

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

**WHO headquarters, Geneva
Monday, 3 February 2020, scheduled at 09:00**

Chair: Dr H. NAKATANI (Japan)

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FIRST MEETING

Monday, 3 February 2020, at 09:10

Chair: Dr H. NAKATANI (Japan)

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

Opening of the session

The CHAIR declared open the 146th session of the Executive Board.

Election of officers

The CHAIR drew attention to a proposal by the Member States of the South-East Asia Region to elect Dr Jasinghe (Sri Lanka) as Vice-Chair of the Executive Board, replacing Dr Senaratne (Sri Lanka), who was no longer able to serve in the role. He also noted a proposal made by the Member States of the Region of the Americas to elect Ms Lamourelle (United States of America) as Rapporteur, replacing Mr Schmeissner (United States of America), who was likewise unable to continue in the role. He took it that those proposals were acceptable to the Board.

It was so agreed.

Condolences

The Board stood in silence for one minute to remember health care workers who had died since the previous session of the Executive Board.

Representatives of the WHO regions and numerous Member States expressed their deepest condolences to the family, friends and colleagues of the late Dr Peter Salama, the Executive Director of WHO's Division for Universal Health Coverage across the Life Course. Highlighting his extensive and wide-ranging career, notably his previous role as the Executive Director of WHO's Health Emergencies programme, they paid tribute to him as a visionary leader who had worked tirelessly to improve the health of people throughout the world, particularly the most vulnerable. His legacy would be honoured through the continuation of his work.

Organization of work

The representative of GERMANY, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission 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 146th 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 CHAIR took it that the Board wished to accede to the request.

It was so agreed.

2. ADOPTION OF THE AGENDA: Item 2 of the provisional agenda (documents EB146/1 Rev.1 and EB146/1 (annotated))

The CHAIR drew attention to a proposal by the Secretariat to delete provisional agenda item 21.3, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been received. He took it that the Board agreed to those proposals.

It was so agreed.

The agenda, as amended, was adopted.¹

3. REPORT BY THE DIRECTOR-GENERAL: Item 3 of the agenda (document EB146/2)

The DIRECTOR-GENERAL, introducing his report, expressed his condolences on the deaths of Dr Peter Salama and other colleagues over the previous year.

There had been unprecedented challenges, achievements and transformation in 2019. Intensive efforts had been made to finalize the design phase of the WHO transformation agenda, while fighting emergencies, launching new initiatives, investing in its core business, norms and standards to deliver the Thirteenth General Programme of Work, 2019–2023, and striving to achieve the “triple billion” goals.

The previous week, he had declared the outbreak of novel coronavirus infection a public health emergency of international concern. The Government of China was taking serious measures at the epicentre to protect its people and prevent the spread of the virus to other countries. WHO had recommended that all countries should implement evidence-based and consistent decisions and avoid measures that unnecessarily interfered with international travel and trade; support countries with weaker health systems; accelerate the development of vaccines, therapeutics and diagnostics; combat the spread of rumours and misinformation; review preparedness plans, identify gaps and evaluate the resources needed to identify, isolate and care for cases, and prevent transmission; share data, sequences, knowledge and experience with WHO and the world; and work together in a spirit of solidarity and cooperation.

The current outbreaks of Ebola virus disease and novel coronavirus infection underscored the importance of all countries investing in preparedness. They also illustrated that the current binary system for determining a public health emergency of international concern was unsuitable for complex emergencies. Options for signalling an intermediate level of alert, without renegotiating the text of the International Health Regulations (IHR) (2005), were being explored.

WHO was focusing on implementing its transformation agenda through a new strategy, new processes, a new operating model, a new approach to partnerships and a new culture, together with sustainable financing and the development of a fit-for-purpose workforce.

The representative of CHINA said that his Government was taking, and would continue to take, a responsible approach to public health by implementing tough, comprehensive containment measures,

¹ Document EB146/1 Rev.2.

thanks to which the majority of confirmed cases of novel coronavirus infection had been confined to Chinese territory. The authorities had been, and would continue to be, open and transparent in sharing information available and had provided WHO, relevant national and regional organizations and the authorities of Hong Kong, Macao and Taiwan¹ with regular, timely updates and data. For example, once the whole genome sequence of the virus had been obtained, it had been shared with WHO and the international community almost immediately. Experts, including a team from WHO, had travelled to Wuhan to investigate and the WHO Director-General had visited China for frank exchanges on prevention and control with the President of China and high-level officials. WHO's objective assessment of the Government's prevention and control efforts had been positive.

