

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

**WHO headquarters, Geneva
Friday, 7 February 2020, scheduled at 09:00**

Chair: Dr H. NAKATANI (Japan)

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ELEVENTH MEETING

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Chair: Dr H. NAKATANI (Japan)

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

1. POLIOMYELITIS: Item 16 of the agenda

Polio eradication: Item 16.1 of the agenda (documents EB146/21, EB146/21 Add.1 and EB146/21 Add.2)

The CHAIR drew attention to the report contained in document EB146/21 and to the draft decision set out in document EB146/21 Add.1. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB146/21 Add.2.

The representative of the UNITED STATES OF AMERICA said that Member States should commit national resources to prevent outbreaks of circulating vaccine-derived poliovirus and implement quality vaccination strategies to close immunity gaps. Referring to the successes celebrated in 2019, including the response to the outbreak of circulating vaccine-derived poliovirus in Papua New Guinea, certification in October of wild poliovirus type 3 eradication and the potential for the WHO African Region to be certified free of wild poliovirus in 2020, she urged the international community to continue working towards the certification of wild poliovirus eradication by 2023 and expressed support for the draft decision.

The representative of FINLAND, speaking also on behalf of the Nordic and Baltic countries Denmark, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden, said that it was important not to lose sight of the important goal of poliomyelitis (polio) eradication despite the increasing number of cases of wild and vaccine-derived poliovirus. She supported the draft decision, notably the request to accelerate the clinical development and roll-out of a novel oral polio vaccine type 2, and called for continued efforts to expand coverage of inactivated poliovirus vaccine and strengthen routine immunization. Countries had a responsibility to ensure that eradication efforts and transition planning were implemented simultaneously.

The representative of ARGENTINA expressed concern about the outbreaks of vaccine-derived poliovirus in Africa and Asia and highlighted the importance of timely and adequate access to vaccines for countries that, like Argentina, were planning to change from the Sabin to the Salk vaccine. Implementation of the Global Vaccination and Immunization Strategy 2021–2030 required cooperation with various sectors and players, and her country was willing to share its experience with a view to building capacities and promoting polio eradication.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the risks posed by the international spread of wild and vaccine-derived poliovirus could be eliminated only by interrupting transmission of all polioviruses, improving basic immunization services and maintaining high-quality disease surveillance. Afghanistan and Pakistan were taking steps to overcome the considerable challenges they had faced in 2019 in

eradicating wild poliovirus, and the Region's countries in general were strongly committed to polio eradication and supported the continued implementation and financing of the Polio Endgame Strategy 2019–2023. She called on the international development community to make available all the resources needed to combat outbreaks of circulating vaccine-derived poliovirus type 2, including by expediting the approval processes for polio vaccines for emergency use, and to continue fully to support eradication efforts in the Region. The Secretariat and partner agencies should work together on polio transition to sustain polio eradication, strengthen essential immunization and surveillance, and develop outbreak detection and response capacities. Transition planning and budgetary allocations from the Global Polio Eradication Initiative should take into consideration fragile country contexts and potential future challenges.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the actions taken by the WHO Regional Office for Africa to eradicate poliomyelitis. Since the end of December 2019, no cases of type 1 wild poliovirus had been confirmed, and the last case of type 3 had been reported in 2012. The poliovirus-free status of 43 countries of the Region was being confirmed. The outbreaks of circulating vaccine-derived poliovirus type 2 in 2019 remained a source of disquiet, but the countries concerned had acted to interrupt transmission. Low levels of immunity resulting from poor vaccination coverage could increase the likelihood of such outbreaks. With Africa so close to being certified free of wild poliovirus, development partners must continue to provide funding, which should be allocated to eradication activities and national transition planning. An adequate supply of vaccines, including inactivated poliovirus vaccine, was required to increase population immunity and reduce the risk of infection. Immunity would be further boosted by the development of the oral poliovirus vaccine type 2, which should be made available to African countries. He expressed support for the draft decision.

The representative of IRAQ said that annual religious mass gatherings attended by people from countries where polio was endemic could hamper eradication. In his country, for example, the last two reported cases of polio – in 2014 – had been imported during such events. WHO and other concerned agencies should provide support to strengthen immunization capacities, communicable disease surveillance and emergency preparedness and response at such times, and the implications of such events on eradication efforts should be considered by the Health Assembly.

