

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

**WHO headquarters, Geneva
Thursday, 6 February 2020, scheduled at 18:00**

**Chair: Dr P. SILLANAUKKEE (Finland)
Later: Dr H. NAKATANI (Japan)**

CONTENTS

	Page
Pillar 1: One billion more people benefiting from universal health coverage (continued)	
1. Neglected tropical diseases (continued).....	2
2. Global strategy and plan of action on public health, innovation and intellectual property	7
Pillar 2: One billion more people better protected from health emergencies (continued)	
3. Public health emergencies: preparedness and response Influenza preparedness	16

TENTH MEETING

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PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE (continued)

1. NEGLECTED TROPICAL DISEASES: Item 13 of the agenda (document EB146/14) (continued)

The CHAIR recalled that a report, contained in document EB146/14, a draft decision on neglected tropical diseases and a draft decision on World Neglected Tropical Diseases Day, with their respective financial and administrative implications, had been introduced during the previous meeting.

The representative of THAILAND¹ said that urgent work was needed to align the development of the road map for neglected tropical diseases 2021–2030 with the Sustainable Development Goals. As the road map largely concerned diseases for which prevention and treatment options already existed, increased attention should be paid to vector control activities for vector-borne diseases such as dengue and leishmaniasis; veterinary public health for zoonotic diseases such as trypanosomiasis, in the scope of the One Health approach; and the provision of safe water, sanitation and hygiene.

The representative of ECUADOR¹ expressed concern that neglected tropical diseases continued to pose a public health problem in many countries and disproportionately affected vulnerable populations. Member States should work with relevant stakeholders to take the necessary action, including the adoption of risk mitigation measures, to tackle neglected tropical diseases using an integrated, multisectoral, person-centred approach towards the achievement of universal health coverage. Coordinated efforts and the integration of technology into health infrastructure, among other factors, would help to prevent, control and eradicate several diseases simultaneously. Given the challenges in achieving the Sustainable Development Goals, the Secretariat's road map for 2021–2030 was timely and provided guidance to overcome the global impact of neglected tropical diseases and improve people's quality of life.

The representative of MEXICO¹ described her Government's efforts to implement the current road map for accelerating work to overcome the global impact of neglected tropical diseases, in particular its successful elimination of dog-mediated human rabies. Sustained global efforts to eliminate neglected tropical diseases would be needed to attain universal health coverage and reduce inequities affecting the most disadvantaged populations.

The representative of NIGERIA¹ commended progress made by WHO in its work on neglected tropical diseases, in particular the development of new interventions, medicines and tools, as well as the addition of new diseases to the portfolio of neglected tropical diseases and guidance on how to tackle them. Increased commitment at the national level was laudable and led to Member States' greater impact in the fight against neglected tropical diseases. His Government had recently celebrated the first World

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

Neglected Tropical Diseases Day to call attention to the issue. The Secretariat should harness opportunities to develop next steps to advance global action on neglected tropical diseases.

The representative of PERU¹ said that it was crucial to ensure universal and equitable access to timely, quality, effective, affordable and safe health services, and to implement context-specific interventions that prioritized vulnerable and marginalized communities, through a multisectoral approach centred on the social determinants of health, ensuring no one was left behind. His country had recently taken major steps to prevent and control several vector-borne diseases. He supported the draft decision.

The representative of MALI¹ said that his Government was successfully implementing a strategic plan to reduce neglected tropical diseases in challenging circumstances, including a lack of resources and security issues. He supported the draft decision on World Neglected Tropical Diseases Day as an official WHO world health day.

The representative of MOROCCO¹ described his Government's efforts to prevent, control and combat neglected tropical diseases in his country and to maintain the progress made. He welcomed the Secretariat's efforts to implement comprehensive strategies against neglected tropical diseases and affirmed his Government's commitment to the objectives set out in the road map.

The representative of SLOVAKIA¹ highlighted the need to re-evaluate the growing burden of certain neglected tropical diseases in traditionally non-endemic areas arising from epidemiological factors and climate change. A global discussion on neglected tropical diseases was needed given increased life expectancy, migratory flows, and the rising numbers of vulnerable groups facing poverty, inequality and climate change. He welcomed the document's focus on national programmes and supported the development of the new road map on neglected tropical diseases 2021–2030, which would foster various improvements to decrease the devastating impact of chronic infection, in particular among children.

The representative of the RUSSIAN FEDERATION,¹ welcoming progress since the launch of the 2012 road map, said that an integrated, intersectoral approach was needed to combat neglected tropical diseases. Member States should mobilize resources, and conduct research and development in neglected tropical diseases at the national level to stimulate progress and reduce the risks linked to climate change and political instability. She supported the recommendations of the Strategic and Technical Advisory Group for neglected tropical diseases and the Secretariat's efforts to develop the road map for neglected tropical diseases 2021–2030.

The representative of COSTA RICA¹ said that neglected tropical diseases incurred heavy costs for health systems and quality of life among populations in developing countries, even though most cases could be prevented with low-cost interventions. His Government had taken a leadership role in joint work with Member States and international partners to add snakebite envenoming to the portfolio of neglected tropical diseases. He supported the draft decision to develop a road map and wished to be added to the list of sponsors. He also supported the draft decision to establish World Neglected Tropical Diseases Day.

