such as ILO, IMF and WIPO, would generate a broader financing base and help to better address the determinants of health. Within the proposed global action plan, the responsibilities and mandates of each actor should be clearly defined.

The representative of the UNITED STATES OF AMERICA said that he applauded the positive developments detailed in the report but noted with concern the lack of progress made in some critical areas such as maternal mortality, malaria and drug-resistant tuberculosis. The fact that many countries continued to have weak health systems was of particular concern, since that could lead to inadequate preparedness for health emergencies. He encouraged all ongoing efforts to address such issues. He wished to clarify that the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which was a consensus document that had been agreed by Member States, contained no references to taxation. He called on the Secretariat to provide more information on WHO's efforts to develop a global action plan for healthy lives and well-being for all. Consultations with Member States should be initiated immediately and continue throughout the process.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, said that a strong multisectoral approach was essential to achieving the Sustainable Development Goals. Addressing the social determinants of health would reduce health inequalities and inequities. She emphasized the importance of the link between Sustainable Development Goals 3 and 5. The PAHO Secretariat and its Member States had been working to harmonize the Sustainable Development Goals, the Thirteenth General Programme of Work and the Sustainable Health Agenda for the Americas 2018–2030: A Call to Action for Health and Well-Being in the Region in the development of PAHO's strategic plan for 2020–2025. She looked forward to the outcome of the 2019 High-level Political Forum on Sustainable Development, which would guide future work.

The meeting rose at 12:30.

SIXTH MEETING

Saturday, 26 January 2019, at 14:30

Chairman: Dr P. SILLANAUKEE (Finland)

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

Implementation of the 2030 Agenda for Sustainable Development: Item 5.4 of the agenda (document EB144/11 Rev.1) (continued)

The representative of AUSTRALIA welcomed the progress made towards achieving the Sustainable Development Goals, but expressed concern at ongoing challenges relating to malaria, drug-resistant tuberculosis, alcohol use and air pollution. Collaboration was essential to achieving the Goals and, in that regard, her Government looked forward to participating in Member State consultations on the proposed global action plan for healthy lives and well-being for all. She welcomed the focus on developing national strategies to advance universal health coverage. Finally, she said that access to sexual and reproductive health services was critical to women's empowerment, gender equality, and reducing maternal and child mortality, which were essential to implementing the 2030 Agenda for Sustainable Development.

The representative of JAPAN urged WHO to take advantage of the 2019 High-level Meeting of the United Nations General Assembly on Universal Health Coverage to advance implementation of the 2030 Agenda for Sustainable Development. In the light of the two indexes for monitoring universal health coverage, one within the monitoring framework of the Inter-agency and Expert Group on Sustainable Development Goal Indicators and the other within the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, he asked how the Secretariat planned to develop the anticipated global monitoring report on universal health coverage, which would be essential to measure progress.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Latvia, Lithuania, Norway and Sweden, said that increasing resistance to fundamental health-related targets was worrying, as achieving universal health coverage, including sexual and reproductive health and rights for all, was at the heart of the 2030 Agenda. It was vital to take a multisectoral, Health in All Policies approach at the national and international levels to meet Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and the other health-related Goals. Commending WHO for its multisectoral work beyond Goal 3, she stressed the importance of developing the proposed global action plan for healthy lives and well-being for all.

The representative of CHINA commended WHO's efforts in supporting Member States to achieve the health-related Sustainable Development Goals. His Government supported the whole-of-government, whole-of-society and Health in All Policies approaches to implementing the Goals, and the Organization's advocacy for comprehensive and integrated national health plans and enhanced North–South, South–South and triangular regional and international cooperation. Greater coordination among Member States and regional offices was needed to establish partnerships. Member States must strengthen their monitoring of progress towards the Goals, mobilize national and international resources, and deepen cooperation to achieve the health-related Goals.

The representative of ISRAEL said that the data on air pollution were extremely alarming and commended the creation of a multisectoral forum for discussion during the first WHO Global Conference on Air Pollution and Health in 2018. National plans containing specific actions were vital in combating air pollution and other hazards, and the Organization should further develop guidelines for such plans. He noted WHO's engagement in United Nations country teams as part of global efforts to achieve the Sustainable Development Goals. Stronger health information systems would facilitate the monitoring of WHO's work, and its alignment with wider efforts. That required a technical package of health information standards and tools to strengthen country information systems. The idea of a seamless Organization was welcome, but the Secretariat at headquarters should provide guidance on the needs of each region. The approval of the draft proposed programme budget 2020–2021 and transformation plan would facilitate a "one WHO" approach, with greater alignment between the levels of the Organization.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that multisectoral efforts needed to be stepped up to ensure that the health-related Sustainable Development Goals were met. The Organization's proposed global action plan for healthy lives and well-being for all was appreciated. Existing partnerships should be expanded to include humanitarian organizations and civil society to increase coverage of essential health care services. Despite the protracted conflicts and crises in the Region, many countries had created mechanisms and national action plans to achieve the health-related Goals. The regional strategy for improving systems for registering civil status and biostatistics was appreciated, but there was still a need to strengthen data collection and analysis, health information, and monitoring systems. WHO should work with the private sector and government departments for health and other areas to maintain the progress achieved on indicators.

The representative of COLOMBIA said that achieving the Sustainable Development Goals demanded strong multisectoral dialogue and efforts to address the social, economic and environmental determinants of health. The current migration situation in the Region of the Americas would have a negative impact on the health-related targets of the Goals. In 2018, his Government had invested heavily in migrant health, which had expanded access to health care and had already had an impact on national indicators on reproductive, maternal and child health, nutrition, infectious diseases, noncommunicable diseases and epidemics. As a result, his Government urgently needed the support of the international community.

The representative of SUDAN said that a multisectoral approach was needed to meet the Sustainable Development Goals. Member States must consider the health impacts of all policy decisions and work together to avoid any harmful effects. He hoped that the Executive Board would discuss the resolution on implementing the Health in All Policies approach, adopted at the sixty-fifth session of the Regional Committee for the Eastern Mediterranean, at its next session. The unprecedented scale of the emergencies in the Region and the steady increase in noncommunicable diseases were a huge burden on health systems and were likely to have an adverse impact on the gains made in health. The Secretariat and Member States urgently needed to step up efforts to strengthen health systems and increase flexibility to ensure that the Goals and universal health coverage were achieved.

The representative of VIET NAM said that a health systems approach and multisectoral collaboration were essential and would require a shared understanding of terminology, concepts, frameworks and pathways. The report should include a reference to the Secretariat's important role in helping Member States engage with national stakeholders and development partners. Many developing countries lacked sufficient resources to incorporate the Sustainable Development Goal indicators into national reporting systems, which hindered their regular monitoring, and the Secretariat should continue providing technical and financial assistance in that regard.

The representative of HAITI,¹ underscoring his Government's commitment to achieving the health-related Sustainable Development Goals, urged WHO to continue transforming the Organization, mobilize resources and take all necessary steps to ensure that one billion more people benefited from universal health coverage. A participatory and inclusive approach should be taken, in keeping with the five principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. Since it was important for no one to be left behind and for all countries to be able to contribute their experiences and expertise in delivering universal health coverage, Taiwan² should once again be granted observer status.

The representative of THAILAND¹ said that firm leadership and regular monitoring and reporting were essential to achieving the Sustainable Development Goals. The Regional Committee for South-East Asia had demonstrated such leadership by adopting a decision on annual progress monitoring of universal health coverage and health-related Sustainable Development Goals. Member States should make maximum use of the results and lessons learned from progress monitoring to improve programme implementation.

The representative of INDIA,¹ highlighting the steps taken by his Government towards achieving the Sustainable Development Goals, asked WHO to define the priority areas for increasing the technical support provided to Member States, emphasizing the importance of multisectoral cooperation and coordination, progress reports and statistical capacity-building.

The representative of FRANCE,¹ speaking on behalf of the Foreign Policy and Global Health Initiative, said that weaknesses in health care systems remained an obstacle to achieving the health-related Sustainable Development Goals. Since civil society and the general population played an important role in strengthening health care systems and improving access to health care, he supported multistakeholder efforts to address health inequalities. Welcoming the steps taken collectively to deliver universal health coverage, he said that WHO could count on the support of the Foreign Policy and Global Health Initiative as it worked towards achieving the Goals, particularly the health-related targets.

The representative of CANADA¹ said that it was important to proactively protect the progress already made towards the Sustainable Development Goals by, for example, ensuring a strong Global Fund to Fight AIDS, Tuberculosis and Malaria and strengthening implementation of the WHO Framework Convention on Tobacco Control. It was also essential to: address the environmental determinants of health; protect the health and rights of women and girls, including their sexual and reproductive health and rights; empower adolescents by promoting sex- and age-aggregated data and a robust research agenda on adolescent health; and afford mental health the same status as physical health. She welcomed WHO's leadership in facilitating the proposed global action plan for healthy lives and well-being for all, which would be a useful platform for strengthening collaboration and coherence among global health actors.

The representative of ECUADOR¹ said that the international community was still a long way from achieving the health-related Sustainable Development Goals. There was an urgent need to pay much greater attention to the social, economic, commercial and environmental determinants of health, which required enhanced political commitment and an increasingly multisectoral approach. Economic and commercial interests should not take precedence over human and environmental concerns, and greater emphasis should be placed on people, rather than on targets and objectives.

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

² World Health Organization terminology refers to "Taiwan, China".

The representative of BANGLADESH¹ called on WHO to develop cost-effective, evidence-based and locally applicable ways of addressing the issue of stunted growth among children, particularly in the South-East Asia Region. In addition, the report should include an overview of the global mental health burden, and the Secretariat should continue to report on the implementation of the World Health Assembly resolutions on mental health. There was also a need for further investment in research on cost-effective drugs, vaccines and diagnostic tools for neglected tropical diseases such as leprosy and cholera. His Government was willing to explore further South–South and triangular cooperation so that it could replicate best practices for using information and communication technologies to make specialized treatment services more readily available. He urged WHO to keep up its commitment to supporting the traditional medicine sector, and asked for clarification as to how the Health Data Collaborative and the SCORE technical package to improve health data systems would further complement the WHO Impact Framework.

The representative of PARAGUAY¹ welcomed the support provided to Member States in strengthening research, developing new tools and technologies, and facilitating enhanced North–South, South–South and triangular regional and international cooperation. In that regard, his Government was working with Taiwan² to develop a medical information system to improve the efficiency and quality of medical services. Expressing his concern that half of the world’s population did not have health coverage, he called for the social determinants of health to be incorporated into the Sustainable Development Goal monitoring framework.

The representative of the REPUBLIC OF MOLDOVA¹ said that her Government was actively engaged in promoting the 2030 Agenda for Sustainable Development at the national, regional and global levels. She called on WHO to use all available platforms to learn from and share best practices to ensure that no one was left behind.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ agreed that comprehensive access to care was important, particularly with regard to sexual and reproductive health and rights. He called for antimicrobial resistance to be included in the report, as it was integral to the achievement of a number of Sustainable Development Goals. He welcomed the progress made towards the proposed global action plan for healthy lives and well-being for all and urged WHO to ensure that the plan focused on new ways of working and included a strong accountability framework. He asked the Secretariat to provide more information on how WHO would engage with other global actors.

The representative of ZIMBABWE¹ emphasized the importance of an intersectoral and multistakeholder approach across all regions to achieving the Sustainable Development Goals.

The representative of CHINA, supported by the representative of BURUNDI, said that the remarks made by the representatives of Haiti and Paraguay in relation to Taiwan² were irrelevant to the agenda. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make use of meetings of the WHO governing bodies to challenge that principle. The Member States in question should observe the rules of WHO meetings.

The CHAIRMAN asked Member States to restrict their comments to the technical items on the Board’s agenda.

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

² World Health Organization terminology refers to “Taiwan, China”.

The representative of UNDP said that her organization would continue to strengthen its partnership with WHO by supporting WHO's leadership in achieving universal health coverage, scaling up collaboration on climate-related issues, and acting decisively on the non-clinical aspects of emergency preparedness and response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that a strong and balanced health workforce was needed to achieve Sustainable Development Goal 3. Health professionals were increasingly being targeted in violent attacks, affecting their ability to discharge their duties, which had disastrous consequences for health care provision and patient safety. He called on the Secretariat and Member States to work closely with relevant stakeholders to prioritize the safety of the health workforce as a key component of national health action plans.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that tackling kidney disease required strong health systems and minimal inequality across all sectors of society. In the context of the implementation of the 2030 Agenda, she called for coordinated and effective multisectoral action, and health systems that strived to deliver integrated and comprehensive services aimed at prevention, early detection and treatment of all noncommunicable diseases and their risk factors across the life course.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed support for the promotion of a multisectoral and coordinated approach to the implementation of the 2030 Agenda. Weak health systems needed to be targeted by comprehensive national plans that considered all the determinants of health. Sustainable development required sustainable engagement with youth and civil society organizations at the local and national levels.

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 addressing oral health was a challenge that still needed to be tackled in the context of the Sustainable Development Goals. Oral diseases were the most preventable noncommunicable diseases and shared the same modifiable risk factors as the most common noncommunicable diseases. She encouraged Member States to adopt a common risk factor approach when implementing strategies for Sustainable Development Goal target 3.4 on reducing premature mortality from noncommunicable diseases and promote mental health and well-being, and include basic oral health care as part of universal health coverage.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted with concern that progress on several health-related Sustainable Development Goals had stalled, among them alcohol use. The Thirteenth General Programme of Work failed to address alcohol as a risk factor other than in the context of noncommunicable disease. Cross-cutting risk factors should be identified and addressed, using WHO's SAFER initiative. There should also be a stronger focus on prevention of harmful alcohol use in public policies and evidence-based interventions.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that young people were instrumental in the implementation of the 2030 Agenda. Member States should invest in national youth employment strategies, youth engagement in policy implementation, and education.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted the disconnect between the 2030 Agenda and the prioritization of health at the country level. She called on WHO to advocate for increased investment in the health sector. Recalling that 2019 marked the thirtieth anniversary of the United Nations Convention on the Rights of the Child,

she called on Member States to highlight the Convention during the next World Health Assembly and to examine the progress made in implementing its health-related articles. Urgent action was required to end violence against children and to address the impact of toxic stress.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, regretted that the link between Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and universal access to sexual and reproductive health and rights had been neglected in the report. She urged WHO to recognize sexual and reproductive health and rights as a key component of universal health coverage. She asked for more information on WHO's initiatives to achieve the Sustainable Development Goals and the role of other stakeholders in the development and implementation of those initiatives. As 2019 marked the twenty-fifth anniversary of the International Conference on Population and Development, she called on WHO, together with UNFPA, to ensure that its agenda was meaningfully integrated into the 2030 Agenda.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the proposed global action plan for healthy lives and well-being for all should include the growing burden of disease and the social determinants of health. She welcomed efforts to address the need for sustainable financing and domestic resource mobilization. WHO should continue to engage civil society organizations in addressing complex health challenges, and in the development and implementation of the proposed global action plan. She called on Member States to support the proposed global action plan, in conjunction with existing platforms, in order to achieve Sustainable Development Goal 3.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, recalled the past efforts of the tobacco industry to influence policy-making and highlighted the need to fully apply the WHO Framework Convention on Tobacco Control. She recommended that no government should accept money from, endorse or enter into any partnership with organizations funded by the tobacco industry.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that health should not be seen as a commodity, and that cuts in funding to health and social services and the liberalization of health services endangered the achievement of the 2030 Agenda. WHO's long-term plan to attain the health-related Sustainable Development Goals should support Member States in their efforts towards achieving universal health coverage, including raising sufficient funding in that regard.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed surprise that the report did not mention pneumonia as a leading cause of childhood mortality. Member States should ensure strong primary health care systems and nutrition interventions for the effective prevention, early diagnosis and treatment of pneumonia. Mental health and psychosocial support for children and adolescents in conflict-affected and post-conflict areas should be scaled up.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, noted that weak health systems affected the full implementation of national plans on cancer and noncommunicable diseases, and thus the achievement of the Sustainable Development Goals. Member States should further integrate noncommunicable diseases into universal health coverage and the corresponding financing mechanisms, and build partnerships to facilitate multistakeholder implementation. Similarly, efforts should be made to improve the data available on cancer and noncommunicable diseases to improve monitoring and guide policy-makers.

The DEPUTY DIRECTOR-GENERAL (Programmes) said that Member States had commented on the need to adopt a multisectoral approach to achieve Sustainable Development Goal 3, which aligned with the Thirteenth General Programme of Work, with particular regard to ensuring that one billion more people enjoyed better health and well-being. Member States had also stressed the need to highlight the health situation of vulnerable and neglected populations in data reporting and to strengthen health information systems and data usage and analysis at the country level. Recent discussions with Member States on the WHO Impact Framework had been useful and she said that WHO would work with development partners and other United Nations organizations to harmonize and strengthen health information systems and better use available information.

The report on universal health coverage would be ready for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage, and the index approved by the Inter-Agency and Expert Group on Sustainable Development Goal Indicators would be used in its preparation. The meeting would be an opportunity to highlight the current global status of universal health coverage and to engage in forecasting and modelling to analyse the trajectories of universal health coverage in specific groups of countries, so as to identify key policy levers and interventions needed to tackle existing gaps. Thus, the Secretariat's report would include sections on: innovative data analysis methods to identify current gaps; forecasts envisaging a world with and without universal health coverage policies; out-of-pocket expenditure; and health workforce requirements for effective coverage.

WHO was not a custodian for Sustainable Development Goal 5 and had therefore not reported on gender equity indicators in its report to the Executive Board. However, the Secretariat would explore how to work with other United Nations organizations to incorporate Goal 5 indicators into its reports. Gender equality was considered a cross-cutting issue in the Thirteenth General Programme of Work and all programme areas should analyse their data from a gender equity perspective. The WHO Gender, Equity and Human Rights Team had developed tools such as the Innov8 approach for that purpose, and the Secretariat was creating a website landing page on gender equity. WHO had exceeded the requirements of the United Nations System-wide Policy on Gender Equality and the Empowerment of Women (UN-SWAP) accountability mechanism. The Organization played a prominent role in United Nations system gender equity initiatives, in particular the High-Level Task Force on Financing for Gender Equality, an issue that would also be examined by the Secretariat in preparation for the programme budget for 2020–2021, and the United Nations development group task team on leaving no one behind, human rights and the normative agenda.

Mental health was a high priority for WHO, and a special initiative would be implemented in 12 countries to ensure that mental health was addressed as part of universal health coverage in the 2020–2021 biennium.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that the comments received from Member States reinforced the centrality of health in the Sustainable Development Goals. Countries had clearly made significant efforts to consider the Goals in the formulation of their national plans, but many challenges still needed to be overcome before 2030. In response to proposals made by the Heads of State of Germany, Ghana and Norway, WHO was working with 11 global health and development partners to coordinate the proposed global action plan for healthy lives and well-being for all. That plan was aligned with the Thirteenth General Programme of Work and the strategies formulated by each development partner, the heads of which had already pledged their commitment to the implementation of the proposed global action plan. Health was a concrete, actionable area for United Nations reform; indeed, the United Nations Deputy Secretary-General viewed the proposed global action plan as a vehicle for reform. The Secretariat had identified seven cross-cutting work streams, known as “accelerators”: sustainable financing; primary health care; determinants of health; research and development, innovation and access; community and civil society engagement; innovative programming in fragile settings and outbreaks; and data and digital health. A three-pronged “align, accelerate and account” approach would provide an action-oriented basis for implementation of the proposed global action plan.

Phase two of preparations for the proposed global action plan would entail the development of a set of concrete, collective actions at the global, regional and country levels to be implemented primarily by global health partners, enhancing the ways in which development partners worked together in countries to achieve the health-related Goals. Space would be provided for dialogue with Member States and other stakeholders to discern the actions needed to make the activities in the proposed global action plan relevant to country needs. Phase two would take place in the months preceding the seventy-fourth session of the United Nations General Assembly, where there would likely be a high-level political forum on the Goals. Several development partners were also preparing for discussions on the proposed global action plan at a side event during the Seventy-second World Health Assembly. The Secretariat had already held two briefings in Geneva to update Member States on the progress of preparations.

Member States had called for WHO to sharpen its focus and increase its accountability. The 2030 deadline for the achievement of the Goals seemed distant, but targets would not be met without concrete action in the present. Attainment of the Goals was a global objective and not just a concern for developing countries.

The DIRECTOR-GENERAL said that the formulation of the proposed global action plan for healthy lives and well-being for all provided an unparalleled opportunity for WHO to align, accelerate and account for its actions at the global and country levels to ensure real impact. He thanked the Heads of State of Germany, Ghana and Norway for their input.

The Secretariat had begun to engage in productive discussions with several professional associations to address the issue of continuing professional development and generic training to develop innovative ways to address the unacceptable deficit in trained health workers. Sustainable Development Goal 3 could not be achieved without the health workforce. The professional associations had agreed that they would need to invest resources to increase the speed, volume and quality of training to address the human resources gap. It would be useful to benchmark models employed in certain countries to address such gaps. The Secretariat would work with the International Pharmaceutical Federation to organize a side event at the Seventy-second World Health Assembly to discuss how to fill those gaps as soon as possible. Professional development was a fundamental part of the Organization's transformation agenda, as exemplified by plans for the WHO Academy. Further investment in training would be central to the quality of health service provisions.

WHO had decided to focus on countries with the highest burdens of certain health concerns to make the greatest impact by ensuring that resources were not spread too thinly and concentrating efforts where they were needed most. There was an unacceptable tendency among the international community to neglect diseases that caused long-term crises such as malaria, which remained a major health problem in developing countries. WHO and its partners had agreed to focus on the fight against malaria in 11 countries where more than 70% of cases of malaria had been reported. Other countries in which malaria was endemic would continue to receive WHO support. The global malaria burden would only be reduced through an aggressive, comprehensive approach: the focus should be shifted from treatment alone to vector control, health promotion and disease prevention. To address maternal mortality rates, human resources had been mobilized to address the serious challenges presented in seven high-burden countries, including improvements in maternal health services, family planning and sexual and reproductive health. It had been encouraging to see those countries demonstrate the ownership and political commitment needed to achieve results. Thirteen countries had been prioritized for efforts to control tuberculosis, and a similar strategy would be used for noncommunicable diseases, in particular hypertension, cardiovascular diseases, chronic diseases, lung diseases and cancer. Twelve countries had been pinpointed for improvements in the mental health burden, which would require a comprehensive approach. To address the stigma of mental illness within health systems and society, it would be necessary to improve the quality of services and treat mental illnesses like any other disease, rather than view people with mental health problems as troublemakers. The prevalence of anxiety, depression and suicide was unacceptable. The United Nations Secretary-General and Member States had demonstrated their strong commitment to tackling mental health problems, and WHO needed to respond to that demand for action.

Raising awareness of the immediate health risks posed by climate change, such as the increase in childhood asthma resulting from air pollution and associated brain development problems, would help to illustrate the health dimension of global warming and convince populations of the need for action. Implementing the three pillars of the Thirteenth General Programme of Work would assist awareness-raising efforts to that end; focusing on addressing the social and other determinants of health in particular would make a fundamental difference to progress in global health.

The report of the United Nations Interagency Coordination Group on Antimicrobial Resistance was nearing completion and WHO and its partners were preparing for the next phase in the fight against antimicrobial resistance on the basis of the Group's recommendations. Although global action to combat antimicrobial resistance should have begun earlier, a response was now vital. Accelerated, aggressive action would also be needed to hasten progress towards the achievement of the Sustainable Development Goals and the "triple billion" goals contained in the Thirteenth General Programme of Work.

The Board noted the report.

Universal health coverage: Item 5.5 of the agenda

- **Primary health care towards universal health coverage** (document EB144/12)

The REGIONAL DIRECTOR FOR EUROPE said that universal health coverage was an overarching priority for WHO as one of the three strategic pillars of the Thirteenth General Programme of Work, 2019–2023, and as a catalyst for achieving the health-related Sustainable Development Goals. It should therefore be a political priority for Member States. Universal health coverage was attainable in all countries, and each State should use available evidence and tools to determine its own path to attainment. One of the most effective ways to achieve stronger health systems and universal health coverage was through strong primary health care, in line with the Declaration of Astana on primary health care. Information on financial protection in relation to universal health coverage in several Member States of the WHO European Region had been published in 2018 in response to the question: Can people afford to pay for health care? Two overall findings from that research could be more widely applied: first, it was possible to reduce out-of-pocket payments to a level that did not hurt the people; secondly, even in the highest income countries, people with ill health suffered from financial hardship due to the high cost of medicines. Universal health coverage was a political choice, but was essential for economic productivity, health security and social stability.

The representative of FIJI said that he supported the principles of primary health care outlined in the Declaration of Astana. However, the report on primary health care towards universal health coverage did not pay enough attention to the provision of specialist services in small and hard-to-reach populations, especially emergency and essential surgical services that were timely, affordable, safe and universal. Such services were crucial to universal health coverage and primary health care, but must be tailored to the needs of populations, including small island developing nations.

The representative of INDONESIA expressed support for the draft resolution on primary health care towards universal health coverage. Focusing health systems on primary health care would accelerate progress towards universal health coverage and the health-related Sustainable Development Goals. The Secretariat should periodically evaluate the implementation of the Declaration of Astana and organize a global review forum every three years. There was also a need to develop technically sound parameters to measure primary health care. Specifically, the indicators should refer to the three components of primary health care: primary health care and essential public health functions as the core of integrated health services; multisectoral policy and action; and empowered people and communities.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that sustainable universal health coverage could only be achieved with a stronger emphasis on primary health care. He recognized the challenges outlined in the report, which

could only be tackled using innovative approaches and applying lessons learned. As a priority, WHO should develop practical guidance, based on an analysis of existing international experience, to help all governments develop and implement national road maps on universal health coverage, and review the technical support offered by headquarters and the regional offices. The Framework for action on advancing universal health coverage in the Eastern Mediterranean Region encompassed the four key components of universal health coverage: governance, population coverage, health financing and service coverage. WHO should review and update that and other regional frameworks, taking into account national contexts. The Secretariat should then strengthen its capacities in identified areas of need to ensure it was able to respond to requests for technical support. All plans and road maps should also include ways to engage and regulate the private sector.

The representative of AUSTRALIA said that universal health coverage was critical to improving health outcomes and achieving the Sustainable Development Goals. Access to essential services for all people and financial risk protection were particularly important. Primary health care was the foundation for universal health coverage.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that all the Region's Member States had joined the UHC2030 initiative. Family medicine and private sector engagement were essential to primary health care, and steps were being taken in the Region to address the shortage of family doctors and include the private sector in health care provision. WHO should take action to improve health system governance, including policies and regulations on prepayment for private health care providers. WHO should develop a list of priority services under universal health coverage and provide the costings for each. Member States should improve funding for primary health care. The Governments of the Region supported the Declaration of Astana and the role it could play in making sure that health systems met the primary health care needs of countries.

The representative of JAMAICA emphasized the need for WHO to assist Member States in restoring populations' trust in primary health care services. Building partnerships and more resilient health systems through stronger primary health care would be critical to withstanding health emergencies, such as those caused by natural disasters and antimicrobial resistance. She expressed satisfaction that stronger political commitment to primary health care and universal health coverage was one expected outcome of the upcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage. She supported formalizing the participation and role of community health workers in health care delivery, and endorsed the call to renew the central role of primary health care in moving toward universal health coverage contained in the Declaration of Astana.

The representative of VIET NAM welcomed the clear vision of primary health care as a driver for achieving universal health coverage and the Sustainable Development Goals. She described the primary health care model in Viet Nam and the challenges of funding it and adapting it to an ageing population. WHO should quickly finalize the operational framework for the Declaration of Astana so that decisive action could be taken by communities, regional and global partners and other stakeholders at the policy-making and operational levels.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to the Declaration of Astana and the principle of primary health care as a means of attaining universal health coverage. A multisectoral approach was important, as most of the determinants of health lay outside the health sector. In the African Region, investing in human resources had the potential to change the course of countries' economies and improve people's lives, since community health workers delivered modern medicine in a traditional setting, supported health emergency response, and played an essential role in providing palliative care to people living with HIV/AIDS. The guidelines on integrating community health workers into health systems were welcome,

but the Secretariat's definitions of their roles and responsibilities should be tailored to different countries' contexts.

The representative of ESWATINI said that most sub-Saharan countries required urgent technical support in renewing primary health care and putting it at the centre of efforts to achieve sustainable universal health coverage, as well as in monitoring progress. He was encouraged by the technical cooperation his Government had received from the Republic of China, Taiwan,¹ where universal health coverage had been attained by strengthening primary health care. It was essential that best practices should be shared, no matter the source. He called for a closer examination of the global health financing architecture with a view to creating a model that promoted primary health care.

The representative of the UNITED STATES OF AMERICA said that investment in primary health care was key to supporting health, stability and productivity, and could safeguard national security and strengthen resilience to public health threats, outbreaks and other shocks. His Government intended to work with the international community to find ways to make health care accessible to all through low-cost, high-impact, tailored approaches. He supported partnerships with civil society, the private sector and community- and faith-based organizations and the reallocation of resources to primary health care, so as to ensure that people could seek quality care in comfort and safety.

The representative of GERMANY said that primary health care was the most cost-effective way for countries at all stages of development to move towards universal health coverage. It should be the cornerstone of any system-wide health financing strategy and at the centre of a functioning referral system, and interlinkages with secondary and tertiary care should have been better reflected in the report. Development and training of the global health workforce should be guided by the Global Strategy on Human Resources for Health: Workforce 2030. The Secretariat should align its work with existing initiatives, including the proposed global action plan for healthy lives and well-being for all.

The representative of BRAZIL said that focusing on primary health care was an efficient and cost-effective way to organize a health system. Community health workers played a crucial role in implementing primary health care policies, identifying health issues and contributing to more effective and efficient clinical strategies. She called for the implementation of the Declaration of Astana to take into account the diverse range of health systems already in place and looked forward to the finalization of the related operational framework.

The representative of SUDAN said that his Government was endeavouring to ensure that all segments of society benefited equally from universal health coverage. Various sectors had an important role to play in developing policies that would ensure good health for all. Partnerships were crucial to the successful implementation of rights-based health systems.

The representative of CHILE said that her Government stood ready to fulfil the commitments laid out in the Declaration of Astana. It was important to respond at the national and global levels to the challenges posed by demographic change and morbidity, and to develop strategies for addressing the social determinants of health with a view to promoting health throughout the life course.

The representative of CHINA said that the representative of Eswatini's reference to China's Taiwan region¹ under the current agenda item was irresponsible and he urged countries not to raise political issues during Executive Board meetings. He took note of the draft resolution on primary health care towards universal health coverage. In that regard, and in line with the Declaration of Astana, WHO should strengthen its guidance to help Member States build the capacities of primary health care providers, motivate health care workers, strengthen health information systems and foster information

¹ World Health Organization terminology refers to "Taiwan, China".

sharing between health care facilities at different levels. In addition, the Declaration of Astana should be included on the agenda of the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage so as to maximize its impact and ensure its effective implementation.

The meeting rose at 17:30.

SEVENTH MEETING

Monday, 28 January 2019, at 09:15

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

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

Universal health coverage: Item 5.5 of the agenda (continued)

- **Primary health care towards universal health coverage** (document EB144/12) (continued)

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed regret that the three draft resolutions proposed under agenda item 5.5 had not been combined into a single draft resolution. She stressed the importance of WHO reaffirming its commitment to the Sustainable Development Goals, including Goal 3 (Ensure healthy lives and promote well-being for all at all ages), and of remaining committed to the full achievement of universal health coverage. The latter could not be achieved without effective governance, financing and health service delivery, and access to commodities, competent health workforces and health monitoring. Furthermore, health protection and promotion and disease prevention were essential, and sexual and reproductive health and rights should be included in primary health services.

The representative of SRI LANKA said that the 2018 Declaration of Astana on primary health care should be harnessed as an advocacy tool, in the same way as the 1978 Alma-Ata Declaration on primary health care. Vulnerable populations, in particular migrant populations, should be covered by the Declaration of Astana and its implementation should involve review of the WHO Global Code of Practice on the International Recruitment of Health Personnel and advocacy of capacity-building for human resources in primary health care. The use of eHealth would help to reduce the need for human resources and make health systems more efficient. Universal access to medicines was important to universal health coverage; WHO could play a major role in ensuring an uninterrupted supply of essential drugs at low cost to developing countries. Member States must have adequate funding to implement the Declaration of Astana.

The representative of BAHRAIN said that countries should adjust their health systems to focus on primary health care and to promote the role of family physicians. Member States needed support to improve their primary health care systems and to train more health care workers. She agreed that the Executive Board should focus its discussions on the process for taking into consideration the commitments of the Declaration of Astana in the preparations for the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage.

The representative of ISRAEL said that, while scientific progress was essential to promoting global health, human-delivered primary health care remained relevant, especially in the face of a growing noncommunicable disease burden. Accessible, safe, quality primary health care was the backbone of any strong, sustainable and effective health system, and thereby of universal health coverage. Universal health coverage required not only investment by countries and international organizations, but also political will, cooperation between countries and innovative solutions.

The representative of MEXICO said that primary health care was essential to ensuring people's health and well-being and that stronger, high-quality health systems would also be a valuable tool in achieving the Sustainable Development Goals. It was important to take advantage of new technologies, medicines, vaccines, diagnostic tests, and information and surveillance systems to better serve individuals, families and communities. He commended WHO on including primary health care as a main pillar of the Thirteenth General Programme of Work, 2019–2023.

The representative of TURKEY said that Member States must consider people's different health needs and address the social determinants of health. Member States should agree on what did not constitute primary health care and assess whether the health needs of all people, including refugees and migrants, were being met. In its advocacy role, WHO should emphasize the importance of investment in primary health care and ensure that the topics of primary health care and universal health coverage were included in the agendas of other organizations of the United Nations system.

The representative of COLOMBIA said that reducing inequalities in health was crucial to achieving universal health coverage and managing health at the local level was key to reducing inequalities in remote areas. It was therefore important to take a new approach to universal health coverage by making use of modern technologies and allocating predictable, sustainable resources, as well as strengthening primary health care and addressing the social determinants of health through a multisectoral approach. Primary health care must be adapted to everyday challenges and to different communities and territories.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ said that the international community must step up its efforts to promote access to high-quality and affordable medicines and vaccines, in line with the Sustainable Development Goals.

The representative of the PHILIPPINES¹ said that the provision of culturally sensitive services was key to ensuring effective primary health care, especially for vulnerable groups and underserved communities. His Government was cognizant of the power of vulnerable populations being involved in community development, but acknowledged that ongoing investment in staff training would be needed for members of those communities to become leaders, social workers and health workers. He supported the call to consider how human resource capacity and management could feed into primary health care reforms.

The representative of SWITZERLAND¹ said that, to ensure the continuum of primary health care services, health workers should be qualified, trained and well-managed and work closely with communities. Member States should begin preparing for the challenges that would arise from demographic and social change. Strong health systems required long-term financing; balancing the provision of essential services against limited funding remained a major issue. Member States should engage in more global dialogue on the quality of health systems, particularly in the area of patient safety. Universal health coverage should include provision in emergencies.

The representative of SPAIN¹ emphasized the increasing importance of an effective primary health care system, which was essential to achieving universal health coverage and would guarantee the fundamental right to health and ensure health system sustainability. It was especially important in the context of ageing populations, chronic diseases, new treatments and health technologies. New primary health care technologies could improve the accessibility, quality and sustainability of health systems.

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

The representative of GUATEMALA¹ welcomed efforts towards achievement of the Sustainable Development Goals, including international cooperation to improve access to health services, especially among rural populations. He thanked the Government of Taiwan² for its contribution to projects in Guatemala to expand maternal health services and improve access to medicines.

The representative of MOROCCO¹ expressed his Government's commitment to the Declaration of Astana and to achieving universal health coverage. He looked forward to the forthcoming High-level Meeting of the General Assembly on Universal Health Coverage.

The representative of NICARAGUA¹ said that it was important to work together and recognize that everyone had the right to health. For that reason, it was regrettable that Taiwan² was absent from the current proceedings, particularly as globalization had increased the threat of cross-border transmission of communicable diseases, and the absence of any country from the global health network would undermine global health security.

The representative of TOGO¹ supported the view that primary health care constituted a driver for achieving universal health coverage and the health-related Sustainable Development Goals. All stakeholders must therefore engage in effective multisectoral action. The renewal of primary health care would require special attention to be paid to health service organization, human resource development – including increasing the number of community health workers – implementation of the reference and counter-reference system, and the monitoring of health care providers at all levels. Health systems could be improved by capitalizing on the work undertaken to mobilize and educate populations during health emergencies to improve their resilience and tackle antimicrobial resistance.

The representative of KAZAKHSTAN¹ thanked Member States for their ongoing support for primary health care and the investments made by their governments to strengthen primary health care and ensure healthier populations, longer lives and the well-being of all. He encouraged the Executive Board to recommend that the Seventy-second World Health Assembly should adopt the draft resolution on primary health care towards universal coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that, despite some important achievements since the Alma-Ata Declaration, primary health care provision remained insufficient, with differences between and within countries; more investment was required. He urged the Secretariat to support Member States in operationalizing the outcomes of the Declaration of Astana in line with the Sustainable Development Goals, which would require the cooperation of Member States and relevant stakeholders.

The representative of BELGIUM¹ said that, although governments were responsible for implementing universal health coverage, WHO played a vital role that went beyond monitoring implementation. He asked how WHO would link the different areas of work based on the six building blocks of a health system to achieve maximum impact with limited resources. He commended the establishment of a working group in the WHO European Region to examine the economics of primary health care, as the cost-benefit ratio of primary health care was not always sufficiently recognized.

The representative of CANADA¹ said that the health of women, children and adolescents, including sexual and reproductive health and rights, was a key part of basic quality health services. She supported the position outlined in the Declaration of Astana that primary health care should reflect social progress, notably regarding human rights, inclusivity, gender equality and the need to eliminate stigma and discrimination. Health systems and primary health care should be gender-responsive; gender

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

² World Health Organization terminology refers to "Taiwan, China".

equality and the empowerment of women was an effective way to improve health and well-being for all, reduce extreme poverty and build a more peaceful, inclusive and prosperous world. Her country supported international efforts to extend universal health coverage, while recognizing that individual countries would take different approaches according to their priorities and contexts.

The representative of SINGAPORE¹ welcomed the Declaration of Astana and its renewed focus on primary health care systems, which were critical to achieving universal health coverage. Indeed, such systems offered a high return on investment, allowing people to receive care closer to home and empowering individuals to tackle the causes of ill health at an earlier stage.

The representative of ECUADOR¹ said that, although globalization, technological development and research had led to great advances, other barriers to universal health coverage had arisen, and overcoming those barriers required political will. The role of Member States in policy-making was key, and it was time to act in the interests of a shared vision of universal health coverage based on health for all, in line with the 2030 Agenda for Sustainable Development.

The representative of LUXEMBOURG¹ encouraged the development by WHO, UNICEF and other key partners of an operational framework to ensure effective implementation of the Declaration of Astana. The country-centred approach adopted by WHO should bring results over the medium- and long-term and ensure that adequate resources could be mobilized at the national level, guided by human rights principles and with the coordination of all relevant stakeholders. He requested further information on the forthcoming High-level Meeting of the General Assembly on Universal Health Coverage.

The representative of the REPUBLIC OF KOREA¹ agreed that primary health care was key to achieving universal health coverage and the health-related Sustainable Development Goals. Her Government was committed to implementing the Declaration of Astana, sharing best practices and engaging in discussions on how to adopt a people-centred approach and improve the population's health.

The representative of SOUTH AFRICA¹ welcomed the Declaration of Astana, noting that primary health care was key to achieving the Sustainable Development Goals and the objectives of the Thirteenth General Programme of Work. Lessons should be learned from the successes and failures of the Alma-Ata Declaration. Effective primary health care services depended on access to medicines, health promotion and prevention services and adequate financial and human resources.

The representative of the RUSSIAN FEDERATION¹ said that universal health coverage was a founding principle of its country's health care system. Achieving universal health coverage required strong primary health care and sustainable financing. His Government was committed to ensuring the best attainable health for all at all ages and welcomed the adoption of the Declaration of Astana as a guiding document on access to health care.

The representative of INDIA¹ said that, despite the remarkable progress made towards universal health coverage, a major part of the world's population still lacked essential health services. Primary health care should integrate traditional and complementary medicine and exploit the full potential of new technologies. It should be based on a continuum-of-care model with a two-way referral system. The role of the private sector should be carefully considered and the effectiveness and appropriateness of different models, frameworks and mechanisms documented. The commitments made in the Declaration of Astana should be transformed into immediate action by Member States through sustained political

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

commitment and with the full support of the Secretariat at all levels. When implementing the Declaration, stakeholders should align their actions and support with national priorities.

The representative of BOTSWANA¹ reiterated that a cornerstone of primary health care remained the integration of community health workers into health systems, thereby enabling communities to take responsibility for their own health.

The representative of ZIMBABWE¹ said that, to ensure a robust health workforce, which was a vital component of primary health care, health personnel should be provided with decent working environments and tools and appropriate compensation. Greater support should be provided for community health workers, and steps should be taken to ensure access to medicines, vaccines and diagnostic tools and services, including making full use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).

The representative of PERU¹ reaffirmed his Government's commitment to primary health care as the best way to achieve universal health coverage and ensure healthy lives and well-being for all.

The observer of the HOLY SEE, noting with interest the call for a renewal of primary health care in the Declaration of Astana, repeated the message delivered by Pope Francis on Universal Health Coverage Day in 2018 that all individuals had the right to access to health care as a means of fostering the value of justice and the common good.

The observer of PALESTINE requested that the WHO Office in Jerusalem should provide the support needed to increase the provision of health care throughout the territory without leaving anyone behind.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that scaling up the health workforce to achieve universal health coverage would require a comprehensive action plan that took into account education, employment and migration. The creation of interprofessional teams and the inclusion of young people were crucial. It was regrettable that the role of young people had not been fully recognized in preparations for the High-level Meeting of the General Assembly on Universal Health Coverage. All relevant stakeholders, including future health professionals, should be a part of forthcoming initiatives.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that ensuring primary health care provision required a comprehensive and integrated approach that was closely linked with health promotion, prevention, specialized care and rehabilitation. Primary health care should ideally be delivered by multidisciplinary teams led by physicians. He encouraged WHO to continue advocating for investment in human resources for health. To overcome the shortage of health workers, countries should provide decent working conditions to attract and retain health professionals, especially in rural areas.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that universal health coverage could not be achieved without integrating oral health services. Countries should therefore evaluate and reconfigure their health care systems to better meet the oral health needs of their citizens. The outcome document for the High-level Meeting of the General Assembly on Universal Health Coverage should explicitly acknowledge oral health as a key component of primary and universal health coverage.

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

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, said that making bigger and smarter investments in health to achieve universal health coverage meant integrating sexual and reproductive health and rights from the beginning, including campaigning for an end to female genital mutilation and gender-based violence. It was concerning that the proposed draft resolution on primary health care towards universal health coverage did not yet address the needs of women and adolescents, sexual and reproductive health and rights, or gender equality.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that minimum standards of water, sanitation and hygiene must be recognized as core components of primary health care and effective health systems, and strong multisectoral coordination mechanisms should be established, ensuring adequate financing to deliver all aspects of universal health coverage. The High-level Meeting of the General Assembly on Universal Health Coverage should set out concrete actions for a multisectoral approach, including the engagement of the water, sanitation and hygiene sector.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, called on governments to integrate primary health care as the foundation of their health systems. Adequate resources must be allocated to the primary care workforce to ensure decent work and fair pay, and quality education, recruitment and retention strategies. The Declaration of Astana should be people-centred, in line with the 2016 framework on integrated people-centred health services.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, said that governments must be more ambitious in their efforts to strengthen primary health care. It was essential to ensure that the most underserved populations had access to quality health care and that health systems could respond to the social determinants of health, including sexual health and gender-based violence. The goal of achieving universal health coverage was only possible if women and girls had access to the means and tools to make their own reproductive decisions, and if harmful social and cultural norms that hindered access to health services, particularly for vulnerable groups, were addressed.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that renewed primary health care services must ensure that underserved populations were able to access essential health services. Governments should follow a life course approach to health care, prioritizing services for children and young people and identifying gaps in provision. The Secretariat must support countries in implementing comprehensive primary health care, with age-appropriate, evidence-based and cost-effective services. It was vital to provide adequate training, equipment and technology to community health workers. The Nurturing Care Framework must be highlighted in the draft operational framework for primary health care.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that, to provide a strong foundation for universal health coverage, Member States should: ensure a life course and people-centred approach to primary health care, with robust referral networks; promote a One Health approach at the High-level Meeting of the General Assembly on Universal Health Coverage; and guarantee the involvement of people living with cancer and noncommunicable diseases in the development of services.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that, having had experience as the mother of a life-limited child, she was acutely aware of the need for nurses trained in palliative care, equipment and medicines in the community, and of support for the family members of those receiving palliative care.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that renewed primary health care required people-centred systems that systematically promoted public participation and accountability. To address health determinants, the health community must recognize the importance of multisectoral coordination to tackle issues like malnutrition, violence, early child development and noncommunicable diseases. She called for the development of integrated, horizontal health strategies and investment in the non-traditional planning and coordination skills needed to achieve them.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that reliable evidence had shown that privatization and public–private partnerships negatively affected accessibility and quality of care. She therefore urged Member States to insist on an operational framework that specified that governments should bear the principal responsibility for health care provision and governance, and to pay greater attention to regulating the role of the private sector in health care. Primary health care should be provided primarily through public institutions.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the Secretariat had an obligation to warn Member States of the risks of inappropriate commercial involvement in health care provision. It was concerning that so little attention was paid to safeguarding against conflicts of interest.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the WHO guideline on health policy and system support to optimize community health worker programmes should be endorsed by the Executive Board and progress in its application should be reported to the World Health Assembly every three years, together with other resolutions relating to the health workforce, in line with resolution WHA69.19 (2016).

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) said that the Secretariat had implemented a programme to strengthen support to Member States in identifying and developing benefits packages, which included activities to advance universal health coverage and support capacity-building. The draft operational framework for primary health care, developed by the Secretariat in collaboration with UNICEF, would be aligned with the proposed global action plan for healthy lives and well-being for all, which was being discussed by 12 United Nations bodies.

The DIRECTOR-GENERAL said that Member States' genuine commitment to universal health coverage was evident and there was a clear consensus that primary health care was central to universal health coverage. The Secretariat was establishing a large team, with members from different departments, to work towards uniting the Secretariat in the common goal of achieving comprehensive primary health care, which should be people-centred and community-owned.

He had been impressed by the commitment of Pope Francis to universal health coverage. The Secretariat would work with other faith-based organizations and religious leaders to advance the universal health coverage agenda.

Despite the concerns of some delegates, it was important to note that collaboration with the private sector was essential to achieving the Sustainable Development Goals. The international community had committed to working with the private sector when it had endorsed the Goals in September 2015. It was, however, important to address conflicts of interest.

The Secretariat was committed to gender mainstreaming and was making considerable efforts in that regard; nonetheless, it was a joint responsibility and required action at all levels.

The representative of CHINA, speaking in exercise of the right of reply and supported by the representative of the RUSSIAN FEDERATION,¹ said that some representatives had made irresponsible remarks in relation to Taiwan,² which were irrelevant to the agenda and to which he resolutely objected. Taiwan was part of China, as recognized by international law and the broad consensus of the international community. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle, and no one should make use of meetings of the WHO governing bodies to challenge that principle. The Member States in question should observe the rules of WHO meetings.

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

Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 5.2 of the agenda (document EB144/8)

The CHAIRMAN said that, before commencing discussion of the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Director-General would provide the Board with an update on the response to current outbreak of Ebola virus disease.

The DIRECTOR-GENERAL said that the current Ebola virus disease outbreak in the Democratic Republic of the Congo was the most complex yet. Fighting the disease in an active conflict zone represented an unprecedented challenge, and the area affected was almost three times the size of Switzerland and difficult to access.

He had visited the Democratic Republic of the Congo several times since the start of the outbreak. In October 2018, he had travelled with the United Nations Under-Secretary-General for Peacekeeping Operations to meet with the Prime Minister of the Democratic Republic of the Congo and his cabinet, the Mayor of Beni, civil society leaders, WHO partners and WHO responders. Another of his visits had been in response to a telephone call he had received in November 2018 from the coordinator of the WHO Beni response, which had been punctuated by the sound of heavy gunfire. Instead of asking to be evacuated, the coordinator had merely asked for more protection so that his team could continue its work. Increased protection had been granted, and responders on the ground were currently working with greater ease, although the situation remained volatile.

Great progress had been made in the fight to control the outbreak: thanks to technological advances, some 333 people had survived the virus. In early January 2019, he had undertaken another visit to the affected provinces to show solidarity with colleagues and assess the situation. So far, the spread of the disease into neighbouring provinces had been avoided. The response to the outbreak was a fine example of the United Nations delivering as one. The current priority was to strengthen infectious disease prevention and control in all affected areas. To that end, WHO staff had been working with traditional and community leaders, mindful of the need to ensure the safety of all responders. It was also important to look beyond the emergency response. As the populations affected were very mobile, it had been necessary to ensure that neighbouring health zones would be able to respond quickly. Moreover, workers in neighbouring countries had been vaccinated. The outbreak was not over, and he was committed to WHO staying the course. His request was simple: that Member States should continue to provide WHO with the resources it needed to end the outbreak.

The REGIONAL DIRECTOR FOR AFRICA said that the outbreak of Ebola virus disease in the Democratic Republic of the Congo was an example of an acute public health emergency requiring collective and synergistic action from WHO, Member States and all relevant stakeholders. Both rural

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

² World Health Organization terminology refers to "Taiwan, China".

and urban transmission hotspots had been identified, and several factors made the response more challenging. First, many health facilities in the country had bad infection prevention and control. By combining traditional and modern health practices within the same location, they risked becoming super spreaders of the virus. Secondly, the populations affected by the outbreak were culturally and linguistically diverse, which rendered communication more difficult. Thirdly, as people relied on mobility for their livelihoods, contact tracing and vaccination were not straightforward. Individuals were likely to visit multiple health facilities if they fell ill while travelling, which increased their risk of spreading the disease.

In the light of those complications, WHO was tailoring its response. At-risk health facilities were being monitored and receiving staff training in addition to incentives to encourage best practices. The Organization was supporting community-led efforts to carry out key interventions such as contact tracing, surveillance, reporting of deaths and proactive messaging on the use of therapeutics and the ring vaccination strategy. The International Federation of Red Cross and Red Crescent Societies, the International Committee of the Red Cross, UNICEF, WHO and others were working together to support local authorities. Feedback was being systematically collected, analysed, and incorporated into the response, and community leaders were being encouraged to visit Ebola virus treatment centres to address the concerns of local people.

Currently, over 6000 contacts spread over 15 health zones covering approximately 125 000 square kilometres of land were being followed. Active case finding had been intensified, and some 450 monitoring alerts per day were being investigated. Approximately 69 000 contacts and contacts of contacts had already been vaccinated, including 21 000 front-line workers. Under the leadership of the national reference laboratory in Kinshasa, six testing facilities had been established in Kinshasa, Goma and various centres in North Kivu. Given the acute risk of the disease crossing national borders, WHO currently had 250 staff members working in neighbouring countries. Consequently, an increased number of alerts had been investigated, and large numbers of travellers were being screened at points of entry. For the first time, an Ebola virus disease prevention tool was available in non-affected areas: the vaccination of front-line workers in the high-risk nearby countries of Uganda, Rwanda, Burundi and South Sudan.

WHO and its partners had implemented a “one response” plan, under the exceptional leadership of the Ministry of Health, which had streamlined funding and strengthened coordination. The outbreak was concurrent with outbreaks of multiple other diseases, including vaccine-derived type 2 poliovirus, measles and monkey pox, and those affected by the armed conflict had a variety of health needs. Despite the persistent insecurity, she was confident that WHO could end the outbreak and improve the critical care capacities of the Democratic Republic of the Congo and the surrounding countries.

