PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

WHO headquarters, Geneva
Friday, 7 February 2020, scheduled at 18:00

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

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

1. ACCELERATING EFFORTS ON FOOD SAFETY: Item 19 of the agenda (document EB146/25)

The CHAIR invited the Board to consider the report contained in document EB146/25 and drew attention to a draft resolution on strengthening efforts on food safety, proposed by Australia, Canada, Chile, Ethiopia, Gabon, Israel, Japan, Monaco, Montenegro, Norway, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Zambia and the Member States of the European Union:

The Executive Board,
Having considered the report on accelerating efforts on food safety,¹

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

The Seventy-third World Health Assembly,
(PP1) Having considered the report on food safety;¹
(PP2) Recalling resolutions WHA53.15 (2000) on food safety and WHA63.3 (2010) on advancing food safety initiatives, and acknowledging that the challenges outlined in these resolutions continue as the food safety systems of many Member States are under development and need significant improvements in their key components, such as regulatory infrastructure, enforcement, surveillance, inspection and laboratory capacity and capability, coordination mechanisms, emergency response and food safety education and training;
(PP3) Recalling also the International Conferences in 2019 on Food Safety convened by WHO, FAO, and WTO and the African Union in Addis Ababa and Geneva, which identified key actions and strategies to tackle current and future challenges to food safety globally;
(PP4) Noting that food safety plays a critical role in the achievement of many of the Sustainable Development Goals and contributes to relevant areas of WHO’s Thirteenth General Programme of Work, 2019–2023 and efforts to address universal health coverage;
(PP5) Considering that WHO published estimates on the global burden of foodborne diseases for the first time in 2015, in which it estimated this burden to be more than

¹ Document EB146/25.
600 million cases of foodborne illnesses with 420,000 deaths per year; and that the burden of foodborne diseases falls disproportionately on groups in vulnerable situations and especially on children, with the highest burden in developing countries;

(P6) Recalling the World Bank study, *The safe food imperative: accelerating progress in low- and middle-income countries,*² which called upon national governments to increase investments in their food safety infrastructure and which noted that foodborne diseases resulting from the consumption of unsafe foods cost low- and middle-income countries US$110 billion in lost productivity and medical expenses annually;

(P7) Emphasizing the importance of the current WHO strategic plan on food safety including foodborne zoonoses, 2013–2022,³ and noting its end date;

(P8) Noting the contribution of regional frameworks and networks to support food safety;

(P9) Recognizing that the development of standards, guidelines and recommendations by the Codex Alimentarius Commission, and their subsequent use by Member States, make a powerful contribution to food safety, and stressing the need to provide sufficient and sustainable funding for active participation in the provision of scientific advice to Codex by experts from countries at all stages of development, especially developing countries, to underpin the elaboration by Codex of science-based food safety standards, guidelines and recommendations;

(P10) Recognizing also that while progress has been made to strengthen national food safety systems, collective action is needed throughout all stages of the supply chain at the local, national, regional and global levels, involving different stakeholders, in order to respond to current and emerging food safety challenges including those linked to population-, age- and gender-based differences in risk analysis,⁴ climate change and extreme weather events, foodborne pathogens, including the growing threat of antimicrobial resistance, food safety risks related to food fraud as well as other foodborne risks;

(P11) Underlining that a “One Health” approach to food safety includes managing food safety risks along the entire food and feed chain; and recognizing that the interconnection between food safety and human, animal, plant and environmental health is necessary for the protection of human life and health and food safety, and that it should be pursued in the vision and strategic objectives of WHO;

(P12) Noting the availability of existing and new guidance and tools to support Member States in the design, development, operation, evaluation, and monitoring of their national food control systems, such as the Principles and Guidelines for National Food Control Systems (CXG 82-2013), and the Principles and Guidelines for Monitoring the Performance of National Food Control Systems (CXG 91-2017) as well as the FAO–WHO Food Control System Assessment Tool (2019) adopted by the Codex Alimentarius Commission;


(PP13) Acknowledging the global relevance of the International Food Safety Authorities Network (INFOSAN) and its importance, especially during foodborne disease emergencies;

(PP14) Recognizing that innovation and developments in science and technology are advancing and that, in particular data relevant to food safety are increasingly available, and technology to derive insights from data is increasingly affordable; that these contribute to and support the design, management, reinforcement, implementation and maintenance of effective national food safety systems; and that such approaches hold promise for improved food safety outcomes throughout all stages of the global supply chain, thereby also increasing consumer confidence;