The representative of SPAIN¹ said that the impact of the road map on accelerating work to overcome the global impact of neglected tropical diseases should not be overshadowed by the failure to attain some of its targets. The final phase of the road map's implementation had helped to generate new

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

goals for 2021–2030. She therefore supported the development of a new road map to combat neglected tropical diseases that aligned the efforts of all relevant stakeholders in the work towards the Sustainable Development Goals. Her Government was working with the Secretariat to provide technical cooperation to that end.

The representative of SWITZERLAND¹ said that the fight against neglected tropical diseases supported efforts to attain universal health coverage. Her Government viewed the eradication of neglected tropical diseases by 2030 as a priority and was working with partners on research and development activities and projects aiming at widening access to diagnostics and medicines, including the Expanded Special Project for Elimination of Neglected Tropical Diseases of the Regional Office for Africa. She expressed willingness to participate in the consultations scheduled after the Board and supported the draft decision for a new road map.

The representative of EGYPT¹ said that all Member States needed to work towards the elimination of neglected tropical diseases by focusing on primary health care in their efforts to attain universal health coverage, and by strengthening health worker training to improve the diagnosis and effective treatment of neglected tropical diseases. He supported the draft decision to develop a new road map and the draft decision to establish a World Neglected Tropical Diseases Day.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, advised caution in the integration of the diagnosis and treatment of neglected tropical diseases within multidisciplinary health services, and called for accurate diagnostic tests to be made available for use in the field. The limited financial support pledged towards the WHO strategy for the prevention and control of snakebite envenoming did not bode well for the implementation of the road map for neglected tropical diseases 2021–2030. Countries with endemic neglected tropical diseases and donors should prioritize the needs of the poorest populations while exploring new ways to support research and development without market influence.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his statement to the Secretariat to be posted on the WHO website.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, said that despite recent breakthroughs in combating neglected tropical diseases, significant gaps remained in the effective treatment of populations in low-income settings. He called on WHO to accelerate action towards the research and development of new medicines and tools to combat neglected tropical diseases and to facilitate greater partnerships on all neglected tropical diseases. Member States should also invest in new treatments. He supported the draft decision to establish a World Neglected Tropical Diseases Day.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that innovation in medicines, advocacy and financing would be pivotal to the fight against neglected tropical diseases, especially those for which adequate diagnostic tools and treatments were scarce or non-existent. Member States burdened by neglected tropical diseases should maximize their potential to innovate and capitalize on multilateral support. Collaborative, integrated approaches to research and development that involved affected communities would help to accelerate

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innovation and improve patient outcomes. Context-sensitive diagnostic tools and therapies should be developed and integrated into essential care packages in countries concerned.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, supported the development of WHO's work on neglected tropical diseases. She encouraged those living with neglected tropical disease, especially Chagas disease, to make their voices heard and worldwide decision-makers to take those views into account when formulating the next steps for global action.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the proposal to develop a road map for neglected tropical diseases 2021–2030, which presented an opportunity to reinforce intersectoral collaboration on water, sanitation and hygiene and neglected tropical diseases and to accelerate those efforts to eliminate the public health threat by 2030. She called on WHO to support intersectoral cooperation on those subjects and urged Member States to ensure that investment in national programmes on neglected tropical diseases promoted coordinated, multisectoral interventions.

The representative of the ROYAL COMMONWEALTH SOCIETY FOR THE BLIND (SIGHTSAVERS), speaking at the invitation of the CHAIR, congratulated Member States on the unprecedented progress achieved through the implementation of the current road map for accelerating work to overcome the global impact of neglected tropical diseases, and commended their commitment to future efforts. She welcomed the proposal to develop a new road map and emphasized the importance of multisectoral action in its development. She called on the Board to endorse the proposed road map. She also called on the Organization to reaffirm its political and financial commitment to the neglected tropical diseases agenda at the international and national levels, and to support the proposal for a World Neglected Tropical Diseases Day.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that, while neglected tropical diseases continued to impose a major burden on the world's most vulnerable populations, significant progress had been made in that area since 2012, thanks to the efforts of Member States and partners. To address unmet targets and further challenges, the Secretariat was developing the road map for neglected tropical diseases 2021–2030 through intensive consultations with Member States and would soon publish it on the WHO website for Member States to review it in advance of the Seventy-third World Health Assembly.

In response to a question raised by the representative of Japan, he said that the Secretariat would propose inclusion of other ectoparasites on the list of neglected tropical diseases for consideration at the following meeting of the Strategic and Technical Advisory Group for neglected tropical diseases, which would then make a recommendation regarding the expansion of the portfolio of neglected tropical diseases. The Secretariat would report on the outcome of that discussion to Member States.

The CHAIR took it that the Board wished to note the report contained in document EB146/14.

The Board noted the report.

The CHAIR also took it that the Board wished to adopt the draft decision on neglected tropical diseases.

The decision was adopted.¹

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that introducing new world health days gave rise to various questions related to awareness-raising, financial implications for the Organization and the impact on existing world health days. The impact on current similar world health days of the introduction of a new World Neglected Tropical Diseases Day should be taken into account. She therefore suggested that the discussion of the draft decision on the proposed World Neglected Tropical Diseases Day, or any new world health day for that matter, should be held only after the wider discussion on world health days had taken place, under item 22.3 of the agenda. Her delegation intended to present proposals for other world health days after that wider discussion.