Lastly, 38 Member States of the African Region had responded to the call to conduct joint external evaluations of their core capacities under the International Health Regulations (2005), and 24 of those were mobilizing resources to fill the gaps identified. She appealed for international support to supplement the domestic funding that governments were investing in such work, so that countries would be in a better position to deal with outbreaks in the future.

The representative of GERMANY asked how the Secretariat envisaged funding the response to the outbreak beyond January 2019. He sought clarification of whether money had been borrowed from the WHO Contingency Fund for Emergencies to cover the reported shortfall of US\$ 12 million in the budget of the current strategic response plan. He requested further information on the proposed date of release of the new strategic response plan, its time frame and its funding.

The representative of IRAQ welcomed progress made in the African Region on strengthening the core capacities required by the International Health Regulations (2005). However, he expressed concern that only 86 countries had undertaken a joint external evaluation and that less than a quarter of Member States had completed national action plans for health security. He wondered whether steps to accelerate progress and partnerships with the World Bank would help to improve the funding situation for countries implementing national action plans. He also asked the Secretariat for its view on the Independent

Oversight and Advisory Committee's recommendation to streamline the process and prioritize short-term planning while developing an investment strategy with medium- and long-term goals.

The representative of the UNITED STATES OF AMERICA sought more information on how WHO was combining efforts to resolve the Ebola virus outbreak in the Democratic Republic of the Congo with its efforts to address other difficulties in the areas affected, such as the vaccine-derived type 2 poliovirus outbreak.

The representative of JAPAN announced that his Government had prepared an additional contribution of US\$ 22 million for the WHO Contingency Fund for Emergencies, which was pending parliamentary approval, to support WHO activities and health emergencies, including the response to the Ebola virus disease outbreak.

The representative of FINLAND said that, given the extremely demanding work in the field, engagement with partners and stakeholders with a wide range of expertise at the local, regional and global levels was essential. However, national public health preparedness was also crucial for success. She posed the question of how best to encourage countries to prioritize public health preparedness and development banks to finance such capacity-building. WHO had a clear role and responsibility as the health sector leader in responses to humanitarian crises among the organizations of the United Nations system. She requested the Organization to design, in collaboration with its partners, a process to support countries in capacity-building.

The representative of the REPUBLIC OF KOREA¹ requested further details on the efficacy of the vaccinations being used in the field and in particular of the ring vaccination strategy. He asked when the world could expect a fully licensed Ebola virus disease vaccine.

The representative of the RUSSIAN FEDERATION¹ asked whether WHO intended to use other medicines in the fight against the Ebola virus outbreak. The Russian Federation, for example, had two nationally licensed vaccines. Her country also had mobile teams that had proved themselves internationally with extensive field work experience in combating epidemics. She asked whether WHO intended to make use of such resources from the Russian Federation or any other countries.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked the Government of Japan for supporting the WHO Contingency Fund for Emergencies. In response to the questions raised by Member States, he confirmed that the funding gap of around US\$ 12 million in the current strategic response plan had been bridged using the WHO Contingency Fund for Emergencies. In addition, the United Kingdom had provided interim funding of US\$ 3.8 million. The new strategic response plan would be completed and would include a request for approximately US\$ 120 million to cover six months, to be released within a matter of days.

The vaccine currently being used had undergone efficacy trials but was still in the process of being licensed. In the meantime, the manufacturer would continue to produce batches of vaccine for use on an investigational basis. He expressed confidence that enough vaccine would be produced to support the ring vaccination strategy. Modelling suggested that ring vaccination was more effective and more efficient than mass vaccination. Other candidate vaccines existed, but none were licensed, and none had associated efficacy trials. WHO had met with several different agencies with vaccines and was considering study protocols, but those would be subject to regulatory and ethical approval.

Broader investment in public health preparedness was needed, as robust emergency response and resilient health systems were two sides of the same coin. Drawing on an example from the Democratic Republic of the Congo, he said that 80% of transmission in the city of Beni had occurred inside the health system, where workers were inadequately protected and trained. On issues of integration of

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

health, he said that mass drug administration for malaria under the leadership of the Government had been successful, and over 300 000 people had been treated for malaria during the concurrent outbreak. However, the question remained of how to strengthen the immunization programme and care for pregnant women and children. Tragically, many more children under 15 years had been infected during the current Ebola virus outbreak than during any other, largely due to health-seeking behaviour.

Multiple calls for assistance had been made to partners around the world and many had responded. Calls were still being put out, and he would be pleased to discuss possibilities with the Russian Federation. He emphasized the need for a stronger epidemic response workforce around the world, and for a managed process, so that governments could successfully coordinate the help offered.

He agreed that the joint external evaluation process of national action plan development should be accelerated. Plans had been put in place to do so in close collaboration with the World Bank and other development banks. Technical capacity was available to support countries in that regard; the difficulty was sustainable funding.

The REGIONAL DIRECTOR FOR AFRICA said that Member States of the African Region, after initial reluctance, had joined the process to evaluate their core capacities and were learning how to take the next step of ensuring that resources were mobilized to implement their national action plans. The Regional Office for Africa was in discussions with the African Development Bank about financing. Heads of State in the Region were also involved, and the Regional Director was working closely with the African Union Commission and Africa Centres for Disease Control and Prevention, which played a role in providing technical support, advocacy and information to Heads of State.

A flagship programme on universal health coverage was being implemented at the country level in collaboration with the WHO Health Emergencies Programme. Work was being carried out to develop tools to ensure that national action plans incorporated the needs of the WHO Health Emergencies Programme to avoid indefinite reliance on international funding and ensure that the Programme was covered by domestic funding. She expressed her determination to build on multisectoral engagement in joint external evaluations by involving ministers of finance and identifying strategies to follow up on the work already accomplished.

At the regional level, the Harmonization for Health in Africa mechanism was coordinating work on outbreaks and discussing collaboration on advocacy. All partners in the mechanism had acknowledged the disorganizing effect of outbreaks on other health issues.

The meeting rose at 12:45.

EIGHTH MEETING

Monday, 28 January 2019, at 14:40

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

Later: Ms G. BEAUCHAMP (Australia)

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

Public health preparedness and response: Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme: Item 5.2 of the agenda (document EB144/8) (continued)

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme presented the Committee's fifth report to the Board, which was the first from the new membership for 2018–2020. Since June 2018, the Committee had reviewed progress made in the six areas identified for further improvement by the previous members of the Committee. In the light of the two Ebola virus disease outbreaks in the Democratic Republic of the Congo in 2018, the Committee had focused its assessment on the impact of WHO's health emergency reforms on the overall Ebola virus disease response and WHO support for neighbouring countries' preparedness for an Ebola virus disease outbreak. The Committee commended the Organization's response to the recent Ebola virus disease outbreaks, in particular the improved internal communication and coordination, which was in stark contrast to the 2014 outbreak response. It was concerned about the limited quantity of experimental Ebola vaccines and investigational therapeutics available. All parties should support increasing access to those medical countermeasures, and WHO should leverage its experience to fast track approvals for their deployment. Given the increasing demand for WHO to work in unstable settings, the Organization required greater capacity to ensure preparedness and sustain effective security, and should develop its framework of accountability in line with the United Nations Security Management System. Despite progress made in partnership and coordination, the limited number of partners with operational and technical capacity on the ground was a concern. A policy should be developed to permit the release of high-performing staff for the WHO incident management system in the event of a priority emergency. Just under half of planned country office positions remained vacant; recruitment processes should be accelerated at the country level to rectify that situation.

The Committee noted with satisfaction that WHO's performance in the field continued to build donor trust. As at January 2019, US\$ 389 million of the US\$ 554 million provided for the WHO Health Emergencies Programme in the Programme budget 2018–2019 had already been funded. With the emphasis on health emergencies in the Thirteenth General Programme of Work, 2019–2023, the proportion of core flexible funding for the WHO Health Emergencies Programme should be increased in the draft proposed programme budget 2020–2021. In connection with the core capacities required by the International Health Regulations (2005), the Secretariat should streamline the process for the development of national action plans for health security, and support countries in developing simplified and impact-oriented plans. It should also support countries in implementing corrective measures for critical areas of work identified in joint external evaluations and after-action reviews.

She applauded the efforts of WHO in undertaking the wide-ranging reforms of its work in disease outbreaks. WHO should leverage the valuable experience of the WHO Health Emergencies Programme in implementing the transformation agenda and meeting the ambitious "triple billion" goals. She paid tribute to all those working on the front line of emergencies, and urged Member States and partners to continue to provide all necessary support to the WHO Health Emergencies Programme.

The representative of COLOMBIA said that the Ebola virus disease outbreaks had tested the capacity of the global emergency health response system, and there were lessons to be learned. He outlined steps being taken in his country to prevent disease outbreaks and highlighted the need to continue strengthening mechanisms for the exchange of epidemiological information.

The representative of INDONESIA expressed support for the recommendation of the Independent Oversight and Advisory Committee regarding the development of national action plans for health security. Such plans should focus on strengthening the provision of primary health care in the context of universal health coverage, and on developing human resources to respond to public health emergencies. Joint external evaluation recommendations should be implemented on a priority basis. The WHO Health Emergencies Programme should continue to collaborate with partners on the ground to ensure rapid and coherent response.

The representative of GERMANY expressed full support for the Committee's recommendations and called on all Member States to ensure that the WHO Contingency Fund for Emergencies continued to be replenished. The establishment of costed national action plans was challenging, and a more integrated planning process was needed to better align health security with existing national plans. Evidence of the benefits of investing in preparedness was required for the mobilization of national resources. While he agreed with the distribution of emergency staff to the front line of emergency field work, WHO would always need to be supported by technical partners. The report should clarify how WHO worked at the country level with partners outside the United Nations system during emergencies. Future reports should address other relevant health risks, rather than focusing on prominent infectious diseases. The link between universal health coverage and preparedness and response should be used to leverage synergies for health emergencies.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that the recent outbreaks of Ebola virus disease had shown the positive impact of WHO's reforms of health emergencies management. He was pleased that staff protection measures would be subject to further review, particularly as WHO continue to operate in fragile settings. The recruitment of planned staff should be accelerated to support activities at the country and subnational levels. The Committee's recommendations on Ebola virus disease should be implemented immediately, and WHO should work with other organizations in the United Nations system and other partners to decide how best to end the outbreak. WHO should also continue to support development of the core capacities required by the International Health Regulations (2005), and the Committee's recommendations in that regard should be implemented immediately.

The representative of the UNITED STATES OF AMERICA welcomed the significant improvements made by WHO to operational capacity during emergencies, which he trusted would continue. He called on the Secretariat to strengthen coordination with health response actors and ensure that the Global Health Cluster was integrated in all response operations. The Secretariat should also coordinate closely with the United Nations Office for the Coordination of Humanitarian Affairs. It was critical that WHO, which led the global response to health emergencies, was able to engage technical expertise and financial resources from all interested parties. The United States was therefore disappointed that WHO had not yet found a way to accept the contribution of US\$ 1 million offered the previous year for Ebola outbreak response by Taiwan¹, whose participation in the Organization's technical work was of benefit to all. He welcomed progress in the monitoring and evaluation of functional core capacity for implementing the International Health Regulations (2005) and supported the Committee's recommendations in that regard. WHO should pursue further improvements in those areas.

¹ World Health Organization terminology refers to Taiwan, China.

The representative of SRI LANKA said that the development by WHO of a framework of accountability, and enhancement of crisis preparedness and capacity development, as recommended by the Committee, would ensure timely and efficient response. Investment in emergency preparedness was inadequate in many countries in the South-East Asia Region, and funds needed to be mobilized for the training of front-line resource teams.

The representative of JAPAN said that the WHO Contingency Fund for Emergencies was essential to health emergency response, and its donor base must be diversified to ensure sustainability. The Secretariat should intensify efforts to attract new donors by providing more information on the use and efficiency of the Fund. Joint external evaluations and annual reporting in connection with the International Health Regulations (2005) were important in building emergency response capacity. However, differences in evaluation methods could increase the reporting burden on Member States. WHO should therefore create a single evaluation instrument for both tools. He looked forward to hearing the recommendations of the Global Preparedness Monitoring Board launched by WHO and the World Bank, and emphasized that no region should be left out of efforts to improve global health security.

The representative of VIET NAM commended WHO's prompt response to the Ebola virus disease outbreak in the Democratic Republic of the Congo. The valuable insights and recommendations of the Independent Oversight and Advisory Committee had contributed greatly to the success of the WHO Health Emergencies Programme, whose activities were helping to reposition WHO in the United Nations system as an organization with operational functions for the management of health emergencies as well as a source of technical expertise. The Secretariat should heed the Committee's advice in order to meet the "triple billion" goals.

The representative of the NETHERLANDS said that the recommendations of the Independent Oversight and Advisory Committee were fundamental to guide the implementation of the WHO Health Emergencies Programme. She commended the Secretariat for its innovative approaches to improving the emergency response system and noted that WHO was now positioned as an operational organization for emergencies, yet was maintaining its reputation as a technical and normative agency. The Netherlands was concerned about the high number of vacancies in country offices and welcomed the recommendations to further develop surge capacity and strengthen security management. Leveraging the strengths of partners remained essential to the success of the Programme. Her Government would continue to provide financial support for the WHO Contingency Fund for Emergencies, and build the capacity of partners in the Global Health Cluster to ensure that the important topics of sexual and reproductive health and rights and psychosocial support were addressed as part of emergency response.

The representative of ISRAEL, welcoming the positive impact of health emergency management reforms, said that the WHO Health Emergencies Programme must continuously support Member States in building their emergency response capacities. His Government was keen to contribute to WHO efforts to enhance crisis preparedness and capacity development for security management through training and knowledge sharing. Better utilization of advanced technologies would contribute to the availability and efficiency of training programmes. His country would support efforts by the Secretariat to assist Member States in developing a strategy to prevent cyberattacks on health systems.

The representative of JAMAICA expressed her support for the recommendations set out in the report and highlighted the steps taken by her Government in the area of emergency preparedness and response. National capabilities needed to be strengthened, and increased partnerships and greater coordination and collaboration across sectors, countries and international agencies would be useful. The report should be tailored to the needs of individual countries, especially small island developing States, and the Secretariat should provide increased support to help Member States implement the recommendations.

The representative of AUSTRALIA, expressing her support for the recommendations set out in the report, said that, in order to avoid unnecessary duplication, existing programmes and processes should be refined and expanded wherever possible. She welcomed more effective cooperation with different technical networks, increased use of the joint external evaluation tool, WHO's commitment to ensuring the safety of staff and partners in the field, and the measures in place to prevent and respond to sexual harassment, exploitation and abuse. She called for closer coordination between the WHO Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility, and highlighted the importance of including all countries and technical partners in efforts to achieve the health-related Sustainable Development Goals.

The representative of SUDAN said that, in order to enhance global health security and further the implementation of the International Health Regulations (2005), Member States of the Eastern Mediterranean and African Regions had signed the Khartoum Declaration on Sudan and Bordering Countries: Cross-Border Health Security in November 2018 committing themselves to strengthening preparedness and response to cross-border public health threats and events. He called on WHO and its partners to provide resources and technical support in that connection. Member States must work together to develop mechanisms for sharing useful studies and best practices, and WHO should continue to provide technical and financial assistance to promote cross-border cooperation, build the core capacities required under the Regulations and strengthen health systems.

The representative of ALGERIA said that Member States should allocate the resources necessary to fill gaps in emergency preparedness in accordance with their national action plans for health security and promote the sharing of information. With support from the Secretariat, Member States should strengthen their emergency response capacities and accelerate implementation of their strategic preparedness and response operations for all public health threats. It was regrettable that political issues had been raised in a technical discussion. Resolutions of the United Nations General Assembly and the World Health Assembly should be respected in relation to Taiwan.¹

The representative of BAHRAIN welcomed the progress made by the WHO Health Emergencies Programme, including on partnerships and coordination with other emergency response organizations. WHO must remain committed to emergency reform and maintain its leadership role. The Secretariat should encourage the completion of national action plans for health security and support countries in strengthening their health systems and increasing the core capacities required by the International Health Regulations (2005).

The representative of FIJI, speaking on behalf of the Pacific island nations, endorsed the call for more donors and agencies to support the global effort to address epidemics and disasters, particularly those affecting small island nations.

The representative of CHINA said that she strongly opposed the statement made by the representative of the United States of America regarding the proposed donation to WHO's Ebola virus disease outbreak response by China's Taiwan¹ region; WHO was a platform for public health, not for attempts to split China in two. Taiwan's¹ donation had a wholly political aim: gaining space and visibility on the international stage.

The Secretariat should develop a comprehensive plan to implement the Committee's recommendations. WHO should support all countries, particularly low-income developing countries, in maintaining and developing the core capacities required by the International Health Regulations (2005) and in building their emergency response capacity. She noted the recent allegations of misconduct within

¹ World Health Organization terminology refers to "Taiwan, China".

the Organization and would pay attention to the results of the investigation. China would work with all relevant partners to contribute to global public health preparedness and response.

The representative of PANAMA¹ said that, while she welcomed the progress made at all levels of the Organization, she remained concerned about the response capacities of health systems. Turning to some of the recommendations in the Committee's report, she asked how the Secretariat would promote delegation of authority, when it intended to develop plans to sustain and expand the personnel pipeline, and if indicators had been identified for scaling up the response. She also asked how training would be enhanced to promote deployment of investigational vaccines and therapeutics. She asked what percentage of the Programme budget 2018–2019 and the draft proposed programme budget 2020–2021 allocated for health emergencies would be used to build capacity in security management, when specialized expertise would be expanded, and at which levels of the Organization those efforts would be concentrated. She called for the sharing of WHO's best practices in managing outbreaks and epidemics.

The representative of the RUSSIAN FEDERATION¹ said that she did not entirely share the Committee's optimistic assessment, especially in the light of the recent outbreak of Ebola virus disease in the Democratic Republic of the Congo, which represented a serious threat to the country and the wider region. A number of health workers had been infected with the virus, indicating that biosafety rules were not being followed and that the preparation, selection and training of staff might be unsatisfactory. She fully supported WHO's health emergency reforms, welcoming improved vertical integration, situation assessment and provision of data. However, WHO could better fulfil its role as global coordinator and engage proactively with other partners. It should use the technical and human resources of Member States in responding to emergencies and serve as a leader and coordinator of response efforts. The joint external evaluation tool was not mandatory under the International Health Regulations (2005); it was not acceptable to attempt to formalize an instrument that not been endorsed by all Member States.

The representative of the REPUBLIC OF KOREA¹ welcomed the Committee's focus on strengthening countries' core capacities under the International Health Regulations (2005) and on health systems. He appreciated the efforts of the WHO Health Emergencies Programme, which served to build trust among Member States.

The representative of SOLOMON ISLANDS¹ said that noncommunicable diseases constituted a health crisis in his country and required greater attention from WHO. In a globalized world, public health preparedness and response had to be truly inclusive. Accordingly, Taiwan¹ should be invited to participate meaningfully in all WHO meetings and programmes in order to share its technical expertise and experience.

The representative of NORWAY¹ said that WHO should follow up on the Committee's recommendations with clear prioritization. Despite the progress made with respect to health emergencies, coordination should be improved further. Although WHO should play a leading role, it should cooperate closely with other actors in the health sector. Strong national health systems were critical to improving health security and should be mainstreamed in United Nations programmes. Donors should recognize the improvements in the WHO Health Emergencies Programme, and the need for long-term investment to strengthen public health preparedness and response.

The representative of SINGAPORE¹ said that further work was necessary to strengthen health systems and core capacities required by the International Health Regulations (2005). Singapore had undertaken a joint external evaluation and encouraged others to do likewise. Further support from the Secretariat for national action plans would be appreciated. WHO should conduct more simulation

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

exercises at the regional and global levels to improve the coordination of surveillance, reporting and response activities.

The representative of SWITZERLAND¹ said that proper management of health emergencies required a firm commitment from Member States, as illustrated by the recent response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo. She called on Member States to join the call to action to deliver on universal health coverage launched by her Government and the Government of Afghanistan.

The representative of NIGERIA,¹ highlighting her country's efforts to strengthen the core capacities required by the International Health Regulations (2005), asked WHO to continue to provide oversight and technical and operational support to Member States in the development and implementation of national action plans for health security.

The representative of INDIA,¹ noting that self-assessment was a useful tool for monitoring implementation of the International Health Regulations (2005), said that the joint external evaluation exercise should be a voluntary undertaking. He asked for more information on the global coordination mechanism for research and development preparedness. WHO must be well equipped to deal effectively with public health emergencies; insufficient funding, inadequate capacities and technical resources should be addressed as a matter of priority. Country and regional offices should be given sufficient resources and flexibility for contingency planning.

The representative of SOUTH AFRICA¹ agreed that the best practices of the WHO Health Emergencies Programme should be leveraged across the Organization, and emphasized the importance of sustained funding for the Programme. She encouraged the Secretariat to implement the Committee's recommendations concerning recruitment at the country level, the accountability framework, crisis preparedness and capacity development for security management in emergencies.

The representative of BANGLADESH¹ outlined his country's progress in public health preparedness and response. He agreed with the Committee's recommendations, in particular on developing national action plans for health security, leveraging best practices across the Organization, completing the recruitment of key staff at the country level, and engaging with other partners. He reiterated the proposal made by the representative of Sri Lanka regarding the need to mobilize adequate funds in the South-East Asia Region, particularly as his country was overburdened with more than one million Rohingya.

The representative of FRANCE¹ requested clarification of inconsistencies with respect to the acceptance of funds for Ebola response. Noting that Member States and donors should consider the importance of preparedness in tackling future outbreaks, she emphasized that preparation, through capacity-building and training, was the most sustainable and effective means of ensuring health security. She was pleased that the WHO Lyon Office would be strengthened, recalling the statement adopted at the end of the WHO High-Level Conference on Preparedness for Public Health Emergencies held in December 2018, which had recognized the determinant role of WHO, in particular of its Lyon Office, in emergency preparedness and capacity-building.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ trusted that the Committee's recommendations would be implemented as soon as possible. She had great confidence in the WHO Health Emergencies Programme and was pleased that incident management teams at all levels were working effectively in response to the outbreak of Ebola virus disease. Her country was continuing to support the response, including through the deployment of

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

expertise. She welcomed the monitoring and evaluation framework for the International Health Regulations (2005) and considered joint external evaluations a crucial and voluntary component. She endorsed the comments made by others on the importance of inclusivity in the procedural and technical activities of WHO. All had a role to play with respect to global public health priorities and outcomes, particularly in areas with a history of pandemics.

The observer of PALESTINE said that the Ministry of Health of Palestine, in collaboration with the WHO Palestine office in East Jerusalem, had developed a medical protocol for Palestinian clinics and hospitals that aligned approaches in emergency situations. He urged WHO to offer training and capacity-building to Palestinian health workers in emergency situations, and to provide security protection to health staff so that they could intervene and act effectively.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that he greatly valued collaboration with a stronger WHO at all levels, which had led to measurable improvements in the speed, scope and quality of global readiness to respond to health emergencies. Cooperation with WHO and other partners in the response to the Ebola virus disease outbreak in the Democratic Republic of the Congo had led to the development of a successful community feedback system to respond more effectively to the needs of affected communities. Protection of health care was a cornerstone of any effort to improve public health preparedness and response, yet violence against patients, health care workers and facilities was common. WHO should act as a catalyst for global change in that connection. Member States should refrain from using terminology with military connotations when describing health care workers in the field.

The observer of GAVI, THE VACCINE ALLIANCE said that there was an urgent need for more coherent approaches to expand universal health coverage in armed conflicts, fragile settings and other emergencies. He welcomed the call to action to deliver on universal health coverage in emergencies launched by the Governments of Afghanistan and Switzerland. Since 2016, Gavi had invested over US\$ 1 billion in outbreak prevention and preparedness, and supported emergency response efforts in a number of countries. It had also made available investigational vaccines, which had played a major role in containing the spread of the Ebola virus disease outbreak. Gavi was also continuing to support the Government of the Democratic Republic of the Congo in health systems strengthening, including by boosting rates of routine immunization. Political leadership, financial support for resilient health systems and action to reduce gaps in immunization coverage and equity would be critical in preventing disease outbreaks in the future.

The representative of WFP recalled that her organization had agreed to work with WHO to lead efforts to advance innovative programmes in fragile and vulnerable States and disease outbreak responses, thereby deepening the cooperation between the two organizations. She described WFP's collaboration with WHO in response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo and the crisis in Yemen. It was important for such collaboration to be enhanced to build on the successes of the partnership, and she looked forward to the conclusion of a memorandum of understanding between the two organizations in 2019.

The CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE for the WHO Health Emergencies Programme thanked participants for their support. Responding to points raised, she said that work would continue to focus on the important area of capacity-building with respect to the International Health Regulations (2005) in order to create resilient health systems. The prioritization of universal health systems and of primary health care in national action plans, along with the suggestion of a simplified tool for joint external evaluations would be reviewed. Security and staff protection would continue be monitored, as would partnerships, in order to improve response, preparedness and capacity. She appreciated the recommendations on seeking further donors, and noted the critical importance of the WHO Contingency Fund for Emergencies in enabling the WHO Health

Emergencies Programme to respond rapidly. The Committee would continue to monitor supply chain management, as well as the implementation of the delegation of authority; although the standard operating procedures had been updated, it was important to ensure that all staff involved had a good understanding of the process. Although the Committee shared the concerns about the infection of health care workers in regard to the Ebola outbreak, and would monitor the situation carefully, it had confidence in WHO and in the support of Member States. The Committee received a biannual report from the WHO Health Emergencies Programme on progress made in the implementation of the recommendations and would aim to make a summary of that available for the Seventy-second World Health Assembly.

The ASSISTANT DIRECTOR-GENERAL (WHO Health Emergencies Programme) thanked the Committee for its valuable oversight, and noted that a monitoring framework existed, under the aegis of which the Programme reported to the Committee against key performance indicators and on each recommendation. High levels of accountability were in place at all levels to ensure that the Programme delivered the expected results. He noted that the Programme was still in its infancy and was in the process of integrating many functions. The goals of delivering highly operational output to serve the most vulnerable and maintaining a high level of scientific and technical capacity were challenging, and he thanked the governing bodies and the Committee for their guidance.

The WHO Health Emergencies Programme aimed to ensure inclusivity, solidarity, cooperation and recognition of a shared threat and investment in the collective response. It was important to recognize the role that neighbouring countries often played during health emergencies, despite challenges and stresses on their own systems. WHO had a great need for operational partnerships in the field, and the Programme continued to cooperate with a variety of partners without which it could not do its work. He drew particular attention to the input being provided by WFP, which was critical to the effort in the Democratic Republic of the Congo. He also thanked the Red Cross, which recognized that the greatest barrier to controlling outbreaks was often a reluctance to accept intervention, and understood the importance of community participation and ownership in preventing epidemics.

Responding to one epidemic after another was not WHO's long-term objective; its intention was to operate as a mechanism to coordinate national capacities. Many Member States were encountering obstacles in strengthening their national capacities and further capacity-building was required. Large sums were being invested in the safety of staff members, but the management of biosecurity threats was also important. While the WHO Research and Development Blueprint was a useful mechanism for continued innovation and collaboration in the field, strong national regulatory and research authorities were also required. The role of WHO was to bring together global innovation and tailor it to national priorities.

He thanked all those that had contributed to the WHO Contingency Fund for Emergencies and encouraged other donors to provide support.

The DIRECTOR-GENERAL thanked the Committee for its invaluable work, which was making WHO stronger and the world safer. He welcomed the Committee's findings and the significant progress made. The Secretariat was fully committed to improving its efforts to align with the priorities outlined in the Committee's report. The WHO Health Emergencies Programme had provided valuable lessons for the transformation agenda.

The Secretariat was taking the misconduct allegations very seriously and following established investigation procedures. Following completion of a preliminary review by the Office of Internal Oversight Services, some allegations were being further investigated while others had been closed. The Secretariat had asked the external auditor to consider conducting a compliance audit into general issues, in particular recruitment, travel, logistics, procurement and contracting, since some allegations had referred to those underlying processes, rather than to individual cases of misconduct. The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme had agreed to advise the Secretariat on whether an internally circulated email containing details of the case had revealed any systemic issues requiring action in the Programme. While the Independent Expert Oversight Advisory

Committee had reviewed the work done thus far and had been satisfied with the steps taken, and would continue to oversee the response to the allegations.

The Secretariat was mobilizing all necessary resources to ensure that all dimensions were being thoroughly examined and that the processes followed were effective and comprehensive. The Secretariat had spoken to all staff about the case, in accordance with the Organization's culture of openness. However, to maintain the integrity and confidentiality of the process, details of any ongoing investigations would not be disclosed. He understood the distress of those concerned at the disclosure of the email; however, in accordance with the principles of due process, the Secretariat would presume innocence unless proven otherwise. He asked all parties not to allow interference in the process or to speculate on individual cases.

Health security would continue to be the Organization's priority. The Secretariat was building on the reform launched by the previous Director-General on the basis of lessons learned from the outbreak of Ebola virus disease in West Africa. A WHO health security council met every two weeks and received a stream of near real-time information, since failure to address the issue of health security would have serious political, social and economic consequences.

WHO had recently engaged in positive discussions with vaccine producers about increasing vaccine supplies to promote geographical vaccination rather than ring vaccination; however he recognized that producers faced obstacles to increasing production.

Member States were free to decide whether or not they wanted to use the joint external evaluation tool, which was a voluntary mechanism, or another, similar instrument. The Secretariat would seek to address any gaps in external evaluation, which would also be useful to developing a global health emergency workforce. The aim was to train high numbers of health workers at the country level to an international standard for deployment to other countries. The strategy would help to increase national capacities, fill gaps at the national level and create a highly trained global health workforce ready for deployment, thereby strengthening collective international capacities and national and international preparedness.

Investment in preparedness to ensure readiness and prevent outbreaks and epidemics was paramount. WHO had established a global preparedness monitoring board and developed initiatives such as an emergency readiness accelerator and a health emergency prediction model. It was working in close cooperation with several partners to raise funds for emergency preparedness and had formed a strong bond of trust with them. He highlighted the importance of partnership in the response to the Ebola virus outbreak, and commended the development partners doing essential work on the ground on the basis of their comparative advantage.

The Board noted the report.

Ms Beauchamp took the Chair.

Universal health coverage: Item 5.5 of the agenda (continued from the seventh meeting)

- **Community health workers delivering primary health care: opportunities and challenges** (document EB144/13)

The CHAIRMAN drew attention to a draft resolution proposed by the delegations of Algeria, Botswana, Brazil, Canada, Ecuador, Ethiopia, Georgia, Kenya, Liberia, Luxembourg, the Netherlands, Panama, South Africa, Switzerland, the United States of America, Zambia and Zimbabwe, which read:

The Executive Board,

Having considered the report on community health workers delivering primary health care: opportunities and challenges, and the associated WHO guideline on health policy and system support to optimize community health worker programmes:

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

The Seventy-second World Health Assembly,

(PP1) Inspired by the ambition of the 2030 Agenda for Sustainable Development, with its vision to leave no one behind, its 17 indivisible goals and its 169 targets;

(PP2) Recognizing that universal health coverage is central to the Sustainable Development Goals, and that a strong primary health care sector is one of the cornerstones of a sustainable health system;

(PP3) Emphasizing that health workers are integral to building strong resilient and safe health systems that contribute to the achievement of the Sustainable Development Goals and targets related to nutrition, education, health, gender, employment and the reduction of inequalities;

(PP4) Noting in particular that Sustainable Development Goal 3 (“Ensure healthy lives and promote well-being for all at all ages”) and its targets will be advanced through substantive and strategic investments in the global health workforce, as well as a substantial shift in health workforce-related planning, education, deployment, retention, management and remuneration, supported by strong systems that enable and empower the health workforce to deliver safe and high-quality care for all;

(PP5) Recognizing the need for more coherent and inclusive approaches to safeguard and expand primary health care as a pillar of universal health coverage in emergencies, ensuring the continuum and provision of essential health services and public health functions, in line with humanitarian principles;

(PP6) Concerned by the threats against humanitarian personnel and health workers, hospitals and ambulances, which severely restrict the provision of life-saving assistance and hinder the protection of populations at risk;

(PP7) Expressing deep concern at the significant security risks faced by humanitarian and health personnel, United Nations and associated personnel, as they operate in increasingly high-risk environments;

(PP8) Noting further the importance of health workers to the realization of the three interconnected strategic priorities in WHO’s Thirteenth General Programme of Work, 2019–2023, namely: achieving universal health coverage, addressing health emergencies and promoting healthier populations;

(PP9) Reaffirming resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO’s Global Strategy on Human Resources for Health: Workforce 2030, with the Global Strategy identifying the opportunity to optimize the performance, quality and impact of community health workers for the achievement of universal health coverage and the Sustainable Development Goals;

(PP10) Reaffirming also resolution WHA70.6 (2017) on human resources for health and implementation of the outcomes of the United Nations’ High-Level Commission on Health Employment and Economic Growth, including its call to “stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage” and to strengthen the progressive development and implementation of national health workforce accounts;

(PP11) Recalling the Declaration of Alma-Ata and the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) through which participating governments reaffirmed people-centred health care services, recognized human resources for health as a key component of successful primary health care, and committed to “create decent work and appropriate compensation for health professionals and other health personnel working at the primary health care level to respond effectively to people’s health needs in a multidisciplinary context”;

(PP12) Emphasizing further that investment in universal health coverage, including investments in the education, employment and retention of the health workforce, is a major driver of economic growth;

(PP13) Acknowledging that human resource and community health workforce gaps within health systems have to be addressed, notably through a multisectoral and community-centred approach, in order to assure that universal health coverage and comprehensive health services reach difficult-to-access areas and vulnerable populations;

(PP14) Recognizing that globally 7 out of every 10 jobs in the health and social sectors are held by women and that accelerating investments in job creation and decent work in primary health care will positively impact women and youth, which thus supports achievement of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls) and Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all);

(PP15) Noting the launch in 2018 of the World Bank Group's Human Capital Project, which calls for more and better investment in the education, health and skills of people to accelerate progress on the Sustainable Development Goals, and its potential to leverage new investments in the health workers who provide primary health care services;

(PP16) Recognizing the published evidence and existing WHO guidelines, as consolidated in the WHO guideline on health policy and system support to optimize community health worker programmes, on the role, effectiveness and cost-effectiveness of community health workers;

(PP17) Highlighting the role of community health workers in advancing equitable access to safe, comprehensive health services in urban and rural areas and the reduction of inequities, including with respect to residence, gender, education and socioeconomic position, as well as their role in gaining the trust and engagement of the communities served;

(PP18) Noting with concern the uneven integration of community health workers into health systems, as well the limited use of evidence-informed policies, international labour standards and best practices to inform the education, deployment, retention, management and remuneration of community health workers, and noting the impact this may have on access to services, quality of health services and patient safety;

(PP19) Reaffirming the WHO Global Code of Practice on the International Recruitment of Health Personnel, which calls upon Member States to provide equal rights, terms of employment, and conditions of work for domestic and migrant health workers;

(PP20) Noting that community health workers are an integral part of all phases of an emergency health response (prevention, detection and response) in their own communities and are indispensable to contribute to ongoing primary health care services during emergencies,

OP1. TAKES NOTE OF the WHO guideline on health policy and system support to optimize community health worker programmes;

OP2. URGES all Member States, as appropriate to local and national contexts and with the objective of the success of primary health care and the achievement of universal health coverage:

- (1) to align the design, implementation, performance and evaluation of community health worker programmes, including through greater use of digital technology, with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, with specific emphasis on implementing these programmes to enable community health workers to deliver safe and high-quality care;

- (2) to adapt as appropriate and support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes at national level as part of national health workforce and broader health sector, employment and economic development strategies, in line with national priorities, resources, and specificities;
- (3) to strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including cooperation with health ministries, civil service commissions, and employers to deliver fair terms for health workers and a positive practice environment to enable their effective deployment, retention and adequate motivation to deliver high-quality care and build a positive relationship with patients;
- (4) to allocate, as part of broader health workforce strategies and financing, adequate resources from domestic budgets and from a variety of sources, as appropriate, to the capital and recurrent costs required for the successful implementation of community health worker programmes and integration of community health workers into the health workforce in the context of investments in primary health care, health systems and job creation strategies, as appropriate;
- (5) to improve and maintain the quality of health services provided by community health workers in line with the consolidated evidence presented in the WHO guideline on health policy and system support to optimize community health worker programmes, including appropriate pre-service selection and training, competency-based certification, and supportive supervision;
- (6) to strengthen voluntary collection and sharing of data, based on national legislation, on community health workers and community health worker programmes, through the use of national health workforce accounts, as appropriate, thus enabling national reporting on Sustainable Development Goal indicator 3.c.1 on the density and distribution of their health workforce;
- (7) to ensure the respect and protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities;

OP3. INVITES international, regional, national and local partners to support implementation of the WHO guideline on health policy and system support to optimize community health worker programmes, taking into account national context, and to contribute to monitoring and evaluation of implementation;

OP4. ALSO INVITES global health initiatives, bilateral and multilateral financing agencies and development banks to support the national community health worker programmes in line with the approach of the WHO guideline on health policy and system support to optimize community health worker programmes with programme development and financing decisions to support human capital and health workforce development, as appropriate to national context and national resources;

OP5. REQUESTS the Director General:

- (1) to continue to collect and evaluate data on community health worker performance and impacts, to ensure a strong evidence base for their promotion, especially in the low and middle-income country context;
- (2) to integrate and monitor the implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in its normative and technical cooperation activities in support of universal health coverage, primary health care, health systems, and disease and population health priorities, including patient safety, as relevant to the Thirteenth General Programme of Work, 2019–2023;

- (3) to provide support to Member States, upon request, with respect to implementation of the WHO guideline on health policy and system support to optimize community health worker programmes in alignment with national health labour markets and health care priorities;
- (4) to support both information exchange and technical cooperation and implementation research between Member States and relevant stakeholders – including South-South cooperation – in respect of community health workers, primary health care teams and supportive supervision, including supervision performed by, inter alia, senior community health workers and other health professionals (e.g. clinical officers, midwives, nurses, pharmacists and physicians);
- (5) to recognize the role of community health workers in an emergency, and support Member States on how to integrate them within emergency response, as appropriate to local and national context and national resources;
- (6) to strengthen WHO's capacity and leadership on human resources for health at all levels of the Organization through engagement with all relevant stakeholders and provision of high-quality and timely technical assistance from global, regional and country levels to accelerate implementation of resolutions WHA69.19 (2016) on the global strategy on human resources for health, WHA70.6 (2017) on "Working for Health": the ILO, OECD, WHO five-year action plan for health employment and inclusive economic growth (2017–2021) and future work on community health worker programmes; and
- (7) to submit a report every three years to the Health Assembly on progress made in implementing this resolution, integrated with the regular progress reporting on resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030.

The financial and administrative implications for the Secretariat were:

Resolution: Community health workers delivering primary health care: opportunities and challenges	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries
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:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	60 months.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 11.62 million, as part of the delivery of integrated human resources for health programming

2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	US\$ 2.28 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:	Not applicable.
3. Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US\$ millions:	US\$ 4.58 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	US\$ 4.76 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\$ 2.28 million.
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	0.20	0.10	0.11	0.03	0.12	0.13	0.24	0.93
	Activities	0.39	0.14	0.17	0.05	0.11	0.21	0.28	1.35
	Total	0.59	0.24	0.28	0.08	0.23	0.34	0.52	2.28
2018–2019 additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2020–2021 resources to be planned	Staff	0.39	0.21	0.22	0.06	0.25	0.26	0.47	1.86
	Activities	0.78	0.29	0.34	0.10	0.23	0.43	0.55	2.72
	Total	1.17	0.50	0.56	0.16	0.48	0.69	1.02	4.58
Future bienniums resources to be planned	Staff	0.41	0.22	0.23	0.06	0.26	0.27	0.49	1.94
	Activities	0.81	0.30	0.36	0.10	0.24	0.44	0.57	2.82
	Total	1.22	0.52	0.59	0.16	0.50	0.71	1.06	4.76

The representative of the UNITED STATES OF AMERICA said that he took exception to the references to sexual and reproductive health in some of the supporting documents referred to in the WHO guideline on health policy and system support to optimize community health worker programmes because the meaning had evolved to include abortion. Community health workers should not provide, make referrals for or advocate abortion services; they should, instead, promote evidence-based health

and education programmes that empowered adolescents to avoid sexual risks and prevent early pregnancy and sexually transmitted infections.

The representative of FIJI said that community health workers were the backbone of primary health care systems in Pacific island States and provided emergency health services in the midst and immediate aftermath of natural disasters, often in a context of reduced accessibility and communications. They were an integral part of disaster risk reduction strategies and tackling public health emergencies and climate change-induced health concerns and sometimes lost their lives providing services during emergencies. It was therefore timely that the report sought recognition of their key role in the implementation of universal health coverage and life-saving health care.

The representative of the NETHERLANDS said that the effective outreach work carried out by community health workers was important in meeting the needs of marginalized and vulnerable groups whose sexual and reproductive health and rights were often neglected, and noted that community health workers would be instrumental in attaining target 3.7 of the Sustainable Development Goals. They had also proven effective in providing psychosocial, and culturally sensitive, support particularly in emergencies and fragile settings, and their role should be taken more seriously. She welcomed WHO's efforts to cooperate with governments and stakeholders to develop training and innovative strategies to integrate community health workers into the regular health workforce and policies. Decision-making processes for universal health coverage should not be confined to the national level but should include dialogue at the subnational and community levels with young people and community health workers.

The representative of AUSTRALIA acknowledged the important contribution made by community health workers in the delivery of primary health care and their role in attaining universal health coverage, preparing for health emergencies and promoting healthier populations. Community health worker programmes should be integrated into broader health workforce programmes. She supported the range of policy options to improve the design, performance and evaluation of community health worker programmes, which could be adapted and implemented by Member States in accordance with their country contexts. She noted the critical role of community health workers in rural and remote areas in Australia and expressed support for the draft resolution.

The representative of INDONESIA took note of the recommendations in the document. Improving the quality and accessibility of health services was vital to the sustainability of health systems; to that end, his Government had strengthened primary health care in his country by deploying young health workers to remote areas and training community health workers. He requested further clarification from the Secretariat on the definition of community health workers. Noting that some Member States had already established a system for community health workers, he said that the recommendations and key actions should take into account national situations.

The representative of BAHRAIN welcomed the WHO guideline on health policy and system support to optimize community health worker programmes and noted the decisive role of community health workers in improving the equitable expansion of a range of health services. It was important to systematically evaluate current data on the effectiveness of community health workers, build strong health systems, ensure adequate funding and training, and increase linkages with other health services. Multisectoral coordination and partnerships must be improved and greater attention paid to factors such as education, management and supervision. Community health workers should be factored into health workforce planning.

The representative of GERMANY said that a stronger emphasis on primary health care, although critical, was not sufficient to achieve universal health coverage and the health-related Sustainable Development Goals. Community health workers could contribute to improved access, responsiveness, satisfaction and outcomes if appropriately recruited, compensated, trained and integrated into national

health systems. The Secretariat should consider the conclusions and recommendations of the WHO/UNICEF Primary health care: transforming vision into action operational framework in determining the way forward. He expressed support for the draft resolution.

The representative of VIET NAM, noting that community health workers were vital actors in grassroots health care, said that her country had a wide network of such workers. WHO should provide guidance to Member States on the development of key performance indicators for monitoring and evaluating the performance of community health workers to inform the development of community health worker programmes.

The representative of BRAZIL said that community health workers were a high priority for his country, which had participated actively in the development of the Declaration of Astana on primary health care. They played a vital role in ensuring that all citizens in a country as vast as Brazil had access to health services, and had a unique understanding of local needs.

The representative of JAMAICA said that her Government had integrated its community health programme into primary care island-wide. Although the programme had yielded positive results, including with respect to immunization coverage, it continued to be threatened by a lack of funding. WHO should provide increased support to countries in standardizing national programmes and integrating them into primary care policies and operations. It was also important for community health workers to be formally integrated into the overall health care team with a clear career path and exit strategy. She endorsed the actions recommended and requested that Jamaica be added to the list of sponsors of the draft resolution.

The representative of ISRAEL commended the Secretariat's work on the WHO guideline on health policy and system support to optimize community health worker programmes. He emphasized the importance of capacity-building to ensure that community health workers had the professional skills and capacities necessary to play their important role in delivering health services, including primary health care. Accordingly, he supported the policy recommendations set out in the report, in particular concerning pre-service education and training and competency-based formal certification. Such training should cover preventive medicine, primary health care, maternal and child health care and mental health. The integration of community health worker programmes in broader health-related national policies would promote health systems strengthening. He supported the draft resolution.

The representative of MEXICO said that community health workers played a key role in delivering primary health care and universal health coverage. An interdisciplinary team, accessible to populations in urban, suburban and rural areas would help to reduce inequities in access to care. Noting some of the challenges with respect to the health workforce, he welcomed the policy options and recommendations contained in the report, including in the context of health systems strengthening and development. His Government remained committed to improving the design, implementation, performance and review of programmes on the health workforce.

The representative of CHINA expressed support for the recommendations set out in the document and for the draft resolution. It was imperative to enhance the quality of human resources for health and improve the way workers were treated to encourage them to work in primary health care. Community health worker programmes should be integrated into broader policies on the health workforce and health system development. During national planning and resource allocation processes, due consideration should be given to the governance, management and financing of community health worker programmes. The Chinese experience showed that community health workers played an indispensable role in achieving primary health care and universal health coverage.

The representative of SUDAN said that it was important to strengthen the role of community health workers in the delivery of primary health care. Member States of the Eastern Mediterranean

Region had been using community health workers to make up for the shortage of health care professionals, particularly in remote areas. However, although community health workers delivered vital services, they were not a substitute for health care professionals. Countries should plan for their health workforce as a whole, rather than segmenting planning, which could lead to a lack of consistency. He agreed that there was a need to improve training for community health workers and expressed support for the draft resolution.

The representative of COLOMBIA said that it was important to develop, strengthen and manage human resources for health to improve health outcomes and the delivery of primary health care. Due consideration should be given to the diversity and complexity of a country in planning and allocating resources, including concerning the establishment of multidisciplinary teams. His Government attached particular importance to the development of the health workforce and was developing a strategy in that regard for the regions based on three levels: health authorities, public hospital leadership and support services. Given the particular challenges it was currently facing, it had allocated resources for the care of migrants and was identifying mechanisms to integrate suitably qualified migrant health professionals into the health care system. A committed health workforce was essential for health promotion, and he trusted that the draft resolution would result in specific action, particularly in remote areas of Colombia where community health workers could have an even greater impact.

The representative of BHUTAN said that health service delivery mechanisms must be resilient, adaptive and relevant to the changing world. A competent health workforce, including committed community health workers, was integral to achieving universal health coverage and delivering primary health care. He recalled the WHO Global Strategy on Human Resources for Health: Workforce 2030 that called for optimizing and investing in the health workforce, and welcomed proposals to improve the quality and quantity of human resources for health. The Secretariat must strengthen its partnerships with Member States to promote health workforce development. Investment in community health workers would foster achievement of the “triple billion” goals. He expressed support for the draft resolution.

The representative of SRI LANKA said that, with the rise in noncommunicable diseases, new categories of health workers should be brought in to work in primary care settings and the capacity of primary care workers should be improved. Sri Lanka had begun to restructure primary care: In his country community health workers were providing care for the elderly, and health promotion officers were also working with communities. The benefits of such strategies would be assessed.

The representative of ETHIOPIA¹ said that community health workers were effective in delivering basic and essential life-saving health services and were first-line responders to outbreaks, particularly in remote areas. Experience in his country had shown what could be achieved when community health workers delivered primary health care in a formal setting with a conducive and enabling environment. However, insufficient attention was given to the significant role of those workers, and community health worker programmes were characterized by a lack of integration, inadequate and unpredictable financing, and a lack of clarity on recruitment, training and deployment processes. He welcomed the WHO guideline on health policy and system support to optimize community health worker programmes and called on all stakeholders to implement its recommendations.

The representative of PANAMA¹ said that universal health coverage based on primary health care was not both a priority and a duty and would only be achieved with the contribution of community health workers, intersectoral participation and the development of appropriate programmes. Community health workers were key in delivering a model of care based on the individual, family, community and environment. The provision of services through a community network would strengthen the involvement

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

of various actors. The report set out key principles to guide the design of community health worker programmes and policy recommendations, many of which were already being applied in her country.

The representative of ECUADOR¹ said that the need for an interdisciplinary health workforce responsive to needs of populations remained strong. In the face of economic, environmental and social challenges, collective efforts were needed to implement policies and programmes that strengthened primary health care with a view to ensuring access to health services. Her Government was developing a primary health care policy that aimed to ensure that communities had access to a general practitioner or doctor specializing in family and community medicine. The initiative would help the health sector to establish a link with communities, particularly the most vulnerable people. She urged Member States to adopt the draft resolution.

The representative of TOGO¹ said that challenges, such as ensuring an appropriate skill set and addressing lack of funding and motivation, had to be overcome if community health workers were to make an effective and sustained contribution to primary health care. To that end, he called for good governance of community health worker programmes, strong political commitment, the establishment of budget lines for such programmes, and coordinated financial support from partners. He supported the draft resolution.

The representative of the PHILIPPINES¹ said that training and empowering community health workers would improve provision of equitable, quality, people-centred health care services, particularly in underserved communities. Culturally-sensitive and appropriate delivery of services was key. Community health worker programmes should be formally integrated into health, education, labour and economic development policies. He supported the draft resolution.

The representative of SOUTH AFRICA,¹ noting the important role of community health workers, expressed support for the recommendations in the report, especially the need to integrate community health worker programmes in broader national policies on the health workforce. South Africa's country-wide community health worker programme contributed to bridging the gap between communities and primary health care facilities and to improving citizens' health status. However, additional resources were required to strengthen the programme, notably to improve recruitment and support the mobility of community health workers.

The representative of ARGENTINA¹ said that community health workers in her country played a vital role in providing primary health care within the framework of universal health coverage; they acted as an interface between the local health system and the community, linked the health sector to other sectors and promoted health as a right of the population and a duty of the State. The use of interdisciplinary teams facilitated access to health care and played an important role in health promotion by providing guidance, support and education.

The representative of SPAIN¹ expressed support for the WHO guideline on health policy and system support to optimize community health worker programmes and trusted that the Secretariat would provide a report on implementation to the Executive Board in the future. Community health workers made an important contribution to the delivery of primary health care and achievement of universal health coverage, and they should be integrated in national health systems. They should be considered as entry-level health staff and included in all aspects of human resources planning, but not viewed as a substitute for health care professionals. If countries allocated additional resources to health, community

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

health workers could become qualified. Ethiopia's Health Extension Programme was an example of a successful strategy in that regard.

The representative of CANADA¹ said that including community health workers in primary health care teams would help to increase the health workforce, reduce inequities in access to care and expand services, including for sexual and reproductive health. Canada supported greater visibility and representation of women in the health sector, including in decision-making and leadership roles, and noted that community health work often provided an opportunity for women to occupy positions of respect and authority in their communities.

The representative of INDIA¹ said that community health workers should be viewed as members of the primary health care team and their role should evolve to encompass the prevention and early detection of noncommunicable diseases. Their work in addressing health inequities and ensuring that communities realized their entitlements deserved more specific mention in the report. The development of specific metrics to measure performance would be useful for monitoring and encouraging the integration of community health workers into existing health systems.