The representative of BRAZIL, while welcoming the global eradication of wild poliovirus type 3, expressed concern at the recent outbreaks of circulating vaccine-derived poliovirus type 2, which could hamper international eradication efforts. Challenges to political, social and economic stability, together with humanitarian emergencies, were affecting immunization programmes in several regions of the world, including the Americas, and his country looked forward to working with PAHO and other Member States to strengthen actions across the Region. He expressed support for the development of the draft strategy for control of circulating vaccine-derived poliovirus type 2, 2019–2021, and of new vaccines and technologies, and highlighted the need to address certain relevant social and political factors.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the efforts of the Global Polio Eradication Initiative, including the establishment of a hub of experts in Jordan to provide support to Afghanistan and Pakistan. A comprehensive approach should be taken to address the challenge of community acceptance. He welcomed the inclusion of expanded partnerships, integration and gender aspects in the Polio Endgame Strategy 2019–2023. In his country, polio-free status had been achieved thanks to political commitment, routine immunization, surveillance, community mobilization and partnership. He expressed support for the draft decision.

The representative of ZAMBIA expressed concern at the outbreaks of circulating vaccine-derived poliovirus type 2, which had a detrimental impact on the fight against vaccine hesitancy. He welcomed the draft strategy for control of circulating vaccine-derived poliovirus type 2 and called on the Secretariat to enhance integration across health systems so as to leverage existing resources and strengthen the Expanded Programme on Immunization and primary health care systems in general. Lessons had been learned from the vaccine switch, and it was to be hoped that appropriate alternatives would be put in place in future, particularly for low-and middle-income countries.

The representative of JAPAN expressed concern that progress in eradicating wild poliovirus was being delayed because of factors making it harder to reach the people concerned. WHO should accelerate efforts to achieve the last mile by collaborating with various stakeholders, including other sectors. The circulating vaccine-derived poliovirus types identified in Malaysia in December 2019 were related to strains prevalent in the Philippines. Human mobility might have contributed to the outbreak and WHO should help Member States strengthen surveillance of marine traffic to prevent the spread of poliovirus.

The representative of GERMANY expressed support for the draft decision and said that, despite the considerable progress made towards polio eradication since 1988, the world was at risk until no more cases were reported in the two countries in which polio remained endemic. To achieve eradication, polio knowledge, skills and infrastructure must be integrated into national health systems; transparency and coordination must be exercised to ensure the efficient use of available resources; and stakeholders must demonstrate strong political commitment. His Government was committed to delivering the last mile.

The representative of AUSTRALIA considered the eradication of wild poliovirus type 3 to be a significant achievement and welcomed the strong collaboration between the Global Polio Eradication Initiative and other partners to strengthen immunization programmes, including in the response to the outbreak in Papua New Guinea. She nevertheless expressed concern at the rising number of cases of circulating vaccine-derived poliovirus type 2 and the mounting costs of vaccine-derived outbreaks; their implications on the Initiative's budget and work should be assessed. Member States should commit national resources for the polio response and maintain high-level political and financial support for global eradication efforts. It was also essential to address gender-related barriers to polio vaccination and bolster women's participation in the programme. Her Government, whose Minister for Foreign Affairs had become the first gender champion for polio eradication, welcomed the Initiative's work on gender-responsive programming and supported the draft decision.

The representative of CHILE outlined the measures taken in his country to interrupt the circulation of poliovirus and expressed support for the draft decision. His Government was committed to the global eradication efforts and recognized the importance of integration, strengthened partnerships and enabling factors for implementing the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023 and achieving a polio-free world.

The representative of CHINA described the actions taken by her Government to eradicate poliovirus and expressed support for WHO efforts to advance polio eradication. The Secretariat should take account of the specific circumstances of developing countries, particularly those with a high risk of imported poliovirus; develop and propose practical action plans; strengthen international and interregional cooperation to reduce the spread of poliovirus; increase the financial and technical support provided to countries where poliovirus persisted or where there was a risk of transmission; and implement more timely and effective measures to accelerate global eradication.

The representative of SUDAN emphasized the importance of holding regular national immunization days to maintain population immunity, particularly given the danger of the wild type poliovirus being imported from countries where it remained endemic. Her Government had shared the

report of the polio assets mapping with the Global Polio Eradication Initiative. It called on WHO to support the establishment of an integrated public health team to collect data on a monthly basis and provide further technical guidance to the national workforce. It recognized the importance of strengthened country ownership and cross-sectoral collaboration in eradication efforts. She endorsed the draft decision and encouraged the continued allocation of human resources and financial support to the polio programme until the goal of eradication had been achieved.

The representative of TUNISIA said that his country, which had recorded no cases of polio since 1992, was committed to ensuring high poliovirus vaccine coverage and outlined the regime followed to that end. The Laboratory of Clinical Virology served as a WHO regional reference laboratory for poliomyelitis, and a quality control system that met international standards had been set up in collaboration with WHO specialized laboratories to ensure that the national surveillance system continued to perform well.

The representative of BANGLADESH noted the challenges that remained in achieving a polio-free world. Bangladesh had been polio-free since 2006 and its polio outbreak preparedness and response plan had been updated. Her Government had taken extra measures to increase immunity among the forcibly displaced Myanmar nationals at Cox's Bazar through routine immunization, an oral polio vaccination campaign and acute flaccid paralysis surveillance. She endorsed the draft decision.