The representative of the UNITED ARAB EMIRATES said that, given the support expressed by Member States for world days on neglected tropical diseases, the discussion of the draft decision on the World Neglected Tropical Diseases Day should be held during the Seventy-third World Health Assembly.

The representative of DJIBOUTI stressed the importance of introducing a World Neglected Tropical Diseases Day. Many Member States had already voiced their support for the draft decision.

The representative of BURKINA FASO recalled that the Member States of the African Region, as well as many other Member States, had supported the two draft decisions regarding neglected tropical diseases as it was vital to build on progress made. The draft decision should therefore be discussed at the present meeting.

The CHAIR clarified that the request was not to delete the current agenda item but to postpone it until the discussion on world health days had been held under item 22.3 of the agenda.

The representative of TUNISIA, reiterating his support for the draft decision, said that launching a World Neglected Tropical Diseases Day would raise awareness, generate resources, and be a show of support for people living with such diseases.

The representative of the UNITED STATES OF AMERICA, underscoring the importance of the draft decisions on neglected tropical diseases, said that she supported the proposal to postpone the discussion on the draft decision on World Neglected Tropical Diseases Day to enable delegations to consult their capitals.

The representative of AUSTRIA said that he also agreed with the proposal to postpone the discussion on the draft decision to establish World Neglected Tropical Diseases Day.

The representative of BRAZIL said that on numerous previous occasions the Board had reached an impasse over decisions concerning world health days and it was therefore vital to come to a common agreement on world health days in general before proceeding to the discussion on the draft decision on World Neglected Tropical Diseases Day. Governments took seriously the celebration of world health days to raise awareness among their populations. She supported the proposal to postpone the debate on the draft decision to establish World Neglected Tropical Diseases Day to the discussion under item 22.3.

¹ Decision EB146(9).

The representative of IRAQ asked whether details were available regarding the technicalities of establishing World Neglected Tropical Diseases Day, such as the financial implications and the potential impact on other world health days, for delegates to consult prior to the discussion on the draft discussion.

The representative of SUDAN said that many delegates had already contributed to the debate on the draft decision on World Neglected Tropical Diseases Day. The technicalities should be reviewed during the discussion which he agreed should be held under item 22.3 of the agenda.

The CHAIR took it that the Board wished to defer consideration of the draft decision to establish World Neglected Tropical Diseases Day and to the discussion under agenda item 22.3 on world health days.

It was so agreed.

(For continuation of the discussion, see the summary record of the fourteenth meeting, section 5.)

Dr Nakatani took the Chair.

2. GLOBAL STRATEGY AND PLAN OF ACTION ON PUBLIC HEALTH, INNOVATION AND INTELLECTUAL PROPERTY: Item 14 of the agenda (document EB146/15)

The CHAIR invited the Board to take note of the report contained in document EB146/15.

He also invited the Board to consider a draft decision on the global strategy and plan of action on public health, innovation and intellectual property (GSPA-PHI), proposed by Angola, Argentina, Brazil, Chile, Colombia, Ecuador, Ethiopia, Gabon, India, Indonesia, Israel, Kenya, Mozambique, Russian Federation, South Africa, Tanzania, Thailand, Zambia and the Member States of the European Union, which read:

The Executive Board, having considered the report by the Director-General on progress and implementation of Decision WHA71(9), decided:

- (1) to reiterate to the Director-General the necessity of presenting an implementation plan consistent with the GSPA-PHI in conformity with paragraph 3 of decision WHA71(9); and
- (2) to recommend to the Seventy-third World Health Assembly the adoption of the following decision:

The Seventy-third World Health Assembly, having considered the report by the Director-General on progress and implementation of Decision WHA71(9), decided:

- (1) to urge Member States to reinforce the implementation, as appropriate and taking into account national contexts, of the recommendations of the review panel that are addressed to Member States and consistent with the global strategy and plan of action on public health, innovation and intellectual property;
- (2) to reiterate the necessity for Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel referred to in paragraph 2 of decision WHA71(9);

- (3) to call on Member States to further discuss, in informal consultations to be convened by the Director-General in 2020, the recommendations of the review panel on promoting and monitoring transparency of medicines prices and actions to prevent shortages;
- (4) to reiterate to the Director-General the necessity to allocate the necessary resources to implement the recommendations of the review panel addressed to the WHO Secretariat as prioritized by the review panel, consistent with the GSPA-PHI in conformity with paragraph 3 of decision WHA71(9); and
- (5) to further request the Director-General to submit a report on progress made in implementing this decision, including the results of the consultations referred to in paragraphs 2 and 3, to the Seventy-fourth World Health Assembly in 2021, through the Executive Board at its 148th session, as a substantive agenda item.

The financial and administrative implications of the draft decision, should it be adopted, read:

Decision:	Global strategy and plan of action on public health, innovation and intellectual property
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	<p>Output 1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists.</p> <p>Output 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems.</p> <p>Output 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved.</p> <p>Output 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities.</p> <p>Output 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices.</p>
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:	Not applicable.
3. Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:	Consultations to be convened by the Director-General on the recommendations of an overall programme review panel not emanating from the global strategy and plan of action on public health, innovation and intellectual property. In addition, scaling up of implementation of the recommendations of the review panel addressed to the WHO Secretariat beyond those already approved in the Programme budget 2020–2021.
4. Estimated time frame (in years or months) to implement the decision:	Three years (2020–2022).
B. Resource implications for the Secretariat for implementation of the decision	
1. Total resource requirements to implement the decision, in US\$ millions:	US\$ 16.9 million for the period 2020–2022.