The observer of the INTER-PARLIAMENTARY UNION said that his Organization had signed a memorandum of understanding with WHO aimed at strengthening parliaments' engagement with universal health coverage, global health security and health promotion. It would be developing the first global parliamentary resolution setting out concrete parliamentary actions on the achievement of universal health coverage for discussion at its forthcoming Assembly in April 2019. WHO's assistance in drafting the resolution would be appreciated, and he called on Member States to work with their parliaments on its implementation. The Inter-Parliamentary Union would work with WHO to strengthen parliaments' capacity to make full use of their legislative, budgetary and oversight functions to improve access to health care for all.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES commended the emphasis placed on the contribution of community health workers to primary health care. However, the dialogue on community health workers should not stop at those who received payment but should also include the millions of volunteers making an important contribution to the achievement of universal health coverage, often by helping those living outside or on the margins of the formal health sector. Attention should be paid to the health and well-being of all community health workers and volunteers, and to the unique challenges and vulnerabilities that workers and carers might experience, including through a commitment to gender mainstreaming.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that programmes encouraging patients to visit pharmacies before physicians for minor ailments had reduced the burden on primary health care services in many countries and promoted better use of resources. Pharmacists played an essential part in providing integrated, people-centred services, and often, the community pharmacy was the only primary health care structure available.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, acknowledged the need for additional staffing and noted the advocacy role of unregulated community health workers. Patient safety remained paramount, however, and a multidisciplinary team consisting of regulated health professionals was essential for the delivery of quality health care. Planning and monitoring were crucial to avoid fragmentation, and career progression strategies should be developed for both regulated and unregulated workers. Member States should

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

implement the WHO guideline on health policy and system to optimize community health worker programmes.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that community health workers were crucial in providing access to palliative care as part of universal health coverage. They should be trained in palliative care and integrated into primary health care systems, and financing should be provided for their activities.

The representative of AMREF HEALTH AFRICA, speaking at the invitation of the CHAIRMAN, encouraged the Executive Board to support implementation of the recommendations set out in the WHO guideline on health policy and system support to optimize community health worker programmes, particularly recommendations 1, 5 and 7. In order to ensure acceptance, the community should be involved throughout the process of selection for pre-service training; in some cases criteria other than formal qualifications could be taken into consideration. Those who completed pre-service training should be certified. Community health workers should be formally integrated into the health system to ensure proper recognition and remuneration.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, said that family doctors played an essential role in achieving health for all and the health-related Sustainable Development Goals. WHO must take the lead in encouraging the establishment of a family medicine department in all medical schools. It was disappointing that reference to family doctors and other members of primary care teams had been omitted from the Declaration of Astana. To help generate political will for universal health coverage, WHO should specify all members of primary care teams.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) thanked participants for their supportive comments. Responding to points raised, she said that the definition of community health workers could be found in the ILO's International Standard Classification of Occupations. Due consideration would be given to the development of key performance indicators and metrics for monitoring and evaluating community health worker performance, and the Secretariat would monitor implementation of the WHO guideline on health policy and system support to optimize community health worker programmes.

The DEPUTY DIRECTOR-GENERAL (Programmes) thanked participants for their excellent suggestions and emphasized that the recommendations in the WHO guideline on health policy and system support to optimize community health worker programmes must be tailored to the country context. It was clear that multidisciplinary teams, including community health workers, were needed to deliver primary health care services, and that referral systems and secondary and tertiary level services were required to achieve universal health coverage. The WHO guideline had identified certain gaps in the evidence base for training, retention, supervision and financial and non-financial incentives for community health workers. Any experiences that Member States could share in those areas would be appreciated.

The DIRECTOR-GENERAL thanked participants for their guidance and input. He recounted his experience in developing primary health care in Ethiopia during his tenure as Minister of Health. Having achieved more than 90% coverage in five years, he emphasized that it had been a quick and large return on a comparatively small investment. He remained a strong advocate of primary health care, which should be strengthened in the following order: health promotion, prevention, diagnosis and treatment. Although standardization in primary health care was important, a one-size-fits-all approach was impractical as countries had different needs. The Secretariat would be designing several options for primary health care systems that could be tailored by countries to their own situations. That undertaking would not only provide an opportunity for Member States to receive support but also for the removal of

silos and for greater cooperation within WHO to create a seamless and agile Organization. One of the aims of the memorandum of understanding that WHO had recently signed with the World Organization of Family Doctors was to overcome the shortage of 18 million workers in the global health workforce.

The resolution was adopted.¹

The meeting rose at 18:50.

¹ Resolution EB144.R4.

NINTH MEETING

Tuesday, 29 January 2019, at 09:45

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

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

Health, environment and climate change: Item 5.6 of the agenda (documents EB144/15 and EB144/16)

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, asked that the draft WHO global strategy on health, environment and climate change be submitted to the Seventy-second World Health Assembly. Although the strategic objectives it set out were commendable, greater emphasis should be placed on health care waste management; the health sector should lead by example. Monitoring and evaluation were also important, and WHO should develop a strong global monitoring scheme to assess countries' progress in reducing environmental hazards.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with his statement. He welcomed the draft global strategy and the draft global plan of action on climate change and health in small island developing States. The draft global strategy had to be fully aligned with the 2030 Agenda for Sustainable Development; achievement of the Sustainable Development Goals required work across agendas and the promotion of mutually reinforcing actions that supported co-benefits. A One United Nations approach was therefore required; in particular, WHO should contribute to the draft implementation plan entitled "Towards a Pollution-free Planet" due to be adopted at the United Nations Environment Assembly in March 2019. The One Health approach was also important, notably in areas such as antimicrobial resistance. Building health system resilience to mitigate the health impact of climate change and environmental degradation would save lives and money; other steps taken should include application of the circular economy, and education and prevention measures.

Given the importance of cross-sectoral cooperation, the draft global strategy should be predicated on a Health in All Policies approach. He commended the Secretariat's work in the area of health, environment and climate change, notably on the WHO Global Conference on Air Pollution and Health, the WHO Global Chemicals and Health Network, and the WHO Chemicals Road Map, which was important for reducing the mortality rate attributed to unintentional poisoning under indicator 3.9.3 of the Sustainable Development Goals. He hoped that the Secretariat would allocate sufficient resources to implementation of the Road Map, which would significantly contribute to achieving WHO's strategic priority of saving 3.8 million lives by promoting healthier populations through a healthier environment.

The representative of INDONESIA, underscoring the relevance of the draft global strategy, drew attention to the acute impact that climate change was having on human health in Indonesia and other archipelagic countries in the South-East Asia Region. He suggested that Figure 2 in document EB144/15 should refer specifically to food safety, and urged WHO to collaborate more closely with relevant international organizations, as climate change was a multisectoral issue.

The representative of AUSTRALIA expressed support for both the draft global strategy and the draft global plan of action. Given the importance of developing a cross-sectoral approach, she encouraged the Secretariat to ensure that they complemented existing work in other international climate change and health forums, and asked what efforts it had made to garner support from other stakeholders. She also expressed support for the focus on vulnerable populations in small island developing States and least developed countries, and detailed several national programmes to tackle health challenges arising from environmental pressures and mainstream climate and disaster resilience into aid investments.

The representative of GERMANY commended the draft global plan of action and the draft global strategy, expressing confidence that the latter's broad scope would initiate the transformational changes needed to achieve healthy lives and environments for all, and stressing the need for strong cross-sectoral cooperation and for mitigation strategies and adaptation plans, an area in which his Government could share best practices. Attention should also be paid to the impact of chemicals on human health; Member States should support WHO's outstanding work and leadership in that regard. The strategic objectives set out in the draft global strategy should be monitored using existing data, and efforts to address adverse environmental effects on health should cover pollution as well as traditional noncommunicable disease topics.

The representative of BAHRAIN expressed support for the draft global strategy, which was aligned with various national programmes on the same issue and would strengthen health sector leadership and the Health in All Policies approach, as part of efforts to achieve the Sustainable Development Goals. The strategy's implementation would entail a "one WHO" approach that prioritized funding diversification, strengthened national capacities and promoted connections with national research institutions. Efforts should also be made to raise awareness about environmental health, for instance through a text messaging system.

The representative of the UNITED STATES OF AMERICA, acknowledging the link between human health, the environment and climate, expressed support for efforts directly linked to WHO's mandate. Overall, it was commendable that the draft global strategy presented a measurable, practical set of activities in areas in which WHO and the health sector could be most effective. While it was true that health care systems in small island developing States faced unique challenges, many of the issues covered in the strategy were not central to WHO's core function, but should rather be led by the energy, environment or agriculture sectors, or appropriate international bodies. In line with WHO's shift towards delivering impact at the country level, the draft global plan of action should be adjusted to focus on the areas to which WHO was best able to add value, namely providing technical support and capacity-building for Member States' health systems. It should also include more explicit linkages on bolstering health security and emergency response, and encourage international, intersectoral partnerships, which were central to WHO's core functions and the advancement of global health. Additional consultations were therefore needed on both the draft global strategy and the draft global plan of action.

Responding to comments made by the representative of China under item 5.2 of the agenda, she said that she stood by her earlier statement on the WHO Health Emergencies Programme.

The representative of FINLAND, drawing attention to the negative effects of black carbon in the Arctic region, called for enhanced action by WHO to reduce morbidity and premature mortality attributed to indoor and outdoor air pollution. Biodiversity was essential to the health sector and she therefore encouraged WHO to act in line with the decision on health and biodiversity adopted by the fourteenth meeting of the Conference of the Parties to the Convention on Biological Diversity. She called for current challenges to be tackled using a One United Nations approach, notably through collaboration between WHO and UNEP.

The representative of ISRAEL welcomed the draft global strategy and the focus on small island developing States, noting the details provided on the effects of climate change on health and the linkages to other policy areas. Given the scale of the issues, it made sense to focus on a particular group of States. WHO efforts should be aligned with the One United Nations approach, so as to increase efficiency and effectiveness at the country level. A unified approach to mitigating environmental hazards would facilitate efforts to address the impact of climate change on health, and WHO should play a convening and coordinating role in work to strengthen national health systems, promote public health preparedness and response, and implement the 2030 Agenda.

The representative of SRI LANKA said that, despite progress in several areas, the South-East Asia Region continued to face both long-standing and new environmental health challenges. He therefore welcomed the holistic nature of the draft global strategy and the leadership shown by the Director-General in stimulating renewed action on the high disease burden attributable to climate change and other environmental determinants of health. The Secretariat should nonetheless also consider developing regional implementation plans, including timelines, for the draft global strategy, so as to help identify priority areas, and draw up strong plans for monitoring and evaluation, and for resource mobilization. The draft global plan of action was aligned with several regional texts on climate change and health, and further consultations were being undertaken in his Region on the subject.

The representative of MEXICO pointed to the need for decisive action; previous measures had not been sufficiently sustainable to reduce risks and create safe environments that fostered good health. The cross-cutting nature of the 2030 Agenda served to promote development and well-being alongside protection of the environment, but WHO needed to provide leadership; indeed, coordinated action would help meet the challenges more effectively. He recommended that the Seventy-second World Health Assembly should endorse the draft global strategy, which would advance achievement of the Sustainable Development Goals and the strategic objectives identified. Member States needed to reaffirm their commitments in respect of health, the environment and climate change at the highest level in order to bring about sustainable improvements in well-being and living conditions through the creation of healthy environments.

The representative of FIJI, referring to the impact of tropical cyclone Winston in February 2016, welcomed the statements made by the representatives of Australia, Sri Lanka and the United States of America in support of small island developing States. The draft global strategy should place greater emphasis on the importance of enhancing WHO's direct impact in countries, with specific reference to special initiatives for populations in situations of vulnerability, such as in small island developing States and those frequently exposed to environmental disasters. Given the importance of reducing the greenhouse gas effect, owing to its impact on fragile health systems, he welcomed the fact that the draft global strategy aimed to strengthen health system resilience to climate risks, aid adaptation efforts and promote mitigation measures to ensure the long-term future of vulnerable populations.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed support for the draft global strategy and encouraged the Secretariat to work with Member States to mobilize sustainable financial resources to accelerate the achievement of its strategic objectives. Initiatives similar to the third Inter-Ministerial Conference on Health and Environment in Africa and the WHO Global Conference on Air Pollution and Health would help raise awareness and encourage steps to reduce health risks related to climate change. Small island developing States were among those most vulnerable to the effects of climate change, despite their limited contribution to carbon emissions; the draft global plan of action was therefore welcome and should be extended to the greatest possible number of developing countries exposed to such risks.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the draft global strategy, notably its link to the Thirteenth General Programme of Work, 2019–2023, its emphasis on the need for cross-sectoral action, and its focus on a transformational approach. The new driving role

of the health sector in addressing health challenges related to climate change required capacity-building for, and reorientation of, health structures at the local and national levels. His Government remained committed to tackling those issues, particularly through partnerships aligned with the Paris Agreement under the United Nations Framework Convention on Climate Change and with Agenda 2063: The Africa We Want. The Secretariat should continue to play a leading role in coordinating partners to address issues regarding health, environment and climate change; ensure that global and regional partnerships were translated into implementation at the country level; and help countries to develop a prototype national integrated strategy based on the strategic objectives.

The representative of BRAZIL said that the failure to hold consultations in Geneva on the draft global strategy had deprived Member States of the opportunity to suggest areas of clarification and improvement; the document was therefore not ready for the Executive Board to take action on it. The Secretariat should organize additional discussions in an inclusive, participatory, transparent and efficient manner. It should provide further information on the added value, mandates and comparative advantages of WHO action in terms of the strategy's implementation and monitoring. In the absence of a consensus on the link between natural resource scarcity and conflicts, he was unable to endorse the use of the term "global public goods" in relation to the environment. There was no agreed multilateral definition of the term, which was at variance with the principle of international law – set out in several multilateral agreements on the environment – that States enjoyed the sovereign right to exploit their own resources pursuant to their own environmental development policies.

The representative of JAPAN, referring to the draft global strategy, said that the Secretariat had to prioritize WHO's work in the light of the Organization's mandate and strengths. It should furnish further information on the support Member States would receive following the strategy's adoption. Regarding the draft global plan of action, he hoped that the Secretariat would work together with Member States and report back to the Executive Board on the action that they had taken, to allow for an exchange of experiences.

The representative of VIET NAM said that the draft global plan of action should describe in greater detail the other existing global and regional strategies and plans on climate change and health, with a view to considering whether it should be independent from such strategies or whether it should be integrated into an appropriate existing one. It appeared more feasible for WHO to pursue the process to become an accredited agency for the Green Climate Fund and facilitate support to small island developing States (Action 4.2) than to lead a process to identify new and innovative forms of funding and resource mobilization mechanisms (Action 4.1). That being said, if a special fund for small island developing States on climate and health were to be established, the draft global plan of action should make recommendations on how to mobilize resources for it.

The representative of COLOMBIA said that the draft global strategy should incorporate the findings published by the Intergovernmental Panel on Climate Change in 2018 on the impacts of global warming of 1.5 °C, particularly on natural and human systems. It should place greater emphasis on social participation as a platform for environmental health governance, and on communities as management units for the implementation of sectoral and intersectoral interventions, and as protectors and promoters of health.

The representative of ITALY pointed to the need to protect biodiversity, adapt farming and breeding techniques, and resort to new foods and organisms that had been selected or modified to withstand climate change. Mitigating the health impact of climate change required the participation of the research community, partnership with the private sector, awareness-raising in civil society, and the provision of assistance to displaced persons and climate migrants.

The representative of CHINA repeated that Executive Board discussions should not be politicized. He endorsed the draft global strategy, noting that it was important to encourage the development of

cost-effective national strategies. It was also essential to strengthen international exchanges of experience with respect to public campaigns to promote action on health and the environment, best practices and standards, techniques to assess the health impact of climate change, and capacity-building to respond and adapt to climate-related challenges. When it came to the draft global plan of action, his Government welcomed the interlinked strategic lines of action and was prepared to play an active role, under the United Nations Framework Convention on Climate Change, in addressing climate change, together with small island developing States.

The representative of JAMAICA stressed that each strategic line of action in the draft global plan of action should be tailored to individual country requirements. The opportunity for small island developing States to adopt a leadership role on the issue of climate change would result in a robust Caribbean plan and was a good manifestation of the goal to drive impact at the country level. WHO should continue prioritizing the initiative, which should be submitted to the Seventy-second World Health Assembly, and providing the necessary resources. While mindful of governments' central role, she called on development partners to boost the resilience to climate change of health systems in small island developing States.

The representative of PERU¹ said that a multisectoral approach would help reduce social and environmental risk factors and therefore ease the global disease burden. WHO should continue to work in coordination with UNEP and the secretariats of multilateral environmental agreements to create synergies and avoid duplication. To address the health impact of climate change, it was important to adopt an approach that prioritized vulnerable countries, in accordance with the United Nations Framework Convention on Climate Change and the related Paris Agreement.

The representative of MONACO¹ asked the Secretariat to avoid making multiple requests to Member States for the same data, as they were difficult to collect, especially for small countries.

The representative of the PHILIPPINES¹ recommended that the Board expand on the strengthening of governance mechanisms to allow sustainable health-protective action, under strategic objective 4 of the draft global strategy.

The representative of MOROCCO¹ suggested that the draft global strategy should call for regional and national implementation plans to be developed in coordination with WHO, so as to help Member States establish or strengthen environmental and health monitoring systems to measure the health impact of environmental risks and climate change and identify emerging threats. The environmental health-related Sustainable Development Goals, which underpinned the strategic objectives, should be cited just after the vision set out in the report, and the role of health authorities in the regulation and health-related monitoring of environmental services should be specified. The second goal to be achieved by the transformational approach, relating to universal health coverage, should be clarified.

The representative of SPAIN¹ said that WHO's work on health, environment and climate change, which was chronically underfunded, was a priority for his Government and was crucial for the achievement of the objectives of the Thirteenth General Programme of Work.

The representative of PANAMA¹ said that collective and sustained efforts were required at all levels of WHO to ensure comprehensive environmental management with a view to preventing, mitigating and addressing the health impact of climate change, particularly on vulnerable populations, and thereby achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Member States and key stakeholders should play an active role in implementing the draft global strategy in order to ensure the protection of environmental health and prevent environmental

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

degradation. Building the capacities of Member States and enhancing scientific knowledge of environmental risks and the effects of climate change on individual and collective human health would allow for more accurate decisions to be made and facilitate an intersectoral approach.

Regarding the draft global plan of action, she said that, while not an island State, her country did have three large archipelagos that were affected by health and environmental issues as a result of climate change. She fully supported the vision of the draft global plan of action that all health systems on small island developing States should be resilient to climate change and variability.

The representative of CANADA¹ proposed that the Arctic should be included as a region vulnerable to climate change, since it was experiencing warming at twice the average rate of the rest of the world. The draft global strategy should demonstrate the link between the environmental determinants of health and noncommunicable diseases and discuss the role of innovation in improving health outcomes more extensively. She asked how the Secretariat would identify priorities and allocate resources for the strategy's implementation, and whether environmental programmes, including chemicals management, would be continued. Such information should be reflected more clearly in the programme budget for 2020–2021.

The representative of NORWAY¹ said that the draft global strategy should refer to the BreatheLife campaign, which provided a useful model for promoting action to combat environmental problems. The strategy urged Member States to develop ambitious national action plans, and that should be reflected in the resolution adopted at the World Health Assembly. Her Government intended to continue providing financial support for WHO work on air pollution and climate change and encouraged other governments to do the same.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ welcomed the greater involvement of WHO in the fulfilment of obligations set out in multilateral agreements on climate change. The Secretariat's analyses, scientific guidance and support would be vital for effective mitigation of the impact of climate change. In that regard, due consideration must be given to the specific vulnerabilities of developing countries with regions prone to natural disasters and fragile ecosystems.

The representative of SWITZERLAND¹ said that the draft global strategy and draft global plan of action were important steps in the urgently needed international response to the health impacts of climate change, and that multisectoral cooperation was vital. She encouraged the Secretariat to engage in closer collaboration with the other organizations of the United Nations system. Knowledge transfer and coordination between all such organizations were essential to effectively manage issues related to health, environment and climate change.

The representative of BARBADOS¹ agreed that the Executive Board should recommend that the World Health Assembly adopt the draft global strategy. He welcomed the inclusion of input from Member States in the draft global plan of action, as he believed that consultation and collaboration were integral to any successful initiative. He thanked the Secretariat for the direct support that it was providing to over 40 countries, which should be continued, but emphasized that more resources were needed in that regard.

The representative of YEMEN¹ stressed the importance of genuine efforts to tackle climate change and thereby improve living conditions. He thanked WHO and its Regional Office for the Eastern Mediterranean for their continued support.

The representative of ARGENTINA¹ welcomed the inclusion of both environmental and social health determinants in the draft global strategy, but suggested that a reference be included to the Sendai

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

Framework for Disaster Risk Reduction 2015–2030, with a view to improving international coordination on the issue of environmental health. Knowledge gaps were hampering the implementation of health strategies and it was therefore vital to step up efforts to share information, particularly at the local level. Primary health care needed to be strengthened, especially community-based and preventive care. The international community must be ready to mitigate the risk of diseases emerging as a consequence of climate change, biodiversity loss and antimicrobial resistance.

The representative of URUGUAY¹ endorsed the strategic goals set out in the draft global strategy. Her Government had completed a climate change and health country profile and was counting on the Secretariat's support to keep it up to date. WHO, working in coordination with other international organizations, should continue to mobilize resources to help Member States strengthen their capacity to respond to the health challenges of climate change.

The representative of the DOMINICAN REPUBLIC¹ said that any work on environmental health must be based on a holistic approach. The draft global plan of action was a policy instrument that could be used to develop effective national strategic plans with regard to health, the environment and climate change. While she supported the adoption of the plan as proposed, it would nonetheless benefit from further consultation with Member States.

The representative of the RUSSIAN FEDERATION¹ expressed support for the second strategic objective of the draft global strategy, but suggested that outcomes should be indicated for all the strategic objectives. The strategy must take into account economic and financial issues, including subsidies and energy for medical facilities. He agreed with the representative of China that it was important not to politicize debates in WHO governing bodies.

The representative of BANGLADESH¹ said that the draft global strategy needed to focus more on health resilience to climate change, in particular in the vision statement, and, together with the draft global plan of action, should include more action-oriented measures, such as the development of climate change and health profiles for all climate-vulnerable countries. He asked whether the plan of action was international or national in scope, and suggested that the strategy include a more pragmatic and focused approach on how WHO could support national and international efforts, without duplicating work that might be better done by other stakeholders. Both the strategy and the plan of action should contain more information on financing, and more specific and innovative suggestions on how to mobilize health funds to mitigate environmental risks and the impact of climate change. He recommended that consultations be held on that issue before the Seventy-second World Health Assembly.

The representative of INDIA¹ said that, although he agreed that a flagship initiative was needed to address the health impact of climate change on small island developing and vulnerable States, there were many vulnerable regions in his country that should also be included in the draft global strategy and draft global plan of action. The Secretariat should help Member States mainstream environmental risk factors into their existing policy frameworks, in order to catalyse multisectoral action and contribute to capacity-building for public health practitioners, so as to reduce health vulnerability to climate change. In a global context of inequality, the draft strategy should focus on funding action on environmental health and climate change.

The representative of SOUTH AFRICA¹ fully supported the strategic objectives set out in the draft global strategy and welcomed the emphasis on the principle that universal health coverage could not be achieved in isolation from environmental health services. Health ministries must follow a Health

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

in All Policies approach when implementing their strategic priorities. She emphasized the need for strong leadership in the health sector to drive multisectoral cooperation.

The observer of PALESTINE thanked the Government of Japan for having set up water desalination plants in occupied Palestinian territory to combat groundwater contamination by saltwater intrusion. He asked WHO to provide technical assistance to mitigate the effects of climate change, pollution and environmental risks to health in occupied Palestinian territory and other places affected by conflict.

The representative of WMO welcomed the draft global strategy and draft global plan of action and encouraged the Secretariat to continue to seek opportunities to use available climate, weather and environmental science to enhance decision-making in the health sector.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES highlighted three core actions that must be prioritized as the draft global strategy was refined and implemented: funds must be invested in water, sanitation and hygiene infrastructure, in particular in cholera-prone areas and those affected by climate change; local capacities and community health workers must be fully utilized to ensure that marginalized and hard-to-reach communities were not left behind; and all States should adopt the Health in All Policies approach to ensure that health was included in climate adaptation plans and disaster risk reduction strategies.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft global strategy, particularly strategic objectives 2 and 3, but suggested that greater emphasis should be placed on trade and economic policies, and on changes in agriculture and food systems. He expressed concern at WHO's proposal to rebalance health sector expenditure in favour of primary prevention over the long term, as primary prevention could not replace curative care, rehabilitation and palliative care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that focusing on the health impacts of climate change was a good way to garner political and public support for action. Her association would like to see more resources allocated to research and activities based on the emerging scientific evidence about the health impacts of climate change. WHO should show leadership by ensuring that its meetings and events were environmentally sustainable with respect to food, materials and waste management.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, applauded WHO for recognizing that minimizing environmental threats to human health and reproduction was essential to reducing illnesses and deaths from hazardous chemicals, pollution and the consequences of climate change. She recommended that the next version of the draft global strategy should explicitly refer to the link between toxic exposure and prematurity and low birth weight, and to toxic exposure affecting transgenerational changes.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the draft global strategy and called on Ministries of Health to engage productively with WHO for its implementation. Many people were unaware that air pollution was as big a risk factor for cardiovascular disease as tobacco. Her federation would continue to promote the need for further research on heart health and air quality.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, noted that children were uniquely vulnerable to the threats of climate change. She called on WHO and Member States to seek ways to reduce the carbon and environmental footprints of health

facilities; fund the surveillance, reporting and tracking of climate-associated effects; help raise public awareness about the threats of climate change for children's health; address the specific needs of children in disaster preparedness and response; and promote urban planning designs that incorporated walkability, open space, green building design, reduced dependence on automobile transit, and climate change resilience.

The representative of the INTERNATIONAL FEDERATION OF HOSPITAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that work around the world had shown that health care buildings could be designed, built and operated in a carbon-neutral fashion. He recommended that WHO should seek to make its own operations carbon neutral, make a focused effort to help the health sector achieve carbon-neutral health delivery, and participate in the policy process to encourage countries to achieve carbon neutrality by 2050, with significant reductions by 2030.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that understanding of the draft global strategy would be enriched by referencing the 2018 findings of the Intergovernmental Panel on Climate Change on global warming. The strategy must promote the harnessing of cultures, particularly those of indigenous peoples, which reflected humankind's ability to achieve a sustainable balance with nature.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, noted that the Lancet Commission on Obesity had recently published a report indicating that obesity, undernutrition and climate change were driven by dysfunctions in the same systems – food, transport, urban design and land use. She advocated improving transport infrastructure and introducing a framework convention on food systems, and urged Member States to strengthen governance to control irresponsible marketing.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that neither the draft global strategy nor the draft global plan of action advocated urgent action. The objectives outlined in the strategy shifted the current focus from adaptation to mitigation planning, and ignored the need for short-term objectives for Member States. In addition, the absence of formal definitions of “chemical, biological, physical and work-related” risks complicated and confused the strategy. He urged the Board to incorporate the need for urgent adaptation measures into the draft global plan of action and called on WHO to produce contextual guidelines for the relevant Member States.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that much more should be done to protect, promote and support breastfeeding, as breast-milk substitutes required energy to manufacture, materials for packaging, fuel for distribution, and water, fuel and cleaning agents for daily preparation. Breastfeeding contributed to the draft global strategy's goal of focusing on disease prevention measures and was a lifeline in emergencies. Goal 12 of the strategy's transformational approach, on governance, should also require national and local governments to establish proper safeguards against conflicts of interest and commercial influence when facilitating cross-sectoral cooperation.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged WHO to reject the tactics of the fossil fuel industries, such as lobbying and manipulation of scientific literature. Governments should draw on the lessons learned from the WHO Framework Convention on Tobacco Control to effectively regulate fossil fuel industries and better protect health. They should also implement fiscal policies to reduce the burden of health-harming pollution. Revenue from increased taxation and the removal of subsidies could deliver a double dividend if reinvested in universal health coverage or renewable energy.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, stressed the severe negative impact of climate change on physical and psychological health and asked the Board to consider all aspects of mental health when discussing plans to address the health implications of climate change.

The CHAIRMAN, while emphasizing the importance of hearing the voices of non-State actors at WHO, said that they should consider, for the sake of their own legitimacy, linking their causes more persuasively with the subject under discussion and grouping statements into one or two interventions to make their arguments more relevant.

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health), noting the call for monitoring and evaluation to ensure goals were achieved, said that provision had been made for that aspect in the draft global strategy and would be made in the draft global plan of action. The Secretariat was indeed endeavouring to be more environmentally friendly, as evidenced by the paperless Board meeting, the returnable food containers and the wooden cutlery.

The REGIONAL DIRECTOR-ELECT FOR THE WESTERN PACIFIC emphasized the significant threat to health in his Region posed by environmental pollution and climate change. Drawing on the example of Fiji receiving people from Kiribati and Tuvalu whose homes were threatened by rising sea levels, he stressed the need for WHO to improve the situation for the countries most affected by the impact of climate change.

He confirmed that the new Asia-Pacific Centre for Environment and Health in the Western Pacific Region, a geographically-dispersed specialized office established in Seoul to help the Region's Member States achieve environmental goals associated with the Thirteenth General Programme of Work and the Sustainable Development Goals, would be fully operational by March 2019.

The DIRECTOR (Department of Public Health, Environment and Social Determinants of Health), responding to Member States' comments, referred concerns about health care waste management to documents EB144/15 and EB144/19. Food safety was mentioned in the draft global strategy, under access to safe water and sanitation, but she would ensure it was mentioned explicitly. In addition, the Secretariat would work with the regions to ensure that the draft global strategy also covered specific climate-vulnerable areas, such as the Arctic, and countries, such as Bangladesh, in the ongoing climate change and health projects. On chemical safety, she invited Member States that had not yet done so to join the WHO Global Chemicals and Health Network, which was the best way to support chemicals management to protect people's health. WHO was also a member of the Climate and Clean Air Coalition, and addressed the issue of black carbon within that framework. In addition, all the environmental conventions, agreements and treaties with which WHO was involved were listed in an annex to the draft global strategy. During further consultations on the draft global strategy, which would be concluded before the Seventy-second session of the World Health Assembly, there would be an opportunity for Member States to reconsider the term "global public goods", a term that she considered to be in line with international law.

The DIRECTOR-GENERAL said that WHO had already signed agreements with UNEP, the United Nations Framework Convention on Climate Change and WMO on the draft global plan of action. Small island developing States had played a leading role in designing the plan – the Secretariat had acted as a facilitator – and would also play a leading role in its implementation, but required resources to do so; Member States could support them in that regard by helping them to access the Green Climate Fund for adaptation and mitigation. A separate initiative for small island developing States was justified, given the disproportionate effect of climate change on those States.

The Board noted the reports.

Medicines, vaccines and health products: Item 5.7 of the agenda

- **Access to medicines and vaccines** (document EB144/17)

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA, introducing the document, said that the revised draft road map for access to medicines, vaccines and other health products, 2019–2023, set out in the Annex thereto, was aligned with the Thirteenth General Programme of Work, 2019–2023. Its comprehensive approach to improving access comprised two strategic areas that were broken down into eight activities set out in the text.

She described a number of initiatives taken in the South-East Asia Region, which was a major producer of essential medicines and vaccines and comprised both Member States with large populations and manufacturing capacity and others with very small populations and fewer opportunities to take advantage of economies of scale when purchasing medicines – a problem that was common to all small countries. The Region had done considerable work to improve access to quality medicines, which was a priority for universal health coverage. The relevant resolutions and documents adopted by it and other bodies were listed in Appendix 1 to the revised draft road map.

The meeting rose at 12:30.

TENTH MEETING

Tuesday, 29 January 2019, at 14:40

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

later: Ms G. BEAUCHAMP (Australia)

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

later: Dr S.M. ZWANE (Eswatini)

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

Medicines, vaccines and health products: Item 5.7 of the agenda (continued)

- **Access to medicines and vaccines** (document EB144/17) (continued)

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.

Health system reforms should integrate access to medicines, vaccines and health products into financial protection mechanisms for universal health coverage, for which adequate domestic financing must be ensured. WHO should take a holistic approach to the promotion of universal access to safe, effective, quality-assured and affordable medicines, focusing on good governance, transparency and synergies, fair pricing, adequate regulatory and workforce capacity, and more efficient supply chains.

He welcomed the development of a list of indicators but said that the revised draft road map for access to medicines, vaccines and other health products, 2019–2023 should more clearly describe the budget required for the actions and deliverables and how they were linked to the milestones, particularly in terms of timing. Improving access to medicines required more effective policy debate and interventions from donor and recipient countries, as well as innovative approaches. More details were needed on the scope and timing of the proposed development of incentive mechanisms that delinked the cost of investment in research and development from the price and volume of sales, and on incentives for the development of new products. The draft road map should also include a commitment to ensure equitable access to and stewardship of new medicines. Health systems strengthening, fair pricing and quality of medicines should be among the strategic priorities of WHO and allocation of the necessary resources should be ensured. Countries should put end-users and patients at the centre of efforts to increase access to medicines in order to promote sustainability and ownership.

The representative of VIET NAM welcomed the draft road map and the programme for the prequalification of health products, which would be particularly beneficial in developing countries. Her Government was committed to enhancing cooperation with the Secretariat, Member States and international organizations to improve equitable access to quality, safe, efficacious and affordable medicines and vaccines.

The representative of BAHRAIN expressed support for the draft road map, which highlighted the importance of universal health coverage, health promotion and equitable access to health products in ensuring integrated health systems. Further efforts were needed to tackle the global shortage of medicines and vaccines. The Secretariat should continue to support Member States in capacity-building

and sharing expertise. More information on the success achieved thus far in incentivizing research would be welcome.

The representative of BRAZIL expressed support for the draft road map. However, a clearer articulation of WHO's existing mandates in relation to access to medicines and vaccines would enable the Secretariat to prioritize its actions based on the collective guidance of Member States. With regard to regulatory system strengthening, he expressed doubt as to whether regulatory harmonization, actions to expand reliance on national regulatory authorities and the creation of a global benchmarking tool would actually improve the status quo of regulatory authorities. He looked forward to the concept note on the global benchmarking tool and encouraged the Director-General and senior management to allocate sufficient funding to the draft road map's activities, including through targeted resource mobilization.

The representative of SRI LANKA said that WHO should draw on the experience of the South-East Asia Region in ensuring the availability of quality, safe and effective vaccines when identifying and addressing issues of vaccine affordability and availability in countries that were self-funding and self-procuring. Support should be provided to countries transitioning from eligibility for support from Gavi, the Vaccine Alliance, particularly with regard to ensuring adequate vaccine access and supplies in emergencies and crises. It was also necessary to formulate policies on donations of vaccines and explore other forms of collaboration.

The representative of GERMANY appreciated the emphasis that the draft road map placed on the need for a multidimensional approach and well-functioning health systems. Collaboration between key stakeholders should be aligned with the global action plan for healthy lives and well-being for all. In tackling access to medicines, it was important to take account of legal and cultural barriers faced by populations disproportionately affected by certain diseases, as well as the role of civil society organizations. Given that the procurement of quality-assured health products was a challenge in countries that had transitioned from eligibility for support from global health financing mechanisms such as Gavi, he welcomed the draft road map's recognition of the need to strengthen countries' regulatory systems and procurement capacities. He also appreciated the greater attention that had been accorded to the local production of pharmaceuticals.

The representative of AUSTRALIA said that the draft road map should be expanded to cover other types of health products, specifically diagnostics. Her Government supported the global benchmarking tool, which would help to guide the formulation of country-specific institutional development plans. However, she expressed reservations about whether some of the proposed indicators were fit for purpose.

The representative of SUDAN said that access to medicines, vaccines and health products was a major challenge, in particular in developing countries since they lacked appropriate resources and surveillance and monitoring mechanisms. It was important to: introduce national regulations on the surveillance of pharmaceutical products; implement regional coordination mechanisms with a view to combating falsified medical products; conduct effective immunization campaigns; ensure that health products provided value for money; and draw on the experience of other countries. In addition, countries should be encouraged to participate in WHO's immunization programmes and be made aware of the negative effects of medicines that were not quality-assured. WHO should update its guidelines to improve efforts for monitoring biological products and controlling neglected tropical diseases.

The representative of the UNITED STATES OF AMERICA welcomed the draft road map but expressed disappointment that some areas lacked sufficient clarity and detail. Furthermore, several deliverables, such as those related to intellectual property and international trade, fell outside WHO's area of expertise and risked going beyond the Organization's mandate; WHO must work closely with WIPO and WTO on such issues.

He therefore requested the Secretariat to prepare an updated version of the draft road map prior to the Seventy-second World Health Assembly. In particular, the Secretariat should revise the deliverables to clearly include WHO's planned actions for each one, as well as objective metrics for success. For example, the deliverable of continued strengthening of the trilateral collaboration between WHO, WIPO and WTO should include a detailed description of the planned capacity-building activities that the three organizations had agreed to undertake, and the related timetable. In addition, Appendix 1 should be updated to clearly indicate which World Health Assembly resolutions, decisions or documents were the source of WHO's mandate for each deliverable. Lastly, the Secretariat should provide a more thorough version of Appendix 2 that clearly stated to which deliverable each milestone applied. Once the draft road map had been finalized, the Secretariat should inform Member States annually about its activities with WIPO and WTO and provide an updated version of Appendix 2.

The representative of FIJI welcomed the draft road map. Equitable access to health products, vaccines and medicines was a challenge in small island developing States, owing to their remoteness, isolation and limited economies of scale. Such countries frequently encountered difficulties in relation to equipment, access to vaccines and medicines, and in ensuring access during emergencies. The rise in noncommunicable diseases and the growing demand for new medicines and health products were putting immense pressure on health systems, making it difficult to achieve universal health coverage.

The representative of INDONESIA welcomed the draft road map and its alignment with the Delhi Declaration on Improving Access to Essential Medical Products in the South-East Asia Region and Beyond. Equitable access to essential medical products could be enhanced through global, cross-sectoral cooperation and a transparent and participatory mechanism for price negotiation and pooled procurement, particularly for cancer medicines. The Secretariat should facilitate dialogue between Member States to develop such a mechanism.

The representative of MEXICO welcomed the draft road map but highlighted the need for it to specify the minimum requirements needed for the achievement of the deliverables. WHO's expectations should be objective and realistic to enable countries to establish their own criteria for attaining the deliverables. The main causes of inappropriate prescribing, distribution and sale of medicines should be identified and the positive effect that competitors had on the development, production and distribution of medicine should be stressed. In addition, the draft road map should: emphasize the benefits of promoting and protecting producers' market access and encouraging economic competition; include information on innovative risk-based practices between pharmaceutical companies and purchasers; highlight the need to strengthen technological capacities for the monitoring of health outcomes; and present the fair pricing model as a priority. The high prices of new medicines also deserved special attention. It was important to promote therapeutic substitutes in addition to generic medicines and biosimilars.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the draft road map, including its emphasis on improving the competencies of human resources for health. However, the Secretariat should align the draft road map's actions with initiatives of Member States, including those of the African Region. For example, the Secretariat should support the African Union's initiative to establish the African Medicines Agency. He appreciated the inclusion of an impact and outcome framework but called for it to be revised to ensure that the proposed targets covered the entire scope of the draft road map's two strategic areas. He also recommended that the draft road map should include a third strategic area: international advocacy for the availability and accessibility of quality, affordable medicines, particularly in low-income countries.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the draft road map, including its proposed priority actions and activity areas and their alignment with key WHO documents. His Government appreciated WHO's continuing efforts to support policy dialogue to ensure the delivery of services and fill critical gaps. Collaboration with regional networks and data- and

information-sharing were fundamental to conducting better policy discussions. WHO should therefore continue to support increased collaboration between regions, countries and organizations for networking and sharing best practices and information.

The representative of CHILE said that mechanisms for promoting market competition and transparency should be top priorities. Countries should remain informed about the pricing, availability, quality, safety and efficacy of medicines. Her Government welcomed strategies to monitor the medicines market and the availability of medicines via digital channels. Indicators that measured the impact of activities undertaken by the Secretariat and Member States to improve access to health products should also be established. It was essential to implement mechanisms that encouraged biomedical research for public health needs and to develop a flexible legal framework that would strengthen the ability of governments to negotiate with industry. WHO and PAHO should guide the development of an operating model to rapidly respond to and resolve health product shortages, enhance the product prequalification system and facilitate negotiations and joint procurement, as well as the development of a joint framework for price negotiation.

The representative of COLOMBIA said that the draft road map would be a useful tool for Member States in strengthening policies and strategies to ensure safe, affordable and quality access to medicines, vaccines and other health products. Nevertheless, the draft road map should be more far-reaching and incorporate the recommendations contained in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines. In addition, more in-depth information was needed on the proposed activities to enhance the efficiency of product registration systems, align the prequalification system with national regulations, and strengthen post-market surveillance. Her Government would submit further recommendations and observations to the Secretariat in writing.

The representative of CHINA said that sustainable financing and human resources development should be incorporated into the activities related to the strategic areas described in the draft road map, which could have an impact on its implementation and measurement. The indicators and targets set out in the draft road map for measuring progress were too limited in scope for such a complex issue, and she urged the Secretariat to quickly formulate other indicators to enhance, monitor and evaluate national policies and programmes. The Secretariat should also strengthen training and information-sharing regarding implementation of the Thirteenth General Programme of Work, 2019–2023, with a view to providing Member States with timely updates on the progress made and enhancing cooperation between countries and regions.

The representative of JAPAN expressed appreciation for the draft road map and said that further consultations on its implementation and improvement would be welcome. To strengthen access to medicines, it was essential to build capacities across all areas, including research and development, regulation, procurement and post-market surveillance. Further discussions were needed on how to harmonize pharmaceutical approval processes and build the capacity of national regulatory systems. His Government would continue to work with the Secretariat to support other Member States in that regard. Underscoring the importance of fostering a dialogue with all stakeholders, including the private sector, he encouraged the Secretariat to promote multistakeholder discussions.

The representative of DJIBOUTI, expressing support for the draft road map, wished to draw attention to the growing number of falsified medicines due to shortages, inequitable access to health care, and the lack of controls in developing countries, especially in Africa. Cross-border controls must be strengthened. WHO should collaborate with regional organizations, such as the Intergovernmental Authority on Development, in strengthening access, including by creating tools for controlling the quality of medicines and health products and harmonizing pharmaceutical regulations. It was important to raise awareness among communities of the dangers of spurious and falsified medicines and health products. Community pharmacies and medicine depots should be created to reduce the use of falsified medicines and the cost of quality-assured medicines.

The representative of the NETHERLANDS expressed support for the comprehensive draft road map, including its holistic approach to the entire value chain and concrete and constructive actions. He also welcomed its strong focus on the quality of medicines and their rational use, and on building national capacities. Given the importance of fostering a dialogue on medicine shortages and sustainable fair pricing, he thanked the Secretariat and the Government of South Africa for organizing the second Fair Pricing Forum.

The representative of ITALY underscored the importance of a whole-of-system approach to ensuring access to medicines and invited the Director-General to continue discussions on fair pricing and transparency, in line with resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach. She expressed the hope that WHO's role in improving access to medicines, vaccines and health products would be strengthened and that the issue would remain on the agenda at future sessions of the World Health Assembly.

The representative of JAMAICA, highlighting the challenges faced by Member States as a result of the shortage of, and limited access to, medicines and vaccines, expressed appreciation for the collaborative regional and international efforts to facilitate the procurement of medicines, vaccines and other health products. She supported the draft road map, although there was still room for improvement.

The representative of ESWATINI, welcoming the draft road map, asked the Secretariat what was being done to improve access to human papillomavirus vaccine, particularly in terms of its prohibitive cost. Lessons learned from the prevention and control of HIV/AIDS should be used to improve access to that vaccine.

The representative of the PHILIPPINES,¹ recognizing the importance of access to medicines and vaccines in attaining universal health coverage, welcomed the draft road map and the sharing of experiences concerning its implementation. Commending WHO and other organizations of the United Nations system for expanding the prequalification scheme, he looked forward to future efforts to include other health products that currently resulted in high out-of-pocket expenditure, especially for middle-income countries. His Government was committed to strengthening global and regional collaboration to improve price transparency, and called on WHO to accord greater attention to health workforce development strategies.

The representative of SWITZERLAND,¹ expressing support for the draft road map, said that ensuring access to medicines required a global response that incorporated all aspects of supply and demand. She therefore called for greater account to be taken of all demand-related factors. Increased attention should be given to combating vaccine shortages and ensuring effective collaboration among international organizations, in keeping with each organization's mandate, and other relevant actors. She asked the Secretariat to provide more information on the draft road map's timeline and monitoring mechanisms.

The representative of CANADA¹ expressed support for the new draft road map, and particularly the focus on collaboration and coordination between WHO, WIPO and WTO. Strong collaboration between WHO and WIPO was essential for ensuring that the relevant intellectual property expertise informed WHO's work and for avoiding the duplication of work. Noting that the draft road map represented a significant undertaking for the Secretariat, she asked for greater clarity as to how it would be funded.

The representative of INDIA¹ said that ensuring the availability, accessibility, affordability and acceptability of medicines and vaccines in low- and middle-income countries was the most topical global

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

health issue. Although the draft road map was comprehensive, it did not contain any budget estimates for the deliverables and timelines described, or a breakdown of the work across the three levels of the Organization. He called on the Secretariat to align the draft road map with the recommendations of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, particularly with respect to the use of the flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).

The representative of the REPUBLIC OF KOREA,¹ noting the prohibitive costs of medicines for many countries, welcomed the draft road map, its two strategic areas, and its concrete deliverables and indicators, which would serve as effective tools for developing national plans and measuring progress. Her Government would participate actively in WHO projects to strengthen international collaboration in improving access to medicines.

The representative of EGYPT¹ said that the cost of medicines was a major challenge, especially for developing countries. As such, it was important to: take on board the recommendations contained in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines; promote cooperation between WHO, WIPO and WTO; and build the intellectual property capacities of developing countries, particularly through the TRIPS Agreement. In addition, the Secretariat should draw up a list of medicine prices and develop a licensing system that addressed the needs of all Member States.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that a number of the activities outlined in the draft road map required further review and attention, including: regulatory system strengthening; health research and development; application and management of intellectual property; ensuring fair pricing; and reducing out-of-pocket payments. Given that there was no common understanding among member States of what constituted fair pricing, the draft road map should refer to "ensuring the affordable price of health products". The draft road map should also be more closely aligned with other WHO policy documents in the areas of cancer medicines, noncommunicable diseases, biomedical research and development, and antimicrobial resistance. He called on WHO to facilitate international cooperation and the transfer of technology from medicine-producing countries to other Member States, and particularly low- and middle-income countries. Given that access to safe, quality and affordable medicines was an essential component of the right to health, he expressed serious concern that access was being denied to large numbers of vulnerable people as a result of unilateral coercive measures and sanctions, and urged WHO to focus on improving access to medicines to ensure that no one was left behind.

The representative of the PLURINATIONAL STATE OF BOLIVIA¹ said that ensuring equitable access to essential, effective, safe and quality medicines, and cancer medicines in particular, required the efforts and participation of all sectors and the commitment of the international community. WHO had an essential role to play in rallying efforts to remove the obstacles hindering access to medicines. It was important to support national pharmaceutical industries by providing technical advice on the production of quality-assured, affordable essential medicines, underpinned by international quality standards, and to ensure that patent holders did not set prices based on demand, rather than on fair pricing. The lack of price transparency of medicines must also be addressed.

The representative of PORTUGAL,¹ welcoming the draft road map, said that WHO had a key role to play in addressing the obstacles faced by all countries in accessing safe, effective, quality-assured and affordable medicines, vaccines and other health products. It was essential to promote transparency throughout the value chain, strengthen pricing policies and foster cross-sectoral and cross-border

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

collaboration with regard to information-sharing, regulation and joint procurement. He encouraged WHO to prioritize fair pricing and transparency through multistakeholder dialogue.

The representative of the DOMINICAN REPUBLIC¹ said that the draft road map represented a valuable opportunity to create an effective tool for ensuring access to safe, affordable and quality-assured medicines. While the draft road map would theoretically enable Member States to ensure access to quality, effective and safe medicines, she asked the Secretariat to provide more information on how the draft road map would guarantee and contribute to Member States' efforts to ensure fair and equitable access to essential medicines for all populations. She also wished to know how the draft road map would help to promote research and national production, which were essential to ensuring equitable access to medicines.

Ms Beauchamp took the Chair.

The representative of the RUSSIAN FEDERATION¹ expressed support for the draft road map but drew attention to the need to develop common approaches to the regulation of medical devices in accordance with the recommendations of the International Medical Device Regulators Forum. It was important to encourage public research in the field of rare diseases and diseases that had a significant social impact, including on quality of life. Greater transparency was also needed in clinical research, including with regard to the publication of negative results to ensure the effective allocation of resources. It was essential that the Information Exchange System was used for the timely detection of falsified medicines. Regarding the cancer medicines included in the WHO Model List of Essential Medicines, Member States should take into consideration therapeutic guidelines, similarly to those regarding antibiotics. He supported both the promotion of the widespread use of generic medicines with expired patent protection so as to optimize resources, and the use of the flexibilities provided in the TRIPS Agreement and the Doha Declaration on the TRIPS Agreement and Public Health. Fair pricing of medicines and medical products must be ensured.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ expressed concern at the rise in the prices of new medicines, noting that shortages and stock outs of essential drugs and medicines posed an unacceptable risk to public health. The recent imposition of unilateral coercive measures on her country had reduced its capacity to provide access to vaccines and medicines, including essential medicines. Such measures must be lifted. Health was a human right that must take precedence over commercial and economic interests.

The representative of THAILAND¹ said that good governance was required to support the three pillars of national policy, universal health coverage and strategic purchasing systems. Regarding the draft road map, capacity to implement the proposed actions at the national level was key to achieving improved access. Monitoring and evaluation were likewise important for measuring progress and barriers. There should be a clearer description of the outputs and timeline for the deliverables, as well as stronger alignment of the deliverables with the outcomes of the Thirteenth General Programme of Work. She welcomed the draft road map's focus on appropriate prescribing, dispensing and rational use of medicines, but said that improving knowledge, health literacy and awareness of the rational use of medicines was of equal importance.

The representative of SOUTH AFRICA¹ welcomed the draft road map, including its alignment with the targets of the Thirteenth General Programme of Work, but highlighted the need to accelerate efforts towards implementation of the related actions. She hoped that the draft road map would provide more opportunities to strengthen national efforts to increase access to medicines and health products and emphasized the importance of capacity-building, health workforce training and strengthening

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

surveillance systems and cooperation, especially among regional networks. She commended WHO for working with partners such as Unitaïd to address market barriers. Technical and financial support, particularly for low- and middle-income countries, would be important for implementing the draft road map and achieving its objectives and targets.

The representative of ZIMBABWE¹ expressed concern at the limited progress that had been achieved regarding access to safe, effective and quality medicines, vaccines, medical products and diagnostics in most developing countries. High prices and shortages of medicines remained severe threats to health service provision in many countries. The draft road map should include a greater focus on how the Secretariat would provide support to countries in implementing a public health approach to the use of the flexibilities provided in the TRIPS Agreement. In that connection, WHO should take the lead in raising awareness at the country level of the importance and full scope of those flexibilities for access to medicines, including through the provision of technical support. Mechanisms for ensuring fair pricing, in particular for cancer medicines, were crucial. Access to safe, effective and affordable medicines and vaccines was essential to attaining the health-related Sustainable Development Goals and achieving universal health coverage.

The representative of SPAIN¹ described the range of measures taken by his Government, including within the framework of the European Union, on improving timely and secure access to medicines and vaccines; ensuring their quality, safety, efficacy and availability; promoting innovation and access to new medicines; ensuring the correct use of antibiotics; and guaranteeing supply of medicines. He supported the objectives of the draft road map and looked forward to a presentation of the results achieved during future discussions on the matter.