The representative of INDONESIA emphasized the importance of routine immunization in achieving global polio eradication and called for efforts to focus on improving the coverage and quality of routine immunization programmes, particularly in poor performing areas; for strong collaboration across the health system; and for continued support from partners in order to achieve a polio-free world. Following the outbreak of circulating vaccine-derived poliovirus type 1 in the country in February 2019, his Government had strengthened routine and outbreak response immunization and surveillance in affected and surrounding areas. No new cases had been detected and it was likely that the outbreak had been stopped. As a poliovirus vaccine producer, Indonesia was fully committed to supplying vaccines as a matter of urgency. All activities aimed at sustaining polio eradication should be integrated into the Global Vaccination and Immunization Strategy 2021–2030.

The representative of PERU¹ said that the only way to achieve poliovirus eradication was by making a collective effort to maintain high rates of routine immunization coverage and strong epidemiological surveillance, especially in light of the increase in the number of confirmed cases in 2019.

The representative of THAILAND¹ said that the recent multiple outbreaks raised questions about the real rate of immunization coverage; inaccurate coverage data could jeopardize the future of poliovirus eradication. A high rate of immunization coverage and effective surveillance systems should exist in all countries; regional cooperation and coordination should be enhanced; and polio programme experts should factor a worst-case level of immunization coverage into programme activities.

The representative of NIGERIA¹ said that, while no cases of wild poliovirus had been reported since 2016, his country still had reported cases of vaccine-derived poliovirus and acute flaccid paralysis; it also faced potential gaps in immunization coverage as a result of the security situation. His Government was nonetheless committed to strengthening the immunization system and sustaining immunization coverage and surveillance. He supported the draft decision.

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

The representative of BARBADOS,¹ welcoming the draft decision and expressing concern about the high cost of injectable poliovirus vaccine, urged WHO to support the efforts of developing countries to obtain affordable vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND¹ recognized the significant progress made towards poliovirus eradication but expressed concern about the rise in the number of reported cases. Eradication strategies needed to be tailored to communities' needs and aimed at creating strong routine immunization and outbreak response systems. She expressed support for the draft strategy for control of circulating vaccine-derived poliovirus type 2 and the draft decision. It was important for Member States and the Secretariat to remain strongly committed to eradicating poliovirus and to ensure that domestic resources were allocated to strengthen routine immunization coverage and other eradication efforts.

The representative of MONACO¹ endorsed the statement made by the representative of the United States of America, adding that it was unacceptable that health workers involved in immunization activities in the field often had to put their lives at risk. She also endorsed the draft decision and reiterated her Government's commitment to promoting poliovirus eradication by providing both financial and human resources.

The representative of the RUSSIAN FEDERATION¹ expressed concern at the continuing transmission of wild poliovirus type 1 and the geographical spread of outbreaks of various types of circulating vaccine-derived poliovirus linked to insufficient routine immunization. It was essential for all countries to have access to vaccines and for countries with limited capacities to receive systematic support. New vaccines had to be urgently developed and made available, so as to reduce the risk of transmission. The integration of activities under the Global Polio Eradication Initiative with other programmes would enable more effective use to be made of resources and strengthen the disease surveillance system. Regarding containment, it was essential to continue to improve the technical capacities of countries, including by developing WHO guidelines and training national auditors.

The representative of AFGHANISTAN¹ said that inconsistent access to immunization in conflict areas in his country had led to an increase in wild poliovirus transmission in 2019. His Government would continue to coordinate with the Government of Pakistan to tackle poliovirus transmission between the two countries and called on the Government of Pakistan to ensure the same level of cooperation. A national plan being put in place to improve community acceptance of poliovirus immunization would be shared with international partners so that they could provide support.

The representative of the REPUBLIC OF KOREA¹ said that the rise in cross-border travel meant that poliovirus would remain a threat until it was completely eradicated. He supported the recommendations on immunization, surveillance, enhanced responsiveness, containment and certification, but expressed concern about gaps in routine immunization coverage, the endemic spread of poliovirus and the emergence of new strains. Member States needed to support each other and review their immunization coverage and poliovirus surveillance systems. His Government would continue to provide WHO with support in that regard.

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

The representative of INDIA,¹ outlining the measures taken by his Government to maintain the country's polio-free status, urged all Member States to continue to support the poliovirus programme and to take steps to control the unprecedented rise in the cost of inactivated poliovirus vaccine.

The representative of ANGOLA¹ said that, in response to the cases of vaccine-derived poliovirus reported in her country in 2019, her Government had launched an immunization campaign and taken steps to raise awareness of the importance of immunization through a multisectoral approach and with support from WHO, Gavi, the Vaccine Alliance and other international partners. It was important for Member States to commit to developing robust surveillance and immunization systems and to detect and respond quickly to all poliovirus cases.