(PP15) Recalling that food business operators, at every stage of the food chain, have the role of, and responsibility for, ensuring the safety of their food products,

OP1. URGES Member States:¹

(1) to remain committed at the highest political level: to recognizing food safety as an essential element of public health; to developing food safety policies that take into consideration, as applicable, at all stages of the supply chain, the best available scientific evidence and advice as well as innovation; and to providing adequate resources at appropriate levels for improving systems to ensure food safety;

(2) to integrate food safety into national and regional policies on health, agriculture, trade, environment and development, as a means to achieve the 2030 Agenda for Sustainable Development, and to take coherent actions across all relevant sectors in order to promote food safety, recognizing consumer interests;

(3) to strengthen cross-sector collaboration, using a health-in-all-policies approach, and to apply a “One Health” approach to promote the sustainability and availability of and access to safe, sufficient and nutritious food for all populations, recognizing the importance of affordability;

(4) to participate actively, and support inclusive participation, in the standard-setting work of the Codex Alimentarius Commission, including as a Member State, donor, or beneficiary of the Codex Trust Fund, as well as by supporting the joint expert bodies of WHO and FAO, including through the provision of experts and data; and to take into account Codex standards, guidelines and recommendations when developing national legislation;

(5) to enhance participation in the International Food Safety Authorities Network (INFOSAN), including supporting the timely transmission of data, information and knowledge about food-safety emergencies; and to further develop and implement the core capacities required for participation in the Network;

(6) to promote coherent actions to tackle foodborne antimicrobial resistance, including by actively supporting the work of relevant national bodies together with intergovernmental groups, such as the Codex ad hoc Intergovernmental Task Force on Antimicrobial Resistance;

(7) to promote increased use of Codex standards, guidelines and recommendations by governments, food business and other relevant operators, at all levels;

(8) to provide appropriate investment in national food safety systems and innovations to prevent food safety threats, including those associated with food fraud, and to enable a rapid and appropriate response to food safety emergencies;

¹ And, where applicable, regional economic integration organizations.
to improve the availability, sharing, and use of scientific data and evidence to support food safety decisions, including through the systematic monitoring of foodborne hazards and surveillance of foodborne disease outbreaks, as well as through timely reporting of this information through the International Network of Food Safety Authorities (INFOSAN);

(10) to promote the use of food safety management tools among food business operators at all levels, including small-scale producers, and to encourage private sector investment in safe and sustainable production and supply chains;

(11) to recognize that consumers also have a role in managing food safety risks under their control and that, where relevant, they should be provided with information on how to achieve this, through the promotion of a culture of food safety by means of education and training in communities and schools in order to foster dialogue and inspire actions that enhance public awareness of food safety and that are aimed at increasing public confidence;

(12) to recognize World Food Safety Day as an important milestone and a platform for raising awareness at all levels about the importance of food safety and for promoting and facilitating actions to prevent foodborne diseases at local, national, regional and global levels;

(13) to participate in national, regional, and global activities aimed at applying innovative food safety strategies including enhancing traceability and early detection of contamination to improve the supply chain and promote cost-effective, and efficient food safety systems and simple easy-to-use laboratory analysis;

OP2. REQUESTS the Director-General:

(1) to update, in coordination with FAO, and in consultation with Member States and OIE, the WHO global strategy for food safety in order to address current and emerging challenges, incorporating new technologies and including innovative strategies for strengthening food safety systems, and to submit a report for consideration by the Seventy-fifth World Health Assembly;

(2) to explore with the Director-General of FAO, a method for coordinating the two agencies’ strategic efforts on food safety, and to provide a report on this proposed method to the Seventy-fifth World Health Assembly, and through Director-General of FAO to FAO’s governing bodies, as appropriate;

(3) to strengthen WHO’s capacities and resources for fulfilling its leadership role together with FAO, as founding organizations of the Codex Alimentarius Commission, in promoting the use of Codex standards, guidelines and recommendations, and in supporting Member States, upon request, in developing and implementing food safety policies;

(4) to ensure sustainable, predictable and sufficient resources from WHO for the provision of timely scientific advice on food safety to the Codex Alimentarius Commission in order to facilitate the timely development by Codex of its standards, guidelines and recommendations, including by increasing the level of financial and in-kind contributions to support the Codex Alimentarius Commission and its work;

(5) to pursue, in cooperation with FAO, the further development of INFOSAN to facilitate increased use of the Network by its members, including their rapid sharing of information on food hazards and risks;