The representative of BANGLADESH¹ welcomed the clear milestones set out in the draft road map. The Secretariat should continue to report to the governing bodies on progress made and challenges faced in implementing the draft road map. Greater emphasis should be placed on the importance of providing technical support to Member States in making effective use of the flexibilities provided in the TRIPS Agreement. The Secretariat should also tailor its capacity-building support to national contexts, without creating additional compliance requirements for the sake of regulatory harmonization. She welcomed the actions to promote transparency of research and development costs and called for WHO to sustain engagement with evidence-based incentives in accordance with the previous work of the Consultative Expert Working Group on Research and Development: Financing and Coordination. She supported the call for the development of guidelines on the fair pricing of medicines, vaccines and other medical products, taking account of specific national contexts, especially in low- and middle-income countries. It was critical to continue promoting the use of quality and affordable generic medicines, while developing guidelines for combating the unregulated sale and proliferation of substandard medicines and health products.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the activities set out in the draft road map but said that further information should be provided before the Seventy-second World Health Assembly on the deliverables and on how each area was linked to the milestones. In addition, a budget should be allocated to each deliverable to enable Member States to assess the resources and priority assigned to each area.

Recognizing the need for mechanisms incentivizing new product development in order to address market failure, she requested clarification of who would be involved in their development, what their scope would be, and when they would be implemented prior to publication of the finalized road map. Her Government supported the use of the flexibilities set out in the TRIPS Agreement, in particular during national health emergencies in developing countries.

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

The representative of ECUADOR¹ described the efforts made by his Government to ensure timely access to safe and effective medicines. The draft road map should include a greater focus on aspects such as the development of strategies on pooled procurement for purchasing and, in line with the recommendations of the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines, strategies regarding the adoption and application of rigorous definitions of invention and patentability that were in the best interests of the public health of the country. The issue of judicialization of medicines should also be considered in the draft road map, as health systems were required to procure certain expensive drugs when their quality, safety and efficacy had not been demonstrated. His Government looked forward to contributing to further discussions on the topic.

The observer of PALESTINE welcomed the draft road map. Lack of access to medicines, vaccines and health products resulting from the Israeli occupation in the occupied Gaza Strip was having a detrimental effect on the health of the population. The recent prohibition by the Israeli authorities of the importation of some vaccines into occupied Palestinian territory had only been alleviated through the actions of WHO, UNICEF and other partners to facilitate the provision of vaccines on humanitarian grounds. He questioned how Member States could discuss health as a fundamental human right amid such a prohibition of access to vaccines for children.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, welcomed the draft road map and said that access to treatment for kidney disease remained highly inequitable both within and between countries. She called on all Member States and stakeholders to: promote the rational selection of essential medicines, the implementation of evidence-based clinical practice guidelines, and equitable access to the WHO Model List of Essential Medicines; ensure fair and transparent pricing and reliable quality of medicines; promote integrated care to rationalize access; ensure universal access to essential diagnostics; and build capacity among health workers and health systems.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called for support to be provided on the use of the provisions of the TRIPS Agreement, including the flexibilities provided therein, in low- and middle-income countries as a key strategy to ensure affordable access to medicines. She supported the implementation of research and development models that promoted innovation and access, and called for a new transparent, sustainable and needs-driven approach to biomedical research and development; WHO should continue to play a leading role at the international level in setting priorities in that regard. Efforts to address access to medicines must be aligned with work towards achieving universal health coverage. She supported the adoption of the draft road map and the role of WHO in facilitating multisectoral collaboration between all stakeholders.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that, with adequate training, community pharmacists were competent to perform roles that could significantly contribute to improving vaccination coverage. Despite a consolidated global trend towards increased authority being given pharmacists to vaccinate and towards expanding their vaccine-related roles, barriers still existed in some countries. Access to medicines and vaccines should be connected to access to pharmaceutical expertise to ensure their safe and responsible use.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, said that her association would continue to work with the Secretariat to refine the indicators contained in the draft road map. She asked whether the new partnership with the World Medical Association, the World Organization of Family Doctors and pharmaceutical professions would include the training of new providers in prescribing and dispensing internationally controlled essential medicines for palliative care. Although the draft road map referred to problems associated with over-stocks, challenges related to under-stocks

and stock outs were more pressing and could be remedied by ensuring a strong supply chain and increasing training for medical professionals to prescribe controlled medicines. Her association stood ready to support the Secretariat and Member States in strengthening health systems and the primary care workforce in the provision of palliative care.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, while he endorsed evidence-based interventions as part of national actions to improve access to medicines, more should be done to ensure transparency among all stakeholders, including the private sector, which would be indispensable to ensuring accountability. He noted with satisfaction that the report acknowledged the mandate of the global strategy and plan of action on public health, innovation and intellectual property in tackling excessive intellectual property protection through mechanisms such as the use of the flexibilities provided in the TRIPS Agreement. Recognizing that collaboration with other organizations of the United Nations system was important, he nevertheless highlighted the need for WHO to take the leading role at the national, regional and global levels in intellectual property matters related to public health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that inequitable access to medicines, particularly in low- and middle-income countries, was preventing people living with cardiovascular and other diseases from accessing essential treatment. She called on Member States to: support access to benzathine penicillin G; ensure sustainable supplies of affordable, accessible and quality medication for cardiovascular disease; support access to quality diagnostics to screen for and detect cardiovascular disease; advocate for the inclusion of essential cardiovascular medicines in WHO's prequalification programme; promote voluntary licensing for access to new cardiovascular medicines; standardize the competencies and increase the transparency of national selection committees of essential medicines; strengthen procurement models and supply chains; and implement legislation to combat substandard and falsified medicines.

The representative of PATH, speaking at the invitation of the CHAIRMAN, commended the draft road map's focus on stronger regulatory systems and harmonized regulatory review processes, and called on Member States to provide support in that regard. He expressed his appreciation for WHO's role in coordinating needs-based research and development but urged the Organization to take the lead only in areas where it was uniquely placed to do so and to ensure that any new intellectual property management and pricing activities did not jeopardize existing research and development initiatives and partnerships. He sought clarification as to whether the prequalification scheme would be a permanent global regulatory authority or an interim measure pending the strengthening of Member States' capacities.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on WHO to support a comprehensive approach to improving equitable access to essential health technologies and to promoting innovation. Access to medicines for children was restricted by: failures to adapt adult medicines for use in children; obstacles to successful paediatric clinical trials; and research and development costs. She called on WHO to ensure that applications for the inclusion of medicines in the WHO Model List of Essential Medicines also provided data, or explained that the required data was lacking, for inclusion in the WHO Model List of Essential Medicines for Children.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, underscored the crucial importance of palliative therapy as a means of alleviating pain and suffering. When making policies and plans and setting budgets on access to medicines, WHO must consider people in pain through lack of access to controlled medications, and use its power and influence to stop avoidable suffering worldwide.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIRMAN, said that her organization would work with the Secretariat and Member States to identify the medicines to be prioritized for affordable access and areas where her organization's licensing model could have the greatest public health impact. Free patent, licensing and regulatory data on essential medicines were available through her organization's patents and licences database and could help efforts to achieve the deliverable on transparency of the patent status of health technologies. She welcomed the draft road map and its inclusion of public health-oriented licensing agreements, but requested further information on the links between the deliverables and the milestones and asked how WHO would monitor their progress, in particular those not reflected in specific milestones.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, urged WHO to focus on: aligning the milestones on intellectual property with the recommendations of the global strategy and plan of action on public health, innovation and intellectual property; integrating in the draft road map the relevant recommendations from the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines; promoting the use of the flexibilities provided in the TRIPS Agreement; exploring incentives for biomedical innovation based on delinking research and development costs from product prices; and ensuring transparency across the medicine supply chain. She urged Member States to support the adoption of and fully fund the draft road map. Ensuring access to affordable, quality medicines would be key to achieving universal health coverage and the related targets of the Sustainable Development Goals.

Ms Farani Azevêdo resumed the Chair.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft road map's suggestions for enhancing the transparency of research and development costs and promoting the development of incentives for delinkage. Evidence-based incentives for research and development investments that were not tied to monopolies and high prices should be explored and implemented. WHO should develop a manual on pricing regulation, describing the mechanisms and methodologies currently used by Member States to ensure fair pricing.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that countries should take advantage of the key role played by pharmacists in providing access to medicines, vaccines and health products and protecting patients from the consequences of medication shortages and gaps in the supply chain, by including them in the development of national plans and systems to enhance access. Good governance of medicines promoted transparency throughout the supply chain and the strengthening of regulatory capacity, monitoring systems and workforce capacity. Collaboration across the supply chain was likewise important to ensure timely access to appropriate medicines. She expressed support for the draft road map.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, welcomed the draft road map and offered the use of resources developed by her organization to support WHO's goals to ensure the evidence-based selection, appropriate prescribing and dispensing, rational use, and prevention of shortages of medicines. The first target of the impact and outcome framework should be amended to include secondary health care to ensure that it covered all treatment for cancer patients. In addition, low-cost opioids for cancer pain management and inexpensive essential cancer medicines should be included in the indicator on the core set of relevant essential medicines. Since palliative care was inexpensive and effective, the percentages listed in the second target of the framework on the availability of oral morphine should be raised to "50% to 80%", with an ideal target of 100%, to prevent unnecessary suffering.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft road map, but expressed concern that it did not reflect several recommendations agreed upon at the Seventy-first World Health Assembly within the scope of the global strategy and plan of action on public health, innovation and intellectual property, in particular those concerning the promotion of technology transfer, the management of intellectual property, and the development of national legislation reflecting the flexibilities provided in the TRIPS Agreement. Fair pricing could only be achieved by ensuring transparency in pricing information. WHO should pay special attention to the procurement needs of countries transitioning from donor support and provide guidance on the development of policies and regulations on health procurement and access to medicines; use of prequalification services would be essential in that regard.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, commended WHO for highlighting and seeking to reduce the global rise of substandard and falsified medical products. However, the draft road map should better explain the links between how strategies to strengthen regulatory systems, maintain and expand the prequalification service, and improve the prevention, detection and response to substandard and falsified health products supported vertical disease programmes and other WHO priorities. The draft road map should also describe how WHO would work with technical partners to support countries in adopting and implementing international standards, tools and best practices to safeguard the quality of medical products.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, welcomed the draft road map and said that the Secretariat, together with political and financial support from Member States, should focus on concrete deliverables that could serve as practical guidance for all stakeholders. In addition to the work planned, WHO should reconvene the Expert Committee on Health Research and Development to identify health research and development priorities, and should produce a list of missing essential medicines. She suggested the inclusion in the draft road map of the development of a repository of legal terms in order to increase knowledge of the research and development process. The draft road map should also include deliverables on the specific needs of children, one of the most neglected populations.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that a consistent emphasis on health systems strengthening and timely access to quality medicines would be key to the attainment of the Sustainable Development Goals. She urged Member States to implement the draft road map in order to: ensure the affordability and availability of safe, effective and quality medicines; build capacity for the implementation of intellectual property laws in line with the flexibilities provided in the TRIPS Agreement; address the training needs of the health workforce; and engage civil society. The proposed increase in the availability of essential medicines should be extended to secondary- and tertiary-level facilities to ensure access to effective cancer treatment.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the draft road map's emphasis on areas where WHO had a unique mandate. WHO should take a pragmatic approach, focusing on a limited set of measurable priorities on which there was international consensus. Increased engagement with the private sector and other stakeholders would be critical in making progress towards increasing domestic financing for universal health coverage, improving affordability for patients and sustaining health systems. Efforts were required to gain a better understanding of the unintended consequences of price transparency on the ability of manufacturers to offer preferential pricing to developing countries. WHO's technical support on intellectual property and trade issues should be based on broad international consensus, involve WIPO and WTO, and be in line with the mandate provided by the global strategy and plan of action on public health, innovation and intellectual property.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that WHO should take bolder action to improve access to medicines. The Secretariat should actively support Member States in using the flexibilities provided in the TRIPS Agreement to combat high prices of medicines; in that regard, Member States must not threaten against the use of those flexibilities. Support should also be provided to Member States to establish publicly owned pharmaceutical manufacturing facilities and regulate marketing expenditure. WHO should formulate a binding international legal instrument to regulate the marketing of medical products. In addition, regulatory system strengthening should be evidence-based and avoid conflicts of interest and regulatory capture. She called for increased knowledge-sharing and transparency of innovation costs funded by public and private entities.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, commended WHO for providing strong leadership in ensuring access to medicines, vaccines and health products. Although the draft road map provided a clear structure for addressing the key challenges faced by low- and middle-income countries, greater emphasis should be placed on ensuring access to essential sexual and reproductive health products, including contraception and maternal health products, which would be key to the achievement of global health targets.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, highlighted the need for equal access to medicines and vaccines for people with thalassaemia and other haemoglobinopathies who were at high risk of blood-borne infections such as hepatitis. He therefore urged Member States to ensure access to quality iron-chelation and hepatitis C therapies, including vaccines, and to encourage the production and procurement of safe and effective generic medicines.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA thanked participants for their comments, which would be taken into account in improving the draft road map before the next session of the World Health Assembly. Responding to points raised, she recalled that the Delhi Declaration on Improving Access to Essential Medical Products in the South-East Asia Region and Beyond, adopted at the meeting of the Regional Committee for South-East Asia in September 2018, had included diagnostics in its definition of medical products. Work was also being done at WHO headquarters to incorporate diagnostics within the scope of access to medicines. To promote capacity-building among regulatory authorities, the South-East Asia Regulatory Network supported national regulatory networks in the Region to share information on the quality and safety of medicines, as well as best practices. The PAHO Strategic Fund could be a useful model for WHO's work at headquarters and the regional level to ensure the availability of medicines and vaccines at reasonable prices. Although the PAHO Strategic Fund was restricted to vaccines, it could be expanded to include other medicines. She had discussed ways of strengthening interregional collaboration and sharing experiences with the Regional Director for the Americas.

Efforts towards implementing the draft road map should build on the recommendations in the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines, which should also be taken into account in the Secretariat's report to the Seventy-second World Health Assembly. The use of the flexibilities provided in the TRIPS Agreement and increased collaboration with WIPO and WTO had already been considered in the deliverables set out in the draft road map; however, further details would be included in that regard if necessary.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that Member States' comments and suggestions would be taken into consideration in further refining the draft road map. Responding to points raised, she said that, following extensive consultations with Member States, national regulatory authorities and the public, the Secretariat had finalized the global benchmarking tool and would soon publish a draft concept note on how the tool

would be operationalized. Consultations on the concept note itself would also be undertaken. She assured Member States that the tool would not create additional barriers. Increasing the pool of regulators and quality-assured medicines was a key priority for the Secretariat.

With respect to intellectual property matters, WHO had been given a mandate to work on the relationship between health, intellectual property and trade since the adoption of the TRIPS Agreement. She highlighted the strong collaborative spirit between WHO, WTO and WIPO and other organizations in that regard, and the range of mechanisms for discussing and reporting on that work.

Access to human papillomavirus vaccine was indeed a problem, particularly in terms of pricing. It was necessary to increase the availability of prequalified products since only two vaccines were currently available. In that connection, countries transitioning away from support from Gavi were receiving support from the Secretariat in negotiating prices as well as in procurement. Elimination of cervical cancer was a flagship initiative for WHO.

She welcomed the suggestions on how the draft road map and the Thirteenth General Programme of Work could be used to better support countries in achieving equity in access to medicines. Inaction in that regard had many human consequences; collaboration on the matter was therefore very important.

The DIRECTOR-GENERAL said that WHO attended trilateral meetings with WTO and WIPO to discuss the interface between public health, intellectual property and trade. In that context, the three organizations carried out their individual mandates, while also recognizing the need to work together. The Secretariat was therefore working within its mandate.

Ensuring access to affordable, quality medicines would be key to achieving universal health coverage; collaborative efforts would be crucial in that regard. The Secretariat and its partners stood ready to support countries in building their regulatory capacities and establishing joint regulatory bodies, in line with the WHO reform agenda.

Work on access to quality and affordable medicines must be categorized into short-, medium- and long-term actions. One action that could be taken immediately was pool procurement, which created economies of scale and thus increased access. PAHO had a successful strategy on pooled procurement that could be replicated elsewhere. In addition, more should be done to build supply chain capacities, which would help to lower the price of medicines.

WHO would expand its prequalification services since it was currently only working with a few select products. Expanding prequalification of medicines was also part of the WHO transformation agenda.

Thanks to the work of partners, such as Unitaïd, the cost of many medicines had decreased in recent years. For example, the cost of HIV testing kits had fallen from US\$ 48 to US\$ 2. It was vital that all stakeholders worked together to reduce prices and thus improve access. There was no sense in innovation without access.

The Board took note of the report.

- **Cancer medicines** (document EB144/18)

The representative of IRAQ said that cancer medicines were priced so high that many governments, including her own, were unable to provide them under universal health coverage without an additional charge for patients. The Secretariat should continue cooperating with Member States to optimize the use of resources and improve access to those essential medicines. Member States benefited from guidelines such as the options presented in paragraph 42 of the report contained in the Annex to document EB144/18.

The representative of the NETHERLANDS said that it was worrying that pharmaceutical companies set prices of cancer medicines according to their commercial goals. There should be more transparency in the relationship between the pricing of medicines and research and development. Non-transparent medicine prices could conflict with the principles of good governance. Similarly, confidential agreements could compromise clear lines of accountability. Industry partners and other

stakeholders should work closely with WHO and Member States towards a more sustainable model for the development of medicines.

The representative of AUSTRALIA agreed with the analysis in the report and supported WHO's focus on cancer medicines. Cancer medicines were the biggest driver of the overall growth in the cost of medicines. The Secretariat should provide further details on the proposed options so that Member States would be able to assess the merits of the options and how they aligned with domestic policies. More clarification was needed on how the options would be operationalized, particularly where collaboration across national, regional and international agencies was required.

The representative of BRAZIL said that it was vital to examine pricing approaches, such as the relationship between inputs throughout the value chain and price setting. Innovators and WHO must address the unavailability of effective and affordable medicines for several types of cancer. It would also be possible to apply many of the conclusions of the report to other diseases.

The representative of VIET NAM welcomed the options to enhance accessibility to and affordability of cancer medicines, as proposed in paragraph 42 of the report.

The representative of the UNITED STATES OF AMERICA said that efforts to reduce the costs of pharmaceuticals must not undermine incentives that fuelled the development of new treatments. She supported some of the policy options outlined in the report, but was unable to support others, notably the use of TRIPS flexibilities and increased cost transparency for research and development, as those required more consideration of the economic, public health and innovation impacts. It was also disappointing that the report did not include a systematic analysis of the potential impacts of the policy options on research and development incentives. While WHO asserted that the estimated returns on investment accounted for the costs of failures in research and development, those estimates were based on a study that did not consider the research and development costs incurred by companies that had never successfully marketed a medicine. Further, the report would have benefited from consultation with private sector representatives. WHO should organize information sessions to provide Member States and external stakeholders with more details on the aforementioned issues.

The representative of INDONESIA said that, by performing cost-effective assessments, health facilities would be able to provide fully funded, sustainable and effective cancer care. He supported global efforts to enhance the affordability and accessibility of cancer medicines. It was particularly important to encourage transparency and set a tangible and achievable time frame for improvements.

The representative of GERMANY said that it was essential to address access to cancer medicines in a holistic manner and strengthen the whole health system, not just medicines. WHO must therefore consider the availability and affordability of cancer medicines within a wider context, rather than focusing solely on pricing approaches. The report should take into account the importance of diagnostic tools and introduce a structural distinction between patented and non-patented cancer medicines. WHO should engage with the Medicines Patent Pool to negotiate voluntary licences for cancer medicines. Governments should address price variability as a means to abolishing inequality within their country.

The representative of COLOMBIA said that WHO should pay more attention to industry self-regulation, barriers to the promotion of competition and the use of biosimilar medicines, and value-based pricing. Future reports should contain regulatory guidelines for clinical research, taking into account the benefits for society and the ethical and financial implications. One potential option was to lower prices for cancer medicines when patients had taken part in clinical studies.

The representative of FIJI said that small island developing States faced several challenges concerning access to cancer medicines, including high costs and wastage. Donors and agencies should

develop financial and procurement mechanisms for small island developing States. That would help to attain economies of scale and set an affordable global price for cancer medicines.

The representative of ALGERIA said that his Government supported the efforts of WHO to collect information on the availability and pricing of cancer medicines by establishing and strengthening monitoring systems and ensuring that data was shared. He was in favour of strengthening strategic and collective procurement. It was also important to standardize the selection and registration of pharmaceutical products as well as to monitor and analyse them. WHO could play a key role in developing treatment guidelines and influencing political decisions, for instance, on price setting.

The representative of SRI LANKA said that, despite the inclusion of noncommunicable diseases in the Sustainable Development Goals, the high price of cancer medicines meant that they were not easily accessible or affordable, especially to people of lower socioeconomic status. His Government had taken several steps to ensure a continuous supply of cancer medicines. While promoting research in cancer medicines was important, it was necessary to identify ways of not including the cost of the research in the cost of the medicine.

The representative of JAPAN said that knowledge sharing would help to balance innovation with access. For that reason, he agreed that a Member State briefing would be helpful, and that dialogue with industry representatives would be mutually beneficial.

The representative of MEXICO said that including cancer medicines in the WHO Model List of Essential Medicines would contribute to regional collective purchasing decisions. Cancer prevention should be a strategic priority, but clear guidance was also needed on cancer care and control and how to raise awareness of the contribution of the private sector to innovation, development and price setting. He therefore welcomed the options relating to pricing presented by other representatives.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, reiterated the findings contained in the report regarding the uncertain nature of value-based pricing and the lack of correlation between research, development and production costs and the price of cancer medicines. As inequity in the price of cancer medicines and their lack of affordability kept many countries from expanding their health services, there was an urgent need to revisit pricing policies and regulations. The governments in his Region were committed to engaging in open, inclusive and transparent discussions on how to tailor and implement the policy options presented in the report. The Secretariat should scale up its technical support to help Member States identify the most effective and suitable policy options.

The representative of ITALY noted that the report called for international action to make reporting and the production costs of cancer medicines more transparent. Thus, she hoped that WHO would take on a greater role by issuing an appropriate instrument and continuing the discussion at the Seventy-second World Health Assembly.

The representative of THAILAND¹ said that, based on experience gained by her Government, Member States should issue clear treatment guidelines, negotiate prices based on economic evaluations, and procure quality generic medicines through the application of TRIPS flexibilities and collective bargaining. The Secretariat should prioritize sustainable capacity building to support Member States. A global legal framework separating research and development costs from the price of medicines should be adopted to ensure affordable prices and increase access to new, high-cost cancer medicines.

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

The representative of PERU¹ said that ensuring access to safe, effective, affordable quality medicines for all was particularly challenging when it came to cancer medicines. He supported the policy options presented in the report, and said that Member States should also consider: centralizing procurement of products with a high public health impact; identifying the most common cancers in their national context and centralizing procurement of the corresponding medicines; developing technical guidance on the diagnosis and treatment of different cancers; promoting policies on biosimilar medicines; and conducting joint negotiations on high-cost products with other Member States in their region or subregion, especially for those with a large public health impact.

The representative of PORTUGAL¹ commended the report's emphasis on transparency and said that it was time to put the recommendations into practice. He highlighted the findings on the lack of accountability and good governance when research and development costs were not transparent, which were more relevant when funding came from the public sector. Clarifying the source of research and development funding would indicate respect for tax payers and was ultimately a matter of human rights.

The representative of SPAIN¹ called on the Director-General to continue advocating for access to cancer medicines. The lack of transparency in the pharmaceutical industry affected countries of all income levels, though it particularly restricted access to more innovative therapies in low-income countries. He reiterated the suggestion that WHO should work with the Medicines Patent Pool to negotiate voluntary licenses for cancer medicines.

The representative of ARGENTINA¹ said that risk-share agreements could make medicines more accessible and ensure the sustainability of the health system while still incentivising innovation. The price-setting strategies outlined in paragraph 15 may lead to guidelines on clinical practice and prescriptions being strengthened. She recommended improving compliance with regulations on generic medicines. Medicines to treat rare diseases should be better regulated to avoid excessive prices on their entry into the market. Members of the Southern Common Market (MERCOSUR) had been working on joint procurement of high-cost medicines, and that work was being expanded to include cancer medicines.

The representative of SWITZERLAND¹ noted with concern that the costs of cancer medicines continued to rise at a faster rate than those in the rest of the health sector. The proposed solutions contained in the report were welcome, as they would help Member States ensure that their health systems were sustainably financed and provided necessary, suitable and effective medicines. The actions outlined in the report would require heightened international cooperation in the form of increased information sharing and joint negotiations.

The representative of INDIA¹ said that to ensure the accessibility and affordability of cancer medicines, the Indian pharmaceutical industry had contributed to the manufacture and export of generic medicines. There was a need to focus on stronger pricing policies, more efficient spending on cancer medicines, demand factors, and incentives for research and development. WHO should continue supporting governments in strengthening their governance capacities, with particular regard to delinking prices from development costs, and encourage the use of TRIPS flexibilities and voluntary license agreements.

The representative of ZIMBABWE¹ said that the agenda of future sessions of the Executive Board and World Health Assembly should be organized in a more integrated and holistic manner. For example, all essential diagnostics, medicines and vaccines could be considered together, or noncommunicable

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

disease control could be discussed under one item. There should be a more comprehensive focus on universal health coverage and access to primary health care.

The representative of the DOMINICAN REPUBLIC¹ said that it was appropriate to establish mechanisms to encourage transparent medicine pricing. The use of generics and biosimilar medicines, under strict quality standards, should be encouraged to ease access to cancer treatment. Pooled procurement should be incentivized to boost purchasing power. Price regulation strategies were needed for research and development. An information-gathering structure should be implemented to improve clinical response monitoring, strengthen drug safety programmes and develop capacities in health technology evaluation for cancer medicines, and countries should exchange best practices.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, reminded Member States that her organization had a list of essential medicines for palliative care, including cancer care, which contained internationally controlled substances that were unavailable in more than 70% of countries. She asked WHO to prepare a report on the unique pricing and access issues of controlled medicines.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Executive Board should implement the report's recommendations on transparency and public sources of funding. Companies' potential objections to the report's findings were merely a further argument for more transparency. WHO should host a meeting to explore the feasibility of delinking prices from research and development costs. It should evaluate the use of gene- and cell-based cancer therapies, considering in particular how to ensure equal access, the extent to which patent exceptions could be applied, and whether changes would need to be made to research and development incentives.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, said that high prices for cancer medicines meant that treatment was not universally accessible. WHO should: produce treatment guidelines for different cancers; support countries in implementing national measures to lower the price of cancer medicines; and promote increased transparency in research and development costs and the delinkage of those costs from medicine prices.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, recognized the fundamental, widespread failings in the production of essential medicines. Excessive and non-transparent pricing did not reflect public-sector contributions or research and development incentives, leaving some health needs unmet. She called on WHO and Member States to promote full transparency and innovative needs-based research and development. A decision on concrete action to be taken should be adopted at the Seventy-second World Health Assembly.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, encouraged Member States to include cancer treatment in universal health coverage, use the options presented in the report to improve pricing and procurement strategies, and engage with nongovernmental organizations that supported cancer patients. WHO should integrate the report's findings into its technical guidance and support Member States' efforts to improve access to cancer medicines.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that cancer treatment should be considered part of universal health coverage and that WHO should promote expanded access to the human papillomavirus vaccine in all countries. She recommended ensuring access to cancer treatment, including palliative care for children; enhancing cancer research through country-specific registries of patients of all ages; and securing commitments

from innovators to ensure sustainable access and accelerate the development of health technologies for all.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, in order to promote accountability, national authorities should ensure that regulatory entities had access to all relevant information before market authorization was granted. Intensive use of intellectual property incentives seriously hindered competition, and WHO should guide and assist governments in making use of TRIPS flexibilities and support initiatives to delink prices from production costs. The report would be a useful tool when implementing national and regional initiatives such as the draft road map on access to medicines and vaccines, 2019–2023.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that consultation with external stakeholders would have ensured that the report fully reflected the economic value of innovation in cancer medicines. The report did not adequately address the unintended negative consequences of full transparency on companies' ability to give preferential prices to developing countries. It underestimated the differences between health care systems in developing and developed countries and the fact that revenue from cancer medicines also funded research into other diseases. The report relied on flawed methodology that overstated biopharmaceutical companies' profit margins. Improving the accessibility and affordability of cancer medicines would require multistakeholder collaboration, investment in health systems and a reduction in patients' out-of-pocket expenses while still supporting innovation.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIRMAN, said that voluntary licence agreements between his organization and patent holders – listed in the report as an option to enhance affordability and accessibility – had played a major role in increasing access to HIV and hepatitis C treatments. Applying such agreements to cancer medicines would require commitment from governments and industry. Voluntary licensing could be applied early in the product life-cycle and did not require prior price negotiations. He was encouraged to see that some companies had committed to developing access programmes before launching their products, to fill health care gaps. He looked forward to working with WHO and its Member States to explore ways to accelerate access to essential medicines in lower-middle-income countries.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, agreed that the current innovation model, particularly the lack of competition, was inefficient and unsustainable, and said that value-based pricing was making medicines unaffordable. She urged Member States to translate the policy options contained in the report into concrete action. Treatments could be made more affordable through strong pricing regulations, increased competition among companies, transparent research and development costs, and the use of TRIPS flexibilities. She also called on WHO to amend its 2009 guidelines on evaluation of similar biotherapeutic products, as mandated under resolution WHA67.21 (2014).

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that the scope of the reports on pricing and availability could be expanded to include other medicines and diagnostics, if Member States so requested. The options listed in paragraph 42 of the report were in line with those discussed on previous occasions. However, it was up to Member States to adopt and tailor them, and WHO stood ready to provide technical support in that regard. Experts had provided advice on the content and first draft of the report, and the minutes of those expert meetings had been published in July 2018. An information session for Member States had been held in the same month.

Regarding profit margins, WHO's return-on-investment analysis was based on historical and actual earnings rather than profit or forecasts, and was specific to all cancer drugs approved between

1989 and 2017 by the United States Food and Drug Administration. Pharmaceutical companies had not been consulted on that occasion because of a strong conflict of interest. However, access to information directly from pharmaceutical companies, such as costs specific to individual cancer drugs and net transaction prices, would have been useful for the analysis. An addendum would be added to the report if such information were provided.

Various guidelines and reports were being developed on areas such as cervical cancer elimination, childhood cancer, and pain management for cancer patients. An information session on those guidelines could be held before or during the Seventy-second World Health Assembly. Prequalification for biosimilar medicines was crucial because of the huge positive impact on pricing. Two biosimilar medicines for cancer had been launched for prequalification in 2018.

The Board noted the report.

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

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

The CHAIRMAN drew attention to a draft decision on follow-up to the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, proposed by Argentina, Barbados, Canada, Chile, Colombia, Ecuador, Kenya, Monaco, Panama, Peru, the Russian Federation, South Africa, Sri Lanka, Uruguay and the European Union and its Member States, which read:

The Executive Board, having considered the report on follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: prevention and control of noncommunicable diseases,¹ describing the outcomes of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, decided to recommend to the Seventy-second World Health Assembly the adoption of the following decision:

The Seventy-second World Health Assembly, having considered the report on follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: prevention and control of noncommunicable diseases, describing the outcomes of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, decided:

OP1. to welcome the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) adopted by the General Assembly in resolution 73/2, and to request the Director-General to support Member States in its implementation;

OP2. to confirm the objectives of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the WHO's comprehensive mental health action plan 2013–2020 as a contribution towards the achievement of Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other noncommunicable disease-related goals and targets, and to

¹ Document EB144/20.

extend the period of the action plans to 2030 in order to ensure their alignment with the 2030 Agenda for Sustainable Development;

OP3. to request the Director-General:

- (a) to propose updates to the appendices of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and WHO's comprehensive mental health action plan 2013–2020, as appropriate, in consultation with Member States and taking into account the views of other stakeholders,¹ ensuring that the action plans remain based on scientific evidence for the achievement of previous commitments for the prevention and control of noncommunicable diseases, including Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being) and other related goals and targets;
- (b) building on the work already under way, to prepare and update, as appropriate, a menu of policy options and cost-effective interventions to support Member States in implementing the commitments included in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) to promote mental health and well-being, for consideration by the Health Assembly in 2020, through the Executive Board;
- (c) building on the work already under way, to prepare a menu of policy options and cost-effective interventions to support Member States in implementing the commitments included in the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018) to reduce the number of premature deaths from noncommunicable diseases attributed to air pollution, while recognizing the importance of addressing all environmental determinants, for consideration by the Health Assembly in 2020, through the Executive Board;
- (d) to report to the Health Assembly in 2020, through the Executive Board, on the implementation of WHO's global strategy to reduce the harmful use of alcohol during the first decade since its endorsement, and the way forward;
- (e) to consolidate reporting on the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health with an annual report to be submitted to the Health Assembly through the Executive Board, from 2021 to 2031, annexing reports on implementation of relevant resolutions, action plans and strategies,^{2,3} in line with existing reporting mandates and timelines;

¹ In accordance with WHO's Framework of Engagement with Non-State Actors.

² Including resolution WHA53.17 (2000) on prevention and control of noncommunicable diseases; resolution WHA57.17 (2004) on global strategy on diet, physical activity and health; resolution WHA63.13 (2010) on global strategy to reduce the harmful use of alcohol; resolution WHA65.6 (2012) on comprehensive implementation plan on maternal, infant and young child nutrition; resolution WHA66.8 (2013) on comprehensive mental health action plan 2013–2020; resolution WHA66.10 (2013) on Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; resolution WHA68.19 (2015) on outcome of the Second International Conference on Nutrition; resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach; decision WHA70(17) (2017) on global action plan on the public health response to dementia; decision WHA70(19) (2017) on report of the Commission on Ending Childhood Obesity: implementation plan; resolution WHA71.6 (2018) on WHO global action plan on physical activity 2018–2030; and resolution WHA71.9 (2018) on infant and young child feeding.

³ Including on the findings of a mid-point and final evaluation in accordance with paragraph 60 of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020, and on the findings of a preliminary and final evaluation in accordance with paragraph 19 of the terms of reference of the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases.

- (f) to provide further concrete guidance to Member States in order to strengthen health literacy through education programmes and population-wide targeted and mass- and social-media campaigns to reduce the impact of all risk factors and determinants of noncommunicable diseases, to be presented to the Health Assembly in 2021;
- (g) to present, in the consolidated report to the Health Assembly in 2021, based on a review of international experiences, an analysis of successful approaches to multisectoral action for the prevention and control of noncommunicable diseases, including those that address the social, economic and environmental determinants of such diseases;
- (h) to collect and share best practices for the prevention of overweight and obesity, and in particular to analyse how food procurement in schools and other relevant institutions can be made supportive of healthy diets and lifestyles in order to address the epidemic of childhood overweight and obesity and reduce malnutrition in all its forms, for inclusion in the consolidated report to be presented in 2021 in line with paragraph 3 (e);
- (i) to provide the necessary technical support to Member States in integrating the prevention and control of noncommunicable diseases and the promotion of mental health into primary health-care services, and in improving noncommunicable disease surveillance;
- (j) to make available adequate financial and human resources to respond to the demand from Member States for technical assistance in order to strengthen their national efforts for the prevention and control of noncommunicable diseases, including by identifying voluntary innovative funding mechanisms, such as a multi-donor trust fund, building on ongoing relevant work.

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

Decision:	Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:	<p>2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated</p> <p>2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants</p> <p>2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors, including in crises and emergencies</p>
2. Short justification for considering the draft decision, 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:	Not applicable.

<p>4. Estimated implementation time frame (in years or months) to achieve the decision:</p> <p>Seven years. All activities referred to in the draft decision will be carried out from 2019 during the bienniums 2018–2019, 2020–2021, 2022–2023 and 2024–2025 until the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases in 2025.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 602 million (2019–2025).</p>
<p>2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:</p> <p>US\$ 86 million.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US\$ millions:</p> <p>US\$ 172 million.</p>
<p>4. Estimated resource requirements in future programme budgets, in US\$ millions:</p> <p>US\$ 344 million.</p>
<p>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 10 million (12% of US\$ 86 million) at the time of writing. – Remaining financing gap in the current biennium: US\$ 76 million (88% of US\$ 86 million). – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: US\$ 76 million – the amount is increasing on a rolling basis throughout the biennium, based on continuous resource-mobilization efforts.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	11.5	5.5	5.5	5.5	5.5	5.5	18.0	57.0
	Activities	5.5	3.0	3.0	3.0	3.0	3.0	8.5	29.0
	Total	17.0	8.5	8.5	8.5	8.5	8.5	26.5	86.0
2018–2019 additional resources	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2020–2021 resources to be planned	Staff	23.0	11.0	11.0	11.0	11.0	11.0	36.0	114.0
	Activities	11.0	6.0	6.0	6.0	6.0	6.0	17.0	58.0
	Total	34.0	17.0	17.0	17.0	17.0	17.0	53.0	172.0
Future bienniums resources to be planned	Staff	46.0	22.0	22.0	22.0	22.0	22.0	72.0	228.0
	Activities	22.0	12.0	12.0	12.0	12.0	12.0	34.0	116.0
	Total	68.0	34.0	34.0	34.0	34.0	34.0	106.0	344.0

The representative of ITALY, stressing the need to fully implement the Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, noted that documents EB144/20 and EB144/20 Add.1 did not contain references to empowering individuals, strengthening health literacy or education. However, he was pleased that the draft decision referred specifically to the Secretariat supporting the strengthening of health literacy. Emphasizing the importance of robust evidence-based recommendations, he recalled that his Government had previously expressed reservations about the WHO list of best buys, such as taxation on specific foods. Promoting a balanced, healthy and sustainable diet was the only way to tackle nutrition-related noncommunicable diseases. Annex 1 to document EB144/20 should use the exact wording of the Political Declaration for clarity, while Annex 2 should be removed before the report was submitted to the World Health Assembly because it was too limited in scope and did not present new scientific evidence. In document EB144/20 Add.1, the implementation of the best buys as a strategic priority should be replaced with a more general focus on achieving the six objectives of the global action plan for the prevention and control of noncommunicable diseases 2013–2020. He agreed that national multistakeholder dialogue mechanisms should be strengthened but did not support the implementation of the technical packages, specifically the SHAKE technical package for salt reduction, the reference to which should be removed from the report.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that, although multisectoral and multistakeholder solutions were the preferred method for preventing and controlling noncommunicable diseases, the international community had not always upheld its commitment to reducing the risks of premature death and disability from such diseases. The limited financial and human resources of some Member States and interference from the alcohol and tobacco industries also had an impact on progress. Acknowledging the support provided to Member States by the Secretariat, he urged WHO to ensure that the international community respected its commitments and to closely monitor multinational companies that had a negative effect on health.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as the Republic of Moldova aligned themselves with his statement. Efforts must be stepped up substantially to tackle the significant burden of noncommunicable diseases and achieve the health-related Sustainable Development Goals. Those efforts should focus on exercise, healthy diets, harmful alcohol use and tobacco use. He encouraged the Secretariat to enhance action to address mental health and air pollution

and to identify good practices in that regard. WHO resources should be allocated to noncommunicable disease programmes according to the evolving challenges being faced by each Member State.

The representative of VIET NAM said that Annex 2 to document EB144/20 would be useful for her Government's proposed taxation policy on sugar-sweetened beverages. She appreciated the plan to publish a new set of indicators to monitor the progress of noncommunicable disease prevention and control and prepare for the fourth High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. WHO should continue to support the mechanisms that collected data on existing noncommunicable disease indicators.

The representative of FINLAND, speaking on behalf of Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, the Netherlands, Norway, Panama, Sri Lanka, Sweden and Thailand, underlined the need to accelerate efforts to fulfil commitments on noncommunicable diseases on the basis of established cost-effective interventions. She looked forward to the integration of mental health and air pollution into noncommunicable disease initiatives. While she welcomed WHO dialogue with non-State actors in accordance with the Framework of Engagement with Non-State Actors, she remained concerned about the proposed dialogue with representatives from the alcohol industry. Lessons learned from similar meetings in the past highlighted the need to establish clear public health objectives so as to ensure that limited resources were channelled towards the achievement of those objectives; and to oversee that the resources allocated were borne fully by WHO and did not compromise technical collaboration with Member States. Appendix 3 to the global action plan should be updated in line with WHO's normative mandate; however, the Secretariat should not enter into further negotiation with Member States on its content. She supported the draft decision.

The representative of SRI LANKA, noting the advocacy campaign on harmful sugar use, said that WHO should develop customizable strategies for controlling sugar consumption. She welcomed the commitment to reduce air pollution and promote mental health and well-being but said that technical assistance would be needed in order to develop comprehensive plans. The reference to the WHO SAFER alcohol control initiative in document EB144/20 should be retained.

Speaking on behalf of the Member States of the South-East Asia Region, she said that the three strategic priorities set out in the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases were timely and essential.

The representative of ISRAEL said that a multisectoral approach would be vital in tackling the noncommunicable disease burden. He supported the proposed workplan for the global coordination mechanism and asked that his Government be added to the list of sponsors of the draft decision. It was time to translate high-level political commitment into concrete action. Governments had a responsibility to tackle the key challenge of obesity by fostering a culture of health. Citing the planned introduction of mandatory food labelling in Israel, he expected WHO to support and develop similar strategies.

The representative of JAMAICA noted WHO's proposal to hold six-monthly dialogues with representatives of non-State actors and the private sector, she recommended that guidance should be provided on governments' engagement in that context. A global noncommunicable diseases fund to support small island States and low- and middle-income countries was long overdue, and she called on other Member States to join her Government in supporting such an initiative. She requested that her Government be added to the list of sponsors of the draft decision.

The representative of the UNITED STATES OF AMERICA welcomed WHO's flagship programmes on mental health, cervical cancer and the global hearts initiative, and the increased focus on mental health and air pollution. Engagement with a broad range of stakeholders, including the Independent High-level Commission on Noncommunicable Diseases, was welcome as it would expand interventions to improve health outcomes; educating people to make healthy choices was a widely-shared responsibility. He welcomed the extension to 2030 of the global action plan and the

comprehensive mental health action plan 2013–2020 and the updating of the annexes to both documents. He requested that Annex 2 to document EB144/20 on the taxation of sugar-sweetened beverages be removed from the report, as there was insufficient evidence in that regard. Noting the importance of the global coordination mechanism as an example of the effective implementation of the Framework of Engagement with Non-State Actors, he asked for further details on the activities planned under the proposed workplan for the global coordination mechanism.

The representative of GERMANY welcomed the timely expansion of the agenda on noncommunicable diseases and the scaling up of WHO's flagship programmes. While supporting WHO's work on noncommunicable diseases at both the financial and political level, he said that the failure to finalize the mid-point evaluation on the implementation of the global action plan was a cause for concern, as evaluation was critical and should be covered by the programme budget. The gender dimension should be reflected in strategic priority 3 of the global coordination mechanism. More information would be welcome on the collaboration between the global coordination mechanism, other United Nations and WHO technical programmes, and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. He expressed concern that the implementation of the global action plan was underfunded.

The representative of INDONESIA recognized that increased efforts were needed to prevent alarming rates of morbidity, disability and early mortality as a result of noncommunicable diseases. He supported the policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, and the related efforts to help Member States achieve the nine voluntary targets under the global monitoring framework for prevention and control of noncommunicable diseases. He asked that his Government be added to the list of sponsors of the draft decision.

The representative of CHILE, speaking on behalf of the Member States of the Region of the Americas, reaffirmed her support for the Political Declaration. She welcomed its broad approach, which encompassed all risk factors for noncommunicable diseases, including air pollution. Heads of State and Government should continue to provide strategic leadership and policy coherence, promoting the Health in All Policies approach and ensuring a balance between monitoring, prevention and treatment of noncommunicable diseases. Member States should build capacity and exchange good practices to facilitate multisectoral and multistakeholder action on noncommunicable diseases, and WHO should support Member States to coordinate activities, including through the global coordination mechanism and the Inter-agency Task Force.

The representative of IRAQ said that, despite the inadequate action and insufficient investment to prevent and control noncommunicable diseases acknowledged in paragraph 4 of the Political Declaration, the latter did not include a commitment to implement the WHO list of best buys in all Member States by 2020. She asked how WHO would continue to monitor progress prior to the fourth High-level Meeting. WHO's report to the Seventy-second World Health Assembly should contain information on: planned reporting to the United Nations General Assembly in 2024 on the implementation at the global, regional and national levels of the commitments contained in the Political Declaration; which Member States had implemented national frameworks for noncommunicable disease surveillance; the lessons learned in that regard; and how WHO planned to support Member States to strengthen those national frameworks.

Dr Zwane took the Chair.

The representative of AUSTRALIA asked that her Government be added to the list of sponsors of the draft decision. Noting that more needed to be done to achieve target 3.4 of the Sustainable Development Goals, she welcomed the Secretariat's proposal to identify a specific subset of noncommunicable disease accelerators, which should be tailored to national contexts. A balanced approach should be adopted when engaging with the private sector, and commitments to engage with

non-State actors on noncommunicable diseases should be made in line with the Framework of Engagement with Non-State Actors and in cooperation with the United Nations Inter-agency Task Force. Her Government fully supported the proposed workplan for the global coordination mechanism and the strategic priorities therein.

The representative of MEXICO recognized WHO's efforts to support Member States in fulfilling the commitments made during the high-level meetings on noncommunicable diseases. However, despite the seriousness of the issue, as reflected in the Thirteenth General Programme of Work, 2019–2023 and the proposed workplan for the global coordination mechanism, funding for noncommunicable disease activities in the Programme budget 2018–2019 was inadequate. He therefore reiterated the importance of ensuring that WHO's resource allocations matched its priorities.

The representative of CHINA said that aligning noncommunicable disease objectives with the Sustainable Development Goals would improve the overall coordination of noncommunicable disease prevention and control, especially with regard to administration and budget planning. The Secretariat should continue to strengthen financing and provide technical support in that regard. He asked that his Government be added to the list of sponsors of the draft decision.

The representative of COLOMBIA said that the availability of reliable information on noncommunicable diseases, their risk factors and their economic and social impact, was fundamental to inform decision-making at national levels, for which WHO support and the sharing of good practices was also essential. She called for innovative cooperation to assist Member States in building regulatory, implementation, research, and monitoring and evaluation capacities. Cooperation also ensured access to more effective technologies and practices to strengthen governments' management of noncommunicable disease agendas. She encouraged WHO and all stakeholders to pursue the targets under the global monitoring framework.

The representative of FIJI supported the statement made by the representative of Australia. He asked that his Government be added to the list of sponsors of the draft decision. Given the numerous challenges in effectively tackling noncommunicable diseases, comprehensive support for the strengthening of health systems was essential to prevent noncommunicable diseases.

The representative of URUGUAY¹ emphasized that preventing noncommunicable diseases was a shared responsibility, as highlighted in the Political Declaration. She called on all stakeholders, under the leadership of WHO, to contribute to national objectives to eliminate noncommunicable diseases. She welcomed the work under the global coordination mechanism and the strategic priorities contained in the proposed workplan. She agreed that it was necessary to expand the global coordination mechanism to include other priorities, including mental health and air pollution, in line with the Political Declaration. She urged Member States to support the draft decision.

The representative of PANAMA,¹ referring to the planned mid-point evaluation of progress on the implementation of the global action plan, said that it was important to highlight the difficulties faced by Member States in fulfilling their commitments, which included financial constraints and industry interference. It was therefore important to accelerate the implementation of the Framework of Engagement with Non-State Actors to assess and manage potential risks related to working with non-State actors.

The representative of LEBANON¹ expressed his appreciation for the Political Declaration. Welcoming the proposed workplan for the global coordination mechanism, he said that a multisectoral and multistakeholder approach was key to combating noncommunicable diseases. Member States must

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

continue striving for radical lifestyle change by encouraging healthy balanced diets and exercise. He expressed the hope that the technical support provided by WHO to help Member States prevent and control noncommunicable diseases would continue, particularly in his Region.

The representative of ARGENTINA¹ said that the report should include additional actions to strengthen the implementation of evidence-based public policies to reduce the risk factors associated with noncommunicable diseases. She proposed that the planned dialogues outlined in paragraph 13 of document EB144/20 should be extended to include civil society representatives. She welcomed the inclusion of Annex 2 to that document on taxation on sugar-sweetened beverages. A paragraph should be added to Annex 3 guaranteeing the participation of civil society, philanthropic foundations and academic institutions in efforts to achieve target 3.4 of the Sustainable Development Goals and establishing transparent protocols for such activities. She supported the three strategic priorities of the proposed workplan for the global coordination mechanism but underlined that it did not take into account the agendas for healthy eating and the prevention of obesity.

The representative of KENYA¹ said that action should be intensified to combat noncommunicable diseases at the country level to meet target 3.4 of the Sustainable Development Goals. She welcomed the expansion and extension of the global action plan in line with the 2030 Agenda for Sustainable Development. WHO should support Member States by providing resources and technical assistance to strengthen national noncommunicable disease activities. She supported the proposed workplan for the global coordination mechanism.

The representative of THAILAND¹ welcomed Annex 2 to document EB144/20 on taxation on sugar-sweetened beverages, the proposed workplan for the global coordination mechanism and the Political Declaration. However, he expressed concern regarding the proposed dialogues with representatives of economic operators in the area of alcohol production and trade, which would use WHO's limited resources without much benefit for Member States. WHO should reconsider that proposal or establish clear public health objectives for those dialogues, ensuring transparency to avoid conflicts of interest. He supported the draft decision.

The meeting rose at 20:30.

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

ELEVENTH MEETING

Wednesday, 30 January 2019, at 09:35

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

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

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

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

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

The representative of PERU¹ said that countries should advocate for the reduction of the risk factors associated with noncommunicable diseases by taking a comprehensive approach that went beyond health, included other governmental sectors and forged partnerships between civil society and the private sector.

The representative of BULGARIA¹ supported the proposal in the draft decision to extend to 2030 the period of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and comprehensive mental health action plan 2013–2020.

The representative of CANADA¹ supported the recognition of neurological disorders, including dementia, as contributing to the global burden of noncommunicable diseases and as being separate from mental health conditions. He pointed out that the Political Declaration of the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, held in 2018, did not contain a commitment to reducing air pollution, and suggested that the third paragraph of the report should be revised to reflect the fact that the Political Declaration articulated the need to raise awareness of the health effects of air pollution and address the impact of the environmental determinants of noncommunicable diseases. Caution should be exercised when referring to the so-called “5 by 5 framework” in formal WHO documents, as it was not an accepted evidence-based framework. It was important to avoid misrepresenting the main risk factors for chronic disease as the same as for mental illnesses, and inadvertently increasing stigma for people affected by mental illness by suggesting that their lifestyles were the main cause. Member States should be given the opportunity to comment on the indicators, proposed in Annex 4 to the report, for the preparation of the 2024 progress report to the General Assembly.

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

The representative of the RUSSIAN FEDERATION,¹ noting with concern the persistent underfunding of work on the prevention and control of noncommunicable diseases, encouraged the Secretariat to give the topic its rightful place within its new structure. He supported the adoption of the draft decision.

The representative of SINGAPORE¹ said that many of the challenges that countries faced in relation to noncommunicable diseases were similar. The international community should therefore work together to combat noncommunicable diseases and improve health outcomes. He supported the draft decision.

The representative of POLAND¹ said that adopting an integrated approach required multisectoral action and cooperation at both the national and local level, including the engagement of non-State actors to prevent and control the main determinants of noncommunicable diseases. The prevention of noncommunicable diseases through a holistic approach would have a positive impact on workforce potential, labour market stability and the economy. Given growing ageing populations, efforts to address noncommunicable diseases should go hand in hand with mental health promotion and prevention, including recognizing dementia as one of the main causes of disability and dependency in older people.

The representative of INDIA¹ said that solid frameworks were needed to ensure the effective leveraging of the private sector, civil society organizations and other stakeholders. Low- and middle-income countries lacked the policy capacity required to implement WHO's set of best buys through health system programmes, intersectoral collaboration, regulations and fiscal strategies. Ensuring capacity would require a whole-of-government approach, for which more resources would be needed.