The temporary recommendations issued by WHO after it had declared the outbreak a public health emergency of international concern had not included restrictions on travel or trade. Indeed, during the 2014 Ebola virus outbreak, a high-level United Nations panel had noted that excessive restrictions could discourage States from voluntary reporting and aggravate the situation. Nevertheless, certain countries had imposed such restrictions, including denying entry, rejecting visa applications and cancelling flights. Such measures were contrary to WHO recommendations. Transparent, objective and effective action based on facts and scientific knowledge, with an emphasis on working in solidarity, was required, rather than panic, fear, rumours and stigma, which could only hamper international cooperation.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate country Montenegro, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, aligned themselves with his statement. Like numerous other representatives, he welcomed the response of the Chinese authorities and WHO to the outbreak of novel coronavirus infection. The situation highlighted the importance of international cooperation and information sharing. Information from all countries concerned should be shared, without delay, with WHO Member States and with partners. While the Organization's efforts to respond effectively to public health emergencies and improve the capacities of countries were welcome, urgent action was required to improve preparedness, essential public health functions and health systems at the national level.

Turning to the transformation agenda, the Organization needed to be more efficient and responsive to the needs of Member States, and to strengthen its role within the United Nations system. Given the ambitious goals and funding allocations of the Thirteenth General Programme of Work, 2019–2023, the governing bodies had a major role to play in defining change. Concerns remained about the lack of transparency over the accountability compacts. Given the urgent need to improve accountability through the results framework, he called for collaboration with Member States in developing a stepwise approach to impact assessment.

In view of WHO's strategic leadership role in the evolving global health architecture, challenges such as the allocation of resources to critically important programmes should be brought before the governing bodies. The Organization needed to remain relevant and to continue to develop new approaches; its normative work and the common goods for health were highly important. The Secretariat was urged to develop policies on topical issues such as the health impacts of climate change, digitalization and the challenge of antimicrobial resistance.

Health was a human right and a key aspect of sustainable societal and economic development. As addressing health challenges required interaction and collaboration across policy areas, the Director-General was urged to open a dialogue on the role of health in the economy and in society.

Welcoming the United Nations development system reform, he encouraged the Secretariat to build partnerships and to foster collaboration and synergy between the United Nations agencies, and to continue working on cost savings and efficiency gains. Cooperation with vertical funds, especially in

¹ World Health Organization terminology refers to Taiwan, China; Hong Kong Special Administrative Region (China); and Macao Special Administrative Region (China).

the run-up to the forthcoming Global Fund allocation process, could – with the right input of WHO expertise at the country level – open access to funding for health systems strengthening.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, commended the Director-General's leadership in the response to the outbreak of novel coronavirus infection and his call for a special focus on countries with weak health systems. Although there had been no confirmed cases in his region, Member States were being vigilant in strengthening preparedness measures. Moreover, the Member States of the African Region welcomed the support provided to the Democratic Republic of the Congo and neighbouring countries to contain the Ebola virus outbreak, which had claimed more than 2000 lives since the summer of 2018. Even though the number of new cases of Ebola virus infection was decreasing, the measles death toll in the Democratic Republic of the Congo had peaked at 5000 since January 2019, mostly among children under 5 years of age. Urgent action was required in that regard. He also condemned all attacks on health workers.

With regard to the transformation agenda, the Member States of the African Region commended the Director-General's leadership and noted with pride that the Regional Office for Africa had made progress in implementing the agenda. The transformation agenda should allow WHO to be more responsive to prevailing urgent health challenges, particularly at the country-office level. Such a transformation would not come about overnight, and he pledged the support of the Member States of his region.

The representative of KENYA said that his Government was closely monitoring the global and domestic novel coronavirus infection situation and had strengthened its own preparedness. He joined other representatives in expressing sympathy and offering support to the people of China, and urged WHO and its Member States to focus investments on health systems strengthening in order to deal with the emerging health challenges over the new decade. Expressing his appreciation for the continued technical support provided to the Kenyan Ministry of Health in implementing its universal health coverage road map, he called on the Secretariat to place countries at the centre of the transformation agenda by ensuring increased financial allocations to WHO regional and country offices. Furthermore, he called on the donor community to increase flexibility in its funding to ensure greater impact at the country level.