(6) to pursue, in cooperation with FAO, the effective and responsive training and capacity-building of members of INFOSAN;

(7) to facilitate understanding by Member States of developments in epidemiological, laboratory, assessment and food and agricultural sciences and technologies that provide new tools for risk assessment and management of food safety systems, and surveillance and outbreak response in respect of foodborne illness, and to support Member States’ ability to assess the challenges and opportunities linked to the use of new and appropriate technologies in food safety, including the importance of fully realizing the benefits of such technologies by sharing the data generated;

(8) to give greater emphasis to food safety by encouraging the development of food safety infrastructure, including by collaborating with financial institutions, donor organizations, other multilateral organizations, and regional economic communities in order to continue advancing the public health, social and economic benefits of improved food safety;

(9) to facilitate the exchange of knowledge and expertise with other relevant organizations, collaborating with them to support the capacity-building of food safety systems in low- and middle-income countries, to conduct surveillance, investigation, control and reporting of foodborne illness and outbreaks and to enable every actor of the food system to fulfil their responsibilities in the production and supply of safe food;

(10) to monitor regularly, and to report to Member States on, the global burden of foodborne and zoonotic diseases at national, regional and international levels, and in particular to prepare, by 2025, a new report on the global burden of foodborne diseases with up-to-date estimates of global foodborne disease incidence, mortality and disease burden in terms of disability-adjusted life years (DALYs);

(11) to report to the Seventy-fifth World Health Assembly on progress in implementing this resolution.

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

<table>
<thead>
<tr>
<th>Resolution: Strengthening efforts on food safety</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Link to the approved Programme budget 2020–2021</strong></td>
</tr>
<tr>
<td>1. Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:</td>
</tr>
<tr>
<td>- <strong>Output 2.1.3.</strong> Countries operationally ready to assess and manage identified risks and vulnerabilities</td>
</tr>
<tr>
<td>- <strong>Output 2.3.1.</strong> Potential health emergencies rapidly detected, and risks assessed and communicated</td>
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<tr>
<td>- <strong>Output 3.1.2.</strong> Countries enabled to address environmental determinants of health, including climate change</td>
</tr>
<tr>
<td>- <strong>Output 3.2.1.</strong> Countries enabled to develop and implement technical packages to address risk factors through multisectoral action</td>
</tr>
<tr>
<td>- <strong>Output 3.3.2.</strong> Global and regional governance mechanisms used to address health determinants and multisectoral risks</td>
</tr>
<tr>
<td>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2020–2021:</td>
</tr>
<tr>
<td>Not applicable.</td>
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</tbody>
</table>
3. **Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:**

   In adopting this resolution to strengthen efforts on food safety, the Executive Board would approve a commitment by the Organization to deliver the outputs already planned for, but also to scale up the associated work in updating the WHO global strategy for food safety: safer food for better health and in developing the growth, capacity and usage of food safety infrastructure around the world. The scale of the work involved was not fully appreciated at the time when the Programme budget 2020–2021 was approved, which is why additional work would need to be planned for here.

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

   Six years.

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

1. **Total resource requirements to implement the resolution, in US$ millions:**
   US$ 24.7 million.

2. **Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:**
   US$ 3.1 million.

   **2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:**
   US$ 5.4 million.

3. **Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:**
   US$ 8.1 million.

4. **Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:**
   US$ 8.1 million.

5. **Level of available resources to fund the implementation of the resolution in the current biennium, in US$ millions**

   - **Resources available to fund the resolution in the current biennium:**
     US$ 3.1 million.

   - **Remaining financing gap in the current biennium:**
     US$ 5.4 million.

   - **Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:**

     Discussions are in progress with the European Commission, the United States Food and Drug Administration, Canada and Japan on potential provision of support for food safety activities.
Table. Breakdown of estimated resource requirements (in US$ millions)*

<table>
<thead>
<tr>
<th>Biennium</th>
<th>Costs</th>
<th>Region</th>
<th>Headquarters</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Africa</td>
<td>The Americas</td>
<td>South-East Asia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2020–2021</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>resources already planned</td>
<td></td>
<td>Staff</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Activities</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>2020–2021</td>
<td></td>
<td>Staff</td>
<td>0.1</td>
<td>0.03</td>
</tr>
<tr>
<td>additional resources</td>
<td></td>
<td>Activities</td>
<td>0.3</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>0.4</td>
<td>0.08</td>
</tr>
<tr>
<td>2022–2023</td>
<td></td>
<td>Staff</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>resources to be planned</td>
<td></td>
<td>Activities</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Future bienniums</td>
<td></td>
<td>Staff</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>resources to be planned</td>
<td></td>
<td>Activities</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>0.5</td>
<td>0.2</td>
</tr>
</tbody>
</table>

* The row and column totals may not always add up, due to rounding.