The representative of ZIMBABWE¹ said that an integrated global health financing mechanism was needed to address noncommunicable diseases. The strategy used to obtain funding for immunization through Gavi, the Vaccine Alliance, and for HIV, tuberculosis and malaria through the Global Fund to Fight AIDS, Tuberculosis and Malaria, should also be considered for noncommunicable diseases to support domestic financing mechanisms.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ underlined the lack of attention in primary health care to the social, economic and environmental determinants of health that were the root causes of many diseases. It was concerning that the level of morbidity and mortality due to preventable noncommunicable diseases, complications in pregnancy or childbirth and malnutrition was significantly higher in low-income countries and countries with complex emergencies. The Secretariat should provide Member States with technical support and help in capacity-building, strengthening resource generation, creating special funds for noncommunicable disease prevention and control, performing programme evaluations and facilitating collaboration with international scientific institutions.

The representative of NORWAY¹ said that the report submitted to the Seventy-second World Health Assembly should include updated evidence concerning cost-effective noncommunicable disease interventions, developed on the basis of WHO's standard-setting mandate.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ expressed support for actions to reduce sugar consumption.

The representative of the DOMINICAN REPUBLIC¹ emphasized the importance of establishing effective programmatic lines of action, through regional strategies, to enable Member States to identify evidence-based measures, so as to respond in a timely manner to the new commitments made on

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

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

The representative of MOROCCO¹ said that his Government was willing to share its experience in the prevention and control of noncommunicable diseases with other institutions and countries. He underscored the importance of South–South and triangular cooperation as an innovative and more effective means of addressing noncommunicable diseases in developing countries.

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

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

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN and also on behalf of The World Medical Association, Inc., said that a lack of funding and political will was hampering the achievement of target 3.4 of the Sustainable Development Goals, which focused on reducing premature mortality from noncommunicable diseases and promoting mental health and well-being. Member States must increase taxation on tobacco, alcohol and sugar-sweetened beverages, the private sector must take responsibility for its impact on the health of the population, and the international community must ensure that commercial priorities did not have an impact on policy development. She urged Member States to include young people in the development of policies on noncommunicable diseases.

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

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

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

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, emphasized that prenatal malnutrition and low birth weight caused a predisposition to health conditions in later life and that efforts to prevent noncommunicable diseases must take into account maternal and child health.

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

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

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

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

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

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

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

The DEPUTY DIRECTOR-GENERAL (Programmes) said that the international community must do its utmost to prevent noncommunicable diseases. Actions to strengthen universal health coverage and primary health care would provide an opportunity to integrate the prevention and control

of noncommunicable diseases, and to treat the large numbers of patients with noncommunicable diseases like hypertension.

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

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

The Board adopted the decision.¹

- **Ending tuberculosis** (document EB144/21)

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

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

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

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, once the draft multisectoral accountability framework had been approved, Member States in his Region would need support from the Regional Office to ensure that they could report as per the agreed timelines. The WHO flagship initiative FIND.TREAT.ALL#ENDTB would be an essential tool for reaching tuberculosis-related targets in high-burden countries. In addition, Member States in his Region with a lower tuberculosis burden would welcome support from the Secretariat in preparing their national action plans, especially given that some were seeing increasing numbers of multidrug-resistant cases.

¹ Decision EB144(1).

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

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

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

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

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

The representative of CHILE said that the incidence of tuberculosis in her country had fallen rapidly until 2000, but had subsequently risen significantly in 2017. Outlining a range of measures introduced by her Government to control the disease, she affirmed its commitment to ending tuberculosis by following an approach that was in line with the Sustainable Development Goals.

The representative of the NETHERLANDS said that WHO must step up its work with high-burden countries to develop and strengthen national plans and targets. Early detection and intervention were key in the fight to end tuberculosis. Recent innovations had decreased the cost of treating tuberculosis and drug-resistant tuberculosis, but the knowledge was not yet well integrated into medical practice. In follow-up to the High-level Meeting, her Government intended to contribute €5 million in 2019 towards the Secretariat's support for countries in the use of innovative approaches on tuberculosis.

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

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

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

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

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

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

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

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

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

The representative of FRANCE¹ said that only a joint and comprehensive approach would lead to the elimination of the disease. France supported the work of Unitaid to advance research and the availability of new, more effective tools that could be implemented with money from the Global Fund

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

to Fight AIDS, Tuberculosis and Malaria. He encouraged State and private actors to pledge their support at the Global Fund's Sixth Replenishment Conference, to be held in Lyon in October 2019.

The representative of ANGOLA¹ emphasized the need to source additional funding and explore other financing mechanisms in the fight to eliminate tuberculosis, particularly for low- and middle-income countries. Ongoing dialogue between stakeholders, particularly States and private entities, was needed on producing safe and efficacious medicines and reducing the cost of medicines and diagnostic tools. She expressed the hope that the advances already made in the treatment of drug-sensitive and drug-resistant tuberculosis would be replicated with regard to vaccination for tuberculosis.

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

The representative of ARGENTINA¹ said that research into the epidemiological trends and causes of death from tuberculosis in their own countries would help Member States to address the common social and economic factors and guide future actions. Agreements between ministries and parliamentary support would facilitate action and resources for the elimination of tuberculosis, particularly in vulnerable populations where interventions were hindered by poor nutrition, substandard living conditions and low incomes. Yearly national action plans, including adequate resource allocation and ongoing evaluation under the End TB Strategy would also be useful.

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

The representative of CANADA¹ said that emphasis must be placed not only on prevention, diagnostics, treatment and care, but also on addressing social and economic factors, particularly poverty, stigma and discrimination, marginalization and gender inequality. An effective accountability framework was key to ensuring that lessons learned guided action. The best way to chart progress nationally would be through an independent evaluation body.

The representative of the DOMINICAN REPUBLIC¹ stressed that finalizing the draft multisectoral accountability framework was crucial to achieve the ambitious goals of the Political Declaration and monitor the initiatives proposed in the End TB Strategy.

The representative of SOUTH AFRICA¹ asked the Secretariat to reach out to the Heads of State who had not attended the High-level Meeting, particularly those from high-burden countries and those who supported low-income countries, to encourage a collective increase in funding for research and programme implementation. She asked how many of the estimated millions of undiagnosed tuberculosis cases had been detected since the Political Declaration and how much in additional resources had been mobilized.

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

The representative of PANAMA¹ said that there was an urgent need to finalize and implement the draft multisectoral accountability framework, given the high tuberculosis mortality rate. Universal health coverage would only be possible through a broad, multisectoral approach, due consideration of the social and economic determinants of health and respect for and protection of human rights. She encouraged WHO to develop a global strategy to reduce the high cost of interferon-gamma release assay tests, which limited access to treatment.

The representative of INDIA¹ said that WHO should focus on accelerating vaccine development and approvals to advance preventive measures, and on facilitating the development of point-of-care diagnostic tools and the reduction in new drug and diagnostic tool prices, particularly for drug-resistant tuberculosis. The social context of tuberculosis infection should be fully documented to identify the factors leading to the exposure of vulnerable groups to the disease and guide future actions.

The representative of the RUSSIAN FEDERATION¹ said that the development and use of new and effective diagnostic tools, treatment and preventive medicines were crucial to ending tuberculosis. He therefore supported the development of a global strategy for tuberculosis research and suggested a collaboration with the BRICS (Brazil, Russia, India, China and South Africa) TB Research Network.

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

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

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

The Board noted the report.

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

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

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

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

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

She proposed that the draft resolution be amended to read:

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

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

The Seventy-second World Health Assembly,
(PP1) Having considered the report on the eleventh revision of the International Classification of Diseases;

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

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

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

- (1) the detailed list of four-character categories and optional five- and six-character subcategories² with the short tabulation lists for mortality and morbidity, constituting the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11);
- (2) the definitions, standards and reporting requirements related to maternal, fetal, perinatal, neonatal and infant mortality;³
- (3) the rules and instructions for underlying cause coding for mortality and main condition coding for morbidity;

¹ Document EB144/22.

² See ICD-11 browser at <https://icd.who.int/browse11/l-m/en>.

³ See document at <https://icd.who.int/docs/norms-eb2019.pdf>.

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

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

(OP3) ENDORSES:

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

(OP4) REQUESTS the Director-General:

- (1) to put in place the electronic tools and support mechanisms for **[the implementation, including transition from ICD 10 to ICD 11,]** maintenance and dissemination and issue of the International Statistical Classification of Diseases and Related Health Problems;
- (2) to provide support, upon request, to Member States in implementation of the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems;
[(2bis) to propose to the Seventy-fifth World Health Assembly through the Executive Board a process and timeline on the updated ICD 11;
(2ter) to provide transitional arrangements from 1 January 2022 for at least five years, enabling Member States to compile statistics using previous revisions of the International Classification of Diseases, with translation to the eleventh revision through electronic tools;]
- (3) to report on progress in implementing this resolution[, **through the Executive Board to the Seventy-seventh World]** Health Assembly **[in 2024]** through the Executive Board to the Executive Board **[to the Eighty-second World Health Assembly in 2029]**.

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

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

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

discussions with Member States regarding the key activities necessary for implementation. He asked for the relevant paragraphs of the draft resolution to be bracketed while those concerns were addressed.

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

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

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

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

The representative of BHUTAN said that Member States should continue to take ownership of the further development of the International Classification of Diseases and establish a timeline for implementation. Improving health information systems at the community level would play an important role in strengthening primary health care. Traditional medicine was an essential part of his country's health system, and he therefore welcomed the supplementary chapter on that subject. He supported the draft resolution, but proposed amending paragraph 4(2), to read: "to support Member States in implementation of the eleventh revision of the International Classification of Diseases and Related Health Problems".

The representative of FINLAND said that, while he recognized the need for statistical monitoring of health care in countries with a strong preference for traditional medicine, the Finnish health service was strictly based on evidence and widely approved medical practice, as required by law. Traditional medicine concepts could not therefore be included in the health system or recognized in the disease classification system, meaning that his country faced a major legal problem if the classification in the eleventh revision remained unchanged in that respect.

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

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

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

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

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

The representative of INDONESIA welcomed the eleventh revision, particularly the addition of a supplementary chapter on traditional medicine. The time frame for implementation of the eleventh revision should be extended. His Government would welcome technical support from the Secretariat for the transition.

The representative of GABON said that studies had indicated that age limits placed on global goals to prevent and control noncommunicable diseases, and the use of premature mortality thresholds, including in the Sustainable Development Goals, could be used to discriminate against older people. He therefore called for the health of older people to receive attention in the International Classification of Diseases and for the Secretariat to provide financial and technical support in implementing national strategies to promote the health of older people.

The meeting rose at 12:30.

TWELFTH MEETING

Wednesday, 30 January 2019, at 14:30

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

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

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

The CHAIRMAN recalled that the Board was considering a draft resolution on the topic, proposed by the Secretariat.

The representative of ARGENTINA¹ proposed that, in the draft resolution, the words “the criteria defined for” be inserted at the start of subparagraph 3(2) and the words “in all official languages of the Organization” be inserted after the word “dissemination” in subparagraph 4(1) of the draft resolution.

The representative of NORWAY¹ underscored the need to pay careful heed to comments on the inclusion of the supplementary chapter on traditional medicine. While the Secretariat had made it clear that the chapter was for diagnostic purposes only and not an endorsement of any form of treatment, a clear distinction had to be maintained between it and all other chapters, in order to safeguard the standing of the International Classification of Diseases.

The representative of THAILAND¹ said that the time frame for full implementation of the eleventh revision of the International Classification of Diseases should be reconsidered, given the substantial amount of time and training required. The Secretariat should provide Member States with the software for transitioning to the new codes, facilitate use of the offline coding tool, develop training courses on the new codes, and help Member States build their own national coding capacities.

The representative of PANAMA¹ said that, in the future, certain diagnostic categories, such as metabolic syndrome and prehypertension, should be described in greater detail. Her Government was working with PAHO to ensure a smooth transition to the eleventh revision.

The representative of SWITZERLAND¹ said that the time frame for full implementation of the eleventh revision should be extended in view of the substantial financial and technical efforts it required. He asked the Secretariat how it intended to support Member State efforts to achieve full implementation and ensure funding for the planned revision cycle.

The representative of the DOMINICAN REPUBLIC¹ suggested that room should be made in the supplementary chapter on traditional medicine for the indigenous medicine practiced in the Americas and that the report should refer to the work of Member States that did not host WHO collaborating centres.

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

The representative of the RUSSIAN FEDERATION¹ asked for confirmation that a licence would be needed to implement the eleventh revision, given that neither the report nor the draft resolution made any reference to licences. The tenth revision would be in implementation for at least four more years and would therefore serve as the basis for monitoring fulfilment of the Thirteenth General Programme of Work, 2019–2023. He therefore urged the Secretariat to consider the option of not requiring a licence for the tenth revision, to allow it to be fully implemented by Member States. He expressed support for the draft resolution and said that his Government stood ready to assist in the preparation of the Russian-language version of the eleventh revision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ noting the varying time frames in which Member States would implement the eleventh revision, proposed that the draft resolution be amended to include a reference to a transitional period of five years. During that period, the Secretariat would support statistical reporting under both the tenth and eleventh revisions and provide electronic translation tools.

The representative of PERU¹ said that implementation of the eleventh revision represented a challenge for Member States that had not yet developed systems for reporting on the causes of mortality and morbidity. In order to build national capacities in that regard – an activity that should be spearheaded by WHO – he suggested that transition tables should be drawn up, a strategy devised for gradual migration to the eleventh revision, and regional training workshops held.

The representative of INDIA¹ welcomed the inclusion in the eleventh revision of the supplementary chapter on traditional medicine and suggested that it should be expanded to incorporate all major traditional medicine systems. Sufficient funding for implementation of the eleventh revision should be ensured and the Secretariat should provide regular updates to Member States on the progress made.

The representative of BELGIUM¹ expressed support for the proposed five-year transition period, given that implementation of the eleventh revision would be a multi-year process. He stressed that the International Classification of Diseases should remain a classification system for diseases, and that the inclusion in the eleventh revision of the supplementary chapter on traditional medicine should in no way imply an explicit or implicit endorsement of traditional practices as evidence-based medicine.

The representative of the INTERNATIONAL SOCIETY FOR BIOMEDICAL RESEARCH ON ALCOHOLISM, speaking at the invitation of the CHAIRMAN, welcomed the inclusion of gaming disorder as a new diagnostic entity, since it would facilitate research and development on preventive measures and treatment options.

The representatives of the WORLD FEDERATION FOR MENTAL HEALTH and of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, also welcomed the inclusion of gaming disorder.

The ASSISTANT DIRECTOR-GENERAL (Health Metrics and Measurement) said that the decision to include gaming disorder had been backed by professional organizations and clinical experts from a large number of Member States. The diagnostic criteria focused on the seriousness of the condition and the symptoms could not be attributed to other causes. The Secretariat had further tested the clinical and public usefulness of gaming disorder as a diagnostic category through a systematic scoping review using the most recent research and evidence. That process had confirmed that gaming disorder was indeed a public health concern requiring standardized data and guidelines at the

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

international level. The Secretariat had initiated a dialogue with representatives of the video gaming and other related industries on the public health implications of gaming.

Concerning the inclusion of the supplementary chapter on traditional medicine, she emphasized that it was not a replacement for the other 24 chapters, but rather an additional, optional diagnostic tool that would enable the collection of data and information on traditional medicine diagnoses.

Responding to comments concerning implementation, she said that transition tables were available for each individual code, and paragraphs 46 to 50 of the report set out provisions that took into account the requests of individual Member States. Regional introductory training had already begun, and all regional workshops would be completed before the Seventy-second World Health Assembly. Some Member States were already preparing for implementation and receiving country-specific support. Based on current practice, the eleventh revision would come into effect in January 2022, and a postponed implementation time line would prevent certain Member States from getting started early. There would be no implications for Member States that fell behind with implementation.

Lastly, she confirmed that the eleventh revision could be used in primary health care, as indicated in the report.

The CHAIRMAN took it that the Board wished to suspend consideration of the draft resolution to allow for informal consultations.

It was so agreed.

(For continuation of the discussion, see the summary record of the sixteenth meeting, section 3.)

2. OTHER TECHNICAL MATTERS: Item 6 of the agenda

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 6.1 of the agenda (documents EB144/23 and EB144/23 Add.1)

The CHAIRMAN drew the attention of the Board to the report contained in document EB144/23 and the draft decision contained therein. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB144/23 Add.1.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with her statement. Referring to the draft decision, she said that the phrase “contained in document EB144/23” should be inserted after “report” in both of the preambular paragraphs. In subparagraph 1(a), the words “identify and” should be added after “other partners to”. Subparagraph 1(b) should be amended to read: “to closely monitor instances where influenza virus sharing is affected, including due to the implementation of the Nagoya Protocol and/or for other reasons, and to present findings thereon to the next meeting of the PIP Advisory Group”. Subparagraph 1(c) should be amended to read: “to assess the usefulness of the prototype search engine developed to identify products that have made use of genetic sequence data of influenza viruses with pandemic potential”. Subparagraph 1(d) should be amended to read: “to explore possible next steps in raising awareness of the PIP Framework among databases and initiatives, data providers and data users, and to present such possible steps to the next meeting of the PIP Advisory Group”. She proposed the insertion of a new penultimate operative paragraph, to read: “to work collaboratively across WHO to raise awareness among Member States of the implications for public health of implementation of the Nagoya Protocol, particularly given the cross-cutting nature of relevant issues”.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the new guidelines for pandemic preparedness and implementation of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity, which presented both opportunities and challenges for public health. He stressed the need to share biological materials and strengthen the influenza surveillance and response capacity of national regulatory authorities, and expressed support for the draft decision.

The representative of JAPAN expressed concern about the inclusion of seasonal influenza and generic sequence data in the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. Seasonal influenza vaccines might be difficult to manufacture in timely fashion, as seasonal influenza occurred annually and multiple samples were required for vaccine production. He agreed on the need to clarify, in cooperation with the Global Influenza Surveillance and Response System, the implications of the Nagoya Protocol for seasonal influenza virus sharing. Regarding genetic sequence data, he said that the current scope of the PIP Framework should be maintained so as to avoid adversely affecting research and development. He supported the draft decision.

The representative of INDONESIA said that the inclusion of seasonal influenza viruses in the PIP Framework required further discussion. The Global Influenza Surveillance and Response System was not sufficient to address the challenges and uncertainties inherent in the sharing of seasonal viruses, and it might be preferable to develop another mechanism or specific framework to that end. He supported the proposal to include genetic sequence data in the PIP Framework and to treat them on an equal footing with biological materials. Given the different views on the issue, he proposed that the Secretariat should convene an intersessional meeting of the Executive Board to discuss the draft decision with a view to its adoption at the Seventy-second World Health Assembly.

The representative of DJIBOUTI, speaking on behalf of the Member States of the Eastern Mediterranean Region, agreed that the draft decision should be forwarded to the Seventy-second World Health Assembly for adoption, but stressed that implementation of the Nagoya Protocol presented challenges as well as opportunities, in particular in terms of genetic sequence data and the sharing of seasonal influenza viruses with pandemic potential. The Secretariat should monitor the impact of those challenges, especially on low- and middle-income countries, with a view to resolving them in relation to the access criteria and process and to benefit-sharing mechanisms. The timely sharing of seasonal influenza viruses and related benefits should continue to be encouraged through the Global Influenza Surveillance and Response System and the PIP Framework.

The representative of BRAZIL commended efforts to reflect on the inclusion of seasonal influenza viruses and genetic sequence data in the PIP Framework, but emphasized the importance of ensuring that the Framework continued to function. Noting the problems posed by seasonal influenza virus sharing and Nagoya Protocol implementation, he urged the Secretariat to find ways to ensure that the Framework and the Protocol were complementary. More time was needed to discuss the draft decision and proposed amendments, and intersessional work should therefore take place on the issue.

The representative of MEXICO said that maintaining and improving the PIP Framework should be a WHO priority. The Secretariat should strengthen communication with the secretariat of the Convention on Biological Diversity and subsequently provide feedback to Member States on meetings or workshops on implementation of the Nagoya Protocol. He asked for the Secretariat's views on the implication of exchanging samples and vaccines in the light of the study into criteria to identify a specialized international access and benefit-sharing instrument, and the scoping study on digital sequence information presented in November 2018 at the third meeting of the Conference of the Parties to the Convention on Biological Diversity serving as the meeting of the Parties to the Nagoya Protocol

on Access and Benefit-sharing. He agreed that more time was needed to consider the proposed amendments to the draft decision.

The representative of the UNITED STATES OF AMERICA said that he did not support re-opening the PIP Framework for negotiation, changing the scope to include seasonal influenza viruses or redefining PIP biological materials. The Director-General should assert his leadership on public health to heighten awareness of the deleterious public health impact of certain domestic measures to implement the Nagoya Protocol. Given that the public health implications of the Protocol extended well beyond influenza, WHO should take a cross-cutting, whole-of-organization approach in discussions of emerging barriers to seasonal influenza virus sharing.

He shared the concerns raised by the PIP Framework Advisory Group about companies that benefited from the results of product evaluation using materials received by another entity but considered that the proposed modification to footnote 1 of the Standard Material Transfer Agreement 2 – Annex 2 to the PIP Framework, – was overly broad and could have undesired consequences. He also considered that there had been insufficient time to examine the amendments to the draft decision proposed by the Member States of the European Union.

Assuming acceptance of those proposed amendments, he suggested that subparagraph 1(b) should be amended to read: “to closely monitor instances where influenza virus sharing is affected, including due to the countries’ domestic measures implementing the Nagoya Protocol and/or for other reasons, and to present findings thereon to the next meeting of the Advisory Group, and to share these findings with the WHO’s broader effort referenced below regarding the public health implications of the Nagoya Protocol”. In subparagraph 1(d), the phrase “in consultation with Member States” should be added after “to explore”. Subparagraph 2 should be amended to read: “to work quickly with Member States and relevant stakeholders to explore and evaluate approaches to address concerns regarding the issues raised in paragraph 23 of EB144/23”.

The representative of BAHRAIN said that her Government remained committed to tackling pandemic influenza by sharing information on influenza-like illnesses, acute respiratory infections and viral investigation. It continued to work closely with the Global Influenza Surveillance and Response System to develop vaccines against influenza viruses. She supported the proposed amendment to the language of footnote 1 in Standard Material Transfer Agreement 2.

The representative of GERMANY said that, although the timely sharing of viral material and sequence data was crucial for effective crisis response, genetic sequence data and seasonal influenza viruses should not at present be included in the PIP Framework, the current scope of which should be maintained. He supported the draft decision as amended by the Member States of the European Union.

The representative of CHILE said that PIP Framework recommendations should be widely disseminated and worldwide compliance periodically monitored by the Advisory Group. She described her country’s efforts since 2014 to build PIP capacity throughout the Region of the Americas.

The representative of AUSTRALIA said that further work relating to seasonal influenza viruses and genetic sequence data should not compromise the current functioning of the PIP Framework and the Global Influenza Surveillance and Response System. The Secretariat should continue to engage with the secretariat of the Convention on Biological Diversity, with a view to addressing uncertainties relating to Nagoya Protocol implementation. She expressed support for the draft decision in principle, but said that more time was needed to consider the proposed amendments to it.

The representative of CHINA described the mechanisms used in his country to participate actively in the PIP Framework and suggested that the Secretariat should step up its support for developing countries, including his, to improve laboratory and surveillance capacities in relation to the viruses covered by the Framework. Although he agreed with the Advisory Group’s recommendation that the

current scope of the PIP Framework be retained, some of the discussions that had taken place during the consultations in October 2018 had exceeded the Advisory Group's remit. There should also be further discussion of the opportunities and challenges arising from implementation of the Nagoya Protocol.

The representative of THAILAND,¹ concerned that the PIP Framework did not include seasonal influenza, asked the Secretariat to accelerate its work with the secretariat of the Convention on Biological Diversity so as to find the best way forward in that regard. He supported the amendments proposed by the Member States of the European Union, but reserved his position on the amendments proposed by the United States of America.

The representative of the DOMINICAN REPUBLIC¹ supported the move to analyse and present data on the sharing of seasonal influenza viruses in cases affected by application of the Nagoya Protocol. She agreed in principle with, and would give due consideration to, the amendments proposed by the Member States of the European Union.

The representative of NORWAY¹ said that WHO should work urgently with the Global Influenza Surveillance and Response System and other partners to address uncertainties related to the sharing of influenza viruses that had emerged as countries implemented the Nagoya Protocol. It was also important to address implications for the use of shared viruses and genetic data for vaccines production. He asked what the reasoning was behind the amendment to footnote 1 in Standard Material Transfer Agreement 2, and expressed support for the amendments to the draft decision submitted by the Member States of the European Union.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that expanding the scope of the PIP Framework to include sharing of seasonal influenza viruses and genetic sequence data required further discussion; hasty decisions could have unforeseen repercussions on the functionality and acceptability of the Framework and its role in strengthening global influenza preparedness and response, in particular through the Global Influenza Surveillance and Response System. Most activities carried out under the high-level Partnership Contribution Implementation Plan 2018–2023 had focused on laboratory and surveillance capacity-building; in future, equal attention should be paid to all six areas, in particular influenza pandemic preparedness planning and burden-of-disease studies. WHO should continue to channel technical support towards building capacities to deliver a comprehensive response in the event of a severe pandemic.

The representative of PANAMA¹ echoed earlier requests for additional time to discuss the draft decision.

The representative of the RUSSIAN FEDERATION¹ said that the PIP Framework should not be expanded to include seasonal influenza virus. The Global Influenza Surveillance and Response System was effective, in particular in terms of sharing of seasonal influenza viruses, and should not be jeopardized by efforts to achieve the specific objectives of the PIP Framework. She had no objections to the proposed amendment to footnote 1 in Standard Material Transfer Agreement 2.

The representative of INDIA¹ said that the sharing of influenza virus samples and gene sequence data through the PIP Framework should be on an equal footing with benefit-sharing under the Nagoya Protocol. The Framework's sustainability depended on its usefulness to Member States and all major stakeholders; concerns regarding genetic sequence data and benefit-sharing therefore required prompt attention. Facilitating access to vaccines and equitable benefit-sharing was a complex task that would require the sustained engagement of all concerned. He endorsed the draft decision, but requested further

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

time for discussion of the amendments proposed by the Member States of the European Union and the United States of America.

The representative of the REPUBLIC OF KOREA¹ said that the reluctance of certain countries to share seasonal influenza virus strains owing to concerns relating to the Nagoya Protocol should be urgently addressed by the Secretariat. He supported the amendment to footnote 1 in Standard Material Transfer Agreement 2, which would encourage more equitable benefit-sharing.

The representative of SWITZERLAND¹ said that the PIP Framework was fully aligned with the objectives of the Convention on Biological Diversity and its Nagoya Protocol, but that all three instruments needed to complement each other. Even though information on the use of genetic sequence data might enhance understanding of the importance of those data in influenza pandemic preparedness and response, the objectives appeared to presume that genetic sequence data would be subject to benefit-sharing, a controversial issue in the context of the Convention on Biological Diversity and its Nagoya Protocol. She requested further information on the management of data collected through the prototype search engine, in particular in relation to the data type, access and ownership, and expressed reservations on the amendment to footnote 1 in Standard Material Transfer Agreement 2, which would require further in-depth analysis.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, agreed that the current scope of the PIP Framework should be maintained and called on all Member States to implement the Nagoya Protocol and to amend footnote 1 in Standard Material Transfer Agreement 2, so as to minimize any threats to equitable data sharing and collective health security posed by private interests.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, noted the growing delays in virus-sharing as countries sought to implement the Nagoya Protocol, and therefore urged WHO to work with stakeholders to address those delays and to consider the impact of any future genetic data-sharing initiatives.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed concern that the draft decision did not explicitly include genetic sequence data as biological material within the scope of the PIP Framework, which undermined the equal footing principle and pandemic preparedness, and disagreed with the negative language it used to refer to the Nagoya Protocol. It was the responsibility of governments, not Global Influenza Surveillance and Response System laboratories or the Advisory Group, to address concerns about seasonal influenza virus sharing.

The ASSISTANT DIRECTOR-GENERAL (WHO Health Emergencies Programme) said that any attempts to modify the PIP Framework in the face of new challenges should proceed with caution, and agreed on the need for further consultation and discussion. That being said, cooperation in virus and benefit sharing had to continue, since the Framework's objective was to provide health security through the rapid sharing of viruses and the associated benefits. The Secretariat believed that the PIP Framework should be separated from broader discussion of access and benefit sharing for a wider set of pathogens, which would require diverse approaches. The Nagoya Protocol envisaged future benefits and promoted collective security, but it should also support effective collective protection from acute threats to global health security. The Director-General was setting up a task force to tackle the complex issues involved

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

and was working with internal and external experts to prepare concept documents for discussion with Member States.

He expressed appreciation for the round-the-clock efforts of the Global Influenza Surveillance and Response System and other stakeholders to ensure continued timely seasonal influenza virus sharing with a view to safeguarding the continued production of vaccines in the northern and southern hemispheres.

The DIRECTOR-GENERAL said that the task force on non-influenza pathogens would discuss how to proceed in accordance with the Nagoya Protocol, but it would be equally important to continue implementing the PIP Framework. In an increasingly globalized world, committed implementation of the Framework and maximum global solidarity to combat pathogens were key to preventing a small-scale disease outbreak from having catastrophic global repercussions. The Ebola virus crisis had highlighted the world's vulnerability to severe outbreaks of disease and the importance of constant preparedness and cooperation. It would be crucial to bear that reality in mind in any discussions on pandemic disease preparedness to be held before the Seventy-second World Health Assembly. Urgent action was needed to protect humanity from the real and constant threat of pandemics.

The CHAIRMAN took it that the Board wished to suspend discussion of the draft decision, pending consultations on the amendments proposed.

It was so agreed.

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

Member State mechanism on substandard and falsified medical products: Item 6.2 of the agenda (document EB144/24)

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, fully supported the emphasis on ensuring the financial sustainability of the Member State mechanism. Governments should seek to regulate the manufacture, import, distribution and use of medical products, given that the production and marketing of substandard and falsified products posed a major threat to public health outcomes throughout the Region. It was to that end that African health ministers had established the African Medicines Agency, which would coordinate and strengthen continental initiatives to harmonize the regulation of medical products and provide guidance on improving access to quality, safe and effective medicines. He called on WHO to continue to provide technical leadership on harmonization across national regulatory agencies.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the development and maintenance of the WHO Global Surveillance and Monitoring System. Substandard and falsified medical products were a significant roadblock to the attainment of health goals, such as health system strengthening and the fight against antimicrobial resistance. He encouraged Member States to actively engage in the Member State mechanism and the Global Surveillance and Monitoring System.

The representative of BAHRAIN supported the agreed list of prioritized activities in the Member State mechanism's 2018–2019 workplan and stressed the importance of their implementation. Regulations must be put in place for the online sale and purchase of medical products. It was also important to improve awareness-raising programmes, ensure comprehensive training for health inspection workers and strengthen systems for reporting on substandard and falsified medical products.

The representative of ALGERIA urged WHO to strengthen market surveillance and improve alert procedures for substandard and falsified medical products. Regulatory systems should engage in timely

knowledge exchanges, so as to reduce the number of such products entering the market. The Organization should help countries to improve the quality of medical products and strengthen regulatory systems, in particular in terms of assessing the quality, safety and efficacy of such products.

The representative of BRAZIL expressed support for the activities carried out under the Member State mechanism, which had achieved concrete results in the fight against substandard and falsified medical products.

The representative of COLOMBIA said that the Member State mechanism helped WHO to prevent and monitor the sale of substandard and falsified medical products and to strengthen national and regional capacities. It also served to develop policy recommendations, establish prevention and detection tools, and promote the exchange of good practices and experiences.

The representative of GERMANY said that the problem of substandard and falsified medical products could be addressed by preventing them from entering the legal supply chain and by educating patients about illegal supply chains, such as the illegal internet trade. Her Government fully supported the initiatives to improve cooperation among competent authorities worldwide and to launch awareness campaigns.

The representative of INDONESIA expressed support for the activities of the Member State mechanism, particularly the focus on capacity-building to monitor substandard and falsified medical products, and said that Member States should participate more actively in its work.

The representative of VIET NAM reaffirmed her Government's commitment to implement the prioritized activities in the Member State mechanism's workplan for the current and coming periods, in collaboration with other stakeholders globally.

The representative of FIJI called on WHO, its donors and technical experts to help small island developing States develop quality assurance mechanisms and thus strengthen their regulatory systems.

The representative of MEXICO said that it was important to strengthen implementation of the Member State mechanism. In particular, Member States must be able to detect substandard and falsified medical products when they were already in the supply chain, and to respond swiftly and efficiently. The workplan of the Member State mechanism should be aligned with the Thirteenth General Programme of Work, 2019–2023 and the WHO Impact Framework.

The representative of SUDAN said that WHO had a duty to detect substandard and falsified medical products and prevent them from reaching the market. It should continue exchanging expertise, provide technical support for monitoring such products at the national level and strengthen coordination between the Member State mechanism and technical teams within WHO and at all levels.

The representative of THAILAND,¹ observing that globalization and e-commerce had made the supply chain more complex and thereby allowed medicines, including substandard and falsified medical products, to enter countries illegally, asked what action WHO was taking to address that problem. Given that transboundary movement was crucial to the circulation of substandard and falsified medical products, the global network of focal points should be expanded and coordination at country borders

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

reinforced. WHO must promote good governance, including adequate regulatory capacities and zero corruption.

The representative of SPAIN¹ said that it was vital for all stakeholders to collaborate within the framework of the Member State mechanism.

The representative of the RUSSIAN FEDERATION¹ said that the Member State mechanism could not be effective unless Member States cooperated. Member States should therefore participate actively in the global network of focal points. Looking to the future, it would be important to study cross-platform links enabling reports to regulatory agencies about substandard and falsified medical products.

The representative of the DOMINICAN REPUBLIC¹ described the work being done by her Government, together with PAHO, to help strengthen surveillance and alert systems at the national and regional levels.

The representative of INDIA¹ said that the Member State mechanism should not become a barrier to the international movement or availability of authorized, quality, efficacious, affordable generic medicines, which it could do if the definition of substandard and falsified medical products was misinterpreted. He expressed appreciation for the mechanism's agreed definition of such products and for its technical support activities, and commended WHO for providing funding for its activities.

The representative of FRANCE¹ said that the work of the Member State mechanism was essential to understanding the problem of substandard and falsified medical products, which could not be tackled through repression alone. It was also necessary to ensure that essential medicines were available and that pharmaceutical regulatory systems were robust. All relevant stakeholders must work together to improve the efficiency and capacity of pharmaceutical systems.

The representative of ARGENTINA¹ endorsed the prioritized activities for the 2018–2019 workplan. With regard to Activity A, the *Guidance for registers of manufacturers, importers, distributors and medical products authorized by Member States* and the *Recommendations for health authorities on criteria for risk assessment and prioritization of cases of unregistered/unlicensed, substandard and falsified medical products* should be published on the MetNet platform and WHO website. With regard to Activities G and H, the next meeting of the Member State mechanism should continue to address the sale of products via the internet, television and other media.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the Chairman, said that nurses were well-positioned to detect substandard and falsified medical products, and must therefore be involved in developing and implementing national action plans to address the issue. His organization encouraged the Member State mechanism to engage with the Fight the Fakes campaign, particularly in support of Activities E and F. It should also foster collaborative action with major stakeholders.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the Chairman, urged Member States to put in place regulatory frameworks, including for online sales of medical products, and to build capacities by embedding courses about substandard and falsified medical products in school curricula, especially in the light of new technologies.

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

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the Chairman, expressed disappointment that the Secretariat continued to conflate “substandard” and “falsified” medicines and was providing figures based on unclear methodology. The Member State mechanism should exercise caution when it came to medicines in transit, as interventions during transit could be misused to pursue trade interests, thus compromising access to medicines. The regulatory authority of the country concerned should be the only one to intervene. WHO participation in the Global Steering Committee for Quality Assurance of Health Products, some of whose founders had previously pursued an agenda against “counterfeit” medicine advanced by big pharmaceutical companies, was also of concern. WHO should ensure that its participation as an observer was transparent by publishing its interventions on the website of the Member State mechanism.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the Chairman, said that her organization already offered expertise on detection technologies for Activity C and would welcome the opportunity to collaborate on other activities, especially E and F. Scientists, practitioners, patients and consumers must work together to stem the tide of substandard and falsified medical products.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that WHO had implemented surveillance systems all over the world and was strengthening the capacities of countries to better prevent, detect and respond to substandard and falsified medical products. All information was transparent and available online. Although great progress had been made – the Secretariat had recently issued alerts on a falsified rabies vaccine and a falsified cancer medicine – the issue was becoming increasingly complex, inter alia because many more such medical products were sold over the internet. The Member State mechanism sought to foster collaboration among Member States, and she encouraged all Member States to participate.

The CHAIRMAN took it that the Board wished to conclude the discussion of this agenda item.

It was so agreed.

Human resources for health: Item 6.3 of the agenda (documents EB144/25 and EB144/26)

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that Member States should use the WHO Global Code of Practice on the International Recruitment of Health Personnel to ensure that their experiences were documented correctly. The forthcoming review of the Code should look at whether it was helping to reduce the shortage in human resources for health. He recommended that the Health Assembly approve the streamlined reporting on health workforce resolutions.

The representative of JAMAICA said that universal health coverage could not be attained without addressing the concerns of nurses and midwives, who had long been undervalued, and giving them the respect and appreciation they deserved. She therefore requested the Director-General’s support in declaring 2020 – the 200th anniversary of the birth of Florence Nightingale – to be the Year of Nurses.

The representative of FIJI said that, although the Global Strategy on Human Resources for Health: Workforce 2030 contained strategic directions for nursing and midwifery, his country and other small island developing States still required support in recruiting health workers with advanced technical specializations, such as biomedical engineering and radiology. He supported the two recommendations for action contained in document EB144/26.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the WHO Regional Committee for the Eastern Mediterranean had adopted a framework for action on health workforce development in 2017 that was in line with the Global Strategy. He described the Region's challenges in training and deploying trained medical staff, and in ensuring their safety and security. The Region needed to invest more in training nurses. It was also important to maintain the professional health skills of refugees so that they could continue to practice safely when they returned to their countries.

The representative of INDONESIA noted that reporting under the Global Code of Practice had been improved thanks to the online reporting application rolled out in 2018. He recommended that the Secretariat continue to improve its online reporting system, so as to amass more comprehensive, good-quality data. Referring to the second review of the Code's effectiveness, planned for 2019, he requested that the Secretariat review the criteria and list of countries with critical shortages. Indonesia, for example, had been listed in the *World Health Report 2006* as a country with a critical shortage of health personnel, but was currently over-supplied with nurses.

The representative of AUSTRALIA, underscoring the value of national reporting, endorsed the proposal to streamline reporting on health workforce resolutions and seconded the call to highlight the contributions of nurses and midwives in 2020.

The representative of FINLAND welcomed the Director-General's strong commitment to supporting Member State efforts to manage their health workforces, which played an essential role in accelerating progress on primary health care, universal health coverage and the Sustainable Development Goals. She also welcomed the establishment by ILO, OECD and WHO of the International Platform on Health Worker Mobility, and supported recommending that the Health Assembly should approve streamlined reporting.

The representative of IRAQ said that it was vital to focus on health worker training, particularly in medicine and nursing, to close the gap in health workforce size and skills. Management programmes to produce staff capable of leading health institutions, and measures in primary health care and family medicine, must both be developed. The outflux of trained health workers was also a major challenge, and he urged countries to provide WHO with data on the issue.

The representative of BRAZIL encouraged the Secretariat to continue to assist countries to draft health workforce recruitment policies, in order to help them retain health professionals, especially for emergency situations. The second review of the Global Code of Practice should be conducted in consultation with Member States. He stressed the importance of community health workers as an essential category of health personnel providing primary health care.

The representative of BHUTAN recommended proceeding with the second review of the Global Code of Practice's relevance and effectiveness, as progress had been made in most Member States. For example, her Government had established several nursing training centres and was interested in sending nurses on short-term assignments abroad to gain experience that would enrich the local health system. She therefore supported the suggestion that the Secretariat should revise the criteria and list of countries with critical shortages and report back on its assessment to the Seventy-third World Health Assembly.

The representative of GERMANY requested that the updated report to be submitted to the Seventy-second World Health Assembly include the Secretariat's perspective on the Global Code of Practice's relevance and effectiveness, more information about the two thirds of bilateral agreements that did not take ethical considerations into account, and, in a separate chapter, the recommendations of the United Nations High-level Commission on Health Employment and Economic Growth. The second review of the Code should include a re-evaluation of the criteria for the list of countries with critical staff shortages and the possibility for listed countries to have well-regulated access to the international

labour market in the form of pilot projects or bilateral agreements, as requested by the representative of Bhutan and others. She encouraged all Member States to designate a national authority and participate in the third round of reporting.

The representative of ESWATINI said that, despite the global shortage of human resources for health observed in the report, some health professionals remained unemployed in every country. He asked the Secretariat to advise Member States on how to address that problem and whether it reflected a weakness in the Global Code of Practice. He also enquired as to whether medical training standards were being monitored at the global level. The year 2020 should be dedicated to recognizing the work of nurses and midwives, as proposed by the representative of Jamaica.

The representative of the PHILIPPINES¹ recommended adding more content from the country perspective to the updated report. The Secretariat should support capacity-building for developing, implementing and monitoring health policy instruments with a health labour component; a mechanism to promote exchange and information-sharing on international recruitment and health workforce mobility; and a global health education databank accessible to all Member States.

The representative of HONDURAS¹ outlined the work being done with regard to the health workforce in her country. Concrete action was being taken to spur progress towards attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) through international technical cooperation, in particular with Taiwan.²

The representative of PANAMA¹ said that data obtained from the International Platform on Health Worker Mobility would serve to develop health workforce policies and boost capacity. Timely updates to the information in the national health workforce accounts would be essential if the four strategic objectives of the Global Strategy were to be achieved. Member States should continue to report, and the Secretariat should provide technical assistance in coordination with ILO and OECD.

The representative of INDIA¹ seconded calls to revise the list of countries with a critical shortage of health personnel, from which his country should be removed. The global lack of trained health workers was a serious obstacle to health care for millions of people, and he supported WHO's work to address the issue at the national and international levels.

The representative of NORWAY¹ said that it was encouraging to see that the recommendations of the High-level Commission on Health Employment and Economic Growth seemed to be influencing policy-making and investment decisions in countries at all levels of development. She encouraged all Member States to make use of their national health workforce accounts to make more data available and enable evidence-based policy decisions. She also urged donors to support the newly established Working for Health Multi-Partner Trust Fund.

The representative of ARGENTINA¹ said that the report contained in document EB144/25 did little to present the overall migratory flow of health professionals. Qualitative studies should be conducted to provide a comprehensive understanding of migration in each country. WHO technical support for national reporting was essential, especially for the countries most affected by migratory flows. Reporting and the designation of national authorities under the Global Code of Practice were also relevant to the Global Strategy and were linked to the national health workforce accounts and strengthening of governance.

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

² World Health Organization terminology refers to Taiwan, China.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that Member States must do more to recognize the qualifications of health workers trained abroad. Community health workers should receive proper remuneration and incentives for working in remote areas, and female and non-binary health workers must receive equal pay and the opportunity to take on leadership roles. Young health professionals also had a crucial role to play, not only in providing care but in developing and implementing health policy.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to implement the policy options contained in the Global Strategy. She supported streamlined reporting on health workforce resolutions, but the information must be collected without placing an additional burden on health professionals. Governments should work with health professionals to better understand and meet the needs of their health systems and workforces.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that he fully supported the request from the representative of Jamaica to make 2020 the Year of the Nurse. In partnership with WHO, his organization had launched the Nursing Now campaign to raise the profile of nursing, and together they were developing the first State of the World's Nursing report. He commended the appointment of a WHO Chief Nursing Officer and encouraged all countries to invest in and support nursing leadership.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted the inconsistent design, support and functionality of community health worker programmes, and called on Member States to review available functionality standards and ensure comprehensive implementation.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, called on countries to agree a core set of national and international indicators to effectively monitor and evaluate human resources for health, and encouraged the Secretariat and Member States to include pharmacy practice when developing health workforce strategies.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Global Code of Practice could be used to meet several objectives of the Global Compact for Safe, Orderly and Regular Migration. He commended the International Platform on Health Worker Mobility as a good example of dialogue and cooperation.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that investment in the health workforce must be increased to achieve universal health coverage. She applauded Member States that had contributed workforce data and encouraged countries to develop systems for informing the effective and equitable deployment of the health workforce.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, noted that the Global Code of Practice did not oblige Member States to take responsibility for the uncompensated and aggressive recruitment by high-income countries of health workers from low-income countries; international recruitment needed to be regulated. He welcomed the recommendations on proper remuneration and employment regularization set out in the WHO guidelines on health policy and systems support to optimize community health worker programmes.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, stressed the importance of simplified and complete data and accurate reporting on health workers to address gaps. WHO should also focus on gender equality in the health workforce.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems), responding to comments and questions, confirmed that the criteria and list of countries with critical shortages would be revised as part of the second review of the relevance and effectiveness of the Global Code of Practice, which would involve dialogue with the regional committees and consultations with Member States. Clearer guidance and more detailed data on health workforce migration would be provided at the Seventy-second World Health Assembly. Her department would work with governments to analyse unemployment among skilled and qualified health professionals at the national level, but it would be a challenge to analyse the disconnect between the global shortage and such unemployment. Accreditation was being considered for training in quality assurance at the national and global levels, and Member States would be asked to report on that. She thanked the Government of Norway for its strong contribution to the Working for Health Multi-Partner Trust Fund.

The DIRECTOR-GENERAL strongly encouraged Member States to endorse 2020 as the Year of the Nurse and the Midwife, in recognition of the vital role of nurses in achieving universal health coverage and of individuals such as Florence Nightingale, who had contributed greatly to humanity. In low- and middle-income countries in particular, nurses were the bridge between communities and health institutions and played a critical role in front line services as members of multidisciplinary teams. He expected 2020 to be a game changer in terms of universal health coverage.

The CHAIRMAN took it that that the Executive Board agreed to recommend to the Seventy-second World Health Assembly the designation of 2020 as the Year of the Nurse and the Midwife.

It was so agreed.

The Board noted the reports.

Accelerating cervical cancer elimination: Item 6.5 of the agenda (documents EB144/28)

The CHAIRMAN drew attention to a draft decision on accelerating the elimination of cervical cancer as a global public health problem proposed by Australia, Brazil, Canada, Colombia, Ecuador, India, Kenya, Monaco, Mozambique, New Zealand, Peru, the Republic of Korea, South Africa, Sri Lanka, Ukraine, the United States of America, Uruguay and the European Union and its Member States, which read:

The Executive Board, having considered the report on accelerating cervical cancer elimination,¹ decided:

- (1) to note that urgent action is needed to scale up implementation of proven cost-effective measures towards achieving the elimination of cervical cancer as a global public health problem, including vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers and palliative care, which will require political commitment and greater international cooperation and support for equitable access, including strategies for resource mobilization;

¹ Document EB144/28.

(2) to request the Director-General to develop, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020–2030, for consideration by the Seventy-third World Health Assembly, through the Executive Board at its 146th session.

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

Decision: Accelerating the elimination of cervical cancer as a global public health problem	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft decision would contribute if adopted:	<p>1.5.1. Implementation and monitoring of the global vaccine action plan with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines</p> <p>2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated</p> <p>2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases</p> <p>3.1.2. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health</p>
2. Short justification for considering the draft decision, 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:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the decision:	12 months.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 1.97 million.
2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	US\$ 1.97 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:
Zero.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
Zero.
5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
Zero.
– Remaining financing gap in the current biennium:
US\$ 1.97 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
US\$ 1 million.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	–	–	–	–	–	–	605	605
	Activities	100	100	100	100	100	100	760	1360
	Total	100	100	100	100	100	100	1365	1965

The representative of AUSTRALIA said that the tools for eliminating cervical cancer as a public health concern already existed but their implementation needed to be scaled up. The report acknowledged the challenges to implementation of the three accelerators for elimination identified and the need for approaches tailored for different countries and contexts; the development of a global strategy on cervical cancer elimination would be a valuable guide for countries in that respect and promote attainment of the Sustainable Development Goals.

The representative of BENIN, speaking on behalf of the Member States of the African Region, expressed support for the draft decision and observed that existing strategies to combat cervical cancer, such as human papillomavirus vaccination for girls, and screening and early treatment of pre-cancerous lesions, were hampered by weak health systems and insufficient human and financial resources. He therefore requested the Secretariat's assistance to strengthen the early screening strategy in the African Region and to mobilize resources. The Region's Member States pledged to draw up a regional cervical cancer elimination framework and to work together to produce elimination plans tailored to each country's context and sociocultural reality.

The representative of FIJI said that cervical cancer, which was the leading cause of death among women on small island developing States, remained a challenge in terms of primary health care through universal health coverage. He requested that his Government be added to the list of sponsors of the draft decision.

The representative of SRI LANKA, outlining action taken at the regional and national levels, said that cervical cancer prevention was a priority in the South-East Asian Region. WHO should act to reduce the price of the human papillomavirus vaccine, in order to facilitate its introduction and the achievement of high coverage rates in all countries.

The representative of JAMAICA said that, in addition to the measures outlined in the report, the Board should consider recommending that Member States integrate human papillomavirus vaccination into routine immunization schedules, and mounting a global communication campaign to address public concerns about the vaccine's safety. The discontinuation of the bivalent vaccine in 2019, combined with scaled-up national vaccination campaigns, could lead to shortages and higher costs, and steps had to be taken to address any shortfall. An investment case should be made to identify the costs and return on investment of scaling up national investment in cervical cancer elimination and to garner funding for the response.

The representative of BRAZIL, outlining action taken by his Government to eliminate cervical cancer, highlighted the importance of greater integration of surveillance and health care action to promote comprehensive care and stronger health systems. Prevention, including screening and human papillomavirus vaccination for girls, was vital, as was access to vaccination for women who had undergone chemotherapy and radiotherapy for cancer.

The meeting rose at 17:30.

THIRTEENTH MEETING

Wednesday, 30 January 2019, at 18:05

Chairman: Dr P. Sillanauke (Finland)

Later: Ms M.N. Farani Azevêdo (Brazil)

Later: Dr S.M. Zwane (Eswatini)

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

Accelerating cervical cancer elimination: Item 6.5 of the agenda (document EB144/28) (continued)

The CHAIRMAN recalled that a draft decision on accelerating cervical cancer elimination had been introduced at the previous meeting.

The representative of MEXICO welcomed the support provided by WHO for interventions to tackle cervical cancer and noted the importance of political will and adequate resources to achieve elimination. He welcomed the draft decision on accelerating the elimination of cervical cancer as a global public health problem. The Secretariat should take into account regional experience when developing a draft global strategy to accelerate cervical cancer elimination, considering progress indicators and taking into account the budget feasibility of that initiative and alignment with the draft proposed programme budget 2020–2021 and the Thirteenth General Programme of Work, 2019–2023.

The representative of ZAMBIA expressed concern at the statistics on the coverage of cervical cancer interventions provided in the report. All stakeholders should offer support as regards vaccine supplies. The Secretariat should assist Member States in introducing indicators and interim targets as early as possible, and should also develop indicators to track the accelerators outlined in the report.

The representative of the UNITED STATES OF AMERICA called for additional research to improve cervical cancer interventions and urged WHO to set feasible targets for cervical cancer control in order to achieve elimination. Governments and non-State actors should work together to adopt a primary prevention approach. There should be greater emphasis on educating populations that onset of sexual activity and number of sexual partners were risk factors for human papillomavirus acquisition. All Member States should improve access to high-quality primary health care services for women and girls across the care continuum.

The representative of GERMANY said that her Government would participate in the development of a draft global strategy to accelerate cervical cancer elimination.

The representative of VIET NAM said that she strongly supported the development of a draft global strategy to accelerate cervical cancer elimination. She called for campaigns to raise women's awareness of cervical cancer and for further achievements with respect to treatment.

The representative of TURKEY said that WHO should facilitate market research and price negotiations for new human papillomavirus vaccines. He outlined the progress made in his country with regard to cervical cancer screening.