The representative of CANADA,¹ reiterating the important role that commitment at the global level played in the eradication process, welcomed the draft decision's call for Member States to facilitate the expedited and safe roll-out of novel oral polio vaccine and to step up their efforts to close gaps in immunization coverage. Poliovirus vaccine delivery would increasingly have to be incorporated into other health care initiatives, and she called on partners to step up their efforts in that area and to adopt strategies developed by national governments to ensure local ownership and a community-based response. In relation to the outbreak in Pakistan and Afghanistan, she urged WHO and its partners to adopt a more flexible community-based approach to poliovirus vaccine delivery and to address gender barriers.

The representative of MOROCCO¹ called on WHO to conduct a study into the spread of circulating vaccine-derived poliovirus type 2; to ensure the uninterrupted supply of inactivated poliovirus vaccine through efficient and sustainable production, supply, purchase and delivery systems; to continue to support Member State efforts to improve acute flaccid paralysis surveillance and strengthen the know-how of health workers; and to lead and encourage coordination between the Eastern Mediterranean and African Regions in order to mitigate the risk of cross-border transmission.

The representative of the ISLAMIC REPUBLIC OF IRAN¹ said that WHO needed to look more deeply into the causes of the rise in vaccine-derived poliovirus outbreaks. The WHO model for laboratory surveillance of poliovirus should be extended to other vaccine-preventable diseases, and national surveillance programmes needed to be backed by regional and subregional programmes. To address the issue of immunization hesitancy, risk awareness campaigns needed to be expanded, and countries should share their experiences in that regard.

The representative of PAKISTAN¹ said that poliovirus eradication was a top priority for his Government, which had conducted a number of high-level reviews in response to the increase in the number of cases reported in 2019. A national advisory group had been set up to bring together stakeholders, and coordination with the Government of Afghanistan had been strengthened through synchronized immunization campaigns. Surveillance would continue at all levels to ensure the rapid detection of, and appropriate response to, any new poliovirus cases.

The representative of MEXICO,¹ expressing concern about the mounting number of reported cases of poliovirus, said that care should be taken in developing and certifying novel oral polio vaccine type 2, so as to ensure the vaccine's safety. The Secretariat should continue to work with Member States to strengthen their surveillance systems and to share information on advances and challenges in the poliovirus eradication process, particularly in terms of the geographical spread of the virus and any

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

outbreaks in polio-free regions. She urged the Secretariat to ensure that related resources were used efficiently and transparently.

The representative of the ORGANISATION OF ISLAMIC COOPERATION outlined the measures taken by the organization to support and strengthen poliovirus immunization, especially in Pakistan, and called on Member States to step up their efforts to immunize all population groups, including the most marginalized ones.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR and expressing concern about recent setbacks in progress towards poliovirus eradication, urged donors to act on their pledges in a timely manner and called on Member States and implementing agencies to be rigorous in their use of funds. Member States should allocate the national financial and human resources needed to sustain high rates of routine immunization coverage, mitigate the risk of poliovirus outbreaks and avoid significant unnecessary human and financial cost.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, welcomed WHO's strategy to contain the spread of vaccine-derived poliovirus type 2 and to prevent the development of new strains. The report would help Member States and other partners work together effectively and garner public support for national immunization initiatives.

The observer of GAVI, THE VACCINE ALLIANCE said that his organization was working with WHO and other partners to get a safe and effective novel oral polio vaccine type 2 through the emergency use listing process. He called on Member States to accelerate the development of national poliovirus transition plans and draw on existing experience and expertise in order to strengthen routine immunization coverage.

The DIRECTOR (Polio Eradication) said that 2019 had been a difficult year for global poliovirus eradication, and renewed efforts were needed following the wild and vaccine-derived poliovirus outbreaks, which increased the risk of exportation and further international circulation. In that regard, polio programme experts had conducted an in-depth analysis of the major challenges in Afghanistan and Pakistan, and steps had been taken to address them, with support from the new Global Polio Eradication Initiative hub in Amman, Jordan. Furthermore, the Polio Endgame Strategy 2019–2023 focused on integrated vaccine-preventable disease surveillance and on addressing gender barriers to eradication.

Concerning the outbreaks of vaccine-derived poliovirus, the draft strategy for control of circulating vaccine-derived poliovirus type 2 drew on global expertise to ensure the strongest possible response; it also sought to strengthen routine immunization using inactivated poliovirus vaccine. Supplies of that vaccine had improved but remained insufficient, and WHO was collaborating with Gavi to better shape the market for Member States. The expedited production, approval and roll-out of novel oral polio vaccine type 2, as called for in the draft decision, would also help to ensure a more effective response to recent outbreaks.