The representative of AUSTRALIA expressed the Australian Government's support for WHO's efforts relating to the International Year of the Nurse and the Midwife and to the challenge of e-cigarettes, on which the Government had taken a strong stand.

Speaking also on behalf of Argentina, Canada, Czech Republic, Denmark, Finland, France, Germany, Indonesia, Ireland, Japan, Luxembourg, Monaco, Montenegro, the Netherlands, New Zealand, Norway, Sweden, Switzerland, Turkey, the United Kingdom of Great Britain and Northern Ireland and the United States of America, she stressed the need to continue to engage Member States in the transformation agenda. Given the ambitious aims of the agenda and its central role in the work of WHO, its strategic visibility was essential to maintaining Member States' confidence in its ability to deliver on the transformation agenda. She welcomed the efforts already under way, as described in document A72/48, but noted that, while it was clear that change required time, there were areas of the transformation agenda where activities and progress were less clear. As indicated in document A72/48, it was time to take a longer-term view of the capacities needed at each level of WHO in the context of the Thirteenth General Programme of Work, the health-related Sustainable Development Goals and the United Nations reform. Member States needed a clear picture of the reforms at the different levels of the Organization, including those relating to full alignment and engagement with the United Nations reform. The expected outcomes and time frame must be clear to ensure coherence and unity of action and to gauge success. She supported the recommendation of the Programme, Budget and Administration Committee of the Executive Board that the Board request a full

update on matters addressed in documents A72/48 and A72/49, with reforms mapped to timelines, to be provided to the Seventy-fourth World Health Assembly in 2021, preceded by an interim report to the regional committees later in 2020.

The representative of ISRAEL, speaking also on behalf of Albania, Australia, Austria, Barbados, Brazil, Bulgaria, Canada, Colombia, Cyprus, Czech Republic, Ecuador, Estonia, Eswatini, Ethiopia, Finland, France, Georgia, Germany, Guatemala, Guyana, Haiti, Hungary, Ireland, Italy, Latvia, Mexico, Monaco, the Netherlands, New Zealand, Norway, Peru, Poland, Romania, Sierra Leone, Slovakia, Slovenia, Thailand, Uganda, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, said that the United Nations Disability Inclusion Strategy, launched in June 2019, enabled the United Nations system to mainstream disability inclusion. By ensuring that no one was left behind, the strategy formed a core part of the 2030 Agenda for Sustainable Development. He welcomed and supported the new strategy, which was closely linked to the WHO transformation agenda. The successful implementation of the strategy was a necessary step to enhance efforts to promote inclusion at all levels of the Organization and an opportunity to lead by example, which would only be possible if cross-cutting action was taken with the full support and commitment of the Organization as a whole. He also stressed the importance of keeping Member States informed on the progress made in its implementation.

The representative of the UNITED STATES OF AMERICA said that updates on two critical outbreaks of international concern, novel coronavirus infection, which had been detected in over two dozen countries and was affecting the global community, and Ebola virus in the Democratic Republic of the Congo, were extremely important and required focused attention. His Government was collecting information on the outbreak of novel coronavirus infection and implementing appropriate public health measures, in line with WHO recommendations, to minimize its spread. It was committed to working with all partners to address the outbreak, and would also continue to support efforts to respond to the Ebola virus outbreak in the Democratic Republic of the Congo. Recent events had shown that the Secretariat's efforts, in partnership with Member States and the global health community, were essential to prevent, detect and respond to public health emergencies. The collective ability to address public health threats depended on timely and accurate information, which facilitated a coordinated and inclusive response across all areas affected and by public health authorities.

The representative of BRAZIL said that her Government was taking steps to prevent the spread of novel coronavirus infection within Brazil and to closely monitor suspected cases. Although the response to the outbreak showed that the WHO Health Emergencies Programme had made considerable progress, it was imperative to do more to improve preparedness and to build strong and accessible health systems. There was a need to adopt a more inclusive approach and to respond to the specific needs of the membership. More action was also required on cross-cutting issues. While antimicrobial resistance remained an important concern, issues such as access to medicines and the social determinants of health required the same level of attention and budgetary funding. There was more that WHO could do, including through the prequalification of biosimilar medicines. While news of the Ebola virus vaccine was welcome, having stronger health systems could have led to a better outcome. Maintaining the status quo would not help to promote and protect health for all or, importantly, to prepare for future emergencies.