The representative of INDONESIA said that Member States should step up efforts to raise awareness of cervical cancer, including with the help of religious leaders and public figures. They should improve the availability of facilities, tools, funds and human resources and share lessons learned. He outlined some of actions taken to accelerate elimination in Indonesia and called on WHO and non-State actors to support initiatives to accelerate cervical cancer elimination and further promote women's health.

The representative of GABON said that cervical cancer was a priority health concern in his country. Mobilization of resources to support interventions was required, including by ensuring supplies of the vaccine.

The representative of COLOMBIA said that mass communication strategies should be developed to inform people about the prevention of and risk factors for cervical cancer and early access to health services. Governments should purchase human papillomavirus-DNA screening tests centrally so that the technology could be introduced affordably into screening programmes. Progress should be made in using rapid human papillomavirus detection tests and in capacity-building on cervical cancer control for the health workforce.

The representative of BHUTAN outlined measures taken in her country to address cervical cancer. She fully supported global efforts to accelerate cervical cancer elimination as a public health problem and welcomed the draft decision.

The representative of CHILE said that her Government was committed to using all means to accelerate cervical cancer elimination. She highlighted some of the measures taken in her country with respect to cervical cancer prevention and control.

The representative of CHINA emphasized that access to human papillomavirus vaccines was a challenge in China and other middle-income countries. His Government supported the draft decision and was committed to engaging in international cooperation to improve cervical cancer prevention and control.

The representative of ROMANIA said that the European Union and its Member States were pleased to sponsor the draft decision.

The representative of ESWATINI reiterated that access to human papillomavirus vaccines must be improved, particularly in developing countries. Eswatini wished to be added to the list of sponsors of the draft decision.

The representative of THAILAND¹ welcomed the draft decision and noted that the capacity of health systems to provide quality cervical cancer screening, treatment and palliative care was a challenge. He expressed concern at the shortage of human papillomavirus vaccines and their current market price, which made the vaccine unaffordable for many developing countries. The availability of a generic vaccine produced in developing countries would increase affordability, and WHO should accelerate the approval of prequalified vaccines.

The representative of the DOMINICAN REPUBLIC¹ said that constraints with respect to human papillomavirus vaccine supply and access, screening tests and diagnostic services had to be overcome. Political will was required to implement national plans and ensure appropriate budgeting, monitoring

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

and accountability. Monitoring and surveillance systems should be strengthened to improve detection and quality of care, close gaps and reduce inequalities. She supported the draft decision.

The representative of INDIA¹ outlined some of the actions taken in his country to address cervical cancer. His Government stood ready to share its experience in the prevention, control and screening of common cancers, including cervical cancer.

The representative of ARGENTINA¹ said that the implementation of national and local programmes, particularly in low- and middle-income countries with weak and fragmented health systems was a key challenge for elimination. Strategies had to be implemented on an appropriate scale and with sufficient coverage to be effective. To that end, local health services should provide screening and self-testing should be used to increase coverage in the most disadvantaged areas. She highlighted her country's efforts within the framework of PAHO to promote cervical cancer elimination.

The representative of PANAMA¹ said that her Government wished to be added to the list of sponsors of the draft decision. Member States must implement updated standards and protocols for prevention, early diagnosis, treatment and palliative care for invasive cervical cancer. Effective and innovative measures to increase screening were required; more active involvement of women and their families would contribute directly to resolving the problem.

The representative of CANADA¹ said that she was encouraged by the advances made in addressing cervical cancer, including through the widespread introduction of human papillomavirus vaccines in many countries. Cervical cancer prevention and control efforts must also focus on gender equality, health equity and access to health services. She requested information on WHO's modelling work to define elimination and related thresholds, which would help Member States set meaningful goals.

The representative of MOROCCO¹ drew attention to the progress made in his country in cervical cancer prevention and control. Efforts should be made to promote access to the human papillomavirus vaccines by reducing the price, increase the vaccine's availability by encouraging local production, and support national screening programmes.

The representative of BELGIUM¹ said that, as funding for research in the field of cancer prevention was very limited, it was essential that cancer research addressed the correct priorities. He sought reassurance that the evaluation of the International Agency for Research on Cancer was in line with WHO's evaluation policy.

The representative of TRINIDAD AND TOBAGO,¹ noting that the early detection and elimination of cervical cancer would yield a high return on investment, outlined steps taken in his country to strengthen screening. He highlighted the importance of national surveillance systems, and called for more technical cooperation on the integration of health information systems to ensure the linkage of data from vaccination, screening, cancer and HIV registries.

The representative of SOUTH AFRICA¹ said that her country, which attached high importance to cervical cancer elimination, had been successfully implementing a human papillomavirus vaccination programme since 2014. However, the high cost of the vaccine was a major concern, and she urged the Secretariat to advocate for an affordable price.

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

The representative of PERU,¹ outlining efforts to address cervical cancer in his country said that efforts should be made to strengthen information campaigns highlighting that cervical cancer was a global public health problem that could be prevented and detected early on. He supported the development of a draft global strategy to accelerate cervical cancer elimination.

The representative of DENMARK¹ said that, although efforts to strengthen vaccination and screening coverage were important, Member States must build strong, resilient and coherent health systems to accelerate elimination. WHO should promote a holistic approach in its work on cervical cancer elimination.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, said that her organization had agreed to advocate for national cervical cancer strategies aligned with WHO's call for elimination; build the capacities of its members; support countries in rolling out the human papillomavirus vaccine and cervical cancer screening and treatment; contribute expertise to WHO's efforts on cervical cancer elimination; and harness collaboration and partnerships to promote elimination efforts.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that she welcomed the comprehensive approach towards cervical cancer elimination, including the topic of pain relief. She highlighted the opportunity to build the capacities of the health workforce in prevention, rapid referral, treatment and palliative care. Member States should engage fully in consultations on a global strategy to accelerate cervical cancer elimination, and civil society organizations should be included in discussions. She called for a focus on the social protection of those at highest risk and support for countries with the highest burdens of cervical cancer.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the recognition of cervical cancer as a global health priority. Efforts to prevent, detect and treat cervical cancer should include the promotion of school health, adolescent immunization and gender equity. Equitable access to reproductive health services was necessary to reduce the burden of noncommunicable diseases among women in low-resource settings.

The ASSISTANT DIRECTOR-GENERAL (Family, Women, Children and Adolescents) thanked participants for supporting the development of a global strategy to accelerate cervical cancer elimination. It was encouraging that so many Member States already had programmes in place. The Secretariat noted the concerns raised, including vaccine supply and communications, and had already started to address some of the challenges raised. It had been collaborating with Gavi, the Vaccine Alliance, on market shaping initiatives. It had also been working with Member States that would shortly be introducing the vaccine to incorporate secondary prevention and comprehensive treatment of advanced lesions. As efforts gained momentum, vaccine pricing and supply issues would be addressed through economies of scale. She was confident that the global strategy to accelerate cervical cancer elimination would help to secure a better future for young women and girls and subsequent generations.

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

The decision was adopted.²

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

² Decision EB144(2).

Patient safety: Item 6.6 of the agenda

- **Water, sanitation and hygiene in health care facilities** (document EB144/30)

The CHAIRMAN drew attention to a draft resolution on water, sanitation and hygiene in health care facilities proposed by Australia, Brazil, Eswatini, Ethiopia, Indonesia, Kenya, Nigeria, the United Republic of Tanzania and Zambia, which read:

The Executive Board,
Having considered the report on patient safety: water, sanitation and hygiene in health care facilities,¹

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

The Seventy-second World Health Assembly,

(PP1) Recalling the Declaration of Astana from the Global Conference on Primary Health Care (Astana, Kazakhstan, 25 and 26 October 2018) which envisions strengthening primary health care (PHC) as the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and that PHC is a cornerstone of a sustainable health system for effective universal health coverage (UHC) and health-related Sustainable Development Goals;

(PP2) Recalling also resolution WHA64.24 (2011) on drinking-water, sanitation and health, which emphasizes the tenets of PHC as per the Declaration of Alma-Ata on Primary Health Care and other resolutions recalled therein (WHA35.17 (1982), WHA39.20 (1986), WHA42.25 (1989), WHA44.28 (1991), WHA45.31 (1992), WHA51.28 (1998) and WHA63.23 (2010)) and resolution WHA70.7 (2017) which stressed the role of improving safe drinking water, sanitation facilities, health care waste management and hygiene practices in primary health care;

(PP3) Recalling further United Nations General Assembly resolution 64/292 on the human right to water and sanitation of July 2010 and resolution 72/178 of December 2017 and the United Nations Human Rights Council resolution 39/8 of September 2018, on the human rights to safe drinking water and sanitation;

(PP4) Noting that without sufficient and safe water, sanitation and hygiene (WASH) in health care facilities, countries will not achieve the targets set out in Sustainable development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including reducing maternal and newborn mortality and achieving effective universal health coverage, and also in Sustainable Development Goals 1, 7, 11 and 13;

(PP5) Noting also that the provision of safe water, sanitation and hygiene (WASH) services is fundamental for patient safety and has been shown to reduce the risk of infection for patients, caregivers, health workers and surrounding communities and noting that progress towards WASH in health care facilities would also allow for effective and timely prevention of and care for cholera along with diarrhoeal and other diseases, as recognized in resolution WHA71.4 (2018) on cholera prevention and control;

(PP6) Recalling WHA68.7 (2015) on the global action plan on antimicrobial resistance, which underscores the critical importance of safe water, sanitation and hygiene (WASH) services in community and health care settings for better hygiene and infection prevention measures to limit the development and spread of antimicrobial resistant

¹ Document EB144/30.

infections and to limit the inappropriate use of antimicrobial medicines, ensuring good stewardship;

(PP7) Noting the findings of the joint WHO and UNICEF report, *Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward*,¹ which revealed that close to 40% of all health care facilities globally lack access to even rudimentary water supplies, 19% lack sanitation and 35% do not have water and soap for handwashing,² underscoring the implications of not having these basics in these places, including the spread of infections in places that are supposed to promote health and basic hygiene for disease prevention; and stressing the implications for the dignity of patients and other users who seek health care services, particularly women in labour and their newborn babies;

(PP8) Recalling the statement of the United Nations Secretary-General making a global call for action for water, sanitation and hygiene in all health care facilities;

(PP9) Noting that the Director-General's report to the Seventy-first World Health Assembly on health, environment and climate change³ has identified global driving forces, including population growth, urbanization and climate change, which are expected to significantly affect the availability and quality of, and access to, water and sanitation services and freshwater resources and the urgent need for addressing the links between climate, energy, safe water, sanitation and hygiene (WASH) and health;

OP1. URGES Member States:⁴

(1) to conduct comprehensive assessments according to the national context and, where appropriate, to quantify the availability, quality and needs of safe water, sanitation and hygiene (WASH) in health care facilities and infection prevention and control (IPC) status using existing regional and global protocols or tools^{5,6} and in collaboration with the global effort to improve WASH in health care facilities;⁷

(2) to develop and implement a road map according to national context so that every health care facility in every setting has, commensurate with its needs, safely managed and reliable water supplies; sufficient, safely managed and accessible toilets or latrines for patients, caregivers and staff of all sexes, ages and abilities; appropriate core components of infection prevention and control (IPC) programmes including good hand hygiene infrastructure and practices; routine, effective cleaning; and safe waste management systems, including for excreta and medical waste disposal and whenever possible sustainable and clean energy;

¹ WHO and UNICEF. Water, sanitation and hygiene in health care facilities: status in low and middle income countries and way forward. World Health Organization: Geneva; 2015.

² WHO and UNICEF will release Sustainable Development Goal baseline figures for safe water, sanitation and hygiene (WASH) in health care facilities in March/April 2019. These new figures will supersede the figures currently stated in the resolution.

³ Document A71/11.

⁴ And, where applicable, regional economic integration organizations.

⁵ WHO and UNICEF. Water and sanitation health facility improvement tool (WASH-FIT). Geneva: World Health Organization/UNICEF; 2018 (https://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/, accessed 28 January 2019).

⁶ National infection prevention and control assessment tool (IPCAT2) and WHO Infection Prevention and Control Assessment Framework (IPCAF) (<https://www.who.int/infection-prevention/tools/core-components/en/>, accessed 28 January 2019).

⁷ WHO and UNICEF are co-coordinating the global efforts to improve safe water, sanitation and hygiene (WASH) in health care facilities. Action is focused on a number of key areas, including national assessments. More information can be found on the knowledge portal: www.washinhcf.org.

- (3) to establish and implement, according to national context, minimum standards for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in all health care settings and build WASH and IPC standards into accreditation and regulation systems; and establish accountability mechanisms to reinforce standards and practice;
- (4) to set targets within health policies and integrate indicators for safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC)¹ into national monitoring mechanisms to establish baselines, track progress and track health system performance on a regular basis;
- (5) to integrate safe water, sanitation and hygiene (WASH) into health programming, including into nutrition, maternal, child and newborn health within the context of safe, quality integrated people-centred health services, effective universal health coverage, infection prevention and control (IPC) and antimicrobial resistance;
- (6) to identify and to address inequities and interruptions in the availability of adequate safe water, sanitation and hygiene (WASH) services in health facilities, especially in facilities that provide maternity services and in primary health care facilities;
- (7) to align their strategies and approaches with the global safe water, sanitation and hygiene (WASH) in health care facilities effort² and contribute to the realization of Sustainable Development Goal 3 (Ensure healthy lives and promote health and well-being for all at all ages) and Goal 6 (Ensure availability and sustainable management of water and sanitation for all);
- (8) to have procedures and funding in place to operate and maintain safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) services in health facilities and to make continuous upgrades and improvements based on needs so that infrastructure continues to operate and resources are made available to help facilities access other sources of safe water in the event of failures in the normal water supply, so that environmental and other impacts are minimized and in order to maintain hygiene practices;
- (9) to educate and raise awareness, in line with regional agreements, on water, sanitation and hygiene, with a particular focus on maternity, hospital facilities, and settings used by mothers and children; and to conduct ongoing education campaigns on the risks of poor sanitation, including open defecation, to discourage this practice, and encourage community support for use of toilets and safe management of faecal waste by health workers;
- (10) to establish strong multisectoral coordination mechanisms with the active involvement of all relevant ministries, particularly those responsible for health, finance, water, and energy, to align and strengthen collaborative efforts and ensure adequate financing to support the delivery of all aspects of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) across the health system; to invest in a sufficient and well-trained health workforce, including health care workers, cleaners and engineers to manage WASH services, provide ongoing maintenance and operations and perform appropriate WASH and IPC practices including strong pre-service and ongoing in-service education and training programmes for all levels of staff;

¹ WHO and UNICEF. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals (https://www.who.int/water_sanitation_health/publications/core-questions-and-indicators-for-monitoring-wash/en/, accessed 28 January).

² WHO/UNICEF global activities on WASH in health care facilities. (https://www.who.int/water_sanitation_health/facilities/en/, accessed 28 January 2019).

(11) to promote a safe and secure working environment for every health worker including working aids and tools, safe water, sanitation and hygiene (WASH) services and cleaning and hygiene supplies, for efficient and safe service delivery;

OP2. INVITES international, regional and local partners:

- (1) to raise the profile of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities, in health strategies and in flexible funding mechanisms, and thereby direct efforts towards strengthening health systems as a whole, rather than focussing on vertical or siloed programming approaches;
- (2) to support Government efforts to empower communities to participate in the decision-making concerning the provision of better and more equitable safe water, sanitation and hygiene (WASH) services in health facilities, including their reporting to authorities about insufficient or inadequate WASH services;

OP3. REQUESTS the Director-General:

- (1) to continue providing global leadership and the development of technical guidance to achieve the targets set out in this resolution;
- (2) to report on the global status of access to safe water, sanitation and hygiene (WASH) in health care facilities as part of Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all), including through the Joint Monitoring Programme and to include WASH and infection prevention and control (IPC) in health care facilities within effective universal health coverage, primary health care and efforts to monitor the quality of care;
- (3) to catalyse the mobilization of domestic and external resources from the public and private sectors, and to support the development of national business cases for investment in safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities;
- (4) to continue to raise the profile of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities within WHO and at high level political forums and to work with other United Nations agencies to respond to the United Nations Secretary General's call to action in a coordinated manner;
- (5) to work with Member States and partners to review, update and implement the global action plan and support member states in the development of national road maps and targets for safe water, sanitation and hygiene (WASH) in health care facilities;
- (6) to work with partners to adapt existing and, if necessary, develop new reporting mechanisms to capture and monitor progress on the coordination, implementation, financing, access, quality and governance of safe water, sanitation and hygiene (WASH) and infection prevention and control (IPC) in health care facilities according to established indicator reporting methodology for Sustainable Development Goal 6 (Ensure availability and sustainable management of water and sanitation for all);¹
- (7) to report on the progress in the implementation of the present resolution to the Health Assembly in 2021 and 2023, through the Executive Board;

¹ Includes protocols, methods and reporting conducted by the WHO/UNICEF Joint Monitoring Programme and the WHO-led UN-Water Global Analysis and Assessment of Sanitation and Water.

(8) to support coordination and implementation of safe water, sanitation and hygiene (WASH) and basic infection prevention and control (IPC) measures in health care facilities and triage centres in times of crisis and humanitarian emergencies through the Health and WASH clusters, leveraging partnerships to prevent disease outbreaks in these contexts.

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

Resolution: Water, sanitation and hygiene in health care facilities	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	<p>3.5.1. Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks</p> <p>3.1.1. Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths from pre-pregnancy to postpartum and perinatal deaths (stillbirths and early neonatal deaths) with a particular focus on the 24-hour period around childbirth</p> <p>4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage</p>
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:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Six years in total. Implementation in one country takes about two years; implementation can be carried out in parallel in several countries.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 9.83 million over six years (up to mid-2025).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	US\$ 2.71 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions:	Not applicable
3. Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US\$ millions:	US\$ 3.56 million.

4. Estimated resource requirements in future programme budgets, in US\$ millions:
US\$ 3.56 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\$ 2.71 million.
– Remaining financing gap in the current biennium:
Not applicable.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:
Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	0.22	0.05	0.20	0.07	0.05	0.19	1.16	1.94
	Activities	0.11	0.01	0.05	0.03	0.01	0.05	0.51	0.77
	Total	0.33	0.06	0.25	0.10	0.06	0.24	1.67	2.71
2018–2019 additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2020–2021 resources to be planned	Staff	0.63	0.05	0.16	0.07	0.06	0.19	1.20	2.36
	Activities	0.14	0.04	0.08	0.04	0.02	0.10	0.78	1.20
	Total	0.77	0.09	0.24	0.11	0.08	0.29	1.98	3.56
Future bienniums resources to be planned	Staff	0.63	0.05	0.16	0.07	0.06	0.19	1.20	2.36
	Activities	0.14	0.04	0.08	0.04	0.02	0.10	0.78	1.20
	Total	0.77	0.09	0.24	0.11	0.08	0.29	1.98	3.56

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that lack of access to water, sanitation and hygiene in health care facilities was threatening progress in a number of key areas. Member States of the African Region had identified access to water and to sanitation as key priorities to be addressed in connection with the Thirteenth General Programme of Work, 2019–2023. High-level political commitment, strategic leadership and a clear road map and goals were needed to ensure collective action and accelerated progress on such a fundamental element of quality health care. He called on Member States to support the draft resolution.

The representative of the UNITED STATES OF AMERICA said that her country wished to be added to the list of sponsors of the draft resolution. She welcomed WHO's leadership in promoting improved water, sanitation and hygiene services in health care facilities, and called for efforts to improve the voluntary collection of local, national and global data on the issue. WHO should work to identify and disseminate achievable solutions to strengthen water, sanitation and hygiene capacity, addressing such issues as disposal of medical waste, management and administration of facilities, and good

practices. It should also forge linkages with infection prevention and control programmes and leverage the successful work already undertaken by other stakeholders.

The representative of AUSTRALIA commended the development of indicators and a global workplan to accelerate action on water, sanitation and hygiene in health care facilities. The Secretariat should provide further information on the respective roles and responsibilities of WHO and other development partners, the composition of the proposed advisory group, and on how implementation of the workplan would be funded. She looked forward to the release of the first global baseline report on water, sanitation and hygiene in health care facilities from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene. Her Government was pleased to be able to contribute to global efforts to promote water, sanitation and hygiene in health care facilities, including through a new AU\$ 5 million, five-year partnership with WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, thanked the authors of the draft resolution for bringing the important topic to the attention of the Executive Board. She said that the European Union and its Member States wished to be added to the list of sponsors.

The representative of FINLAND said that the need to strengthen national capacity to manage health risks was an integral part of the 2030 Agenda for Sustainable Development. Water, sanitation and hygiene constituted an essential component of patient safety and health security, and an example of the interlinkage between Sustainable Development Goals. His Government was committed to providing solutions to global water needs and stood ready to share its expertise.

The representative of CHILE, outlining initiatives undertaken in her country, highlighted the need for infection prevention and control programmes in health care facilities in addition to water, sanitation and hygiene services. She expressed support for activities to build the capacity at the country level, identify good practice, develop recommendations on leadership and governance, facilitate technical assistance and training, empower civil society and the workforce, and act on evidence.

Ms Farani Azevêdo took the Chair.

The representative of BAHRAIN welcomed the efforts of the WHO/UNICEF Joint Monitoring Programme and highlighted the need for special plans and strategies for developing water, sanitation and hygiene services in health care facilities in countries with scarce water resources. Collaboration between the private and public sectors was important in developing such services. A body should be established to regulate water quality and hygiene in health care facilities.

The representative of GERMANY said that coordinated global action, partnerships and strong leadership were required to develop policies to address water, sanitation and hygiene services in health care facilities. The importance of hygiene practices should be further emphasized, and close cooperation between the health care sector, educational institutions and service providers was essential. Additional emphasis should be placed in the report on the implementation of domestic financing mechanisms for the construction of sustainable water, sanitation and hygiene services; national policies and standards to increase access and improve services; and intermediate infrastructure solutions that could improve conditions in health care facilities. Safe water, sanitation and hygiene should be recognized as a part of health care, disease control and pandemic prevention. Noting the need for an intersectoral approach to achieve the targets of Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 6 (Ensure availability and sustainable management of water and sanitation for all), he commended WHO and UNICEF on their collaboration, which he hoped would be deepened further.

The representative of FIJI called on WHO and its donor partners to help small island developing States determine gaps in water, sanitation and hygiene services, identify recommendations and ways forward, provide such services in health care facilities, and develop best practices for health care professionals.

The representative of MEXICO expressed concern at the risks of sepsis in low-resource settings, and at the increased use of antibiotics that contributed to antimicrobial resistance. Clean and hygienic health care facilities helped to build trust and reduce maternal and neonatal mortality. It was challenging that many national health budgets were organized according to priority diseases, instead of addressing the overall environment for health care delivery. He commended the collaboration between WHO and UNICEF on water, sanitation and hygiene services, including in developing harmonized indicators to facilitate the comparison of country data. He welcomed the draft resolution.

The representative of CHINA said that water, sanitation and hygiene services in health care facilities were important for patient safety. WHO should strengthen its technical guidance on the issue for developing countries. His Government supported the draft resolution and would collaborate with other countries to improve such services.

The representative of COLOMBIA said that access to water, sanitation and hygiene services in health care facilities, which would contribute to achieving universal health coverage and Sustainable Development Goals 3 and 6, was a high priority for his country. He supported the draft resolution, which was consistent with his Government's ten-year public health plan, and called for cooperation from the international community in overcoming the challenges associated with the provision of such services in health care facilities.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, encouraged the development of comprehensive guidance that integrated an environmental code for health care facilities. Having welcomed the United Nations Secretary-General's call to action on water, sanitation and hygiene in health care facilities in March 2018, he said that greater attention should be paid to the issue to avoid the spread of disease, prevent and manage outbreaks, and ensure patient safety, particularly in crisis and emergency situations. He highlighted the importance of financing and policies to scale up the implementation of relevant standards, and the crucial role of community engagement and intersectoral collaboration to reinforce water, sanitation and hygiene in health care facilities in the Region.

The representative of THAILAND¹ expressed support for the draft resolution and the development of a global workplan. He encouraged all Member States to commit to improving water, sanitation and hygiene in health facilities and called on WHO and other organizations in the United Nations system to provide support to the different ministries involved. WHO should work closely with other United Nations organizations to avoid any duplication in activities and funding under Sustainable Development Goals 3 and 6.

The representative of INDIA¹ said that health care facilities in many parts of his country faced particular challenges in ensuring access to water, sanitation and hygiene services. He outlined national initiatives that had accelerated rural sanitation coverage and were encouraging public health facilities to work towards standards of excellence.

The observer of PALESTINE said that, in the Gaza Strip, the unsustainable water, sanitation and hygiene situation was exacerbated by the longstanding blockade by the occupying power, Israel, and inadequate power and drinking water supplies had seriously affected the provision of such services in

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

health care facilities. Technical support from the Secretariat and humanitarian cooperation between the Palestinian authorities and the occupying power was vital.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that she supported the draft resolution and looked forward to further discussion of the issue at the Seventy-second World Health Assembly.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the leadership shown by WHO and UNICEF on water, sanitation and hygiene in health facilities. While progress had been made, challenges persisted, including poor coordination among health sectors, lack of political will and finance, and inadequate infrastructure and training. Additional country support, prioritization and commitment were needed to achieve change at the scale needed to attain the Sustainable Development Goals. She called on Member States to support the draft resolution.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that access to water, sanitation and hygiene in health facilities did not only have implications for patient safety, but also for the health and well-being of the workforce. Governments should allocate resources to promote the development and implementation of relevant standards and provide ongoing training to health care providers.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to support the draft resolution. He called on the Secretariat and Member States to allocate adequate financing to deliver on national plans for water, sanitation and hygiene services in health care facilities; address inequalities in access to such programmes; and develop standards and monitoring mechanisms to consider advanced levels of water, sanitation and hygiene in facilities providing secondary and tertiary care.

The DIRECTOR (Public Health, Environmental and Social Determinants) thanked participants for their support and useful suggestions. She acknowledged the longstanding support from Australia; its new contribution would help activities greatly. Noting the call for education campaigns on hygiene and for greater emphasis on domestic financing policy, she said that the UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water report on financing universal water, sanitation and hygiene and a related information tool on domestic financing were available to help guide countries. The work by WHO and UNICEF was seeking to promote a clear definition of roles and responsibilities. New baseline data would be produced, and figures for water, sanitation and hygiene in health care facilities would be released in March 2019. She recognized the need to ensure that access to such services in health care facilities was linked to programmes to control infection, prevent antimicrobial resistance and reduce maternal and neonatal mortality. She was hopeful that, with the Secretary-General's call to action, the capacity being created and the commitment of Member States, rapid progress would be made in improving access to water, sanitation and hygiene in health care facilities.

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

The resolution was adopted.¹

Promoting the health of refugees and migrants: Item 6.4 of the agenda (document EB144/27)

The representative of MEXICO said that it was regrettable that some valuable elements of the original draft global action plan, 2019–2023 had been lost during the consultation process and asked

¹ Resolution EB144.R5.

why the link between the plan and the 2030 Agenda for Sustainable Development had been removed. Discussions on the existence of a definition of migrants served no purpose when numerous United Nations documents referred to the subject. The guiding principles for implementation of the draft global action plan should be given greater visibility in the document. Cooperation with stakeholders should include ILO, whose work on occupational health was particularly relevant under priority 2. He trusted that the final version would constitute a robust guide based on the recognition of the right to health for all to assist States in designing their national plans. It was vital not to politicize the debate on migrants and refugees and to ensure impartiality.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, said that WHO should promote universal health coverage for all persons, including migrants and refugees, within the framework of the 2030 Agenda. WHO should act within its mandate to implement the measures under the priorities set out in the draft global action plan. He called on the Secretariat to provide technical and financial support where needed to help countries design their national action plans to ensure health care for migrants and refugees.

The representative of VIET NAM said that the increasing displacement of persons across international borders had a significant impact on the health sector in Viet Nam her country, which was carrying out a situation analysis of migrant health. She expressed support for the draft global action plan and looked forward to receiving further financial and technical support from WHO for implementation.

The representative of CHILE said that available resources must be used more efficiently if health systems were to deal with the pressure of increasing migratory flows, and recalled that States had exclusive competence over their migration policies. She strongly supported the principle of equality and non-discrimination, including with respect to health care, and agreed that migrants and refugees should be integrated into formal health systems. Efforts should be made to improve coordination with countries of origin for the purposes of prevention and sharing of information, and to pay greater attention to migrants' living conditions to reduce the risk of disease. The draft global action plan should also focus on older persons, given the additional burden that they placed on health services.

The representative of SRI LANKA said that, although migrants were considered to be a vulnerable population, they contributed significantly to national economies and needed to be able to access primary health care systems. The Secretariat should provide support to Member States to map vulnerable populations under priority 6 of the draft global action plan before the plan was adapted to specific regional contexts. The responsibilities of other United Nations agencies in connection with the draft global action plan should be identified.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that national and regional differences should be taken into account in the draft global action plan. The Secretariat should provide technical and financial support to enable Member States to develop, finance and implement national plans. A discussion should be initiated to coordinate international efforts linking health care for refugees and migrants with humanitarian programmes.

The representative of COLOMBIA said that support from WHO and international cooperation was essential to facilitate equitable access to health services for migrants. He supported the adoption of a realistic global action plan that created opportunities to strengthen health systems in countries of origin, transit and destination to meet the needs of migrants, and was adequately resourced. The global action plan should: place greater emphasis on strengthening epidemiological monitoring and health information systems; call for compliance with the International Health Regulations (2005); cover financial and technical cooperation for the prevention and treatment of communicable diseases in the context of migration; and promote the timely provision of vaccines to the most affected countries.

The representative of IRAQ welcomed the draft global action plan. She recommended: monitoring progress by setting targets to be achieved by 2030; strengthening coordination at borders to improve planning, implementation and monitoring; including internally displaced persons; and enhancing primary mental health care to respond to the needs of refugees, including through the adoption of evidence-based guidelines.

The representative of the NETHERLANDS said that migrants and refugees were at increased risk of mental health challenges. However, mental health and psychosocial support was not well integrated into humanitarian support, and a multisectoral approach was required. Her country would be hosting a ministerial conference focused on mental health and psychosocial support in crisis settings later in 2019, aimed at mobilizing commitment to improve the quality of support and ensure sustainable funding, and at sharing evidence-based interventions that could be integrated into humanitarian programmes.

The representative of ZAMBIA said that countries had to improve their health care systems and establish mechanisms to respond appropriately to health emergencies in order to ensure the right to health of refugees and migrants. He asked whether it would be preferable for Member States, rather than the Secretariat, to conduct advocacy, mass media and public education efforts within the health sector, as listed under priority 5 of the draft global action plan. He also asked how certain parameters of the draft plan would be monitored over time.

The representative of the UNITED STATES OF AMERICA said that it was regrettable that the current version of the draft global action plan had been published without sufficient time for adequate consultation among Member States. The draft plan did not clearly distinguish between refugees and migrants; it should not extend WHO's mandate but should focus specifically on the value of WHO's expertise in promoting the health of those groups. Financial implications had to be considered so that strategies could realistically be implemented. Her country did not support the current version of the draft plan but was committed to finding a way forward through consultations.

The representative of DJIBOUTI said that he fully supported the draft plan of action. It was vital to adopt a comprehensive approach centred on integrated cross-border and interregional policies. His country had become an important transit corridor and he outlined the measures taken to provide assistance to migrants and facilitate their access to health services. He called on the Secretariat to support capacity-building in his country to make actions even more effective.

The representative of TURKEY said that a successful global action plan should set out well-defined roles and responsibilities for all stakeholders and meet with strong commitment from all, including Member States. During consultations on the draft, many essential components had been removed, thereby jeopardizing the establishment of a global action plan that met all the health-related needs of refugees and migrants.

The representative of JAMAICA said that the draft global action plan should remain a living document and be updated in the light of lessons learned from implementation of the relevant global compacts. As a lack of financing was a major threat, WHO and international partners should advocate for a more organized humanitarian emergency response lead to take clear and timely decisions and streamline activities. The Secretariat should provide increased support to countries with respect to the priorities and options for action set out in the draft plan. It was also important to strengthen capacities, increase partnerships and enhance intersectoral collaboration to adequately handle influxes of refugees and migrants.

The representative of AUSTRALIA said that she broadly supported the draft global action plan but regretted the removal of the recommended actions for Member States, which previous versions had included for consideration, in accordance with country contexts and circumstances.

The representative of INDONESIA said that further clarification of the definition of “migrant” was needed to prevent misunderstandings among stakeholders. The use of the definition of “refugee” as contained in the 1951 Convention relating to the Status of Refugees should be assessed, given that not all Member States were party to that Convention.

The representative of GERMANY supported the draft decision. Efforts should be made to improve the availability of information for refugees and migrants on health care services in the relevant country; improve the processes for continuous exchange of information on health care services for refugees and migrants among States and other relevant actors; strengthen the close cooperation of WHO with other relevant international organizations; and ensure WHO’s support for implementation of the provisions on health of the Global Compact on Refugees and the Global Compact for Safe, Orderly and Regular Migration.

The representative of ITALY said that her Government had financed the WHO Public Health Aspects of Migration in Europe project, which provided an overview of refugee management. WHO should focus on data reporting and monitoring processes, including by taking into account the use of different methodologies and indicators in various countries.

The representative of BRAZIL expressed his thanks to WHO for convening informal consultations with Member States regarding the draft global action plan; further consultations would be necessary.

The representative of HAITI¹ said that conflicting definitions of refugees and migrants should not politicize the debate on access to health care for those groups. He would like WHO to distinguish between its current commitments to Member States and its future actions relating to the draft global action plan. He asked about the financial implications of the plan for the Organization over the five-year period. He encouraged WHO to focus on priority 5, as its scope would reach beyond better access to health care, and to seek the views of migrants and refugees before adopting the plan.

The representative of BELGIUM¹ asked why WHO was not a member of the United Nations Network on Migration’s executive committee and what steps it had taken towards becoming one. Its lack of membership was a missed opportunity, since health was a crucial component of the global migration debate.

The representative of BANGLADESH¹ said that the responsibility of securing adequate health services for refugees and migrants could not fall exclusively on the host country; the mobilization of international resources was crucial in that regard. Under priority 1, focus should be placed on creating enabling health conditions for the return of refugees to their countries of origin. The issue of resource mobilization should be raised under all priorities, since without global partnership for enhancing resources, implementing the global action plan would prove challenging.

The representative of the PHILIPPINES¹ expressed support for the Global Compact for Safe, Orderly and Regular Migration. Support for migrants’ health was essential to ensure their participation in the development of host countries and return to their countries of origin. He looked forward to the adoption of the draft global action plan; Member States’ full commitment to the priorities agreed at the national, regional and interregional levels; and partnership with Member States in efforts to improve migrants’ health.

The representative of PAKISTAN¹ said that, despite improvements to the current draft global action plan, certain countries, including his, would face challenges in implementing some of the actions

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

proposed therein as refugee situations differed between countries. A robust plan must be established, with resources and assistance provided to host countries. He expressed concern that WHO intended to issue global reports and country progress reports without clearly identifying financial resources or outlining stakeholders' responsibilities. Action regarding refugee issues should be based on the principle of sharing burdens and responsibilities.

The representative of HUNGARY¹ said that, although amendments had been made to the report, certain concerns had not been taken into consideration. His country firmly dissociated itself from the Global Compact for Safe, Orderly and Regular Migration, its implementation and follow-up. Given that the report contained numerous references to and set out actions in line with the Compact, he could not support it.

The representative of ARGENTINA¹ said that implementation of the draft global action plan would need to be managed and coordinated by the Organization. The issue of migrants' and refugees' health posed a challenge to many Member States and affected sectors other than health; WHO should therefore further strengthen its commitment to all involved, with a view to generating synergies and preventing duplication of efforts. The report should better promote cooperation, and steps should be taken prior to the Seventy-second World Health Assembly to improve the draft plan and seek consensus on issues previously addressed in consultations with the Secretariat.

The representative of SWITZERLAND¹ underscored the importance of cooperation among United Nations agencies with regard to refugees. The emphasis placed by the Secretariat on ensuring universal health coverage for refugees, migrants and host populations was laudable. It was important to identify ways to better incorporate the health needs of refugees and migrants in policy-making. Such a challenge could only be addressed through effective intersectoral collaboration, enhanced international cooperation and the sharing of good practice.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that migrants and refugees should be distinguished as separate groups, since their needs were handled by different mechanisms. It was important to strike a balance between norm-setting and burden-sharing for refugee protection, which should not be to the detriment of the rights of host communities. As the 1951 Convention relating to the Status of Refugees did not set out an explicit framework for refugee protection as an international responsibility, many stakeholders had passed their responsibilities on to others. The draft global action plan did not promote burden- and responsibility-sharing, which should be proportionate and attribute greater responsibility to developed countries. However, the development of the draft plan presented an opportunity to address that issue by devising a burden-sharing mechanism to promote the health of refugees and migrants. He looked forward to further deliberations in that regard.

The representative of PANAMA¹ said that it was not correct, as indicated in the report, that refugees and migrants who came from areas where communicable diseases were endemic did not necessarily pose an infectious risk to host and transit countries. In her country alone, there had been many cases of imported infectious diseases that had had an impact on local areas. The Organization should pursue work on the draft global action plan, by prioritizing interagency work and ensuring coordination.

The representative of LEBANON¹ said that, as a main host country, her Government appreciated WHO's efforts to support host countries facing unprecedented pressures. Some of the terminology in the draft global action plan appeared confused: even if health conditions and treatments were the same for everyone, the channels through which migrants and refugees were guaranteed primary health care were not. The practical steps mentioned were insufficient to meet the pressing needs of host countries

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

and overly ambitious in relation to building partnerships. Further clarity was needed about the provision of sufficient resources to ensure programme sustainability and prevent additional burdens on host countries. The draft strategy needed to be studied in greater depth if it was to serve as a basis for research and fulfil its objectives.

The representative of SPAIN¹ expressed support for the commitment to advance towards genuine universal health coverage. New legislation in his country protected the right to health of all, including migrants in an irregular situation.

Dr Zwane took the Chair.

The representative of MOROCCO¹ said that his country had become a permanent place of residence for migrants and asylum seekers owing to its proximity to Europe. He outlined the action taken by his Government as part of the national strategy on migrants and refugees, including an arrangement to take in illegal immigrants and initiatives to guarantee the right of migrants to access health services.

The representative of CANADA,¹ welcoming the emphasis placed on certain vulnerabilities of migrants and refugees, drew attention to the unique mental health challenges they experienced. WHO should strengthen partnerships with IOM and UNHCR for the implementation of the draft global action plan. She expressed continuing concern that the proposed programme of work was ambitious and potentially unfeasible, given budgetary constraints, and sought further clarity with regard to new and ongoing activities. Key areas of work where WHO could have the biggest impact should be prioritized. She requested further details of how WHO planned to operationalize the draft plan.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA¹ said that one of the Organization's major challenges was ensuring access to health care for migrants and refugees and combating discrimination to achieve effective governance of migration in relation to health. A global migration policy on health was needed, based on solidarity, respect and cooperation between people and governments and aimed at guaranteeing the effective protection of migrants' and refugees' rights.

The representative of POLAND¹ noted that the draft global action plan focused on activities by the Secretariat, enabling countries to implement it at their discretion. In order to minimize confusion and facilitate national implementation of the draft plan, it should better reflect the differing legal statuses and eligibility for services of migrants, rather than consider such persons as a single group. Given that some countries, including his own, did not join the consensus and had different approaches with respect to the Global Compact for Safe, Orderly and Regular Migration, references to the Compact should be accompanied by a caveat acknowledging specific national approaches thereto. Terminology from the Sustainable Development Goals should be used throughout the report.

The representative of AUSTRIA¹ said that her country had raised concerns about the current draft of the global action plan during the January 2019 consultations. The plan required substantial revision and her country therefore still did not support it.

The representative of the DOMINICAN REPUBLIC¹ said that her country would refrain from commenting on the report as it had been presented to Member States on 24 December 2018 without sufficient consultation. Since the issue was of the utmost importance and related to various sectors, the report had been submitted for consultation to several levels of Government in her country. In future,

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

WHO should engage in prior consultation with Member States on reports. The Board should not make any decisions on the report being discussed at the current session.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ welcomed the revised draft global action plan, including the recognition of vulnerable migrants and refugees as two separate groups and the sharpened focus on human rights, reducing gender inequalities and access to health services. She reiterated the call by the representative of the Netherlands for greater recognition of the mental health and social care needs of refugees and migrants, and the representative of Germany's question as to how the Secretariat intended to work with and support other United Nations agencies and networks. The draft plan could place greater emphasis on menstrual hygiene and lesbian, gay, bisexual and transgender rights, streamline priorities, set out a clear timeline and include progress indicators.

The representative of PORTUGAL¹ welcomed the draft global action plan but expressed disappointment that it did not contain stronger commitments and that the recommendations for Member States had been removed. She encouraged all stakeholders to work with WHO to further promote and protect migrant and refugee health and urged WHO to join the executive committee of the United Nations Network on Migration. Her Government remained committed to protecting and promoting the health of refugees and migrants.

The observer of the HOLY SEE urged all stakeholders, including Member States, civil society and faith-based organizations, to step up efforts to address the health care needs of refugees and migrants. He expressed concern about the inclusion of references to reproductive rights in the draft global action plan and urged WHO to delete references to the minimum initial service package as some kits contained abortifacients.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the draft global action plan should include specific efforts to overcome the significant barriers to essential health care for many migrants. A clear separation between the roles of migration law enforcement authorities and health service providers was crucial, to ensuring the unimpeded provision of humanitarian assistance. The provision of such assistance should never be criminalized; Health for All should indeed mean health for all.

The representative of IOM said that her organization was committed to working closely with WHO, Member States and all other stakeholders to protect and promote the health of migrants. Continued policy coherence on global migration and health would be imperative in implementing the draft global action plan and achieving the related Sustainable Development Goals.

The representative of UNHCR welcomed Member States' interest in refugee health and excellent collaboration with Member States, WHO, IOM and other partners in that area. Health was an important component of the Global Compact on Refugees, and WHO should harness the momentum to promote the health standards of refugees and migrants. UNHCR would continue working with WHO and IOM to further develop the draft global action plan.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that the draft global action plan should include an explicit reference to the right to health of refugees and migrants regardless of their legal, civil or political status. It should also include condemnation of any practice involving physicians in non-medically justified examination,

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

diagnosis or treatment, such as the administration of sedatives to facilitate deportation or conducting of bone examinations to assess age.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, underscored the need not to politicize the issue of refugee and migrant health, but to recognize migration as a core determinant of health. She called for robust and transparent monitoring frameworks and reporting mechanisms to ensure accountability in fulfilling the health objectives of the global compacts on refugees and on migration and the draft global action plan.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called for essential oral health care to be included in the essential health care service package set out in the draft global action plan, and encouraged Member States to develop national action plans and policies to protect and promote the health of all workers. Priority 6 of the draft plan should include the monitoring of refugees' and migrants' oral health.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIRMAN, called on WHO to increase its focus on protecting and promote the health care needs of women and child migrants and refugees.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the draft global action plan should ensure that all child and pregnant refugees and migrants had access to affordable health care, underscoring the need to address language barriers and bring health care services to immigrant communities. In addition, it was important to encourage cooperation between health care providers and other local services providers and to ensure that care systems addressed the needs of children and adolescents with disabilities. She welcomed the focus on the mental health issues of child migrants.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, drew the issue of chronic and hereditary diseases to the attention of all host countries, urging them to identify migrants and refugees with such conditions and to ensure that those patients received the best possible treatment.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft global action plan should focus on ensuring that Member States met their international human rights obligations. It should also ensure the safety of health workers and the necessary funding at the national level.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, highlighted the dire health situation of migrants and refugees on the islands of Lesbos, Greece, and Nauru and called for migration control policies aimed at deterring, containing and forcibly returning migrants to be banned, as they had severe adverse effects on the health of migrants and refugees.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the draft global action plan did not indicate clearly how it would be achieved, particularly given WHO's funding situation. Furthermore, it failed to address certain crucial structural causes of migration and to recognize the responsibility of some high-income countries that violate basic human rights by preventing refugees from entering their borders or denying them access to health care. She urged WHO to remind Member States of their duty to ensure that migrants were included in national and local health planning, and expressed concern about the draft plan's undue emphasis on health

information systems and data collection, which could be used against the interests of refugees and migrants. Instead, WHO should focus on strengthening health systems and the health workforce.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives) said that the draft global action plan sought to build on and adapt to existing health science, technical knowledge and public health expertise, ensure global quality standards and a cross-border continuity of care, and prevent and mitigate situations that hindered access to health care and heightened the risk of poor health among refugees and migrants. The focus was on strengthening collaboration with IOM and UNHCR, with which WHO would continue to work closely. Although WHO's participation in the United Nations Network on Migration was currently limited, the Secretariat was working to include the health sector and WHO in its executive committee.

The need to review and improve the draft global action plan had been noted and further consultations would be held prior to the Seventy-second World Health Assembly. Certain regional and country offices had already begun mobilizing resources and holding discussions with stakeholders. The Secretariat had sought to make the draft plan as comprehensive and participatory as possible and to ensure that support could be tailored to Member States' individual needs.

No new indicators had been created to assess achievement of the draft global action plan so as not to overburden Member States in terms of data provision. Instead, disaggregated data would be used to identify risks to and improvements in the health of refugees and migrants.

The DIRECTOR-GENERAL said that it was important to take account of home, transit and host countries when addressing migrant and refugee health, and to focus on the mental health of refugees and migrants. WHO would remain firmly within its mandate when collaborating with IOM and UNHCR. In terms of funding, the Secretariat would have to determine priorities and address the most critical areas. He emphasized that ensuring the health of migrants and refugees should be viewed as a bridge to peace and solidarity.

The Board noted the report.

The meeting rose at 21:05.

FOURTEENTH MEETING

Thursday, 31 January 2019, at 09:35

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

1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda (continued)

WHO reform processes, including the transformation agenda, and implementation of United Nations development system reform: Item 7.1 of the agenda (documents EB144/31, EB144/32, EB144/33, EB144/33 Add.1, EB144/34, EB144/34 Add.1 and EB144/INF./4) (continued from the third meeting, section 1)

The CHAIRMAN invited the Board to consider the report contained in document EB144/34 and drew attention to the draft decision contained therein on the outcome of the informal consultations on governance reform. The financial and administrative implications of the draft decision for the Secretariat were contained in document EB144/34 Add.1. During the informal consultations, one Member State had requested the Secretariat to describe the existing process for preparation and approval of the agenda of the World Health Assembly. She invited the Secretariat to explain the relevant procedures.

The EXTERNAL RELATIONS OFFICER said that the provisional agenda of each Health Assembly was prepared and considered by the Executive Board at its January session, and published online at least six weeks before the session to allow Member States time to review it. The provisional agenda included the items set out in Rule 5 of the Rules of Procedure of the World Health Assembly. Member States or Associate Members could submit proposals for additional agenda items in writing prior to the January session. Member States could also propose agenda items during the meeting of the Board in which the agenda was considered. After the adoption of the provisional agenda by the Board, Member States could propose supplementary agenda items, provided that such proposals reached the Secretariat within six days of the opening of a regular session of the Board. The General Committee met on the first morning of the Health Assembly to consider the provisional agenda and any proposed supplementary agenda items. The agenda was then adopted in plenary by the Health Assembly upon the recommendation of the General Committee.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region and supported by the representative of the SYRIAN ARAB REPUBLIC,¹ asked whether the proposed amendment to Rule 5 of the Rules of Procedure applied only to new proposals for the agenda of the Health Assembly, or also to items already on the provisional agenda presented to the Board.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine, aligned themselves with his statement. The European Union supported the proposed amendments to the Rules of Procedure of the World Health Assembly. Any further amendments put forward must be subject to consultations with both Member States and non-State actors. Regarding the working methods of the

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

Health Assembly and the Executive Board, he would like to see progress in the implementation of previously agreed governance reform measures, such as a rolling agenda and specific measures for concept notes presented.

The LEGAL COUNSEL said that Rule 5 of the Rules of Procedure contained a list of items that the Board was required to include on the agenda of the Health Assembly. The proposed amendment pertained only to categories (d), (e) and (f) of that list. New proposed agenda items for those categories would have to be submitted along with an explanatory memorandum. While the Board had the power to recommend the deferral of such items, only the Health Assembly could make the decision to defer an agenda item.

The representative of JAPAN said that he supported the draft decision but was concerned about the cost of holding face-to-face informal consultations with non-State actors. More effective interaction with non-State actors was needed.

The CHAIRMAN said that the concept note had been presented as a basis for a discussion that was ongoing and would continue after the adoption of the draft decision.

The representative of ISRAEL supported the recommendations concerning the explanatory memoranda to be submitted along with draft resolutions and decisions, the request for clear reporting requirements, and the amendments regarding time limits for tabling drafts. He also supported the establishment of end dates for reporting, consolidating and managing reporting requirements on similar subjects in new and existing mandates, and the request for draft guidelines for Member States to be applied before posting written statements on the dedicated website.

The CHAIRMAN recalled that, in paragraph 3 of the draft decision, the Director-General was requested to elaborate a report and make recommendations to be submitted to the 145th session of the Board about an informal meeting or forum to bring together Member States and non-State actors in official relations. That process was ongoing and engagement with non-State actors would continue to be discussed.

The representative of the UNITED STATES OF AMERICA, expressing support for the draft decision, said that the proposals reflected progress but needed an enforceable deadline. She requested more information about the timing and nature of the proposed informal meeting or forum with non-State actors, the meeting's focus, how informal discussions could be accounted for in formal governance meetings where enhanced participation was sought already, and the cost.

The representative of AUSTRALIA also expressed support for the draft decision. She looked forward to further discussion and guidance on the extension, revision or conclusion of global action plans and strategies. There should be a consistent approach in those discussions and priority should be given to the plans and strategies expiring early in the period covered by the Thirteenth General Programme of Work, 2019–2023. Regarding a possible separate informal meeting with non-State actors, she said that, in preparing its report and recommendations for the Board's 145th session, the Secretariat should focus on ways to further enhance the participation of non-State actors in governing body meetings.

The representative of MEXICO, supporting the draft decision, welcomed the proposal to hold informal consultations with non-State actors and echoed the comments of previous speakers on that matter.

The representative of FINLAND expressed support for any proposals that increased transparency and predictability, especially in the process relating to decisions and resolutions. Some issues, such as the meaningful participation of non-State actors in governing body meetings required further

deliberation, but the Secretariat must make every effort to implement decisions already made on governance reform. She looked forward to receiving the 2019 country presence report and engaging in a strategic discussion in the governing bodies on how the Secretariat worked in and with countries.

The representative of GERMANY highlighted the need to find more effective ways for the Board to engage meaningfully with non-State actors; informal consultations could offer a good opportunity to do so. Non-State actors should be afforded the opportunity to speak before decisions were made by the Board.

The CHAIRMAN, agreeing with the representative of Germany, said that one of the governance reform proposals was to allow non-State actors to publish papers on the ongoing negotiations before Executive Board meetings, with a view to taking their opinions into account. Furthermore, it was hoped that informal meetings would lead to more effective engagement with non-State actors.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ urged Member States and the Secretariat to expedite the adoption and implementation of the proposals. She welcomed the proposal encouraging non-State actors to speak in clusters; however, it must be accompanied by guarantees on speaking time, as was the case for joint statements by Member States. She expressed doubt about the practicality and benefits of an informal forum with non-State actors, since it could place an additional burden on attendees and would be separate from the main governing bodies. Member States and the Secretariat should regularly engage with non-State actors to inform national policy.