The representative of AUSTRALIA said that, given the cross-border nature of food safety issues and the rapid evolution of food production technology, collective multisectional action was crucial to strengthening food safety systems at the international level. Foodborne disease studies, ongoing surveillance and linkages between food safety and public health authorities were important for risk management. The Codex Alimentarius Commission played a critical role in enhancing food safety through consumer protection and the promotion of fair trade practices, and she stressed the need for sufficient and sustainable funding for that work. She fully supported the draft resolution, particularly the request to increase resources for the Commission.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that deaths from unhealthy and unsafe food, malnutrition and the rejection of exported food products at the port of entry, particularly in industrialized countries, had a considerable economic impact on low- and middle-income countries in the Region. Thus, the Region had endorsed a regional framework for action on food safety. The globalization of food supply chains, antimicrobial resistance, climate change and fraudulent food practices needed attention. In his Region, there was a lack of adequate expertise and appropriate technology for scientific risk assessment, import inspection, testing capacities and resources to ensure food safety and quality. The Secretariat should boost international coordination and support for scaling up national and regional efforts and engaging Member States at the highest political level. There was immense potential for WHO to strengthen country capacities and, together with FAO, establish and promote Codex standards; assist Member States to develop and implement food safety policies; and build a network of relevant stakeholders.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that it was imperative to address the threat of cross-border food contamination at all levels. The United Nations Decade of Action on Nutrition (2016–2025) presented the perfect opportunity to address food security and nutrition, and consolidate fragmented mitigation systems through coordinated multisectional approaches. Encouraging governments to gather data on foodborne diseases and continuously monitor the effectiveness of prevention and control efforts, she urged the Secretariat and other relevant stakeholders to support national and global capacity-building for foodborne disease prevention, detection and outbreak response. It was important to harmonize efforts at all levels,
minimize interagency conflict and overlap, and involve the private sector, communities and consumers in food safety campaigns. She endorsed the adoption of the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA noted with concern the increasing burden of foodborne events and the associated economic costs. In her Region, systems for comprehensively capturing data concerning foodborne events were weak, and there were significant deficiencies in the area of food safety, particularly in relation to public policy and regulatory institutions, trained personnel and food testing laboratories. The threat of antimicrobial resistance made it even more important to elevate food safety on the agendas of regional bodies in Africa. Welcoming the proposed actions that could be taken by Member States that were highlighted in the report, she supported the draft resolution.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. Food safety systems in many Member States were inadequate to address new and emerging challenges. WHO was uniquely placed to contribute to preparing and implementing the decisions that would be adopted at the United Nations Summit on food systems in 2021. A more strategic global approach to food safety was necessary. The economic and health burden of poor food safety fell mainly on emerging economies. Robust joint WHO/FAO scientific assessments were fundamental to the success of the Codex Alimentarius Commission. WHO must contribute to ensuring stable, sustainable, predictable and adequate financial support for the Commission and for the provision of scientific advice, particularly by experts from emerging economies. The request made in 2010 for greater participation from such countries had not been addressed. The monitoring and reporting on the global burden of foodborne diseases, and the coordination of strategic efforts to improve food system sustainability requested in the draft resolution would form a new basis for much-needed food safety policies.

The representative of GUYANA recognized the need for increased focus on safe food practices and on the legislative and technical capacity underpinning improved food safety systems. Weak data on foodborne illnesses and traceability systems for unsafe foods required urgent attention. Caribbean Community members had taken measures in that regard; however, further cooperation and assistance was needed. She called on WHO and PAHO to work closely with FAO to heighten attention to food safety and health linkages through multisectoral strategies, and to increase capacity-building for small countries heavily dependent on food imports.

The representative of CHINA recalled her Government’s previous suggestion that food safety governance systems should be modernized by 2035. The Secretariat should encourage Member States to participate in the Codex Alimentarius Commission and provide them with technical support in implementing its standards. The varying levels of development in different countries should be considered when addressing food safety issues, and the Secretariat should provide improved technical guidance and other tools to support Member States in strengthening their food governance capacity. Technical improvements should be made to the International Food Safety Authorities Network, and a mechanism should be established for the rapid and effective exchange of information in response to global food industry challenges. She fully supported the draft resolution and said that her Government wished to be added to the list of sponsors.