2.a. Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US\$ millions:	US\$ 8.7 million.
2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US\$ millions:	An additional investment of US\$ 2.0 million would be required for the extra work needed, assuming full financing and implementation during 2020–2021. This contingency level would be applied as necessary to ensure full implementation of the objectives mandated by this decision.
3. Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US\$ millions:	US\$ 6.2 million.
4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, 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:	US\$ 1.7 million.
– Remaining financing gap in the current biennium:	US\$ 9.0 million.
– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:	Discussions are ongoing with Member States and other donors in order to mobilize additional resources.

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		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	7.9	7.9
	Total	–	–	–	–	–	–	8.7	8.7
2020–2021 additional resources	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	1.2	1.2
	Total	–	–	–	–	–	–	2.0	2.0
2022–2023 resources to be planned	Staff	–	–	–	–	–	–	0.8	0.8
	Activities	–	–	–	–	–	–	5.4	5.4
	Total	–	–	–	–	–	–	6.2	6.2
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of BRAZIL, mentioning the insufficient progress, lack of resources and slow implementation related to the global strategy and plan of action on public health, innovation and intellectual property over the previous years, noted with satisfaction that a new consensus-based draft decision had been submitted and was being presented before the Board. She expressed thanks to all

Member States which had actively engaged in the informal consultations to prepare the draft decision, which aimed mainly at strengthening implementation of decision WHA71(9) (2018) on the global strategy and plan of action on public health, innovation and intellectual property: overall programme review. The draft decision sent out a message affirming the Organization's credibility and the legitimacy of its activities. She urged WHO not to wait until the next international emergency before uniting efforts to strengthen health systems but to step up efforts to fully and expeditiously implement the global strategy and plan of action.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that she wished to be added to the list of sponsors of the draft decision.

Continuing in her national capacity, she emphasized the urgent need to ensure implementation of the global strategy and plan of action on public health, innovation and intellectual property through consensus-based initiatives. She recommended including measures which directly supported the development and upscaling of local pharmaceutical production, which would contribute to improving access to essential medicines and avoiding shortages.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that the implementation of the global strategy and plan of action on public health was essential to, *inter alia*, promote innovation and sustainable business for needs-based health research and development. Despite commitments in that regard, the crises concerning access to medicines and global antimicrobial resistance persisted, with developing countries hardest hit. Unaffordable medicines and inequitable access to them impeded implementation of the global strategy and attainment of universal health coverage. Welcoming resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, and the draft implementation plan for 2020–2022, he urged the Organization to enhance technology transfer for the benefit of all regions and engage in discussions on price transparency to facilitate access to affordable medicines for all. He called on the Secretariat to address the funding gap related to the global strategy and plan of action, and on all donors and governments to ensure coordinated and sustained financial support and investment to support healthy markets. He supported the draft decision.

The representative of TUNISIA, outlined current developments in his country to improve access to medicines, such as encouraging local manufacturing and promoting innovation, and challenges, such as the high cost of imports that impeded effective access to medicines. He welcomed the draft decision and urged Member States to support it.

The representative of AUSTRIA expressed full support for the targets of the global strategy and plan of action, which was timely and critical. In the light of the affordability of many medicines, it was crucial to guarantee access to high-quality, innovative medicines while ensuring the financial stability of national health systems. Some pharmaceutical companies had even introduced lotteries to pressure public health systems into accepting extraordinarily high prices. He supported the draft implementation plan for 2020–2022 overall. However, synergies with existing mechanisms should be maximized instead of creating new mechanisms, to avoid duplication of efforts.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Global Observatory on Health Research and Development was a valuable resource that had benefited research and development coordination and financing in his Region. He reaffirmed his Region's commitment to improving active information-sharing and support for collaborative research networks that were able to set joint priorities and manage resource allocation in the Region. He sought the Secretariat's support in developing a context-specific regional implementation plan.

The representative of INDONESIA said that the Secretariat should continue to support Member States in strengthening their technological capacity where needed. She highlighted the importance of science-based policy decision-making and the need for intellectual property protections, sustainable funding for health research and tax incentives for companies that conducted research. The global strategy and plan of action bridged the needs of researchers, the pharmaceutical industry and public health bodies. She supported the draft decision and encouraged all Member States to implement the recommendations of the review panel.

The representative of the UNITED STATES OF AMERICA thanked WHO for its work, especially in the critical areas of regulatory strengthening and capacity-building for research. Where relevant, the road map on access to medicines and vaccines should be cross-referenced in the draft implementation plan. WHO must coordinate with WIPO and WTO to leverage those organizations' knowledge of intellectual property and international trade. Intellectual property rights were the cornerstone of the incentive system for medical innovation, and she strongly supported robust protection of such rights worldwide. Although the review panel recommendations on preventing shortages and on transparent pricing of medicines fell outside the original scope of the global strategy and plan of action, they nevertheless facilitated increased WHO engagement. She noted the report but was still reviewing the draft implementation plan.