The representative of CANADA¹ said that she would like to see a more dynamic, inclusive, transparent and effective Board that was empowered to provide quality strategic guidance. Dialogue with non-State actors must be as inclusive as possible and not result in a longer Health Assembly or the de facto exclusion of non-State actors. She requested further information on progress made in the mapping of the global action plans to the Thirteenth General Programme of Work and on the status of the process to extend existing global action plans. Clarification of the next steps in the governance reform discussion would be welcome.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of Medicus Mundi International – International Organisation for Cooperation in Health Care, said that, if the time and space accorded to non-State actors in governing body meetings was to be limited even further, their engagement should become more meaningful. He proposed that national civil society consultations should be held in advance of governing body meetings, that civil society representatives should be included in country delegations, and that consultations should be timely and transparent and reflect the diversity of expertise that non-State actors offered.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that her organization's representatives comprised those from various constituent organizations in low- and middle-income countries and young people, to ensure diversity. The proposed informal meeting with non-State actors should not replace but supplement the participation of non-State actors in formal governing body meetings. As non-State actors already faced multiple restrictions on their delegations, statements and side events, additional constraints might make their presence less meaningful.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the recommendations of the WHO-Civil Society Task Team fostered the engagement of young people in health decision-making at

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

the national, regional and international levels. The recommendations called for one or two dedicated positions for civil society organizations within Member State delegations at WHO meetings. He implored Member States to ensure that one of those positions was for a youth delegate who could consult with and represent the views of young people. The Secretariat and Member States should make every effort to support other youth organizations to engage formally with WHO.

The CHAIRMAN took it that the Board wished to adopt the draft decision contained in document EB144/34.

The decision was adopted.¹

The CHAIRMAN drew attention to document EB144/33, which contained a draft decision on amendments to replace or supplement gender-specific language in the Rules of Procedure of the governing bodies. The financial and administrative implications of adopting the draft decision were contained in document EB144/33 Add.1. Three options for the draft decision were set out in paragraph 5 of document EB144/33. She suggested, in the light of the linguistic requirements of the various languages as explained in the Secretariat's report, that the Board should consider adopting option 2, which would entail the Secretariat proceeding with the required amendments to replace or supplement gender-specific language in the English version of the Rules of Procedure only, while continuing to use the masculine grammatical form for all other five languages, as per the practice followed by the United Nations.

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. The principle of gender equality should be reflected in all legal documents that governed WHO and he therefore supported the proposed amendments to the Rules of Procedure. He also recognized that, while all WHO official languages were equal, they were also different, and that applying the changes to some of them might overcomplicate the flow of the text. He therefore saw option 2 as a good compromise. He requested that a caveat be inserted into non-English versions of the Rules of Procedure stating that all masculine forms in the text referred equally to women.

The representatives of JAPAN and the UNITED STATES OF AMERICA expressed support for the Chairman's proposal to adopt option 2.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND² said that option 2 represented the most practical solution for WHO, given that the discussion encompassed much wider issues that were a matter for experts in language rather than health. In the longer term, she would strongly support the use of gender-neutral language across all six working languages to promote inclusivity.

The representative of CANADA,² also supporting option 2, echoed the call for a gender-neutral approach in future that would apply to all documents, not only the Rules of Procedure.

The LEGAL COUNSEL said that resolution WHA57.8 (2004) already made it clear that the use of one gender would be considered as including a reference to the other unless the context otherwise requires, with a note to that effect included in the preamble to the WHO's *Basic documents*. The

¹ Decision EB144(3).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Secretariat would ensure that the note also appeared in the other language versions of the *Basic documents*.

The CHAIRMAN took it that the Board wished to adopt the draft decision, taking forward option 2.

The decision was adopted.¹

The CHAIRMAN invited the Board to consider the report of the Officers of the Board contained in the annex to document EB 144/32 on the proposed amended tool for the prioritization of proposals for inclusion on the draft provisional agenda of the Executive Board.

The representative of ISRAEL expressed support for the position taken by the Officers of the Board that proposals for agenda items should address a global public health issue or involve a new subject within the scope of WHO.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement. He expressed disappointment that the use of the amended tool had not proved an efficient method for assessing the value and relevance of new agenda items. While he was not fully confident that reverting to the old mechanism from 2007 would address the concerns raised, he was prepared to trust the judgement of the Officers of the Board on the matter. The Secretariat should provide the Officers with further details and examples of the criteria for judging the relevance of items endorsed in resolution EB121.R1 (2007). He supported the preparation of a template, complete with questions, for the submission of proposed agenda items. The Secretariat should report on the return to the old mechanism once it had been used by the Officers of the Board.

The representative of JAPAN asked why the new prioritization tool had not been effective, and whether the Officers of the Board had any other alternative ideas for agenda management.

The CHAIRMAN said that the main difficulty had been applying an objective, numerical scoring system to issues that were political or considered important by Member States. The Secretariat was continuing to work on finding ways to prioritize agenda items more effectively.

The representative of FINLAND said that a template to guide Member States when proposing agenda items would be useful. The template should focus on the key issues being evaluated by the Officers of the Board, including: how the proposed agenda item was linked to the General Programme of Work, the 2030 Agenda for Sustainable Development or other relevant programmatic documents; why the issue was being proposed for that particular governing body session; when it had last been discussed; what outcomes were expected; and the resource and programmatic implications of any proposed decisions or resolutions. The Secretariat should undertake to update and actively use the so-called rolling agenda to inform Member States about plans for future meetings, which should be an easily accessible tool for Member States and WHO staff alike.

The representative of INDONESIA requested further information on the challenges faced when using the new prioritization tool.

¹ Decision EB144(4).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ said that the current session had shown that there was a need to make progress on agenda management. She welcomed the proposal made by the representative of Finland and urged the Secretariat to expedite the development and use of the proposed template.

The Board noted the report.

The CHAIRMAN requested the Secretariat to develop a template to facilitate the analysis of proposed agenda items and make it available to the Officers of the Board for the preparation of the draft provisional agenda of the 145th session of the Board. The template should include the criteria contained in RB121.R1 (2007), as well as questions on when the issue was previously addressed by the governing bodies and the existence of ongoing WHO work on the subject or pending reporting requirements.

Evaluation of the election of the Director-General of the World Health Organization: Item 7.2 of the agenda (documents EB144/35 and EB144/35 Add.1)

The CHAIRMAN suggested that the Board request the Secretariat to organize informal consultations to be held during the intersessional period to allow for a fuller discussion of the many issues raised in document EB144/35. If the Board agreed to postpone discussion of the item to its 146th session, the Secretariat would arrange the consultations and submit a revised report for consideration at that session.

It was so agreed.

Engagement with non-State actors: Item 7.3 of the agenda (documents EB144/36, EB144/37 and EB144/37 Add.1)

The CHAIRMAN drew the attention of the Board to the reports contained in documents EB144/36 and EB144/37 and to the draft decision contained in document EB144/37. The financial and administrative implications of adopting the draft decision were set out in document EB144/37 Add.1.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region agreed on the need to define clearly how broadly “furthering the interests of” should be interpreted and how it applied not only to the tobacco industry but also to other industries such as the food industry. Guidelines on cosponsoring events with the private sector would be welcome. He pointed out that the *Handbook for non-State actors on engagement with the World Health Organization* was only available in English, and suggested that it be translated into other languages and disseminated more widely.

The representative of the NETHERLANDS, drawing attention to a letter sent to Board Members from the President of the non-State actor Foundation for a Smoke-Free World, which he stressed was strongly affiliated to a tobacco producer, said that the Framework of Engagement with Non-State Actors and the WHO Framework Convention on Tobacco Control and its guidelines gave very clear guidance on how to engage with the tobacco industry. He encouraged the Director-General and the secretariat of the Framework Convention to continue to make a strong stand against any interference from the tobacco industry. He supported the further strengthening of the implementation of the Framework of Engagement with Non-State Actors to facilitate responsible and productive cooperation between WHO and non-State actors.

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

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, emphasized that the Thirteenth General Programme of Work could not be achieved without greater and more systematic engagement with non-State actors. Member States, which played an important role in overseeing WHO's engagement with non-State actors, must be included in any mechanism to evaluate non-State actors. His Region continued to have reservations about the secondment of staff from non-State actors to WHO; it should be possible for WHO to tap into the necessary expertise without receiving staff from other entities, particularly from the private sector. Nevertheless, he looked forward to hearing about the experiences of those already seconded.

The representative of MEXICO said that more information on WHO's strategies for strengthening collaboration with non-State actors at global health events cosponsored by private sector entities while avoiding potential conflicts of interest and preserving the Organization's integrity and independence would be welcome. He looked forward to hearing more about WHO's new strategy for engagement with non-State actors and the results of the initial evaluation of the implementation of the Framework of Engagement with Non-State Actors planned for 2019.

The representative of the UNITED STATES OF AMERICA cautioned WHO against a tendency for risk avoidance, which diminished its opportunities for global health leadership and collaboration with a variety of non-State actors; risk management must be employed instead. Noting the concern expressed in document EB144/36 that the Framework of Engagement with Non-State Actors represented a heavy workload for the Secretariat, he highlighted that its initial evaluation would be an important opportunity for reform. He looked forward to more information on the evaluation, including its terms of reference.

The representative of AUSTRALIA emphasized her country's firm belief that stronger and more systematic engagement with non-State actors was crucial to achieving the goals of the Thirteenth General Programme of Work and the health-related Sustainable Development Goals. She looked forward to addressing the challenges that had arisen in implementing the Framework of Engagement with Non-State Actors through the initial evaluation. She agreed on the importance of WHO firmly holding its position against engagement with the tobacco industry.

The representative of COLOMBIA urged the Organization to identify new non-State actors that could help in the achievement of the range of objectives and goals set, given the important role played by non-State actors in efforts to improve public health.

The representative of PANAMA,¹ highlighting that the Foundation for a Smoke-Free World had taken advantage of the ambiguity of the phrase "furthering the interests of" to suggest WHO should reconsider engaging with it, warned of the consequences of engagement with an organization with any connection to the tobacco industry. To better understand how to interpret "furthering the interests of" and the mandate for synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control, she recommended: studying article 5.3 of the Framework Convention and its guidelines; consulting with the Framework Convention secretariat for consistent criteria; and consulting decisions by the Conference of the Parties on organizations promoting the interests of the tobacco industry. In addition, WHO should hold consultations to establish a mechanism for implementing the mandate and the secretariats of the Framework Convention and the Framework of Engagement with Non-State Actors should work together to address the issue. She recalled the Director-General's withdrawal from a meeting at the United Nations in New York that, it emerged, was being sponsored by the tobacco industry. The Director-General should not have attended.

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

The representative of SINGAPORE¹ underscored the need for WHO to engage with non-State actors, including industry, in its work, with one key exception being the tobacco industry. WHO must not engage with any organizations wholly or partly funded by the tobacco industry, as specified in the Framework of Engagement with Non-State Actors. He urged WHO to reaffirm that position in the strongest terms.

The representative of ARGENTINA¹ noted the ongoing challenges in the implementation of the Framework of Engagement with Non-State Actors and the lack of proposals and time frames to resolve the issues. She urged the Secretariat to consider ways to overcome the challenges and to report back to the Seventy-second World Health Assembly. She stressed the importance of coordinating implementation efforts with PAHO to ensure uniform application of the Framework of Engagement with Non-State Actors across the Organization. She shared the concerns expressed by other Member States about the letter from the Foundation for a Smoke-Free World.

The representative of THAILAND¹ highlighted the valuable social and intellectual capital that Non-State Actors brought to public health. She stressed the need to ensure that the Framework of Engagement with Non-State Actors addressed the growing social determinants negatively affecting human health, incorporated risk assessment and managed conflicts of interest.

The representative of the RUSSIAN FEDERATION¹ said that the Framework of Engagement with Non-State Actors lacked detail on engagement with non-State actors at the country level. She suggested developing a WHO global strategy on country-level action, which could be discussed at the 146th Board session and the Seventy-third World Health Assembly. Her country was willing to be part of a working group to prepare a strategy.

The representative of INDIA¹ said that the Framework of Engagement with Non-State Actors should be expanded to include the engagement of Member States with non-State actors, as well as with the Secretariat. It should serve as the primary reference document governing all relations between WHO and non-State actors and as a tool to carry out risk–benefit analyses while protecting WHO’s integrity, reputation and public health mandate.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that the WHO Framework Convention on Tobacco Control and the decisions of its governing bodies provided clarity on the meaning of “furthering the interests of the tobacco industry”. They were clear that organizations receiving funding from the tobacco industry were deemed to be furthering the industry’s interests. WHO must lead the implementation of the model policy for agencies of the United Nations system on preventing tobacco industry interference.

The representative of the MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that, in view of the number of non-State actors receiving at least 30% of their funding from the private sector, WHO must rigorously identify whether a non-State actor was subject to the influence of private sector entities by implementing paragraph 13 of the Framework of Engagement with Non-State Actors, and adequately address institutional conflicts of interest.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that genuine civil society participation in governing body meetings must not be undermined. Tobacco was not the only risk. The lack of transparency caused by the term “non-State actor” could be addressed by introducing different coloured badges distinguishing civil society from business organizations. The Secretariat should correct the definition of “conflict of

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

interest” in the Framework of Engagement with Non-State Actors and develop a comprehensive policy addressing WHO’s own institutional conflicts of interest.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN and on behalf of the World Obesity Federation and the World Cancer Research Fund International, called for increased transparency in engagement with non-State actors and sought assurances that WHO would prioritize safeguards protecting its policies, norms and standards from interference by any form of real, perceived or potential conflict of interest in developing strategies for external relations and engagement with health-harmful industries, and that the Secretariat and its Member States would never engage with the tobacco industry or those furthering its cause.

The ASSISTANT DIRECTOR-GENERAL (External Relations) reaffirmed WHO’s commitment to fully implementing the Framework of Engagement with Non-State Actors to strengthen engagements with non-State actors while protecting the Organization’s integrity and transparency. It had been adopted as a tool for risk management, not risk avoidance, and WHO would continue to manage risk using risk–benefit analysis to ensure appropriate engagements with non-State actors at the regional level, particularly through PAHO, and at the country level, for which the *Guide for staff on engagement with non-State actors* was available. The translation of the *Handbook for non-State actors* into the other WHO official languages was under way and would be published following the Board’s 144th session.

She reaffirmed that WHO did not support or participate in any public health events wholly or partially funded by the private sector.

Responding to concerns about potential interference from the tobacco industry, she recalled that WHO had released a statement on 28 September 2017 when the establishment of the Foundation for a Smoke-Free World had been announced. WHO had identified a conflict of interest between the tobacco industry and public health at the foundation’s inception and had immediately announced that it would not partner with the foundation, and had recommended that governments and the public health community should follow suit.

The DIRECTOR-GENERAL said that WHO would maintain the strong position it had taken in September 2017 and adhere to the unambiguous guidelines of the WHO Framework Convention on Tobacco Control. He encouraged governments, the organizations of the United Nations system and other institutions to follow the Organization’s example. He invited Member States to provide suggestions for the revised wording, in any language, of the ambiguous phrase “furthering the interests of”. Regarding the meeting in New York, he said that he had been informed of the identity of the sponsor only shortly before the meeting began and had immediately withdrawn, encouraging other participants to do the same.

Emphasizing the crucial contribution of civil society to the achievement of the Sustainable Development Goals, he suggested the formation of group partnerships between WHO and civil society focused on areas of interest or expertise. Managing conflicts of interest would of course be paramount. He confirmed that WHO did not accept any funding from the tobacco industry.

The CHAIRMAN took it that the Board wished to adopt the draft decision contained in document EB144/37.

The decision was adopted.¹

¹ Decision EB144(5).

Multilingualism: Item 7.5 (document EB144/38)

The representative of CABO VERDE, invited¹ to take the floor by the CHAIRMAN at the request of the representative of BRAZIL, and speaking on behalf of 38 Member States from a range of language groupings,² said that she would deliver her statement in four languages to highlight the importance of multilingualism to those Member States. It was regrettable that the Organization still failed to operate on a truly multilingual basis; most publications and guidelines only existed in English, and the current efforts to improve the planning and prioritization of normative instruments at all three levels would not guarantee the linguistic diversity desired. Multilingualism should not be viewed as a restriction or cost, but rather a key way to improve the effectiveness and transparency of activities – it contributed to improving global health policies and ensured that everyone could access information and opportunities for scientific and technical cooperation.

All WHO guidelines should include, as a minimum, a summary of recommendations in all the official languages at the time of publication, and scientific documents should be produced in other languages in addition to the official six. It was problematic that most departments at WHO headquarters were unable to use documents in languages other than English and had to resort to a translation service; that stemmed from the policy of recruiting in English, a form of discrimination that favoured English-speaking candidates. Urgent steps should be taken to remedy that situation and promote multilingual applications, which would also contribute to achieving the geographical diversity sought by the Organization.

Noting that multilingualism was enshrined in the founding texts of the United Nations, she called on the Secretariat to fully implement resolution WHA71.15 (2018) and seek ways to increase multilingualism using the resources available, including by sharing best practices with other organizations of the United Nations system.

The representative of CHINA said that protecting language diversity and respecting the equality of all the official languages was key to ensuring WHO's universality. It was crucial for Member States, especially from developing countries, to be able to obtain information and cooperate with partners. However, use of the six official languages continued to be uneven, particularly on the WHO website and in WHO guidelines.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, welcomed the measures taken to improve the balance between the official languages, particularly in the areas of translation priorities, providing a multilingual team of web editors, the institutional repository, publications and staff linguistic development. He encouraged the Secretariat to continue those efforts.

The representative of BAHRAIN expressed support for the Secretariat's efforts to respect equality among the official languages and agreed with the technical options and solutions outlined in the report to ensure the availability of WHO essential technical information and guidelines in all forms and in all official languages. Regarding the WHO website, the second bullet point in paragraph 21 of document EB144/38 contradicted resolution WHA71.15, which emphasized full equality between the official languages, including on the website. The bullet point should be amended to ensure consistency with the resolution.

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

² Angola, Argentina, Belgium, Bolivia (Plurinational State of), Brazil, Cabo Verde, Canada, Chile, Colombia, Costa Rica, Côte d'Ivoire, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, France, Guatemala, Guinea-Bissau, Haiti, Honduras, Ireland, Italy, Luxembourg, Mozambique, Niger, Panama, Paraguay, Peru, Portugal, Romania, Russian Federation, Sao Tome and Principe, Spain, Switzerland, Timor-Leste, Togo, Uruguay, Venezuela (Bolivarian Republic of).

The representative of DJIBOUTI said that the discussion on multilingualism had highlighted that providing documents in the different languages broadened access to and increased the use of WHO information.

The representative of the RUSSIAN FEDERATION¹ welcomed the progress made towards implementing resolution WHA71.15, notably innovative measures such as the use of machine translation, but stressed the importance of maintaining quality standards. Given the steady increase in the number of WHO publications translated into Russian, it was important to establish translation priorities for WHO documents and respond to specific requests from users; that should be done as part of bottom-up planning and together with the Member States concerned. The WHO website should be updated in all the official languages on a regular basis.

The representative of MONACO¹ fully endorsed the statement made by Cabo Verde on behalf of a group of countries. She said that it was vital for WHO to develop a multilingual and multicultural working environment. For all Member States to make progress on achieving universal health coverage, the Thirteenth General Programme of Work, 2019–2023 and the Sustainable Development Goals, WHO norms and standards must be made available to as many people as possible, in at least all six official languages. The Secretariat therefore needed to provide sufficient resources for that purpose and harness new technologies to reduce costs, while ensuring the maintenance of document quality.

The representative of TOGO¹ said that the fact that most documents and procedures did not exist in all the official languages of the Organization led to discrimination and frustration and hindered access to information that could help to improve health outcomes. It also meant that not everyone could participate fully in the life of the Organization. The Secretariat should make greater efforts to strike a balance between the official languages; to do otherwise would be an injustice.

The representative of SPAIN,¹ supported by the representative of MEXICO, highlighted the fact that, although Spanish was the mother tongue of some 480 million people on four continents, it was the only official language without representation by a native speaker on the leadership team. Few communications activities were conducted in Spanish, with many web pages only available in English and Twitter rarely used in Spanish. In addition, Spanish-speaking experts faced a considerable linguistic barrier when technical discussions during expert committee meetings were monolingual. He therefore encouraged the Director-General to continue efforts to improve multilingualism.

The representative of THAILAND¹ said that the issue should be a key concern for the Organization and welcomed the proposal to appoint a special coordinator for multilingualism. Given limited resources, transparent prioritization criteria should be applied to translation work, with the allocation of additional funds and the use of volunteer translators where possible. Greater use should also be made of machine translation tools, with ongoing work to improve their effectiveness.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that multilingualism was a key way in which WHO and the other organizations of the United Nations system sought to respect the identities of Member States, avoid discrimination and promote inclusivity, and strengthen multilateralism. The Secretariat also wanted to ensure that WHO's norms and standards could be better understood and applied more effectively, which was central to the Thirteenth General Programme of Work and the achievement of the Sustainable Development Goals. It was therefore providing more training for WHO staff and in Member States to ensure that those norms and standards were interpreted correctly and, where possible, translated into national languages. Innovative ways to expand language coverage, including beyond the official languages, were also under consideration to ensure that documents used in the field could be read by users. Those options included translation platforms that

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

would lower costs, such as eLUNa, the United Nations computer-assisted translation tool, and an automated translation system being developed together with PAHO. Language training for staff had also been extended to all duty stations. In addition, the Secretariat was changing its working methods to cover language needs more effectively and increase its impact at the country level; that was currently being undertaken on an experimental basis for normative activities. Other tools incorporating artificial intelligence and algorithms were also being considered, as were changes to document drafting methods to facilitate understanding and translation. The Secretariat was exploring further options with the regional offices, including participation in the United Nations programme for student translators.

The Board noted the report.

World health days: Item 7.6 (document EB144/39 Rev.1)

The representative of JAPAN said that world health days were a cost-effective way of raising awareness and the number of world health days should not be capped. However, given its limited human and financial resources, WHO should consider its priorities when selecting particular days to support. The Secretariat should work with Member States, international organizations and non-State actors to mobilize cooperation for the effective implementation of world health days.

The representative of MEXICO agreed that world health days helped promote good health and encourage healthy lifestyles among populations. However, there should be a standardized system for designating world health days, with a technical justification for the associated objectives and events. A post-event impact evaluation strategy should also be introduced; that could be conducted without incurring further costs by making use of social media and existing procedures.

The representative of INDONESIA said that world health days served an important purpose in promoting regional and global cooperation and intersectoral collaboration. However, there should be a mechanism for managing new world health day proposals, with criteria to select an appropriate date, and they should be submitted for formal approval to the United Nations General Assembly or the World Health Assembly.

The representative of GABON, speaking on behalf of the Member States of the African Region, underlined the importance and usefulness of world health days as a means of raising public awareness of health issues. The proposed evaluation of their effectiveness based on relevant criteria was welcome. World health days should be regrouped, where necessary, and the associated activities better defined. He encouraged Member States to participate in the consultations to improve the selection process.

The representative of GERMANY said that his Government was reluctant to support the establishment of new world health days but would not insist further if a strong consensus was established among Member States. It would be useful for the theme of world health days to be announced a year in advance at the World Health Assembly to give Member States time to plan their public events.

The representative of the UNITED STATES OF AMERICA concurred with the comments of previous speakers on the proliferation of world health days, although she agreed that patient safety, under discussion as a possible theme for a world health day, was indeed an important issue. An evaluation of the annual costs of observing the numerous world health days would strengthen the analysis in the report. The Secretariat should develop an overall strategy and define criteria for the establishment of new specialized world health days.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ agreed that proposals for new world health days should continue to be considered based on their merits. Member States should have the opportunity to capitalize on momentum for important issues and make use of all available tools to achieve the progress that they were seeking.

The representative of ZIMBABWE¹ said that WHO should consider reviving the successful and powerful historical report on the world health situation. World health days could be transformed to extend beyond one-day events and be followed up and sustained through health promotion campaigns throughout the year.

The representative of BRAZIL asked for the request made to the Board in 2017 for the introduction of a day dedicated to Chagas disease to be reinstated and placed on the draft provisional agenda of the Board's 145th session for discussion. In general, it was important to find the right balance between the political dimensions of an issue and the interest of involving WHO in observing relevant days, while recognizing the contribution of world health days to furthering international cooperation and understanding. Any cost efficiency measures should seek to support, rather than discourage, clear and meaningful expressions of interest from Member States.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN, supported the call for the establishment of a world health day on Chagas disease. World health days were important tools to address the lack of awareness on neglected tropical diseases such as Chagas.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, agreed that the Secretariat and Member States should give serious consideration to the proposal to establish a world health day on Chagas disease.

The DEPUTY DIRECTOR-GENERAL (Programmes), noting the consensus on the need to create a mechanism, guidance tool or criteria for the selection of themes for world health days, said that the Secretariat would work further on the document and develop a strategy to submit to Member States for discussion and adoption. She supported the proposal to announce the theme of world health days at the World Health Assembly, one year in advance. However, it had already been decided that the theme for the latest world health day would be universal health coverage, to mark the end of the 70th anniversary of the founding of WHO and the forthcoming High-level Meeting of the United Nations General Assembly on Universal Health Coverage.

The CHAIRMAN said that that WHO should not have to allocate a share of its budget for the observation of world health days. WHO could have a simple role, such as the publication of a feature on the WHO website to mark a certain world health day, which would entail zero costs for the Organization. Regions and countries should play a more prominent role in the celebration of world health days.

The DIRECTOR-GENERAL said that he was in favour of raising awareness of Chagas disease and patient safety, and proposed that the Board endorse the pending requests for the establishment of world days related to both subjects. The Secretariat would finalize its study on the cost-effectiveness of and rules for world health days, and would produce a feasible proposal for a future session of the Executive Board. By using digital technology, world health days could be observed at minimum or zero cost. Furthermore, the level of observation did not have to be the same in all regions, depending on the health issue being promoted.

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

The CHAIRMAN took it that the Board wished to recommend to the Health Assembly the establishment of world days dedicated to Chagas disease and to patient safety.

It was so agreed.

The Board noted the report.

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

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 6.1 of the agenda (documents EB144/23 and EB144/23 Add.1) (continued from the twelfth meeting, section 2)

The CHAIRMAN recalled that the discussion of the draft decision contained in document EB144/23 had been suspended at the twelfth meeting to allow for informal consultations on the proposed amendments, and drew attention to the amended version of the text, which read:

The Executive Board, having considered the report **contained in document EB144/23 [EU]** on implementation of decision WHA71(11) (2018)¹ decided to recommend to the Seventy-second World Health Assembly the adoption of the following decision:

The Seventy-second World Health Assembly, having considered the report **contained in document EB144/23 [EU]** on implementation of decision WHA71(11) (2018), decided:

OP (1) consistent with the PIP Advisory Group's recommendations to the Director-General,² to request the Director-General:

- (a) to urgently work with the Global Influenza Surveillance and Response System and other partners to **identify and [EU]** address the challenges and uncertainties related to the sharing of seasonal influenza viruses that have emerged as countries implement the Nagoya Protocol;
- (b) to closely monitor instances where **influenza virus sharing is affected, including due to the** implementation of the Nagoya Protocol **[EU] OR** to closely monitor instances where influenza virus sharing is affected, including due to **countries' domestic measures in implementing** the Nagoya Protocol **[USA] and/or for other reasons, and to present findings thereon to the next meeting of the PIP Advisory Group. [EU] may be affecting the sharing of seasonal influenza viruses and collect, analyse and present data on virus sharing in time for the next Advisory Group meeting, to allow a deeper understanding of potential problems that exist with influenza virus sharing; [EU] and to share these findings with the WHO's broader effort referenced below regarding the public health implications of the Nagoya Protocol; [USA]**

¹ Document EB144/23.

² Meeting of the Pandemic Influenza Preparedness Framework Advisory Group. 17–19 October 2018, Geneva, Switzerland. Geneva: World Health Organization; 2018 (http://www.who.int/influenza/pip/AGMR_Oct2018.pdf?ua=1, accessed 3 December 2018).

- (c) to assess the ~~utility~~ **usefulness** [EU] of the prototype search engine developed to identify products that ~~potentially~~ [EU] have made use of genetic sequence data of influenza viruses with pandemic potential ~~and have not been subject to the benefit-sharing system;~~ [EU]
- (d) to explore **in consultation with Member States** [USA] the [EU] possible next steps in ~~implementing the principle of acknowledgment of the contributions of data providers and active collaboration between~~ **raising awareness of the PIP Framework among databases and initiatives,** [EU] data providers and ~~data~~ [EU] users, **and to present such possible steps to the next meeting of the PIP Advisory Group.** [EU] ~~In particular, the Director General is requested to develop appropriate language for consideration by relevant databases to inform potential users of genetic sequence data of influenza viruses with pandemic potential about the PIP Framework.~~ [EU]

OP (2) **to work quickly with Member States and relevant stakeholders to explore and evaluate approaches to address concerns regarding the issues raised in paragraph 23 to EB144/23** [USA] ~~to amend footnote 1 in the Standard Material Transfer Agreement 2, in Annex 2 to the PIP Framework,¹ as set out in the report of the Director General on implementation of decision WHA71(11) (2018),² with effect from the closure of the Seventy-second World Health Assembly, in order to address a loophole that has arisen in connection with indirect uses of PIP biological materials by companies with the result that they do not provide fair and equitable benefit sharing for the use of PIP biological materials;~~ [USA]

OP (3) **to work collaboratively across WHO to raise awareness among Member States of the implications for public health of implementation of the Nagoya Protocol, particularly given the cross-cutting nature of relevant issues:** [EU]

OP (3 4) [EU] to further request the Director-General to report on progress to implement the foregoing to the Seventy-third World Health Assembly in 2020 through the 146th session of the Executive Board.

The representative of FINLAND asked why the Annex to the draft decision contained in document EB144/23 had been omitted from the amended version of the text.

The LEGAL COUNSEL said that it was an oversight and asked the Secretariat to include the Annex in the amended draft decision.

¹ Pandemic influenza preparedness framework for the sharing of influenza viruses and access to vaccines and other benefits. Geneva: World Health Organization; 2011 (http://www.who.int/influenza/resources/pip_framework/en/, accessed 3 December 2018).

² The relevant document for consideration by the Seventy-second World Health Assembly in 2019 will reflect the amendments to footnote 1 in Annex 2 to the PIP Framework contained in the Annex to document EB144/23.

The CHAIRMAN observed that in order for the decision to be adopted, the brackets would need to be removed from the opening paragraph, which was the Executive Board's own decision; the draft decision recommended to the Seventy-second World Health Assembly, which remained to be agreed upon, could then be enclosed in square brackets. She took it that this course of action was acceptable to the Board.

The Board adopted the decision, as amended.¹

The meeting rose at 12:30.

¹ Decision EB144(6).

FIFTEENTH MEETING

Thursday, 31 January 2019, at 14:05

Chairman: Dr P. SILLANAUKKEE (Finland)

1. FINANCIAL MATTERS: Item 8 of the agenda

Scale of assessments for 2020–2021: Item 8.2 of the agenda (document EB144/44)

The CHAIRMAN invited the Board to note the report and consider the draft resolution contained in document EB144/44. She drew the Board's attention to the discussion on the scale of assessments for 2020–2021 by the Programme, Budget and Administration Committee, which was reflected in paragraph 23 of the document EB144/4.

The representative of CHINA expressed support for the draft resolution. His country would pay its increased assessed contributions for the period 2020–2021 in full and on time. He hoped that countries whose assessed contributions had been lowered would continue to support the Organization by increasing their voluntary contributions.

The resolution was adopted.¹

2. HUMAN RESOURCES: Item 9 of the agenda (continued)

Report of the Ombudsman: Item 9.4 of the agenda (document EB144/INF./2)

The OMBUDSMAN, speaking on behalf of all of WHO's ombudsmen, said that his role was to provide confidential assistance to staff members experiencing work-related issues through informal means, in order to reduce unnecessary formal processes and associated costs, and to avoid human suffering. The Ombudsman monitored trends so that systemic issues were detected early and brought to the attention of senior management. He acknowledged how management at all levels and the Director-General had shown a willingness to regularly engage with the Ombudsman and to respond constructively to queries and suggestions.

The need for greater diversity and inclusion was a major systemic issue to be addressed by WHO. A significant number of cases that the Ombudsman had dealt with related to staff members who had felt discriminated against on grounds of race, gender or age. Although WHO had taken action to resolve that issue, more needed to be done. The Ombudsman had recommended that the Organization proactively increase its efforts to deal with the issue of discrimination and explore different ways of addressing it. Messages to staff from senior management regarding the issue and focus group discussions might help to raise staff awareness and provide a forum for new ideas and mechanisms to address such behaviour. Managers bore a particular responsibility to prevent such problems and should be prepared to address them; in that regard, the Organization should make managers accountable for their response.

¹ Resolution EB144.R6.

WHO should similarly address the need to encourage more active engagement by its staff members. Many colleagues had expressed concern about negative consequences for their careers if they voiced criticism, which resulted in some staff members being unwilling to engage with others to improve the working environment. Certain managers also appeared to be reluctant to engage with staff to deal with issues. While efforts to ensure greater openness and transparency were welcome, further work was required. He recommended that all managers should mirror the Director-General's open-door policy and encourage staff members to seek informal means to address issues without fear of retaliation. Staff should be made aware of the institutional avenues available within WHO to address problems and be empowered to act.

Although efforts had been made to address the issues and recommendations identified in the 2018 report of the Ombudsman (document EB142/INF./2), opportunities for further improvement remained. In that connection, the Ombudsman was willing to engage with senior management to: ensure that newly appointed managers received mandatory training in areas relating to supervisory tasks and guidance in managerial style; strengthen collaboration between the different services in WHO that could deal with cases involving alleged harassment; encourage career development initiatives and support them with adequate resources; and ensure that opportunities existed for the informal resolution of conflicts so that all regional offices had an ombudsman and operated with similar professional standards of practice. While the issues and systemic problems identified in the report were not exclusive to WHO, addressing them would ensure that WHO was at the forefront of current efforts within the United Nations family in that regard. WHO's ombudsmen were committed to supporting that process and to acting as a catalyst to bring about change.

The representative of AUSTRALIA expressed strong support for WHO's efforts to ensure access to ombudsmen at all levels and was pleased that senior management had engaged with the issues identified by the Ombudsman and implemented programmes in response to the 2018 report. However, she noted with concern the number of cases of discrimination reported by staff members and, in the context of the 2018 report on the work of the Independent Expert Panel on Prevention of and response to harassment, including sexual harassment; bullying and abuse of power at UNAIDS Secretariat, asked whether the Secretariat had conducted staff surveys to ascertain the reasons for the increase in the number of cases. Her Government supported the Ombudsman's recommendations and continued, regular reporting on the office's services and trends, including action taken in response.

The representative of FINLAND emphasized the need to improve awareness among staff of the institutional avenues at their disposal to address issues. He welcomed the Secretariat's reporting on additional measures to foster diversity and inclusion, encourage staff engagement and define WHO core values. It was important that WHO staff members were included in, and were made aware of, the status of the WHO transformation process, including the core values.

The representative of the NETHERLANDS, welcoming the actions taken by the Secretariat on the recommendations of the 2018 report of the Ombudsman, said that the staff training sessions that had recently been held should become standard practice for WHO managers and supervisors. Further information on whether the open-door policy of the Director-General was being used by lower-level management and was creating a diversity of thought would be welcome. Although the rise in the number of cases dealt with by the Ombudsman was, on the one hand, a positive development and indicated greater access and trust, such a sharp increase, on the other hand, was a matter of concern. She asked the Secretariat and the Ombudsman if there was an explanation for the increase and, should the trend continue, whether the offices of the ombudsmen were equipped to handle the number of cases. She would be interested to hear the Ombudsman's views on the situation described in the UNAIDS report on the work of the Independent Expert Panel, as well as the role of the Ombudsman in relation to non-WHO organizations, and WHO's expected follow-up to the report's recommendations.

The representative of GERMANY said that he was pleased that senior management had actively engaged in tackling and confronting the issues identified by the Ombudsman, but highlighted that such issues must be followed up comprehensively. The principle of no discrimination was a basic tenet of WHO's institutional culture and situations of perceived discrimination must be addressed. His Government fully supported the measures that had already been taken by senior managers in that regard and welcomed the initiative taken by the WHO Health Emergency Programme to hold open discussions on diversity in cluster meetings. The Ombudsman's recommendations, especially the need for WHO to invest in its managers through mandatory training, were highly relevant. WHO must send a clear signal that disrespectful behaviour would not be tolerated at any level.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, commended senior management for their active involvement in staff issues. A unified practice of gathering and publishing statistical data in the same manner should be established among ombudsmen in order to provide a comprehensive view of the issues identified. He emphasized the need to: ensure continuous training of managers on basic interpersonal skills and evaluate the resulting level of impact; address appropriately all formal or informal allegations; hold formal and regular focus group discussions in cluster meetings; address career development mechanisms at the regional, subregional and country levels; and ensure transparency in the recruitment process. Respect for WHO staff and a cohesive vision shared by staff and Member States would be key to successful implementation of the transformation agenda.

The representative of the UNITED STATES OF AMERICA supported the recommendations made by the Ombudsman to address the concerns highlighted in his report. She agreed that, similarly to the practice of the Director-General and senior management, managers should foster an open-door policy and be made accountable for the working environment of their staff. Managers needed to be more motivated to engage with their staff to address workplace conflict, resolve situations that could lead to workplace harassment, and take advantage of training opportunities that improved their skills. Training courses implemented by the Secretariat to prevent sexual exploitation, abuse and harassment were welcome, but there were other forms of disrespectful behaviour that should also be tackled. It would be useful to understand how the Respectful Workplace initiative fitted into the Secretariat's strategy to combat that issue.

The representative of PANAMA¹ expressed appreciation for the measures taken by the Organization to deal with the work-related issues identified in the report of the Ombudsman, including the Director-General's open-door policy. It would, however, be useful to provide information on the results of such measures to evaluate their effectiveness in accordance with established criteria for the treatment of systemic problems. Commending the Organization for its efforts to train managers in appropriately managing their staff and resolving disputes, she hoped that such training opportunities and tools would be accessible to staff members in all regions. It was essential to continue implementing the measures identified in the report of the Ombudsman.

The DIRECTOR (Human Resources Management) highlighted the collaborative spirit between Human Resources Management and the Office of the Ombudsman and appreciated the "early warning" of systemic issues which helped to ensure that timely action was taken. Responding to points raised, she drew attention to the need to work together with the United Nations family, including its ombudsmen and its ethical and investigation networks to address the systemic issues that were common to other organizations of the United Nations system and find best practices. One such example was the first United Nations system-wide sexual harassment survey, the data from which was in the process of being analysed. The need to raise awareness and understanding among staff members about the mechanisms available for them to seek support and report improper conduct was being addressed via an online toolkit

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

containing relevant information that had already been made available. The excellent management training programme implemented in the African Region should be further developed and expanded for implementation in all regions. Several joint training activities with the Office of the Ombudsman had also been organized on communication skills, management coaching, dealing with difficult conversations, and diffusion of workplace conflicts. To address the issue of improper conduct, a training session on standards of conduct at the Organization would be made mandatory in 2019. The aim of the initiatives in the context of transformation was to create a respectable workplace, with the involvement of all staff members, with a view to improving working conditions and the working environment.

The OMBUDSMAN appreciated Member States' positive comments on the work of the Office of the Ombudsman, which was at times challenging given that it involved highlighting negative practices and signalling issues. Responding to questions raised, he said that the approximate 20% increase in the number of cases brought to the attention of the Ombudsman was not necessarily linked to increased conflict within WHO, but could be due to the efforts by the Office of the Ombudsman to reach out to staff members, and to a certain level of anxiety about future change within the Organization, particularly with regard to the transformation agenda. The Office of the Ombudsman dealt with cases from both WHO headquarters and the regions, and was working in coordination with regional ombudsmen whenever possible. However, increasing the human resource capacity of the Office of the Ombudsman might be necessary to ensure an adequate response to the significant challenges ahead.

The DIRECTOR-GENERAL, thanking participants for their comments, said that he would prefer to maintain the current size of the Office of the Ombudsman; the best way to reduce the Ombudsman's workload would be to prevent problems happening in the first place by fostering a culture of openness across the Organization.

The rise in the number of cases reported to the Ombudsman was attributable to a number of reasons, one of which was increased awareness of the issue of sexual harassment; indeed, over 95% of staff, including senior management, had already completed the training on harassment, sexual harassment and abuse of authority. Occasionally, he was asked to intervene in complex and sensitive issues in coordination with the Ombudsman.

The Secretariat had agreed to invest in continuous staff training, in particular among managers at all levels, many of whom had asked the Secretariat to help them to develop their management skills. It would be important to identify and tackle competency gaps among managers to help them to better address the needs of their staff. The Secretariat would build its institutional capacity by investing in its workforce and preventing issues by addressing concerns at an early stage.

Since taking office, the Director-General had introduced an open-door policy, which had proven to be a highly enlightening, enjoyable and humbling experience. By listening closely to staff in an informal setting, he was better placed to determine whether the issues they raised related to individual grievances, which could be addressed within their respective departments, or systemic problems, which would require the Secretariat to consider implementing institutional change. However, most staff had presented helpful ideas and questions rather than complaints. It was heartening that almost all managers had acted on the Director-General's suggestion to designate weekly office hours during which their staff could approach them with ideas or concerns. The Organization would continue working to address the challenges it was facing and increase productivity.

The representative of the NETHERLANDS said that the human resources capacity of the Office of the Ombudsman must be adequate to enable it to carry out its functions fully. She asked the Secretariat and the Ombudsman to comment on the report of the UNAIDS Independent Expert Panel.

The DIRECTOR-GENERAL said that WHO could learn from the report of the UNAIDS Independent Expert Panel, which had already been discussed at the management level. Some of the report's recommendations were already in place at WHO and the Secretariat would take heed of any that were not yet reflected in WHO policy.

The CHAIRMAN took it that the Board wished to conclude the discussion on this item.

It was so agreed.

Statement by the representative of the WHO staff associations: Item 9.3 of the agenda (document EB144/INF./1)

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, UNAIDS and IARC, welcomed the introduction of mandatory training for WHO staff on the prevention of harassment, sexual harassment and abuse of authority, and on serving with pride – zero tolerance for sexual exploitation and abuse, and the efforts made to ensure that all staff completed both trainings. The staff associations looked forward to further supporting the Secretariat to revise and modernize its policies on the basis of international best practices to ensure they were victim-centred, protected whistle-blowers from retaliation, and ensured both timely access to justice and accountability for implementation.

She commended the work to strengthen the internal justice system to ensure that staff had early access to a forum for justice before resorting to international administrative tribunals. The Organization should seek to protect itself from litigation by proposing amendments to the existing rules and procedures of the administrative conflict resolution system to ensure that all parties acted within that framework. She noted with concern that elected WHO staff representatives had not been invited to propose amendments to the statutes of the Administrative Tribunal of the International Labour Organization.

Locally recruited staff at some duty stations had faced considerable losses in real income owing to consistent local currency devaluations; the Executive Board should therefore develop more responsive measures that upheld purchasing power for all WHO staff. The mandatory mobility policy was key to the development of a modern workforce with broad and diverse experience. Although some of the principles discussed at the Global Staff/Management Council at its October 2018 meeting were aligned with staff expectations, implementation of the mobility policy should also include the optimal use of the workforce.

The representative of ROMANIA, speaking on behalf of the European Union and its Member States, expressed concern at Member States' muted response to the reports submitted by the WHO staff associations and the Ombudsman in recent years. Independent oversight and control was crucial to a healthy, well-functioning and transparent organization. Employees should be free to voice their concerns without fear, including to independent bodies if necessary, and WHO should take any issues raised by those bodies seriously. He welcomed the participation of the staff associations and the Ombudsman at the current session of the Board as a means of fostering interaction.

The Secretariat must work with staff to identify and tackle the root causes of mental health concerns. He supported the WHO staff associations in their efforts to identify the next steps in addressing and preventing harassment, sexual harassment, abuse of authority and bullying to foster a safe organizational culture. Response systems should be independent, sufficiently funded and protect the rights of all parties involved.

Noting the threats to the financial stability of some staff owing to delayed adjustments to currency devaluations, the European Union and its Member States would be paying special attention to discussions on that subject within the International Civil Service Commission and at the forthcoming meeting of the Fifth Committee of the United Nations General Assembly.

Staff well-being was central to WHO's success. The issues raised should therefore be placed on the agenda at all future sessions of the Executive Board, and Member States should receive regular updates on the progress made on the review and implementation of safe workplace policies, with a special emphasis on communication with staff. The revised policies, including on regular incident notification to Member States, should be the subject of a separate agenda item at the 145th session of the Executive Board, with the participation of staff. To reduce its workload, the Secretariat could include

those issues in existing reports, such as those of the Ombudsman and ethics and oversight committees, and in the report on human resources.

The representative of GERMANY stressed that, as a knowledge-based organization, WHO's highly skilled and committed staff were its core asset. It would be important to identify all factors with the potential to affect staff welfare. A zero-tolerance approach on harassment and the Respectful Workplace initiative should be implemented throughout WHO and observed at all levels. Anonymous accusations against individual staff members were incompatible with that principle. Staff must be fully involved in the transformation agenda and share a common understanding of the relevant processes. He expressed support for flexible working arrangements as a critical component of transforming WHO into a modern workplace. In addition, the mobility policy should be fair, objective and transparent and ensure optimal use of the workforce.

The representative of AUSTRALIA said that the Secretariat and Member States should work together to ensure that WHO was a safe, enabling and inclusive workplace, free of discrimination, harassment and abuse. She supported WHO's efforts to improve workplace culture, including the implementation of mandatory online training courses for all staff and the Respectful Workplace initiative. WHO should continue to invest in staff health and well-being and professional development to ensure that it would be best placed to provide global leadership on health. She welcomed the implementation of the United Nations system mental health and well-being strategy at WHO and the work done to strengthen the internal justice system and safeguard its independence, which should take into account the recommendation regarding the WHO complaint and redress system contained in the report of the UNAIDS Independent Expert Panel.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, noted with appreciation that WHO had taken steps to address allegations of abuse and was working to prevent such abuse through mandatory training. WHO would need transparent rules and procedures together with dedicated and competent staff to deal with accusations and foster a culture with zero tolerance of sexual exploitation, abuse and harassment. Cases of sexual harassment reported by staff at other organizations of the United Nations system in recent years had damaged the reputation of the United Nations as a whole, at a time when multilateral cooperation was most needed. To transform itself into a more modern and relevant organization, WHO must cultivate a safe working environment in which its staff could thrive. The United Nations system model policy on sexual harassment should be implemented at all levels.

The representative of PANAMA¹ commended the WHO staff associations for their efforts to support the Organization in ensuring a decent, safe and equal working environment. She expressed concern at the surprisingly high prevalence of mental health conditions among staff at organizations of the United Nations system, including at WHO. The recent launch of the United Nations system mental health and well-being strategy was to be applauded, and she urged the Secretariat to ensure its implementation within the Organization. She supported the WHO staff associations' efforts to identify additional measures to ensure a safe working environment by encouraging a zero-tolerance approach to harassment, sexual harassment and abuse of authority.

The DIRECTOR (Human Resources Management) said that the Secretariat would respond to all comments made by Member States in future reports on the matter.

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

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) highlighted the productive discussions on mobility held at the Global Staff/Management Council meeting in October 2018; the Secretariat was committed to working with the WHO staff associations to ensure that the mobility policy would be successful.

The DIRECTOR-GENERAL said that he attended a meeting with the staff associations every month. Thus far, there had been agreement on many issues, except one: teleworking. In principle, teleworking could be very helpful. However, it was vital to strengthen teams before implementing such a policy. For the time being, teleworking would only be permitted in exceptional circumstances, such as in the case of family problems. He would, however, rethink the policy after the transformation process had been completed.

Regular dialogue with the staff associations would continue; he would implement the issues on which there was agreement and continue dialogue on those on which there was not. No distinction should be made between management and staff since they were all working towards the same goals. Management stood ready to support the creation of a respectful workplace environment. As a technical, normative and knowledge-based organization, WHO's central and core assets were its staff. He thanked the staff associations for their leadership and work.

The CHAIRMAN took it that the Board wished to conclude discussion of this agenda item.

It was so agreed.

Human resources update, including on the global internship programme: Item 9.5 of the agenda (documents EB144/47 and EB144/INF./3)

Report of the International Civil Service Commission: Item 9.6 of the agenda (document EB144/48)

Amendments to the Staff Regulations and Staff Rules: Item 9.7 of the agenda (documents EB144/49 Rev.1 and EB144/49 Rev.1 Add.1)

The CHAIRMAN invited the Board to consider the reports contained in documents EB144/47, EB144/48 and EB144/49 Rev.1, and the two draft resolutions contained in document EB144/49 Rev.1. The financial and administrative implications of adopting those draft resolutions were set out in document EB144/49 Rev.1 Add.1.

The representative of BENIN, speaking on behalf of the Member States of the African Region, referring to item 9.7 of the agenda, said that the new unified base/floor salary scale was appropriate since it would reduce disparities between the different categories of staff and would not result in a decrease in staff salaries. The proposal to recommend to the Seventy-second World Health Assembly adjustments to the salaries of the Assistant Directors-General and the Director-General was in line with the Rules of Procedure of the Executive Board. To cover the increase in budgetary expenditure for the period 2018–2019, the Secretariat should make greater use of existing strategies for the mobilization of additional resources. He supported the idea of a common scale of staff assessment.

The representative of JAMAICA, speaking on behalf of the core group on WHO internship reform, comprising Algeria, Haiti, Jamaica, Mozambique and South Africa, and referring to item 9.5 of the agenda, said that the level of in-kind support that WHO was currently providing to interns was a big step towards fulfilling the objectives of resolution WHA71.13 (2018). However, the provision of lunch vouchers and medical insurance was not enough to ensure the participation of young health professionals from low- and middle-income countries, who would be in a better position once the distribution of stipends had begun. The Secretariat should clarify how the global internship programme would redress the imbalance in the number of interns from developing countries. Clarification should also be provided on when the programme would commence, when a decision would be made on the stipend amount,

including travel expenses, and what percentage of the daily subsistence allowance WHO was considering providing. Furthermore, she asked the Secretariat to outline its fundraising strategy for the internship programme, which must be sustainable.

The representative of the UNITED STATES OF AMERICA said that the Director-General's open-door policy was a good practice since it created a working environment of inclusion and respect. In that connection, the Secretariat should provide Member States with regular updates on the investigation of allegations. In addition, the Secretariat must implement the recommendations of the United Nations Joint Inspection Unit on whistle-blower policies and practices. Regarding item 9.5 of the agenda, she said that WHO should fully implement the mobility policy. There was also a need to carry out strategic recruitment initiatives to address underrepresentation and non-representation throughout the Organization while ensuring a fair selection process.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, and referring to item 9.5 of the agenda, commended the Secretariat for the way in which it was managing its staff. However, the Secretariat must ensure that the downward trend in staff numbers did not affect the performance of the Organization. He welcomed the commitment of the Director-General to ensuring geographical diversity and gender balance among staff and recognized the progress made. With regard to the global internship programme, the Secretariat should clarify when the second and third phases would be implemented and ensure that appropriate funding was in place in order to guarantee equitable access to the programme. In addition, a timetable for the implementation of the initiative supported by the Wellcome Trust should be provided, as well as further details on the implementation process. WHO should accelerate the recruitment process to ensure sufficient human capacity to enable the Organization to achieve its goals.

The representative of GERMANY, referring to item 9.5 of the agenda, said that the figures on underrepresentation and non-representation of Member States among staff were premature since they did not include staff at PAHO. The Secretariat should take PAHO into account in the figures in an appropriate way, while respecting PAHO's independence. Increased mobility would be beneficial as long as it was based on clear incentives for staff, was administered in a fair and transparent way and made best use of the competencies of staff. To make mobility a success, preconditions were needed, such as adequate preparation and a well-resourced human resources department. Job descriptions must be coherent across regions. In addition, the Secretariat should clarify the costs involved per rotation as the figures were out of date. It was important to strike the right balance between seeking outstanding, world-class experts and specialized generalists who could be mobile. To ensure transparency, up-to-date accountability compacts of senior management should be published online.