While he welcomed the pledges made by donors, he said that additional funding would be needed to eradicate poliovirus and respond to the growing number of outbreaks. The draft decision therefore called on Member States to mobilize domestic resources and help finance the outbreak response.

The REGIONAL DIRECTOR FOR AFRICA agreed that 2019 had been a challenging year, with a number of outbreaks of vaccine-derived poliovirus in the African Region. A regional response team consisting of experts from WHO and partner organizations had been set up, and the quality of immunization campaigns had improved. While she was optimistic about eradicating poliovirus in the Region, work needed to be done to improve surveillance and routine immunization coverage.

The Region had also embarked on the poliovirus transition process. Other programmes were drawing on the expertise of poliovirus staff, particularly in terms of routine immunization and disease

surveillance, and the transitioning of poliovirus assets was in progress. National poliovirus transition plans had been approved in five of the Region's six highest priority countries. The Regional Office was now working to promote domestic financing of those plans and encouraging Member States to create linkages with ongoing work in the areas of universal health coverage and primary health care.

In response to a query from the representative of GABON, the SECRETARY read out the following proposed amendment to paragraph 2 of the draft decision: "to urge Member States to: (a) implement an expedited process for national approval, importation and use of vaccines to respond to polio outbreaks, including novel oral polio vaccine type 2, on the basis of its emergency use listing, which includes careful and rigorous analysis of available quality, safety and efficacy data; ...".

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

The decision, as amended, was adopted.¹

PILLAR 3: ONE BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

2. DECADE OF HEALTHY AGEING: Item 17 of the agenda (documents EB146/23 and EB146/23 Add.1)

The CHAIR drew attention to the report and the draft decision contained in document EB146/23. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB146/23 Add.1.

The representative of CHILE commended efforts to implement the Global strategy and action plan on ageing and health and expressed support for the draft proposal for the Decade of Healthy Ageing 2020–2030 set out in document EB146/23. Multisectoral action was indeed important to promote health and address the social determinants of healthy ageing, which in turn would contribute to achieving the Sustainable Development Goals. He proposed amending subparagraph 29(2) of the draft decision by requesting that the Director-General also transmit the decision to the United Nations Secretary-General for consideration by the General Assembly of the proposal for a Decade of Healthy Ageing. The amendment would facilitate the inclusion of relevant stakeholders in work towards the objectives set.

The representative of ISRAEL welcomed the definition of healthy ageing in the draft proposal for the Decade of Healthy Ageing, notably the reference to social environment. However, his Government wished to see a greater focus on assistive technologies, and on elder abuse and the associated gender perspective. Drawing attention to the lack of disaggregated data on older persons worldwide, which impeded the development of effective healthy ageing policies, he asked the Secretariat to provide more information on its work with relevant stakeholders, such as the United Nations Statistics Division and the Titchfield City Group on Ageing. Lastly, he expressed concern that the staff responsible for executing the Global strategy and action plan were split between different divisions of the Organization; a solid organizational structure was instrumental to achieving results.

The representative of KENYA, speaking on behalf of the Member States of the African Region, expressed appreciation for the inclusive consultative approach adopted to evaluate implementation of

¹ Decision EB146(11).

the action plan. Given the many ageing-related challenges encountered in his Region, he called upon the Secretariat to continue supporting Member State efforts to strengthen national programmes for providing affordable, user-friendly health services for older persons. It was also necessary to boost research into their needs and raise public awareness regarding the community support available. He endorsed the draft decision and asked the Secretariat to further refine the mechanisms for implementation of the Decade of Healthy Ageing in consultation with Member States and other relevant stakeholders.

The representative of SINGAPORE welcomed the draft proposal for a Decade of Healthy Ageing, particularly the holistic nature of the four action areas and the whole-of-society approach, and endorsed the proposed amendment to the draft decision. In order to support an ageing population, it was key to integrate care across settings through a person-centred approach and harness the use of innovative technologies, which could help optimize resources. Support for caregivers working with elderly people was often overlooked. WHO should encourage greater discussion of that issue, especially regarding how caregivers could be empowered in a more holistic, sustainable way; his Government could provide support in that respect. Lastly, given that regional plans on ageing were drawing to an end, he called for greater coordination between the work of the Health Assembly and the regional committees in preparation for the Decade.

The representative of AUSTRALIA, commending the consultative approach taken to prepare the draft proposal, expressed support for the Decade of Healthy Ageing, notably its vision of a world in which everyone could live a longer and healthier life, and the associated action areas and activities. The framework for tracking progress, which drew on existing reporting mechanisms for the Madrid International Plan of Action on Ageing, would help maintain momentum and should be used to keep Member States updated and engaged. Her Government supported the draft decision and the proposed amendment.