The representative of JAPAN said that companies and research institutions must be provided with incentives to work in fields where new medical treatments were needed, such as neglected tropical diseases, and that cooperation among all stakeholders should be further defined for the development of medical treatment. His Government was committed to developing the necessary pharmaceutical products through dedicated funds and agencies, working in collaboration with countries affected by such diseases. The Secretariat should work closely with WTO to prepare an inter-organizational report on the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as recommended by the review panel in the draft implementation plan, in which each organization shared its respective expertise.

The representative of ARGENTINA welcomed the draft decision, which would provide Member States with two consultative processes in 2020 to discuss the concerns of many Member States, especially the recommendations of the review panel not emanating from the global strategy and plan of action. She looked forward to engaging constructively in those discussions and hoped that the current work would serve to enhance research and development capacity and improve access to, and the supply of, medical products.

The representative of CHINA expressed support for WHO's work to, inter alia, promote research and development, and manage intellectual property rights. WHO should provide continuous support to the Global Observatory on Health Research and Development so that it was not forced to rely on voluntary contributions and other sources to fill gaps in funding. The presentation of the draft implementation plan indicators in report form would assist Member States in considering their national contexts when taking action. However, given the large number of reports to be submitted, the Secretariat should evaluate any future challenges regarding human and financial resources and develop the implementation plan based on available resources to ensure that substantive action was taken.

The representative of ISRAEL strongly supported the global strategy and plan of action, which balanced intellectual property rights and a free market with the need for fair medicine costs. Reasonable prices benefited not only individual patients but also the sustainability of health systems as a whole. Universal health coverage would be unattainable in many countries, including high-income countries, until the pricing issue was solved.

The representative of DENMARK¹ said that further work to ensure access to medicines should be guided by resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines and other health products. Expressing concern that many countries faced complex challenges in ensuring a stable supply of medicines and preventing shortages, she called for a thorough analysis to be conducted of potential measures and their consequences. She looked forward to participating in future consultations.

The representative of PORTUGAL¹ said that it was only natural that certain of the review panel's recommendations fell outside the scope of the global strategy and plan of action, since new challenges had arisen since the adoption of the strategy in 2008. Those recommendations were relevant, therefore, and should be addressed. Increased transparency had the potential to improve access to medicines and their affordability. Citizens and taxpayers had the right to know the cost of producing medicines, especially when research and development was funded by public money. He supported the draft decision.

The representative of the RUSSIAN FEDERATION¹ noted the progress made towards improving access to medicines, including through more transparent pricing, and stressed the importance of expanding the remit of the Medicines Patent Pool, among other measures. WHO should continue to cooperate with partners and explore the feasibility of using Article 31bis of the TRIPS Agreement to increase the supply of medicines. He welcomed the draft decision, which would ensure that further progress was made.

The representative of PERU¹ said that ensuring access to safe, high-quality, effective, affordable medicines was a key component of attaining universal health coverage and fully functioning health systems. International efforts must be stepped up to implement the global strategy and plan of action and the review panel's recommendations. Doing so would have a positive impact on access to medicines, particularly for developing countries and the most vulnerable populations. He supported the draft decision.

The representative of THAILAND¹ said that progress in implementing the global strategy and plan of action had been slow and uneven. Challenges remained in terms of insufficient funding and lack of research and development capacity in developing countries. Improved access to health products was a core element of universal health coverage, and she therefore urged the Secretariat to increase its efforts to mobilize the resources needed to implement the plan.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ outlined steps being taken in his country to implement the review panel's recommendations. Based on that experience, he recommended that WHO should ensure equality of opportunity for scientific researchers to share and publish their findings; ensure researchers from developing countries participate in international collaborative research on global health priorities; and develop online training tools and massive open online courses to disseminate good research practices.

The representative of COTE D'IVOIRE,¹ acknowledging the importance of the issue, requested to be added to the list of sponsors of the draft decision.

The representative of BOTSWANA¹ also requested to be added as a sponsor of the draft decision.

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

The representative of ECUADOR¹ said that there was a need to substantially accelerate implementation of the global strategy and plan of action and the review panel's recommendations, and that the necessary resources must be allocated. He expressed concern that decision WHA71(9) of 2018, on the global strategy and plan of action on public health, innovation and intellectual property: overall programme review, had not been fully implemented, and called on all Member States to continue discussing the review panel's recommendations not emanating from the global strategy and plan of action. He supported the draft decision and called for the Secretariat to support transparent dialogue among Member States.

The representative of COLOMBIA¹ echoed concerns that the global strategy and plan of action were not being implemented through specific, viable measures. The Secretariat must mobilize the resources necessary to do so. Implementation of the global strategy and action plan was fundamental to improving access to medicines and would help to promote awareness of intellectual property as a contributor to development. It was therefore indispensable to engage in discussion and fulfil the objectives of the draft decision, and the Secretariat should work towards its full implementation.

The representative of INDIA¹ said that the global strategy and plan of action must be effectively implemented in collaboration with all relevant stakeholders with periodic progress reports. He urged WHO to report on the transfer of health technologies from developed countries to least developed countries under the TRIPS Agreement, and the expected time frame for the establishment of an expert committee on health research and development. The Secretariat should also report on progress towards negotiating a binding international treaty on research and development. He supported the draft decision.