The representative of JAPAN said that his country currently had 20 confirmed cases of novel coronavirus infection, some of which indicated human-to-human transmission within Japan. The Government was committed to taking all necessary measures to conquer the infection, in close cooperation with China, other Member States and WHO. Strong leadership from WHO was expected, and it was critical for WHO to disseminate quick and accurate information to Member States and to take timely action. The Japanese National Institute of Infectious Diseases had successfully isolated the novel

coronavirus and was ready to cooperate with others on research and development using the isolated virus. With regard to the transformation agenda, the development of the Thirteenth General Programme of Work and of new ideas such as the integration of digital health in WHO were welcome. The transformation agenda should be finalized as soon as possible to ensure its success.

The representative of SUDAN said that his Government continued to support WHO's efforts to protect people from the effects of disease, violence, conflicts, oppressive regimes and occupation, poverty, ignorance and marginalization. It was grateful for the support provided by the Secretariat and Member States, and looked forward to the conclusion of the transformation agenda, which would facilitate the development of robust governance mechanisms, as well as improved management within the Organization and in Member States. With Secretariat support, Sudan had made significant progress, including successfully eradicating cholera within its borders. The Government had tripled its health budget, aiming to reduce out-of-pocket expenditure.

The representative of SINGAPORE said that the recent outbreaks of Ebola virus and novel coronavirus infection were a sombre reminder of the importance of WHO's work in health emergencies. To increase resilience against global health threats, it was vital to continue to invest in pandemic preparedness, increase health system capacities, forge stronger interpersonal connections and enhance collaboration. Given that cities were major hubs of human activity, focusing efforts on urban health preparedness was particularly important. His country commended the progress made by the Secretariat towards achieving the "triple billion" goals and the transformation agenda.

The representative of ARGENTINA commended the achievements made by WHO over the previous year in its planned actions, its response to emergency situations and its increased efforts to eradicate poliomyelitis and control outbreaks of Ebola virus in Africa. Regarding the recent outbreak of novel coronavirus infection, the public health measures implemented by China should have a beneficial impact at the global level. WHO leadership in addressing the outbreak was also vital, focusing on the issuance of swift, robust recommendations that took into account individual country situations and on international collaboration and access to transparent and timely information. WHO actions should include taking steps to ensure the rapid development of vaccines, diagnostic measures and specific treatments and to guarantee their access by low- and medium-income countries.

The representative of CHILE said that the priority areas of work for WHO and its Member States should be pillar 1, ensuring one billion more people benefited from universal health coverage, and pillar 3, ensuring one billion more people enjoyed better health and well-being. In that regard, Chile was launching a process to reform its health care system in the hope of increasing health coverage while maintaining the current quality of service, and wished to participate actively in the Decade of Healthy Ageing. Indeed, increased attention needed to be paid to the reality of ageing societies to ensure that older persons were able to enjoy a good quality of life. Further efforts were also needed in relation to food safety and the use of new technologies for the benefit of all, including a draft global strategy for digital health.

The representative of SRI LANKA said that his Government continued to be committed to achieving universal health coverage, strengthening primary health care and combating non-communicable diseases. It was also placing greater emphasis on health promotion and prevention policies. He welcomed the prequalification of more medicines, which would facilitate procurement by countries. At the national level, issues related to the ageing population and health care human resource shortages needed to be addressed, along with the challenge of chronic renal diseases that were prevalent among the population, the cause of which remained unknown. His Government was keen to collaborate with other Member States facing a similar situation and lacking a prevention strategy. He requested the Secretariat's support in addressing the issue.

The representative of INDONESIA said that her Government supported the WHO's decision to declare the outbreak of novel coronavirus infection a public health emergency of international concern and expressed its gratitude to WHO for its cooperation and guidance, in particular in the evacuation and containment of Indonesian nationals in Wuhan, China. Turning to the transformation agenda, she expressed the hope that its completion would have a positive impact at all levels of the Organization and enable WHO to focus on achieving its ambitions under the Thirteenth General Programme of Work and United Nations Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Moreover, a broader mandate for WHO country offices would allow them to be more active and responsive to the needs of each country.