The representative of CHINA expressed support for the draft decision and the proposed amendment, noting that the draft proposal would help countries promote healthy ageing. She detailed some of the measures introduced in that respect by her Government, which stood ready to work with other Member States to improve cooperation in the health sector and the support available to older people.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft proposal for the Decade of Healthy Ageing, which would advance achievement of the Sustainable Development Goals by requiring the delivery of essential health services through universal health coverage. However, competing priorities and crises among Member States of the Region reduced the resources available for national programmes on ageing; greater investment was needed to build capacity among health care providers and improve intersectoral collaboration in order to respond to the health and social needs of an ageing population. He asked the Secretariat to maintain its technical support to Member States, continue advocating for healthy ageing and promote effective coordination with other stakeholders, including organizations of the United Nations system.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries of Montenegro and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia aligned themselves with her statement. She supported the draft proposal for a Decade of Healthy Ageing and the forthcoming global status report, and asked to be kept informed during the preparation process. Healthy ageing was a challenge that extended to many domains, and while the proposal should focus on maintaining functional ability, prevention and setting-based health promotion were other key elements that required greater attention as it was further developed. Other

subjects to be addressed included dementia, inequality in ageing between different socioeconomic groups and perceptions of elderly people. Beyond health care, the scope of healthy ageing touched on environmental, labour and gender issues, health equity, social participation, digital technology, education and recreation. Healthy ageing, in both mental and physical terms, needed to take place throughout the life course; the goal should be to deliver policies that contributed to active, independent lives. Such considerations would also have an impact on the labour market and economy. Although it was clear that the Secretariat had considered the broader scope, she was concerned about how it would manage all those domains. How would it communicate and coordinate with other United Nations organizations, non-State actors and other stakeholders, and what extra mandates, regulations, budget and staff would be required? She endorsed the draft decision but asked the Secretariat to provide further information, before the Seventy-third World Health Assembly, on how it would secure the resources needed.

The representative of JAPAN expressed support for the proposed amendment to the draft decision, observing that a multidimensional issue such as ageing deserved United Nations-wide support, with the Secretariat playing a leading role. His Government attached great importance to the issue and particularly welcomed the inclusion of dementia in the draft proposal, as it represented a major challenge that needed to be incorporated into healthy ageing policies.

The representative of INDONESIA, outlining several national measures taken in line with the Global strategy and action plan, noted that many developing countries faced challenges in raising awareness regarding ageing and health. It was essential for Member States to develop public health systems for elderly people, including long-term care and sustainable financing systems, and WHO should pay particular attention to dementia. Her Government supported the draft proposal and the proposed amendment to the draft decision.

The representative of the UNITED STATES OF AMERICA welcomed the draft proposal, commenting favourably on the consultative process guiding its development and the way in which it complemented several Sustainable Development Goals. Her Government supported the draft decision and proposed amendment, and looked forward to working with the Secretariat and Member States on such an important issue.

The representative of SRI LANKA endorsed the draft proposal for the Decade of Healthy Ageing, which provided governments with an opportunity to strengthen collaboration with the private sector, nongovernmental organizations and civil society. Observing the importance of incorporating the needs of older people into health systems, he highlighted several national strategies identified in line with the draft proposal and drew attention to the regional need for workers able to deliver quality long-term care. He agreed with previous speakers that dementia was a key issue to consider.

The representative of ARGENTINA, highlighting her Government's commitment to healthy ageing at the national and international levels, expressed support for the Global strategy and action plan. She commended the vision outlined in the draft proposal and its link to the three priority directions of the Madrid International Plan of Action on Ageing. It was particularly positive to see that a life-course approach had been taken, with a focus on the second half of life. A change of perspective was needed to ensure that older people at greater risk of developing problems associated with ageing could be identified and given the appropriate support. Her Government supported the draft decision and the proposed amendment.

The representative of IRAQ endorsed the draft proposal for the Decade of Healthy Ageing, noting that it was aligned with her Government's national vision. Important elements to consider in efforts to promote healthy ageing included the establishment of a category for those aged 60 and over to ensure

effective health surveys; noncommunicable disease and mental health care packages, and eye and ear care; and investment in related initiatives such as healthy cities.

The representative of ROMANIA endorsed the draft proposal and applauded the Secretariat's plan to provide a global status report. Ageing populations presented many challenges, and societies needed to compensate accordingly; the associated impact would affect not only the health and care sector, but also society and the economy as a whole. Sustainable health and long-term care systems should be developed taking account of the diversity of older people, and their varying capacities and functional abilities. Efforts should also be made to promote health earlier in life and develop a healthy ageing culture through information campaigns. The draft proposal provided an excellent framework that could be further enriched by the sharing of best practices.