The representative of SOUTH AFRICA¹ said that investment in innovation, research and development was key to identifying cost-effective solutions in a world where resources were shrinking. In South Africa, as in other countries, the high cost of medicines was drawing resources away from attaining universal health coverage and strengthening health systems. More needed to be done to implement the global strategy and plan of action as conceived in 2008, as well as the new priorities that had arisen subsequently. She welcomed the review panel's recommendations.

The representative of NORWAY¹ said that his Government attached great importance to access to medicines and expressed support for the draft decision. High prices, especially for new medicines, were threatening health systems' sustainability, and a lack of transparency was undermining public trust in health systems and authorities' decision-making regarding medicine distribution for patients. His Government would therefore take specific steps to implement resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products and cooperate closely with other Member States to that end.

The representative of SWITZERLAND¹ said that, given the long and difficult negotiations that had preceded the drafting of the original strategy, her delegation was reluctant to engage in discussions on subjects that fell outside its initial scope and upon which Member States had not necessarily agreed. Technical matters of intellectual property rights, in particular, should be subject to discussion with the competent organizations: WTO and WIPO. Discussions should focus on preventing medicine shortages and on price transparency, as set out in the draft decision. She looked forward to engaging productively with other Member States on those two issues, which had real potential for progress.

The representative of CANADA¹ said that WHO should engage in discussions and leverage the expertise of WIPO and WTO to inform its work and avoid duplication of efforts when providing advice

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

on intellectual property systems and trade-related policies. Likewise, the Secretariat should coordinate with those organizations and draw on existing reporting as it gathered information on Member States' commitments under the TRIPS Agreement, patent guidelines and related national legislation. She requested an update on the establishment of an expert committee on health research and development and asked how WHO was implementing the review panel's recommendations that made mention of such a committee in the interim.

The representative of TURKEY¹ said that further evidence-based initiatives were crucial for the effective implementation of the global strategy and plan of action on public health, innovation and intellectual property. Efforts to gather information through the questionnaire circulated by the Secretariat in October 2019 were therefore welcome, and he looked forward to the results.

The representative of EGYPT¹ said that WHO should support developing countries by applying the measures outlined in the TRIPS Agreement, specifically with regard to patents and licences for medicines; and should work in close cooperation with WTO and WIPO to improve access to medicines. Patents on medical products should have time limits. Developing countries could not bear the cost of medicines without proper funding and in any case medicines could be produced at a reasonable cost.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft implementation plan 2020–2022 and supported in particular efforts to enhance advocacy for the development of national legislation to fully reflect the flexibilities provided in the TRIPS Agreement, as well as action to increase transparency to guide decisions on research and development and ensure fair pricing. Adequate funding was pivotal to the success of the draft implementation plan.

The representative of INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, urged WHO to recognize that strong intellectual property rights were crucial to ensuring development of and patient access to medical products. Its work in that area must be practical, prioritized and consistent with the global strategy and plan of action. Certain of the recommendations of the review panel on intellectual property management were not consistent with the global strategy and plan of action and should not appear in the draft implementation plan.

The representative of GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, applauded the Secretariat for helping Member States to build regulatory capacity and for pooling procurement under the WHO Model List of Essential Medicines. The Organization should better leverage innovative structures, including product development partnerships, which would accelerate development of essential health technologies targeting neglected diseases. He called on Member States to step up research and development on conditions affecting vulnerable populations, especially children. WHO must continue expanding the Model List of Essential In-Vitro Diagnostics.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that WHO played a central role in endorsing further research and development that served global public health and promoting greater transparency of costs and all information to improve access to medicines. She encouraged Member States to follow up on the Secretariat's action to implement the recommendations of the review panel. Intellectual property rights must not prevent Member States from taking measures to protect public health.

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

The representative of PATH, speaking at the invitation of the CHAIR and applauding WHO's work in South-East Asia to assist in building regulatory capacity, encouraged the Organization to expand such efforts in the regions. Regulatory alignment could speed up the introduction of health products and could save tens of thousands of lives in eastern and southern Africa. He urged Member States to commit to regulatory alignment initiatives to improve access, research and development, and health technology innovation.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the report but was concerned by the underfunding of the Global Observatory on Health Research and Development, which was critical for monitoring, coordination and prioritization of research and development. In that light, she urged Member States to contribute to the Observatory. An expert committee on health research and development should be established and Member States should deliver a clear mandate for the implementation of the recommendations of the review panel, including new schemes to delink product prices from research and development costs. Commitments from high-income countries to sustainable, adequate and untied funding were critical, and the Secretariat should work towards an international legal instrument for research and development coordination and financing.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Global Observatory on Health Research and Development should establish a database on the research and development costs associated with clinical trials used to support the registration of medicines, vaccines, and cell and gene therapies, with a view to fulfilling WHO's commitment to transparency. A feasibility study to examine models for delinking research and development costs from product prices should be conducted, as universal health coverage would not be achieved without such delinking.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that, while challenges remained, WHO had made substantive progress in access to medicines by, for example, reducing the number of recommendations to facilitate their implementation. To ensure effective application, implementation plans would be aligned, and duplication would be avoided by building on existing mechanisms and referring to resolution WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products. The Organization, with the heavy involvement of the new divisions for science and for access to medicines and health products, would be addressing the review panel's recommendations on research and development within the framework of the implementation of its transformation agenda. Regarding the Expert Committee on Health Research and Development, WHO had reassessed the proposal and had opted instead for the creation of a science and innovation advisory group, which would be set up to advise the Secretariat on key public health issues in that area.. Since full implementation of the recommendations required engagement from across the Organization, she reminded Member States to provide input on the draft implementation plan for 2020–2022 through the questionnaire circulated by the Secretariat, the deadline for which had been extended. The Secretariat would hold an information session regarding the draft implementation plan prior to the next World Health Assembly. Lastly, coordination across all policy domains was vital when tackling global challenges, hence the trilateral symposium that had been held in 2019 with the WTO and WIPO: Cutting-Edge Health Technologies: Opportunities and Challenges. A revised version of the corresponding trilateral study, *Promoting access to medical technologies and innovation: Intersections between public health, intellectual property and trade*, would be released prior to the next World Health Assembly.