The representative of BANGLADESH said that, given the concern that novel coronavirus infection could spread to countries with weaker health systems, the Secretariat and Member States in a position to do so should provide vulnerable countries and regions with increased support for preparation and response. There must also be the rapid development and supply of potential vaccines, medicines and diagnostic measures, especially for low- and middle-income countries. The Secretariat should also implement a comprehensive risk communication strategy, carry out a timely and transparent review of the situation and update its evidence-based recommendations. With the Secretariat's ongoing support, his Government would continue to provide health services to the over one million displaced Rohingya in Bangladesh. Lastly, as part of his Government's efforts towards achieving universal health coverage, it was taking steps to ensure mental health provision, including volunteering Bangladesh as one of the 12 priority countries for the WHO Special Initiative for Mental Health (2019–2023): Universal Health Coverage for Mental Health.

The representative of ESWATINI said that, while his Government commended the actions taken by WHO and the Government of China to contain the outbreak of novel coronavirus infection, it was concerned about the observation in the Director-General's report that the global health landscape was insufficiently prepared for an epidemic, in part due to political conflicts or interference with certain independent States and WHO. For example, the Republic of China (Taiwan)¹ had limited access, if any, to processes under IHR (2005) and its technical experts had been denied participation in recent WHO technical meetings, despite it having cutting-edge expertise that would be of benefit to all. That had left its population vulnerable to epidemics. Indeed, during the recent outbreak of novel coronavirus infection the provision of inaccurate information had led to decisions being made that had had a negative impact on the people of Taiwan.¹ The global health community needed to discourage such tendencies, as they negated the work undertaken to protect people. International solidarity and collaboration were essential to combat diseases and epidemics.

The representative of CHINA, speaking on a point of order, said that a representative had taken advantage of the meeting to spread sensational information in contravention of relevant United Nations and WHO resolutions and the rules of the meeting. He requested that the representative in question cease to do so.

The representative of ISRAEL, supporting the statement made by the representative of Australia on behalf of a group of Member States, said that his Government welcomed WHO efforts to bring the transformation agenda to a successful conclusion and valued the increased focus on its impact at the national level and on strengthening country office capacities. The opening of a country office in Israel would enable it to enhance its cooperation and contribute further to WHO programmes regionally and

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

globally. The normative and standard-setting work of WHO remained highly important, and the efforts being made at all levels of WHO to face global health challenges were appreciated.

The representative of PARAGUAY¹ expressed concern at the low budgetary allocation to the Region of the Americas. He welcomed the information provided on the conclusions and recommendations of the second meeting of the IHR (2005) Emergency Committee regarding the outbreak of novel coronavirus infection; his Government had taken the measures required under the Regulations. Taiwan² had confirmed a dozen cases of novel coronavirus infection, and he urged WHO to ensure that the country received timely notifications of infectious diseases and that the information provided by it was taken into account.

The representative of MEXICO¹ said that the outbreak of novel coronavirus infection highlighted the need for strong health systems and agreed that countries must work together in a spirit of solidarity. Mexico supported the recommendations of the second meeting of the IHR (2005) Emergency Committee regarding the outbreak of novel coronavirus infection and called on all countries to implement them in accordance with the principles set out in Article 3 of the Regulations. Efficient use should be made of budgetary resources for health, prioritizing prevention by strengthening primary health care. There was a need to improve the exchange of information and accountability, in particular with respect to the transformation agenda.

The representative of CÔTE D'IVOIRE¹ welcomed the efforts made to implement the transformation agenda, particularly in the African Region, and encouraged the Secretariat to provide the necessary technical support to Member States to facilitate data collection. The Secretariat should also ensure the fair and adequate distribution of flexible funding across different programmes and the three levels of the Organization.

The representative of SOUTH AFRICA¹ recognized the strategic efforts being made under with the transformation agenda, including the development of a new operating model. She commended the effective global coordination provided by the WHO Health Emergencies Programme in ongoing disease outbreaks, to which her Government had provided support through a reference laboratory. Universal health coverage and health systems strengthening were essential in order to achieve the targets of Sustainable Development Goal 3 and the goals of the Thirteenth General Programme of Work, 2019–2023.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹ endorsing the Secretariat's view that the response to novel coronavirus should be driven by science, welcomed the release of the genotype by the Government of China and noted the need for detailed epidemiological data. Such crises served to highlight the importance of WHO's work on health systems strengthening and emergency preparedness. His Government looked forward to working with other Member States on its renewed ambition to end the preventable deaths of mothers, newborns and children.