The representative of MEXICO, referring to item 9.5 of the agenda, acknowledged the progress made on contractual arrangements and gender. The Secretariat should pursue efforts to promote gender parity and geographical diversity in the regional and country offices and should maintain a zero tolerance policy to sexual abuse and exploitation. Campaigns must promote a culture of respect. He supported the global internship programme and staff mobility. The Secretariat must employ competent human resources who were able to adapt to the different circumstances of different regions, while also guaranteeing added value for the Organization and its staff.

The representative of the NETHERLANDS said that there must be zero tolerance for inaction on sexual harassment, abuse of authority and bullying. It was paramount to improve conditions for staff, mainly out of concern for their health and well-being, but also because inaction had an adverse effect on WHO credibility. The Secretariat should clarify the logic and logistics of staff mobility at forthcoming sessions of the governing bodies, as the right solution had not yet been found. She agreed that the accountability compacts of senior management should be published on the website.

The representative of CHINA said that candidates from low- and middle-income countries represented half of internship applicants but only one quarter of those recruited. Although the Secretariat had proposed solutions to the problem, including stipends, no substantive progress had been made.

He objected to the statement mentioning Taiwan, China, made by the representative of Honduras earlier in the session, as such statements challenged the One-China policy.

The representative of ESWATINI, speaking on behalf of the Member States of the Africa Region on item 9.6 of the agenda, said that the United Nations General Assembly had instructed all organizations of the United Nations system to cooperate fully with the International Civil Service Commission on matters related to remuneration and conditions of services. He urged WHO to comply with those instructions or risk prejudicing claims to the United Nations Joint Staff Pension Fund.

The representative of HAITI,¹ referring to item 9.5 of the agenda, welcomed efforts by the Secretariat to combat sexual harassment and to increase the number of directors from developing countries at headquarters. It was important to pay special attention to candidates from least developing countries, many of which were under- or unrepresented. Professionals from least developed countries offered a unique perspective on how to better serve the vulnerable. The Secretariat should indicate the number of interns that it expected to support per year from 2020 onwards.

The representative of SOUTH AFRICA¹ expressed appreciation for the progress made on the global internship programme, particularly the adoption of resolution WHA71.13 (2018). However, further consultations should be held on a draft strategy covering issues such as selection, eligibility, stipends and fundraising.

The representative of CANADA¹ asked the Secretariat how it planned to improve its procedures for dealing with allegations of misconduct, including its investigation, disciplinary and redressal procedures, and suggested that it adopt the UN System Model Policy on Sexual Harassment. He welcomed efforts to achieve gender balance and broaden representation, and asked how the Director-General would select the new leadership team to plan and implement WHO transformation. Any selection processes for senior positions should be transparent, open and competitive. Financing for interns should be needs-based and cost-effective. He also asked about the potential P6 scientists' stream, including how it would be financed; new pay grades without management requirements should be created only in exceptional circumstances and only for world class experts. Mobility would provide staff with opportunities for learning. WHO should support opportunities for staff to become resident coordinators in the context of the United Nations reform.

The DIRECTOR (Human Resources Management) said that Member States had been wise, when adopting resolution WHA71.13 (2018), to allow until 2020 to implement financial stipends for interns. That gave the Secretariat time to reflect in depth on the appropriate amount and method. It was important to resolve the issue so that WHO could attract and inspire future public health leaders.

The DIRECTOR-GENERAL, referring to the "piecemeal" support currently being offered to interns, said that it was the WHO headquarters intern board that had specifically requested lunch vouchers, health insurance and 2.5 days' time off per month. However, the stipend alone would not be enough to increase the number of interns from low- and middle-income countries, so the selection process was being redesigned as well. The total funding required for the stipend would be US\$ 20 million per year based on a maximum of 700 interns receiving US\$ 2 000 per month, although fewer interns could be hired initially and the number gradually increased. Funding the stipend would be worth the investment, and full details of the implementation process would be made available by the 2020 deadline.

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

The new staff mobility policy had been scheduled to go into effect in early 2019, but as representatives had observed, proper preparations must first be made. Discussions with staff had shown that they agreed with the principle of mobility but had concerns about the details: whether the policy would be fair and transparent, put the right people in the right places and make the Organization more productive. Decisions would therefore be taken in a transparent manner, with the involvement of the Staff Association, and the new guidelines would be discussed with staff and all issues resolved before the policy was implemented.

On sexual harassment, he acknowledged the calls for a zero tolerance policy and promised that the Secretariat would do everything in its power to tackle the problem. In response to the request for clarification on the new leadership team, he specified that the team would be “new” in terms of structure but would not be composed entirely of new members; some current members would merely switch to new positions. The process, based on the Thirteenth General Programme of Work, 2019–2023, had been under way for a year and would be completed by the end of February 2019.

The CHAIRMAN took it that the Board wished to adopt the draft resolutions contained in document EB144/49 Rev.1.

The resolutions were adopted.¹

3. MATTERS FOR INFORMATION: Item 10 of the agenda

Outcome of the Second International Conference on Nutrition: Item 10.1 of the agenda (document EB144/50 Rev.1)

Evaluation: update: Item 10.2 of the agenda (document EB144/51)

Reports of advisory bodies: Item 10.3 of the agenda

- **Expert committees and study groups** (documents EB144/52 and EB144/52 Add.1)

The Chairman invited the Board to consider the reports contained in documents EB144/50 Rev.1, EB144/51, EB144/52 and EB144/52 Add.1.

The representative of MEXICO, referring to item 10.3 of the agenda, welcomed the updates on discussions of cannabis-related substances by the Expert Committee on Drug Dependence in June 2018. It was unfortunate that recommendations from the Committee’s November 2018 meeting had been published too late to be included in document EB144/52.

The representative of JAPAN, referring to item 10.1 of the agenda, said that his country planned to host the 2020 Nutrition for Growth summit with a view to increasing international momentum and reviewing progress on the Rome Declaration on Nutrition and Plan of Action for Nutrition. He hoped for international cooperation in preparing for the summit.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region on item 10.2 of the agenda, expressed support for WHO’s systematic approach to evaluation. Budgetary constraints and limited capacity made it a challenge to prioritize evaluation work, but he was confident that all objectives could be met if Member States remained committed to advancing organizational

¹ Resolutions EB144.R7 and EB144.R8, respectively.

learning and following up on evaluation recommendations. He supported the proposal to review 40 years of implementation of primary health care.

The representative of GABON, speaking on behalf of the Member States of the African Region on item 10.1 of the agenda, said that much work remained to be done on stunting, anaemia, low birth weight and child overweight. Nutrition specialists were particularly scarce in Africa. Despite efforts by WHO, FAO and other organizations in the United Nations system to support implementation in the wake of the Second International Conference on Nutrition, renewed engagement was needed to produce concrete results. Intersectoral policy documents should be updated, and feasible and realistic measures taken to promote healthy diets. Turning to item 10.3 of the agenda, he commended the research- and consensus-based methodology used, and recommended that WHO provide Member States with more support to bridge regulatory gaps in tobacco and drug control.

The representative of BRAZIL said that it was time to scale up efforts to achieve the objectives of the United Nations Decade of Action on Nutrition (2016–2025) by taking effective steps to promote healthy nutrition and food environments. In future reports, the Secretariat should mention additional action networks, such as the networks for the reduction of sodium consumption and for the promotion of food guides.

The representative of ITALY, noting the increasingly important role of nutrition on the global health agenda, welcomed WHO's involvement. The Organization's guidelines and recommendations must always be backed up by robust scientific evidence aimed at combating malnutrition in all its forms and should promote healthy, balanced diets without demonizing specific foods. WHO's willingness to engage with the private sector was also welcome, as it would be key to successful implementation of commitments made under the 2018 Political Declaration of the Third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Her Government had experience and best practice to share on topics such as safeguarding against potential conflicts of interest in nutrition.

The representative of INDONESIA said that his country's disease pattern had come to resemble that of a high-income country, as processed foods with high sugar and fat content became part of people's everyday diets. Creating a healthy food environment was challenging, and he counted on WHO technical support to help strengthen Indonesia's monitoring and regulatory capacity.

The representative of the UNITED STATES OF AMERICA, referring to item 10.2 of the agenda, welcomed the ongoing focus on strengthening evaluation and organizational learning at WHO. She looked forward to receiving the final report by the Multilateral Organization Performance Assessment Network, which she hoped would enhance organizational learning and be useful to outside stakeholders in addition to providing accountability to donors. She asked whether all evaluations in the 2018–2019 workplan would be completed during the current biennium, including those for which no update had been provided, and repeated a request for more information regarding the process and terms of reference for the 2019 evaluation of the Framework of Engagement with Non-State Actors.

The representative of FRANCE,¹ speaking on behalf of the Foreign Policy and Global Health Initiative, a group comprising Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand, on item 10.1 of the agenda, said that the Initiative had adopted a multidimensional and intersectoral approach to fighting the root causes of and contributors to all forms of malnutrition, as the Sustainable Development Goals would not be attained unless significant progress was made in that respect. She fully

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

supported the mechanisms established for implementing the Decade of Action on Nutrition, including action networks.

The representative of INDIA¹ outlined the various initiatives that his Government had taken to combat malnutrition. Document EB144/50 Rev. 1 did not address the impact of prevailing trade regimes and the lack of effective regulation on transnational food corporations, which were perhaps beyond the scope of the outcome documents of the Second International Conference on Nutrition. It nevertheless contained enough material on which Member States could act.

The representative of ARGENTINA¹ recalled that nutrition, particularly child obesity, was a priority for both her Government and the G20. Referring to the “Way Forward” section of document EB144/50 Rev.1, she suggested that intersectoral efforts should be coordinated for policy coherence and a Health in All Policies approach adopted to achieve comprehensive food policies. In addition to sex and age, socioeconomic vulnerability should also be considered when applying health measures, and malnutrition should be tackled in all its forms. Healthy food environments should be established through regulations based on scientific evidence.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN on item 10.1 of the agenda, said that, to reach global nutrition and noncommunicable disease targets, Member States must make ambitious specific, measurable, achievable, relevant and time-bound commitments to step up efforts; prioritize policy coherence and multisectoral action to address current policy fragmentation; implement policies and interventions to address both undernutrition, and overweight and obesity; ensure the mandatory implementation of evidence-informed nutrition policies; prevent and manage industry interference in policy-making; increase domestic and international financing for nutrition and noncommunicable diseases; and establish mechanisms to engage civil society in planning and implementing nutrition and noncommunicable disease actions.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning), responding to questions on item 10.2 of the agenda, said that the status of the evaluations in the workplan for 2018–2019 would be described in the annual report submitted to the Programme, Budget and Administration Committee in May 2019. Based on the current budget, he expected all the evaluations to be completed during the 2018–2019 biennium and any problems would be flagged in the annual report in 2020. The initial evaluation of the Framework of Engagement with Non-State Actors was planned for the second half of 2019. A proposal for that evaluation’s terms of reference would be set out in the May 2019 report and would, as was customary, be discussed with the Independent Expert Oversight Advisory Committee.

The Board noted the reports.

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

4. 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 from the eleventh meeting)

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

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the action taken to combat antimicrobial resistance in the Region, including the unanimous resolution EM/RC64/R.5 on antimicrobial resistance in the Eastern Mediterranean Region, the development of national action plans and enrolment in the Global Antimicrobial Resistance Surveillance System by some Member States, and capacity-building workshops. However, further efforts were needed, especially to support antimicrobial stewardship activities and policies to limit the use of antibiotics in human and animal health and the environment. Combating antimicrobial resistance required integrated and multisectoral measures, robust health systems, innovative approaches and strong political will at the highest level.

The representative of MEXICO outlined the goals of the national strategy on antimicrobial resistance and affirmed her Government's strong commitment to the issue. She welcomed the collaboration between FAO, OIE, WHO, noting that, while support was needed from international organizations to fill implementation gaps in the global action plan on antimicrobial resistance, it was essential that organizations avoid duplicating efforts. The five strategic objectives of the global action plan must be implemented on an equal basis, as focusing on only one would weaken overall efforts. It was also critical to generate and systematize data for monitoring and measuring progress in strategy implementation.

The representative of SRI LANKA recalled that antimicrobial resistance was a flagship priority for the South-East Asia Region and said that all the Member States in the Region were developing national strategic and action plans. Their effective implementation required political endorsement at the highest level and continued multisectoral follow-up.

The representative of JAMAICA said that the guidance provided by the Secretariat had enabled Member States to align national efforts with the global action plan on antimicrobial resistance. Recognizing that the issue threatened to reverse many of the health gains of the last 70 years, she urged WHO to: support the establishment of the global development and stewardship framework to combat antimicrobial resistance; encourage Member States to strengthen links between national plans on antimicrobial resistance and on universal health coverage, health security and multisectoral action; and advocate for guidance on integrated surveillance of antimicrobial resistance in the food chain, and on laboratory capacity-building.

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.

Stronger organizational coordination on antimicrobial resistance was needed at all levels. As antimicrobial resistance was a cross-cluster issue, he requested that WHO allocate adequate core funding to ensure that objectives in that area were met. Government commitment to antimicrobial resistance was also essential, and he urged WHO and its Member States to capitalize on the opportunity for discussion at the High-level Meeting of the United Nations General Assembly on Universal Health Coverage in 2019. The report from FAO, OIE, WHO and UNEP to the United Nations Secretary-General must underscore the need to strengthen collective efforts across all levels, organizations and sectors to tackle antimicrobial resistance. He welcomed the joint workplan for 2019–2020 submitted by those four partners, but said that the report submitted to the Seventy-second World Health Assembly should include

more detailed rationale for costings, timings and the division of labour and demonstrate clear efficiency savings.

The representative of JAPAN commended WHO's collaboration on antimicrobial resistance with FAO, OIE and other United Nations organizations. However, more work was needed globally and nationally on surveillance, the prudent use of antibiotics, and research and development.

Describing his Government's contribution to regional collaboration on antimicrobial resistance surveillance, he asked WHO to increase support for countries with limited resources. There was an urgent need to translate advocacy and high-level policy commitment into practical action informed by evidence-based best practice, and WHO had a key role to play in that regard. He asked the Secretariat to provide a response to the global governance model for antimicrobial resistance proposed by the Interagency Coordination Group on Antimicrobial Resistance.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the Member States of the Region of the Americas, commended the Director-General and Secretariat for maintaining antimicrobial resistance as a global health priority. He outlined the areas of focus of the Region's action plan and, taking into account the multisectoral nature of the threat, he welcomed the deepened collaboration between FAO, OIE, WHO and UNEP. Member States should work with the Secretariat to finalize the global development and stewardship framework, consider the recommendations of the Interagency Coordination Group, and streamline workplans to avoid duplicated efforts. Strong political will and coordinated efforts would ensure that public health progress was not lost.

The representative of AUSTRALIA welcomed collaboration between FAO, OIE, WHO and UNEP, and looked forward to updates on the financing and implementation of the joint workplan for 2019–2020 and the recommendations from the Interagency Coordination Group. Alignment with other work to combat antimicrobial resistance and close consultation with Member States were important in advancing the global development and stewardship framework. She welcomed WHO's critical work on drug resistance, with particular regard to drug efficacy monitoring and updated treatment guidelines.

The representative of CHINA praised WHO's cooperation with other organizations and noted that action was needed at all three levels to combat antimicrobial resistance. Citing the important role of World Antibiotic Awareness Week, he encouraged the Secretariat to make materials and information available earlier to ensure that the campaign was more effective. It was paramount to improve health worker training in the use of antimicrobials, especially for community health workers and in areas with limited resources. He asked WHO to continue resource mobilization efforts and to support developing countries in their capacity-building activities.

The meeting rose at 16:55

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;

¹ Document EB144/19.

(PP6) Recognizing the pressing need for investing in high-quality research and development, including basic research for antimicrobials, diagnostic technologies, vaccines 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;

(PP10) Recalling the Food and Agriculture Organization of the United Nations (FAO) resolution 4/2015 on AMR, the World Organization for Animal Health (OIE) Resolution No. 36 Combating Antimicrobial Resistance through a One Health Approach: Actions and OIE Strategy, and the United Nations Environment Programme (UNEP) resolution UNEP/EA.3/Res.4 Environment and health;

(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 combatting 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 financing and investment mechanisms based on priorities and local needs set by governments and on ensuring public return on investment;²

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.

² Paragraph 12b of UNGA Resolution 71/3.

- (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:

Resolution: Antimicrobial resistance	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	<p>1.6.1. All countries have essential capacity to implement national action plans to monitor, prevent and reduce infections caused by antimicrobial resistance</p> <p>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</p> <p>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</p>
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:	Three years: 2019–2021.
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:
An additional US\$ 10 million for 2019.
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)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	2.3	0.0	4.5	2.5	1.8	2.7	12.9	26.7
	Activities	4.5	1.6	1.0	2.2	0.8	0.8	4.1	15.0
	Total	6.8	1.6	5.5	4.7	2.6	3.5	17.0	41.7
2018–2019 additional resources	Staff	0.5	0.5	0.5	0.5	0.5	0.5	2.0	5.0
	Activities	0.5	1.0	0.5	0.5	0.5	0.5	1.5	5.0
	Total	1.0	1.5	1.0	1.0	1.0	1.0	3.5	10.0
2020–2021 resources to be planned	Staff	2.5	4.2	3.3	1.8	1.5	2.2	16.0	31.5
	Activities	8.4	6.0	5.6	2.3	4.0	3.2	11.7	41.2
	Total	10.9	10.2	8.9	4.1	5.5	5.4	27.7	72.7
Future bienniums resources to be planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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 THAILAND¹ 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 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 SPAIN¹ 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 MOROCCO¹ 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 IRELAND¹ 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 SWEDEN¹ 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.

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

The representative of CANADA¹ 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 DENMARK¹ 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 combat antimicrobial resistance. She encouraged Member States and other partners to provide financial and technical support for the centre.

The representative of INDIA¹ 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 REPUBLIC¹ 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 AFRICA¹ 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 SWITZERLAND¹ 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.

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

The representative of the ISLAMIC REPUBLIC OF IRAN¹ 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 KOREA¹ 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,¹ 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 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 PERU¹ 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.

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

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 breastfeed.

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 FAO, 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 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;

¹ WHO EB144/29.

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;

¹ Regional and economic integration organizations.

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 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 multi-disciplinary 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 States¹ 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.

¹ And, where appropriate, regional and economic integration organizations.

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

Resolution: Global action on patient safety	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	4.2.3. Countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage
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:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Seven years (covering the period 2019–2025) (2019 + 3 additional bienniums).
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 39.37 million (6 years).
2.a. Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions:	US\$ 3.86 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\$ 12.16 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	US\$ 23.35 million (2022–2025).
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)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
	Activities	0.42	0.08	0.22	0.21	0.26	0.21	1.46	2.86
	Total	0.42	0.08	0.22	0.21	0.26	0.21	2.46	3.86
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	1.01	0.20	0.52	0.52	0.62	0.51	2.21	5.59
	Activities	1.52	0.29	0.79	0.78	0.94	0.77	1.48	6.57
	Total	2.53	0.49	1.31	1.30	1.56	1.28	3.69	12.16
Future bienniums (2022–2025) resources to be planned	Staff	1.95	0.38	1.01	0.99	1.20	0.98	4.25	10.76
	Activities	2.92	0.57	1.51	1.49	1.80	1.47	2.83	12.59
	Total	4.87	0.95	2.52	2.48	3.00	2.45	7.08	23.35

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-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 should 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

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

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 re-designing 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 ARGENTINA¹ 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.

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

The representative of KENYA¹ 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 SWITZERLAND¹ 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 FEDERATION¹ 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 SPAIN¹ 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 AFRICA¹ said that the Global Patient Safety Network and global ministerial summits on patient safety encouraged Member States to improve patient safety. She 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 THAILAND¹ 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).

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

The representative of SLOVAKIA¹ 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.

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

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

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:¹

(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;

(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;

(OP 1.11) 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;

¹ And, where applicable, economic integration organizations.

(OP 1.12) 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;

(OP 1.13) 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 to 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:

Resolution: Follow up to the high level meeting of the United Nations General Assembly on universal health coverage	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	<p>4.2.1 Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened</p> <p>4.3.1 Access to and use of essential medicines and other health technologies improved through global guidance and the development and implementation of national policies, strategies and tools</p> <p>4.4.1 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</p>
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:	Not applicable.
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)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	1.7	0.8	1.3	1.0	1.5	1.2	5.8	13.3
	Activities	2.7	0.9	1.6	1.5	1.3	1.4	3.3	12.7
	Total	4.4	1.7	2.9	2.5	2.8	2.6	9.1	26.0
2018–2019 additional resources	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2020–2021 resources to be planned	Staff	3.8	1.9	2.9	2.3	3.3	2.8	13.3	30.3
	Activities	6.3	2.2	3.7	3.3	3.1	3.2	7.5	29.3
	Total	10.1	4.1	6.6	5.6	6.4	6.0	20.8	59.6
Future bienniums resources to be planned	Staff	22.6	11.2	17.1	13.6	19.6	16.6	78.0	178.7
	Activities	36.8	12.7	21.7	19.6	18.1	18.8	43.9	171.6
	Total	59.4	23.9	38.8	33.2	37.7	35.4	121.9	350.3

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 SPAIN¹ 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 NORWAY¹ 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 CANADA¹ 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 HUNGARY¹ 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 INDIA¹ 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

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

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 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 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.

SEVENTEENTH MEETING

Friday, 1 February 2019, at 09:25

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

1. MANAGERIAL, ADMINISTRATIVE AND GOVERNANCE MATTERS: Item 7 of the agenda (continued)

Future meetings of the governing bodies: Item 7.8 of the agenda

- **Provisional agenda of the Seventy-second World Health Assembly** (document EB144/41 Rev.1)

The CHAIRMAN drew the Board's attention to a proposal by the Permanent Representative of Israel to amend the provisional agenda of the Seventy-second World Health Assembly by deleting provisional agenda item 14, and moving the report entitled Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan to provisional agenda item 11.2, Public health emergency preparedness and response, specifically under the second bullet point on WHO's work in health emergencies.

She recalled that the proposal had been set out in a letter addressed to the Director-General and circulated by the Secretariat to all mission focal points in Geneva. After undertaking extensive consultations with the three directly concerned parties and the Director-General, it was her informed conviction that the decision on that amendment could only be resolved by a vote, and she proposed that a roll-call vote on the proposal should be held directly. If the Board voted to amend the agenda of the Seventy-second World Health Assembly as proposed, a reference to the report would appear under the second bullet point of item 11.2 and the matter would be discussed under item 11.2, but not as a separate agenda item. Before the vote, the representatives of the directly concerned parties – Israel, the Syrian Arab Republic, and Palestine – would take the floor, observing a three-minute time limit. After the results of the vote, the Board would proceed directly to consideration of the next item without explanations of vote. It should be understood that proceeding in such a manner would not create a precedent for future meetings.

The representative of ALGERIA, supported by the representative of IRAQ and rising to a point of order, asked the Chairman to clarify on what basis she proposed restricting the right to speak to only three delegations. He was unsure of the intended definition of "concerned parties", as the proposal surely concerned all Board members. He asked why the Chairman was proposing a vote rather than a discussion.

The CHAIRMAN said that, while the issue was of concern for all Board members, it concerned only three parties directly, all of which supported the proposed course of action. As the informal consultations on the proposal had not led to consensus, a vote would be necessary, whether or not there was a discussion first. By proposing that the Board should proceed to the vote directly, she hoped to avoid the politicization of the Organization and spare the Board a difficult and time-consuming debate.

The LEGAL COUNSEL said that it was in line with the Rules of Procedure of the Executive Board for the Chairman to suggest ways of handling a debate. The default position was that Executive Board decisions were taken by vote, even though, in practice, they were nearly always taken by consensus.

The CHAIRMAN said that, if there were no other objections, she would take it that the Board was in favour of following the procedure that she had proposed.

It was so agreed.

The representative of ISRAEL said that her Government viewed WHO's assistance programme to the Palestinians favourably and did not object to any professional discussions on ways to improve the health conditions of Palestinians. She had requested, in the letter circulated, that there should no longer be a stand-alone item on the health conditions of the Palestinians or the people in the Golan, since such an item was superfluous and motivated by political considerations. Instead, she had asked the Director-General to report on the issues concerned under provisional agenda item 11.2 on health emergencies. WHO programmes assisted millions of people around the world facing health crises, and there was no separate item on any other geographical area or situation. She supported the extensive work under way to increase efficiency and reduce the agenda of the World Health Assembly, and shared the belief that the Organization should focus its limited resources on meeting the growing health needs of populations around the world.

The representative of the SYRIAN ARAB REPUBLIC¹ said that the proposal was a new attempt by the occupying power to evade its legal obligations under international humanitarian law. It was no coincidence that the letter from the Permanent Representative of Israel did not mention the word "occupation" when it referred to the title of the agenda item. Contrary to the allegations put forward, the item and its related decision were of a purely technical nature and did fall within the mandate of WHO, based on its Constitution. In fact, the main source of politicization was the attempt by the delegation of Israel to use that State's recent membership of the Executive Board to advance a political agenda and prolong the annexation of occupied East Jerusalem and the occupied Syrian Golan, in violation of the relevant United Nations Security Council resolutions. That was the context in which the representative of Israel was proposing to move the agenda item from Committee B, which dealt with legal issues, to Committee A, which dealt mainly with emergencies. Furthermore, according to its Rules of Procedure, the Executive Board had no mandate to amend an agenda ordered by the World Health Assembly. He called on the Board to reject the proposal.

The observer of PALESTINE said that the request by the occupying power, Israel, was purely political and had no place in the Executive Board. The Rules of Procedure of the Executive Board made no provision for amending items on the World Health Assembly agenda. The agenda item dealt with technical issues that it fell to WHO to monitor, as it had done for the past 50 years, including communicable diseases, achieving universal health coverage, and complying with the International Health Regulations (2005) among others. More must be done to protect the people living under occupation and put an end to the barriers that prevented them from gaining access to health care services. Accordingly, the health situation in the occupied Palestinian territories merited urgent consideration by the World Health Assembly.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained the procedure for the roll-call vote.

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

A vote was taken by roll-call, the names of the members of the Executive Board being called in the French alphabetical order, starting with Jamaica, the letter J having been determined by lot.

The result of the vote was:

In favour: Australia, Burundi, Germany, Israel, Netherlands and United States of America.

Against: Algeria, Bahrain, Bhutan, Chile, China, Djibouti, Indonesia, Iraq, Libya, Mexico, Sri Lanka, Sudan, Turkey and Viet Nam.

Abstaining: Benin, Brazil, Colombia, Fiji, Finland, Gabon, Georgia, Italy, Jamaica, Japan, Romania, United Republic of Tanzania and Zambia.

Absent: Eswatini.

The proposed amendment was therefore rejected by 14 votes to 6, with 13 abstentions.

The DIRECTOR (Governing Bodies) drew the Board's attention to footnote 1 to provisional agenda item 12.1 reflecting the Director-General's proposal to add a new agenda item on "The public health implications of the implementation of the Nagoya Protocol".

The representative of BRAZIL asked the Secretariat to specify when the recommendation to add the new agenda item had been made to the Director-General and to clarify why the additional item had been included in the draft provisional agenda as a footnote to agenda item 12.1 on the Pandemic Influenza Preparedness (PIP) Framework. Given that the Board had approved consultations on the PIP Framework, which may relate to the health implications of implementing the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization, he suggested postponing discussion on the Director-General's proposal until after those consultations had been held.

The representative of GERMANY supported the Director-General's proposal, as recommended by the Chair of the PIP Advisory Group.

The representative of the UNITED STATES OF AMERICA echoed the questions posed by the representative of Brazil. He noted with concern that, prior to the 144th session of the Board, changes had been made to the draft provisional agenda of the Seventy-second World Health Assembly several times without revisions of the document being issued, which had led to confusion. Having said that, he supported the Director-General's proposal and said that WHO should adopt a cross-cutting approach to implementing outcomes under the new agenda item, leveraging existing work and engaging a broad array of stakeholders.

The representative of FINLAND supported the inclusion of an item on the public health implications of the Nagoya Protocol, but emphasized that the issue should be a stand-alone agenda item and not considered in connection with provisional agenda item 12.1.

The representative of INDONESIA supported the statement made by the representative of Brazil and proposed that the new agenda item should be entitled "The final discussion and decision on issues being taken under the agenda item on the Pandemic Influenza Preparedness Framework".

The representative of CHINA agreed that the agenda items on the Nagoya Protocol and the PIP Framework should be separate. In addition, he said that the PIP Advisory Group, by suggesting the inclusion of the new agenda item, had gone beyond its mandate.

The representative of NORWAY¹ expressed support for the Director-General's proposal to examine the public health implications of implementation of the Nagoya Protocol under a separate agenda item.

The representative of the OFFICE OF THE LEGAL COUNSEL clarified that the Nagoya Protocol and the PIP Framework were indeed separate issues; a decision had already been adopted, containing a bracketed draft decision on the PIP Framework for consideration by the Seventy-second World Health Assembly. Open-ended consultations between Member States and the PIP Advisory Group, which comprised 18 independent experts, had been held on 16–18 October 2018. During those consultations, the Nagoya Protocol had been discussed repeatedly, as the PIP Framework and Nagoya Protocol both concerned the sharing of pathogens, although the PIP Framework covered solely pandemic influenza, while the Nagoya Protocol potentially covered a broader range of pathogens. Although the members of the PIP Advisory Group recognized that the Group's mandate only extended to pandemic influenza, it had made a recommendation to the Director-General that he should invite the Executive Board to consider including an item on the public health implications of implementation of Nagoya Protocol on the provisional agenda of the Seventy-second World Health Assembly. That had been included in the report of the PIP Advisory Group, which had been approved by the Director-General and made available on 30 November 2018. There had then been careful consideration of how to bring that recommendation, which the Director-General supported, before the Board. Based on Rule 4 of the Rules of Procedure of the World Health Assembly, which mandated the Board to prepare the provisional agenda after consideration of proposals submitted by the Director-General, the footnote had been added in an attempt to make the source of the recommendation transparent. While it was unusual to proceed in that way, it was consistent with the Rules of Procedure. It should be noted that the Nagoya Protocol and PIP Framework would be treated as completely separate items.

The DIRECTOR (Governing Bodies), in response to the representative of the United States of America, explained that the first version of the draft provisional agenda had erroneously contained old headings under provisional agenda item 20.3 in Annex 1 of document EB144/41; that had been corrected as an editorial issue without changing the document symbol. The second version was document EB144/41 Rev.1, in which the Secretariat had added bullet points for clarity under provisional agenda item 11.2 to include WHO's work in health emergencies. The Secretariat would aim to make it clearer in the future when revisions were made.

The representative of BRAZIL, supported by the representatives of GERMANY and FINLAND, said that he did not want to block consensus if other Member States wished to include an item on the public health implications of the Nagoya Protocol. However, the process followed by the Secretariat had not demonstrated good governance practice; the Secretariat had failed to make it clear that the proposed item was not linked to the PIP Framework, which meant that his Government had held consultations based on the assumption that it was. In addition, the PIP Advisory Group could be overstepping its mandate by making a recommendation on the Nagoya Protocol. He hoped that the Director-General's report on the item would include a comprehensive analysis of the Nagoya Protocol and would not solely focus on its negative aspects. He suggested that if the item on the Nagoya Protocol were to be included, it should be covered separately from the PIP Framework.

The representative of the OFFICE OF THE LEGAL COUNSEL recognized that the Secretariat could have followed a better procedure and said that it would work differently next time.

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

The CHAIRMAN took it that the Board wished to include an item on the public health implications of implementation of the Nagoya Protocol on the draft provisional agenda of the Seventy-second World Health Assembly.

It was so agreed.

The representative of the RUSSIAN FEDERATION¹ said that it had been reported at the Seventy-first World Health Assembly that epilepsy represented a serious medical, social and economic burden and that the implementation of resolution WHA68.20 (2015) on the global burden of epilepsy had not been sufficient to address the issue. A joint global report by WHO, the International League Against Epilepsy and the International Bureau for Epilepsy that covered the period from 2017 to 2018 had identified significant gaps in the action taken to combat epilepsy, which needed to be addressed urgently. Epilepsy was an issue at the crossroads of a number of important WHO initiatives, including noncommunicable diseases, lack of health services, the personalization of health care and access to medicines. He therefore proposed the inclusion of epilepsy on the provisional agenda for the Seventy-second World Health Assembly, with a view to deciding on the development of a global action plan on epilepsy and the presentation of a new report on the implementation of resolution WHA68.20 to the Seventy-fourth World Health Assembly in 2021.

The representative of JAMAICA expressed support for the proposal made by the representative of the Russian Federation. A 2018 PAHO study had found that approximately five million people in the Americas were living with epilepsy, and that urgent action was needed to address the shortage of facilities, unavailability of medicine at the primary health care level and lack of education on epilepsy. Resolution WHA68.20 had called for countries to integrate epilepsy management into primary health care and introduce actions to prevent the causes of epilepsy. The Board should therefore support the request to include the item at the Seventy-second World Health Assembly.

The representative of AUSTRALIA, supported by the representative of the UNITED STATES OF AMERICA, said that the Governments of Croatia and Honduras had proposed including an item on epilepsy – entitled “Further actions to address the global burden of epilepsy and its health and social implications at the country level” – on the agenda of the current Executive Board session. However, the Officers of the Board had decided to defer the discussion to a future Executive Board session, as the subject had recently been discussed in the governing bodies, and the Secretariat had been asked to clarify the placement of the item on the forward-looking planning schedule of expected agenda items. She could not therefore support the proposal, as that would not demonstrate good governance.

The representative of CHINA highlighted the efforts that had been undertaken to adopt resolution WHA68.20, which had greatly contributed to improving the well-being of epilepsy patients. However, epilepsy remained a major global health burden and he therefore supported the proposal made by the representative of the Russian Federation.

The representative of INDONESIA agreed with the inclusion of an item on epilepsy on the provisional agenda of the Seventy-second World Health Assembly. Epilepsy was the most common serious neurological disease and the majority of epilepsy patients, particularly those in low- and middle-income countries, did not have access to effective anti-seizure treatment. In addition, they faced barriers to achieving their full potential due to unmet needs in terms of civil rights, education, employment and health care.

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

The representative of CHILE, highlighting the global and regional burden of epilepsy, welcomed the proposal made by the representative of the Russian Federation.

The representative of the RUSSIAN FEDERATION¹ clarified that his proposal was aimed at initiating action at the country level to implement the resolution on epilepsy, which was important for all countries.

The representative of JAPAN said that, given the number of items already included on the technical part of the agenda, he supported the statement made by the representative of Australia.

The CHAIRMAN proposed that, based on the previous decision by the Officers of the Executive Board, the item should be included on the agenda of the 146th session of the Executive Board in January 2020. In the meantime, the Secretariat would prepare a report in consultation with interested Member States.

It was so agreed.

The representative of ESWATINI proposed including an item on women's, children's and adolescents' health and nutrition issues on the agenda of the Seventy-second World Health Assembly. Those issues continued to present a challenge for his country and region, and were used as indicators for the Sustainable Development Goals. The Director-General's report on implementation of the 2030 Agenda for Sustainable Development, contained in document EB144/11 Rev.1, had highlighted major gaps in addressing reproductive, maternal and child health, and nutrition. He also proposed including an item on emergency and trauma care. Acutely ill and injured people died every day due to a lack of emergency care, and emergency and trauma care was an essential component of universal health coverage.

The representative of ZAMBIA expressed support for the proposal to include the issue of women's, children's and adolescents' health and nutrition issues on the provisional agenda of the upcoming Health Assembly. Without sustained focus and accelerated action to address gaps in reproductive, maternal and child health, and nutrition, the goal of universal health coverage would remain elusive.

The DIRECTOR (Governing Bodies) commented that resolution WHA69.2 (2016) on implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) requested the Director-General to report regularly on progress to the World Health Assembly. The item had been included on the agenda of the Seventy-first Health Assembly in 2018 and the Director-General was due to report again on the issue in 2020.

The representative of the UNITED STATES OF AMERICA said that the issues raised by the representatives of Eswatini and Zambia were important and merited further discussion.

The representative of FINLAND agreed that the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) should be discussed at the upcoming Seventy-second World Health Assembly, as it concerned urgent issues.

The representative of FIJI expressed support for the proposal. The issues of reproductive health and emergency and trauma care were of great importance for small island developing States and were a

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

key part of the provision of primary health care towards universal health coverage. WHO and donors should provide relevant support for small island developing States to meet remaining gaps in those areas.

The representatives of JAMAICA and GABON endorsed the proposal to include an agenda item on women's, children's and adolescents' health.

The DIRECTOR (Governing Bodies) noted that there was a strong consensus on the inclusion of the proposed item on women's, children's and adolescents' health on the draft provisional agenda for the Seventy-second World Health Assembly. He suggested that the progress reports on working towards universal coverage of maternal, newborn and child health interventions and on newborn health, specified under provisional agenda item 20.3 of the draft provisional agenda, be rolled into a single report on maternal, infant and young child health for the Seventy-second World Health Assembly.

It was so agreed.

The CHAIRMAN took it that the Board wished to include the item on emergency and trauma care, proposed by the representative of Eswatini, on the draft provisional agenda for the Seventy-second World Health Assembly.

It was so agreed.

The representative of AUSTRALIA requested that agenda item 12.5 on accelerating cervical cancer elimination be removed from the draft provisional agenda for the Seventy-second World Health Assembly, since the Board had already decided, under item 6.5 of the agenda for its current session, to prepare a draft global strategy on the matter for consideration by the Seventy-third World Health Assembly.

The representative of JAPAN expressed concern regarding the number of items on the draft provisional agenda for the Seventy-second World Health Assembly. Thus, he agreed with the proposal made by the representative of Australia to delete item 12.5.

It was so agreed.

The CHAIRMAN invited the Board to adopt the draft decision on the provisional agenda of the Seventy-second World Health Assembly, contained in paragraph 4 of document EB144/41 Rev.1, taking into account the agreed amendments.

The decision, as amended, was adopted.¹

The representative of ISRAEL said that her delegation did not support the inclusion of item 14 on health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan on the provisional agenda for the Seventy-second World Health Assembly, but would not call for a second vote.

The representative of the SYRIAN ARAB REPUBLIC² thanked the Executive Board members who voted to pursue discussions on health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan, where people continued to face barriers to the enjoyment of health rights.

¹ Decision EB144(7).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The observer of PALESTINE thanked the members of the Executive Board and stressed that the right to health was a human right.

- **Date and place of the 145th session of the Executive Board** (document EB144/42)

The CHAIRMAN invited the Board to adopt the draft decision on the date and place of the 145th session of the Executive Board contained in paragraph 4 of document EB144/42.

The decision was adopted.¹

Reports of committees of the Executive Board: Item 7.7 of the agenda

- **Foundations and awards** (documents EB144/40 and EB144/40 Add.1)

Dr A.T. Shousha Foundation Prize

Decision: The Executive Board, having considered the report of the Dr A.T. Shousha Foundation Committee, awarded the Dr A.T. Shousha Foundation Prize for 2019 to Dr Radi Hammad, Director-General of the Viral Hepatitis Control Department at the Ministry of Health and Population of Egypt, for his significant contribution to public health in Egypt. The laureate will receive the equivalent of 2500 Swiss francs in United States dollars.²

Dr A.T. Shousha Foundation Fellowship

Decision: The Executive Board awarded the Dr A.T. Shousha Fellowship for 2019 to Ms Golaleh Asghari to enable her to study for a PhD in nutrition sciences. Ms Asghari has demonstrated a desire to make a significant original contribution to research in nutrition and to find new methods for translating research and evidence into policy, programmes and practice, pursuant to her long-term goal of a career in teaching and research. The laureate will receive US\$ 15 000.⁴

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2019 to Professor Judith Ndongo Embola Torimiro, Associate Professor in Molecular Biology, Director of Laboratories, in the Chantal Biya International Reference Centre for Research on the Prevention and Management of HIV/AIDS, Cameroon, and to Mr Eusebio Quispe Rodriguez, mayor of the district of Iguafin in Peru. Each laureate, as an individual, will receive US\$ 30 000 for their outstanding work in health development.³

Professor Torimiro had been nominated for her extensive contribution, since 1992, to health and development in Cameroon.

Mr Rodriguez had been nominated for his key leadership role in reducing the rate of anaemia in children under three years of age from 65% to 12% over the previous three years in Iguafin.

¹ Decision EB144(8).

² Decision EB144(10).

³ Decision EB144(11)

The CHAIRMAN informed the Board that the Sasakawa Health Prize Selection Panel had unanimously decided to propose to the Executive Board that Articles 4 and 9 of the Statutes of the Sasakawa Health Prize be amended, to define the sums of prize money of the order of US\$ 30 000 to be given to a person or persons, and/or of the order of US\$ 40 000 to be given to an institution or institutions, or a nongovernmental organization or organizations, and to remove the requirement to report any revisions to the subsequent session of the World Health Assembly. She took it that the proposal was acceptable to the Board.

It was so agreed.¹

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2019 jointly to the National Center for Global Health and Medicine of Japan for its contribution to the improvement of public health, both in Japan and, through its Bureau of International Health Cooperation, in developing countries and to Dr Askwar Hilonga of the United Republic of Tanzania for his work in using nanomaterials to improve access to safe drinking water and reduce the number of lives lost to waterborne diseases. The laureates will each receive US\$ 20 000.²

His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2019 to the Aging and Fragility in the Elderly Group of the Research Institute of La Paz Hospital of Spain for its outstanding contribution to research in the areas of health care for the elderly and in health promotion. The laureate will receive US\$ 20 000.³

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2019 jointly to Professor Balram Bhargava from India for his impressive career as a cardiologist and biomedical innovator and to the Health Promotion Unit of the Department of Public Health of Myanmar for its contribution to public health, in particular through its Community Health Clinic model, from concept to implementation. Each laureate will receive US\$ 50 000.⁴

¹ Decision EB144(12).

² Decision EB144(13)

³ Decision EB144(14)

⁴ Decision EB144(15).

Nelson Mandela Award for Health Promotion

The CHAIRMAN invited the Board to note the proposal to establish the Nelson Mandela Award for Health Promotion, contained in document EB144/40 Add.1, and to consider the corresponding draft decision contained in paragraph 8 of the same document.

The Board adopted the decision.¹

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

Universal health coverage: Item 5.5 of the agenda (continued)

- **Primary health care towards universal health coverage** (document EB144/12) (continued from the seventh meeting, section 1)

The CHAIRMAN drew attention to a draft resolution on primary health care proposed by Indonesia, Kazakhstan, Mexico, the Republic of Moldova, South Africa, Turkey and the United States of America, which read:

The Executive Board,
Having considered the report Primary health care towards universal health coverage,²

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

The Seventy-second World Health Assembly,

(PP1) Recalling the 2030 Agenda for Sustainable Development, adopted in 2015, in particular Sustainable Development Goal (SDG) 3 which calls on stakeholders to ensure healthy lives and promote well-being for all individuals at all ages;

(PP2) Reaffirming the ambitious and visionary Declaration of Alma-Ata of 1978 in pursuit of Health for All;

(PP3) Welcoming the convening of the Global Conference on Primary Health Care: from Alma-Ata towards Universal Health Coverage (UHC) and the SDGs on 25–26 October 2018 in Astana, Kazakhstan, during which Member States renewed their commitment to PHC through a whole-of-society approach around PHC as a cornerstone of a sustainable health system for UHC and health-related SDGs, in particular target 3.8;

(PP4) Recalling the approach regarding PHC and UHC contained in resolution WHA69.11 entitled “Health in the 2030 Agenda for Sustainable Development”;

(OP1) WELCOMES the Declaration of Astana adopted at the Global Conference on PHC on 25th October 2018;

¹ Decision EB144(9).

² Document EB144/12.

(OP2) URGES Member States¹ to:

(OP2.1) Take measures to implement the vision and commitments of the Declaration of Astana according to national contexts;

(OP3) REQUESTS the Director-General to:

(OP3.1) Support Member States, as appropriate, in strengthening PHC, including on the implementation of the vision and commitments of the Declaration of Astana in coordination with all relevant stakeholders;

(OP3.2) Develop, in consultation with Member States by the Seventy-third World Health Assembly, an “Operational Framework for Primary health care”, to be taken fully into account in the WHO programme of work and budget to strengthen health systems and support countries in scaling-up national implementation efforts on PHC;

(OP3.3) Report regularly through the Executive Board to the World Health Assembly on progress made in strengthening PHC, including implementation of the vision and commitments of the Declaration of Astana, as part of all reporting on progress towards achieving universal health coverage by 2030;

(OP3.4) Ensure that WHO promotes the vision and commitments in the Declaration of Astana in its work and overall organizational efforts, enhances the institutional capacity and leadership across WHO at all levels of the organization, including regional and country offices, to support Member States in strengthening PHC;

(OP4) CALLS UPON all relevant stakeholders to:

(OP4.1) Align their actions and support to national policies, strategies and plans in the spirit of partnership and effective development cooperation in implementing the vision and commitments of the Declaration of Astana on PHC;

(OP4.2) Support Member States in mobilizing human, technological, financial and information resources to help build strong and sustainable PHC as envisaged in the Declaration of Astana.

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

Resolution: Primary health care	
A. Link to the approved Programme budget 2018–2019	
1. Output(s) in the approved Programme budget 2018–2019 to which this draft resolution would contribute if adopted:	
4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public health approaches strengthened	
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.	

¹ And, where applicable, regional economic integration organizations.

3.	Any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the approved Programme budget 2018–2019: Not applicable.
4.	Estimated implementation time frame (in years or months) to achieve the resolution: 11 years: one year preparatory phase in 2019 plus 10 years (five bienniums, during the period 2019–2029).
B.	Resource implications for the Secretariat for implementation of the resolution
1.	Total resource requirements to implement the resolution, in US\$ millions: US\$ 376.5 million (expansion to regions and countries for 2018–2019 only to be confirmed at a later date).
2.a.	Estimated resource requirements already planned for in the approved Programme budget 2018–2019, in US\$ millions: US\$ 1.8 million.
2.b.	Estimated resource requirements in addition to those already planned for in the approved Programme budget 2018–2019, in US\$ millions: Not applicable.
3.	Estimated resource requirements in the draft Proposed programme budget 2020–2021, in US\$ millions: US\$ 54.0 million.
4.	Estimated resource requirements in future programme budgets, in US\$ millions: US\$ 320.7 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\$ 1.6 million. – Remaining financing gap in the current biennium: US\$ 0.2 million. – Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium: Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2018–2019 resources already planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.2
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	1.6	1.6
	Total	0.0	0.0	0.0	0.0	0.0	0.0	1.8	1.8
2018–2019 additional resources	Staff	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2020–2021 resources to be planned	Staff	10.6	3.0	2.3	2.1	4.4	2.0	2.2	26.6
	Activities	8.0	3.0	3.0	3.0	4.0	3.2	3.2	27.4
	Total	18.6	6.0	5.3	5.1	8.4	5.2	5.4	54.0
Future bienniums resources to be planned	Staff	62.4	20.5	23.0	13.5	25.6	18.6	10.0	173.6
	Activities	40.1	16.1	20.1	16.1	20.1	20.1	14.5	147.1
	Total	102.5	36.6	43.1	29.6	45.7	38.7	24.5	320.7

The resolution was adopted.¹

- **Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage** (document EB144/14) (continued from the sixteenth meeting, section 3)

The CHAIRMAN recalled that a draft resolution on preparation for the High-level Meeting of the United Nations General Assembly on Universal Health Coverage, and its financial and administrative implications, had been introduced during the previous meeting.

The representative of the UNITED STATES OF AMERICA said that, while his Government was prepared to join consensus in adopting the draft decision, it disagreed with the reference to “sexual and reproductive health” in the sixth preambular paragraph, as the meaning of that terminology had evolved to include abortion and thereby encouraged countries to change their legislation on abortion and presented sexual activity as an expectation for adolescents. His Government remained committed to the principles of the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development. He reiterated that women should have equal access to health care and he supported the principle of free choice regarding maternal and child health and family planning. His Government had never recognized abortion as a method of family planning and did not support the provision of abortion services as part of its global health assistance. It was regrettable that the focus of the draft resolution, which had been on achieving target 3.8 of the Sustainable Development Goals, had been diverted. His Government remained committed to achieving consensus on an approach to promote health for all people across the life course, while respecting national policy space and sovereignty.

The representative of JAPAN, speaking on behalf of the sponsors of the draft resolution, said that the draft resolution was the result of informal consultations led by representatives of his Government and that of Thailand, and thanked Member States for their constructive contributions to those consultations. Given that universal health coverage was such a broad topic, drafting the resolution had been a challenging task. It was clear that more needed to be done to achieve universal health coverage by 2030, which would require enhanced political commitment. The draft resolution would provide a

¹ Resolution EB144.R9.

valuable starting point for the intergovernmental negotiations on the political declaration of the forthcoming High-level Meeting. He called upon the Member States to support the draft resolution.

The representative of THAILAND¹ said that sustained commitment, not economic development, was required to achieve universal health coverage. Extending universal health coverage to the poor, vulnerable and marginalized must be a priority. Such coverage required adequate and equitable health delivery systems with qualified, committed and motivated health workers. Thus, primary health care must be strengthened as the foundation of universal health coverage. She considered that the implementation of universal health coverage should involve all government departments and sectors of society; it was therefore important to ensure the participation of senior officials from all Member States in the High-level Meeting.

The representatives of BRAZIL, the NETHERLANDS, FRANCE¹, KENYA¹, BENIN, NORWAY¹, PORTUGAL¹, PANAMA¹, BELGIUM¹, the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹, IRELAND¹, SPAIN¹, INDIA¹ and the REPUBLIC OF MOLDOVA¹ requested that their Governments be added to the list of sponsors of the draft resolution.

The representative of BANGLADESH¹ said that the High-level Meeting would present a unique opportunity to take stock of the progress made towards universal health coverage. It would also enable the international community to identify gaps in implementation and determine how those gaps might be addressed. He called upon all Member States to encourage their parliamentarians to actively participate in the High-level Meeting to ensure that they were engaged in the development and implementation of its political declaration.

The Board adopted the resolution.²

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

- **Antimicrobial resistance** (document EB144/19) (continued from the sixteenth meeting, section 1)

The CHAIRMAN recalled that a draft resolution on antimicrobial resistance, and its financial and administrative implications, had been introduced during the previous meeting.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the sponsors of the draft resolution, thanked all Member States for their active and constructive participation in drafting the resolution. He expressed appreciation for WHO's focus on the One Health approach and its collaboration with FAO and OIE, which would serve to direct the international conversation on antimicrobial resistance. He hoped that the draft resolution would provide a strong basis for WHO's work on antimicrobial resistance.

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

² Resolution EB144.R10.

The representatives of JAPAN, JAMAICA, FIJI, and the REPUBLIC OF MOLDOVA¹ requested that their Governments be added to the list of sponsors of the draft resolution.

The resolution was adopted.²

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

Patient safety: Item 6.6 of the agenda (continued)

- **Global action on patient safety** (document EB144/29) (continued from the sixteenth meeting, section 2)

The CHAIRMAN recalled that a draft resolution on patient safety, and its financial and administrative implications, had been introduced during the previous meeting.

The representatives of BENIN, COLOMBIA and JAMAICA requested that their Governments be added to the list of sponsors of the draft resolution.

The representative of POLAND,¹ outlining measures taken in his country to improve patient safety, expressed strong support for the draft resolution.

The resolution was adopted.³

4. CLOSURE OF THE SESSION: Item 11 of the agenda

The DIRECTOR-GENERAL said that, in the lead up to the Seventy-second World Health Assembly, the Secretariat would fulfil the commitments it had made during the current session of the Executive Board. It would also engage in dialogue and consultations in order to effectively prepare for the Health Assembly. He thanked all Member States who had participated in the meeting and welcomed the progress that had been made. He hoped that dialogue would translate into concrete action.

After the customary exchange of courtesies, the CHAIRMAN declared the 144th session of the Executive Board closed.

The meeting rose at 12:20.

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

² Resolution EB144.R11.

³ Resolution EB144.R12.