The Board took note of the report.

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

The decision was adopted.¹

The DIRECTOR-GENERAL said that the Secretariat would drive progress on access to medicines which was a major pillar of universal health coverage and that it would continue to provide support and information to Member States in that respect.

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 15 of the agenda (continued)

Influenza preparedness: Item 15.3 of the agenda (document EB146/18)

The CHAIR invited the Board to discuss the report contained in document EB146/18 and informed the Board that discussions concerning a proposed draft decision on influenza preparedness were ongoing.

The representative of the UNITED STATES OF AMERICA said that she would support a decision that encouraged WHO to prioritize influenza preparedness and response efforts. The capacities required to combat influenza epidemics would help to combat other respiratory diseases, such as the novel coronavirus, and to implement the International Health Regulations (2005). She urged Member States to align domestic influenza preparedness efforts with the WHO Global Influenza Strategy for 2019–2030 and acknowledged the critical role of the private sector in those efforts. All countries must mitigate unwarranted delays or disruptions to the rapid sharing of viruses to enhance global influenza surveillance and risk assessment. The ability to rapidly produce influenza vaccines in a pandemic was improving but challenges remained. Collaboration between WHO and relevant stakeholders was essential to identify gaps and priorities and to ensure sustainable, scalable and resilient manufacturing, supply chains and distribution networks.

The representative of GABON, speaking on behalf of the Member States of the African Region, encouraged Member States to support the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) and update their influenza preparedness plans. It was important to ensure a timely exchange of biological material through the Global Influenza Surveillance and Response System and to harmonize the PIP Framework with the National Action Plan for Health Security. He would support a draft decision on the subject.

The representative of BRAZIL said that the Global Influenza Surveillance and Response System and the PIP Framework provided continuity of international collaboration in the fight against influenza. In its work on influenza, WHO must ensure equitable access to the benefits from the development of new health products. The Secretariat should continuously work to identify delays in the sharing of influenza viruses and work with governments to find solutions.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Secretariat should continue to provide technical support for research into building influenza preparedness capacities. She welcomed efforts to implement prevention and

¹ Decision EB146(10).

control strategies, including through seasonal vaccination programmes, and to strengthen human and institutional capacities.

The representative of CHILE highlighted the importance of sharing influenza viruses and other benefits and called for Member States to step up their cooperation in that regard. However, related recommendations needed to be more widely disseminated and their implementation periodically monitored by the PIP Framework Advisory Group. His Government would continue to work with WHO to strengthen national laboratory surveillance and other capacities at the national and regional levels.

The representative of GERMANY, 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, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. Recognizing the importance of the Global Influenza Surveillance and Response System and the PIP Framework, she said that the changing international legal environment had created potential challenges in the sharing of influenza viruses, which could negatively impact countries' capacities to produce vaccines. As such, the legal status of routinely sharing viruses and their genetic sequences through the WHO Global Influenza Surveillance and Response System might need to be clarified, and it was unclear whether vaccines produced using synthesized virus proteins could be made available through benefit-sharing under the PIP Framework. She encouraged the Secretariat to continue working to ensure global influenza preparedness by issuing recommendations and keeping the governing bodies regularly informed.

The representative of JAPAN expressed concern that domestic regulations on the implementation of the Nagoya Protocol could have a negative impact on virus sharing through the Global Influenza Surveillance and Response System. Given that virus sharing was critical to the timely development of influenza vaccines, he called on WHO to systematically collect information on instances where influenza virus sharing has been hindered and design measures to address the issue.

The representative of SINGAPORE said that her Government stood ready to provide technical expertise concerning the two high-level outcomes of the WHO Global Influenza Strategy for 2019–2030. WHO should continue to encourage the timely sharing of influenza viruses, and the Secretariat and Member States should continue to work together to strengthen overall global pandemic preparedness and response, especially given the outbreak of novel coronavirus infection.

The representative of TONGA said that the WHO Global Influenza Strategy for 2019–2030 should strengthen countries' capacities to prevent, control and prepare for seasonal and pandemic influenza, and other viruses such as the novel coronavirus infection. Technical supplies and regular training were needed to address his country's lack of capacity to isolate and safely manage serious cases of influenza virus without putting health workers at risk.

The representative of SUDAN said that capacity-building played a significant role in strengthening health systems and enhancing influenza preparedness and that it was important to assess implementation of activities under the PIP Framework. She called on WHO to review the influenza surveillance situation and the progress made based on previous influenza assessment mission recommendations.