The representative of THAILAND¹ said that a priority of the transformation agenda must be to ensure that WHO provided a healthy and happy workplace and served as a role model for health. He

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".

expressed concern that real-time information regarding the outbreak of novel coronavirus infection had to be sought from other sources, rather than WHO, and said that situation should be resolved.

The representative of SWITZERLAND¹ noted that current events highlighted the importance of a strong, effective and universal WHO. She expressed the hope that the discussions on infection prevention and control at the Fifth Global Ministerial Summit on Patient Safety in Montreux in February 2020 would support health systems strengthening all over the world.

The representative of the NETHERLANDS¹ highlighted the value of her Government's fruitful cooperation with WHO, including through hosting international conferences. Her Government would continue to focus on combating antimicrobial resistance, addressing mental health in emergency settings and the fight against the tobacco epidemic.

The representative of the REPUBLIC OF KOREA¹ said that 15 confirmed cases of disease due to novel coronavirus infection had been identified in his country. The Government had activated its emergency operations centre in January 2020 to prevent the spread of infection in communities and health care settings, strengthen screening and quarantine at points of entry, and support strong case management and the tracing of contacts. He urged WHO and its Member States to share information regarding the outbreak in accordance with the requirements of IHR (2005) and in a timely manner.

The representative of CANADA¹ said that the outbreaks of novel coronavirus infection and Ebola virus disease highlighted the need for stronger emergency preparedness and health systems. Canada looked forward to further progress towards achieving the transformation agenda, and efforts to strengthen global health norms and standards. Continued evidence of results was critical to secure the resources required to implement the Thirteenth General Programme of Work.

The representative of MONTENEGRO¹ said that the outbreak of novel coronavirus infection demonstrated the importance of countries working together to develop a multilateral response. Noting that all three levels of WHO were equally important and emphasizing the importance of international knowledge within the Organization, he trusted that the selection of an international candidate as Head of the WHO Country Office in Montenegro would be finalized without delay. Close coordination between WHO representatives and United Nations Resident Coordinators was required to achieve the Sustainable Development Goals, in particular Goal 3, in line with the United Nations Development Assistance Framework.

The representative of NICARAGUA¹ said that progress had been made towards achieving universal health coverage in his country and called on all authorities to uphold their responsibility to protect their citizens.

The representative of AZERBAIJAN,¹ speaking on behalf of the Non-Aligned Movement, commended the Director-General's efforts to make the Organization more efficient, effective and relevant. She reiterated the Movement's commitment to achieving universal health coverage. She welcomed the United Nations high-level meeting on universal health coverage, which had taken place in September 2019, and the resulting political declaration. She highlighted the need to implement the recommendations of the global strategy and plan of action on public health, innovation and intellectual property, and support the development, control, distribution and appropriate use of new and alternative medicines, diagnostic tools and vaccines, while preserving existing medicines and promoting affordable access. Efforts to integrate evidence-based traditional and complementary medicine into existing health

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

care systems should be supported. She welcomed the draft WHO global strategy on digital health 2020–2024 and requested WHO to host digital partnerships that strengthened the implementation of digital health. She expressed concern regarding the threat of health epidemics, particularly the outbreak of novel coronavirus infection. She encouraged WHO to strengthen its assistance to countries, in particular those in conflict and post-conflict situations, in order to attain universal health coverage and the health-related Sustainable Development Goals. Donors and partners should honour their financial commitments and assist in strengthening national health systems. All Member States should refrain from implementing universal unilateral coercive measures and economic sanctions, which adversely affected the provision of health care services and undermined global efforts to achieve the health-related Sustainable Development Goals.

The representative of the RUSSIAN FEDERATION¹ said that the transformation agenda and WHO's ongoing reform processes needed to be more transparent. He called for further efforts from WHO in monitoring transmission of novel coronavirus, promoting the exchange of information and coordinating national activities. The Russian State Research Centre of Virology and Biotechnology was among the laboratories providing diagnostic assistance in the current outbreak.