The representative of FINLAND, stressing her Government's commitment to working towards an age-friendly society, called for a transformation in attitudes towards ageing. Social participation, fairness and equal opportunities were key elements of active, healthy ageing; physical and social environments had to be created that supported older people in their everyday lives. New technologies and digital services could also support the functional capacities and well-being of ageing populations. She commended the thorough work done thus far on the Decade of Healthy Ageing and endorsed the proposed amendment to the draft decision.

The representative of BANGLADESH, noting the challenges posed by ageing populations, expressed appreciation for the action areas and activities set out in the draft proposal but stressed the need for a whole-of-society approach, community participation and health care service delivery. To that end, the Secretariat should provide capacity-building support at all levels, through multisectoral action that connected global stakeholders; special attention should be given to low- and middle-income countries. Further discussions should also be held with partners on innovative measures to accelerate the implementation of national healthy ageing programmes.

The representative of AUSTRIA welcomed the draft proposal for the Decade of Healthy Ageing and the proposed amendment to the draft decision, noting the alignment with her Government's Health in All Policies approach. She strongly supported the four proposed action areas and the recommendation regarding multisectoral, multistakeholder engagement, and agreed that the Global Campaign to Combat Ageism should be considered a relevant partner. Lastly, she commended the proposed framework to track progress but said that it should not place an even heavier reporting burden on Member States.

The representative of BRAZIL expressed support for the draft decision, as amended, notably the focus on multisectoral, multistakeholder collaboration. Ageing was a key concern for his Government, which prioritized access to quality health services, support for caregivers and community-based support. The Global Network for Age-friendly Cities and Communities was a particularly valuable project.

The representative of INDIA,¹ outlining his Government's national programme for elderly health care, said that health promotion and multisectoral engagement were also important in healthy ageing. Greater global efforts and sharing of experiences were needed to address the global phenomenon of ageing populations.

The representative of ICELAND¹ expressed support for the vision and four global action areas set out in the draft proposal for the Decade of Healthy Ageing and for the draft decision. The vision

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

needed a whole-of-government, life-course approach at all levels to prevent disability in old age. Her Government had implemented a range of measures to that end.

The representative of SWEDEN¹ welcomed the draft proposal. It was important to keep older people independent for as long as possible. For the elderly to be fully integrated and participate in society, health and social care services must be equitable and tailored to their needs and counter all forms of discrimination based on age or disability. It was pleasing that the vision set out in the draft proposal was linked to the Madrid International Plan of Action on Ageing and reflected the pledge in the 2030 Agenda for Sustainable Development to leave no one behind.

The representative of MONACO¹ said that she was pleased to have participated in the survey to determine country priorities for the Decade of Healthy Ageing. The ageing population was a particular concern in Monaco, and a national action plan for ensuring the care and independence of older people was being developed.

The representative of THAILAND¹ expressed satisfaction that tackling ageism was the first of the four proposed action areas. Long-term care must be centred on community and family rather than institutions. The ASEAN Centre for Active Ageing and Innovation, which had been established in Thailand, focused on areas such as advocacy, capacity-building, and research and innovation. It would serve as a key regional platform able to work with the Secretariat on the four action areas.

The representative of NIGERIA¹ described steps taken in his country to address healthy ageing, including a project to improve the quality of care for the ageing population and the launch of a policy framework on healthy ageing in 2018. He endorsed the draft decision and looked forward to working with Member States and relevant stakeholders.

The representative of ECUADOR¹ said that the draft proposal for the Decade of Healthy Ageing provided a good opportunity to change the paradigms in health care provision for older people and ensure comprehensive long-term care. Multistakeholder cooperation and community involvement would allow health services to be redirected to the needs of older people while promoting their abilities. That would help to dispel the myths and stereotypes associated with ageing, which constituted a barrier to accessible health services. He endorsed the draft decision and the amendment thereto.

The representative of NEW ZEALAND¹ highlighted the opportunities presented by ageing populations and the concept of healthy ageing, particularly the vital contributions that older people made to families, communities and the economy. In addition to the health system, environmental and societal determinants must be considered to ensure a multisectoral, life-course approach to healthy ageing, and the healthy ageing agenda had to be equitable.

The representative of NORWAY,¹ welcoming the draft proposal for the Decade of Healthy Ageing, said that it was important to prepare for an ageing population, enhance future sustainability, and acknowledge the value of older people. WHO should cooperate with stakeholders and United Nations entities to facilitate coordination and efficient implementation of the proposal; focus on clear priorities and milestones; prioritize health promotion and prevention, highlighting the role of health and care personnel; and ensure strong political commitment.

The representative of the REPUBLIC OF KOREA¹ expressed support for the draft proposal and noted the importance of enabling older people to age in place and live long and healthy lives in the

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

community. The approach set out in the WHO Guidelines on Integrated Care for Older People was essential, as it emphasized the integration of health and social care and ensured a community-based, person-centred approach to achieving independent living for older people. WHO should continue preparing evidence-based guidance to strengthen health systems using that approach.