The representative of AUSTRALIA, welcoming the Global Influenza Strategy 2019–2030, said that influenza capacities were key to strengthening the broader health system and emergency preparedness. She commended WHO's efforts to support and facilitate the timely sharing of influenza viruses and to identify instances where virus sharing had been hindered and ways of mitigating such

instances. Her Government was committed to effective influenza prevention and control and would support the draft decision in that regard.

The representative of INDONESIA, highlighting the importance of ongoing efforts to strengthen influenza preparedness, said that further capacity-building in that area was necessary. She encouraged Member States to continue sharing influenza virus with WHO collaborating centres. She suggested that consultations on the draft decision should continue up to the Seventy-third World Health Assembly, in light of the outbreak of novel coronavirus infection. Reiterating the importance of effectively managing global seasonal influenza, she called on the Secretariat to conduct a study and hold consultations on possible new frameworks for sharing seasonal influenza viruses.

The representative of CHINA, noting that progress had been made in the area of influenza preparedness, called on WHO to: draw up a simple and practical manual for Member States on seasonal influenza prevention and control; step up research into influenza disease burden and vaccination effectiveness and promote influenza vaccines; and intensify the research and development of common influenza vaccines to effectively address the shortcomings in the influenza prevention and control.

The representative of INDIA¹ urged the Secretariat and Member States to ensure a balance of benefit-sharing with virus and genetic sequence sharing, in line with the PIP Framework. Concerns surrounding the sharing of genetic sequence data and benefits needed to be addressed, and the PIP Framework should cater to the interests of all Member States and major stakeholders. A transparent process to evaluate countries' funding needs and determine continuation of funding should be established, and priority should be given to developing countries regarding access to influenza vaccines and technological support to produce them. Cooperation among Member States should be strengthened to ensure efficient use of laboratory services and other capacities.

The representative of THAILAND,¹ underscoring the importance of the timely sharing of pandemic influenza virus, said that national legislation should not create barriers in that regard. Securing domestic demand for seasonal influenza vaccine would strengthen Member States' vaccine production capacities, which could be scaled up for the mass production of pandemic influenza vaccines when needed. Including seasonal influenza virus in the PIP Framework would help to improve global health security.

The representative of the RUSSIAN FEDERATION¹ said that the WHO Global Influenza Strategy for 2019–2030 would help to raise awareness and preparedness concerning both seasonal influenza and novel coronavirus. He supported WHO's efforts to improve virus sharing, recognizing that domestic legislation could hinder virus sharing and have a negative impact on the availability of seasonal influenza vaccine. Bilateral agreements concerning the transfer of equipment among WHO collaborating centres needed to be reviewed.

The representative of the REPUBLIC OF KOREA¹ encouraged other Member States to rapidly share influenza viruses through the implementation of clear regulations and legislation. Adding that influenza vaccination was another key aspect of preparedness, she said that her Government would support WHO in promoting influenza prevention and control by sharing its knowledge and expertise in that regard.

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

The representative of ECUADOR¹ outlined the measures taken by his Government to ensure influenza preparedness and surveillance, including improving diagnostics in laboratories, and called on WHO to support such efforts through international cooperation.

The representative of MEXICO¹ said that building national influenza response capacities was beneficial to the broader health system and to health emergency preparedness. The two progress indicators for the Global Influenza Strategy for 2019–2030 would contribute significantly to influenza prevention and control activities. Furthermore, it was essential to ensure effective and equitable access to influenza vaccines by prioritizing the provision of technical and financial support to Member States, laboratories and vaccine manufacturers. He also expressed support for timely influenza virus sharing.

The representative of SWITZERLAND,¹ outlining the regulations governing access to genetic data in her country, expressed strong support for the Global Influenza Strategy for 2019–2030 and said that it was essential to improve global tools and strengthen national capacities to increase global health security.

The DIRECTOR (Global Infectious Hazard Preparedness) welcomed the discussions and said that the Secretariat would provide the support needed to finalize a draft decision on influenza preparedness prior to the Seventy-third World Health Assembly. Decades of investment in influenza preparedness had had a positive impact on non-influenza health emergencies, since many of the country-level diagnoses, control and monitoring capacities needed to tackle the outbreak of novel coronavirus infection had been developed in the context of influenza preparedness and could be rapidly adapted to other respiratory viruses. Three main achievements in the area of influenza preparedness were the WHO Global Influenza Strategy for 2019–2030, which would facilitate the research and development of new products, the PIP Framework, and the Global Influenza Surveillance and Response System, which had been strengthened. Furthermore, a large number of countries had updated their pandemic preparedness plans in line with their national health security plans.

The Secretariat had made significant progress in gathering information on influenza virus sharing. The preliminary analysis of the data collected had indicated that virus sharing was hindered by such issues as national import and export regulations and uncertainty regarding the existence of any national legislation applicable to virus sharing. Seasonal influenza virus was more heavily affected than pandemic influenza virus, which was covered by the PIP Framework. The full report would be finalized and made available for consultation prior to the Seventy-third World Health Assembly.

The CHAIR took it that the Board wished to note the report and suspend discussion of the draft decision pending further consultations.

It was so agreed.

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

The meeting rose at 21:05.

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