The representative of NORWAY¹ said that fears that novel coronavirus might spread to countries with weak health systems served as a reminder that universal health coverage was an element of preparedness. His country supported the Global Action Plan for Healthy Lives and Well-being for All, which all signatory agencies and Member States should implement fully. The rising cost of new medicines was a challenge and all Member States should collaborate to enhance price transparency. His Government, which had launched a strategy on combating noncommunicable diseases as part of its international development assistance in 2019, called on all Member States to invest in the prevention and control of such diseases.

The representative of LIBYA¹ commended the Director-General's dedication to the WHO transformation agenda and his hard work to manage current global health emergencies. WHO's leadership was more essential than ever in the decade of action to deliver the Sustainable Development Goals, particularly for countries in the Eastern Mediterranean Region, many of which were in crisis. She expressed support for the Global Action Plan for Healthy Lives and Well-being for All.

The representative of SWEDEN¹ said that the outbreak of novel coronavirus infection highlighted the importance of investing in health systems, rather than operating on a cycle of panic and neglect. Capacity-building would facilitate the achievement of universal health coverage while equipping countries with the means to manage health emergencies effectively, and to that end, WHO had to be efficient and fit for purpose. While several important steps had been taken as part of the transformation agenda at headquarters, the progress made at the regional and country levels was less clear.

The representative of DENMARK¹ recognized the importance of international cooperation and the leadership role of WHO to achieve common solutions to health emergencies. Noting that 2020 had been designated as the Year of the Nurse and the Midwife, he said that WHO should play a central role in any discussions aimed at harnessing the full potential of the valuable health care workforce, whose role was becoming increasingly specialized.

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

The representative of MYANMAR¹ expressed support for the WHO transformation agenda, which would help Member States to achieve the “triple billion” goals.

The representative of ECUADOR¹ said that the Secretariat should work closely with Member States on initiatives relating to the transformation agenda, such as the possible creation of a WHO Foundation. Furthermore, given the difficulty that certain Member States would face in fulfilling additional information requests, WHO should provide financial and technical support to enable those Member States to strengthen the capacities of their health information systems.

The representative of SPAIN¹ welcomed international efforts to ensure that those affected by novel coronavirus experienced no stigma or discrimination. It was important for WHO to be dynamic, generate value, simplify its processes and always take account of national differences. Public health strategies needed to address emerging challenges and focus on primary health care and on providing integrated, continued care through a multisectoral approach.

The representative of EGYPT¹ thanked WHO for its support in tackling hepatitis C in the country and said that his Government was committed to working with WHO in that and other areas.

The DIRECTOR-GENERAL said that the Secretariat was committed to keeping Member States regularly updated on the progress made in implementing the transformation agenda and stressed the importance of Member States’ participation and guidance throughout the process. Recognizing that WHO needed to step up its efforts in the area of digital health, he welcomed the request for WHO to host digital health partnerships but said that the Secretariat would need to get the digital health and innovation department, proposed as part of the transformation agenda, up and running first. That department could also take responsibility for coordinating Member States’ digital health initiatives. He said that WHO was working on implementing the United Nations Disability Inclusion Strategy and agreed that it was important for WHO to serve as a role model in that regard. The Secretariat would continue to provide regular updates on the outbreak of novel coronavirus infection. International and national communications concerning the outbreak should focus on the facts and figures, and measures should be taken to prevent the spread of fear and panic.

The representative of CHINA, speaking in exercise of the right of reply and emphasizing that Taiwan² was part of China, outlined the measures taken by his Government to openly and transparently share timely information with China’s Taiwan region² on the outbreak of the novel coronavirus infection, particularly concerning confirmed cases affecting Taiwanese people. Those positive and effective measures, which had included visits to Wuhan by epidemic prevention experts from the Taiwan region² and sharing of the genotype, had ensured the orderly prevention and control of the outbreak in that region. Communication channels between the Taiwan region² and WHO were not blocked in any way, and the Taiwan region⁹ was able to respond effectively and in a timely manner to both local and international public health emergencies. The region’s non-participation in the Health Assembly did not, therefore, represent a gap in the international prevention system. Member States should observe the rules of WHO meetings and cease their interference in such issues.

The meeting rose at 12:55.

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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”.