The representative of BARBADOS¹ described the situation in his country, including the resource challenges and constraints of managing and treating noncommunicable diseases among older people, particularly Alzheimer disease. He supported the calls for continued efforts to raise awareness of the value of healthy ageing and for sustained commitment and action at the national, regional and global levels. The Secretariat should increase support for health system alignment to meet the needs of older populations. He welcomed the draft proposal for the Decade of Healthy Ageing.

The representative of BOTSWANA¹ also welcomed the draft proposal and noted with satisfaction that it was the outcome of a broad consultative process. Tackling the social determinants affecting older people's health and building their social capital would not only improve their health but also make a true success of the Decade of Healthy Ageing. He urged the Executive Board to consider the recommendations in the report and endorse the draft decision.

The representative of MEXICO,¹ expressing support for the draft proposal, pointed to the need to safeguard older people's rights at a time when they suffered mounting discrimination, exclusion and violence. Policies on healthy ageing must also address disparities in the burden of caring for older people and the associated unpaid work, which often fell to women. The measures proposed would require multisectoral action and coordination at all levels of government. Local authorities had a key role to play in creating accessible and inclusive spaces that encouraged autonomy.

The representative of BELARUS¹ said that WHO should continue to focus on the interests of older people, especially maintaining their independence. He expressed satisfaction with the broad consultation process used to draw up the draft proposal for the Decade of Healthy Ageing, which must link with the 2030 Agenda for Sustainable Development, and agreed with the action areas and activities set out therein. He endorsed WHO's leading role in managing the related mechanisms and called on the Organization and other international stakeholders to support international efforts under the draft proposal.

The representative of SLOVENIA,¹ speaking on behalf of the cross-regional Group of Friends of Rights of Older Persons, supported the draft proposal as a much-needed response to the ageing of the world population. Countries must do their utmost to prepare health systems, social protection systems and other policies for that demographic shift. Older persons could continue to contribute to their families, communities and society at large if they were able to age in place and receive community-based care. A rights-based, whole-of-society approach to healthy ageing, grounded in equity and non-discrimination and with a firm stance against ageism, was needed.

The representative of CANADA¹ commended WHO efforts to improve the lives of older people through international cooperation. The draft proposal was in line with his Government's initiatives to meet the growing needs of older people in Canada; WHO would nevertheless have to work closely with other United Nations agencies if the Decade of Healthy Ageing was to be successful, and he therefore

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agreed with the amendment to the draft decision. He also asked about the input to be provided by the Member States for the Director-General's progress reports on implementation to the Health Assembly.

The representative of MONTENEGRO¹ welcomed the draft proposal and the broad consultation process by which it had been drawn up. Her Government was continuously working to build a positive environment and an effective social protection system for older people. She urged the Secretariat to further explore possibilities for cooperation with different stakeholders, including United Nations organizations, and asked about a possible communication strategy to promote implementation.

The representative of PERU¹ expressed strong support for the vision set out in the draft proposal for the Decade of Healthy Ageing. Health interventions for older people must be timely and effective, and comprehensive health care required differentiated services. His Government had implemented a range of measures for the care of older people, including the prevention and treatment of Alzheimer disease and opening community centres in primary health care establishments. He endorsed the draft decision and the proposed amendment thereto.

The representative of SWITZERLAND¹ applauded the efforts of the Secretariat and Member States to improve people's longevity and health. She endorsed the action areas set out in the draft proposal and the proposed amendment to the draft decision. The international commitments of the next decade were crucial for healthy ageing and tackling major health challenges. Member States should adopt sustainable strategies and treat climate change as an urgent priority. Intergenerational, interdisciplinary and multisectoral dialogue would be key to implementing the activities contained in the draft proposal.

The representative of the RUSSIAN FEDERATION¹ endorsed the draft proposal and the proposed amendment to the draft decision. He commended the Secretariat's efforts to analyse implementation of the action plan on ageing and health with Member States from all regions and looked forward to the presentation of the draft global report at the Seventy-third World Health Assembly. The list of priorities should be supplemented with a provision to promote the continued social activity and inclusion of older people. He supported the development of agreed standards and quantitative indicators for monitoring the activities set out in the draft proposal.

The representative of SPAIN¹ said that she agreed with the vision, priorities and action areas set out in the draft proposal. Her Government had developed a multisectoral national strategy to enable people to live longer healthy lives free from disability. The strategy was based on prevention and health promotion, took a comprehensive population-centred approach and emphasized equity.

The representative of COSTA RICA¹ commended the efforts of WHO and PAHO to develop the draft proposal. As most people now lived into old age, State policies must be sure to build cohesive, peaceful, equitable and safe societies based on an inclusive sustainable development model.

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

The meeting rose at 11:55.

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