The representative of BRAZIL highlighted the importance of Codex standards, guidelines and recommendations and of the joint WHO/FAO scientific advice provided to the Codex Alimentarius Commission. Those standards enabled countries to ensure food security, prevent unnecessary trade barriers, and establish sustainable production systems. The Secretariat needed to further its commitment to the Commission to guarantee that it remained firmly grounded in strictly scientific guidance.
Welcoming the draft resolution, he underlined the need for sustainable, predictable and sufficient resources for work on food safety.

The representative of ARGENTINA said that it was essential to minimize food-related risks, particularly antimicrobial resistance, and to coordinate strategic efforts on food safety to improve the sustainability of food safety systems and access to safe food for all. Coordination between the International Food Safety Authorities Network and national focal points should be improved to achieve greater efficiency in food safety event notification, and rapid information exchange on food safety and human health. WHO and FAO must continue their coordinated leadership of efforts to promote food safety systems and encourage regular monitoring of the global burden of foodborne diseases and zoonotic diseases nationally, regionally and internationally. Lastly, governments must participate actively in the Codex Alimentarius Commission for the effective setting and use of international food standards.

The representative of the UNITED STATES OF AMERICA said that much more work was needed to improve surveillance, emergency response coordination, capacity of testing and regulatory bodies, and tracking of long-term health effects in the area of food safety at all levels. It was critical to implement measures to prevent foodborne diseases, and to develop and maintain food safety education along the food supply chain. Codex standards, guidelines and recommendations were valuable in regulating food safety and harmonizing food safety standards. Encouraging active Member State participation in the Codex Alimentarius Commission, she called on the Secretariat to provide sufficient and sustainable funding for the scientific advice underpinning the Codex standards.

The representative of ZAMBIA urged the Secretariat, Member States and development partners to support sustainable and predictable financing to ensure that efforts to produce the scientific advice that underpinned the work of the Codex Alimentarius Commission were adequate and coherent. Considering the worrying level of underreporting in food safety, the Secretariat must ensure that harmonized, aligned specific indicators were included in the WHO results framework for the Thirteenth General Programme of Work, 2019–2023. He requested the Secretariat to provide an update on the sources and allocation of the FAO/WHO Codex Trust Fund, and to devise measures to address the outstanding food safety challenges identified in the report.

The representative of SINGAPORE thanked WHO and FAO for coordinating and implementing a large number of multistakeholder initiatives to ensure food safety along the supply chain. He encouraged the Secretariat to: explore initiatives to promote joint responsibility through partnerships with industry and consumer groups or through capacity-building to enable industry and consumers to assume a greater role in food safety; investigate ways of ensuring sustainable and predictable funding for scientific advice to support the work of the Codex Alimentarius Commission; undertake initiatives to develop models to better forecast foodborne diseases; and consider partnering with FAO to train regulators on new technologies, their risks and their use in improving food safety and security. He supported the draft resolution.

The representative of JAPAN supported the proposed draft resolution and said that the increasing amount of global trade made international standardization and emergency response in food safety critical. Japan would continue to contribute to the work of the Codex Alimentarius Commission and the International Food Safety Authorities Network.

The representative of ISRAEL welcomed WHO’s involvement in international meetings on food safety given increasingly globalized markets and food production chains. Food safety action must adopt a multisectoral “farm to fork” approach that included the entire supply chain. To that end, Member States should participate fully in the International Food Safety Authorities Network and implement and
promote the standards of the Codex Alimentarius Commission. She looked forward to the publication of the WHO country tool for estimating national foodborne disease burdens.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted the significant burden of foodborne diseases in his Region. He asked the Secretariat to continue providing technical support to build Member States' capacities to assess food hazards, which would improve active participation in the development and implementation of Codex standards and strengthen foodborne disease surveillance and response in the Region. He also requested the Secretariat’s support in developing and strengthening legislation, regulations and other components of national food safety systems, and information exchange during food safety events.

The representative of INDONESIA expressed appreciation for the work of the Codex Alimentarius Commission and its important contribution to achieving the Sustainable Development Goals.

The representative of SUDAN noted the importance of multisectoral preventive interventions to mitigate the public health burden and economic cost of foodborne diseases. The participation of all Member States in the Codex Alimentarius Commission was vital in ensuring that food safety standards were truly global and relevant. He asked the Secretariat to support his Government in building national systems to enhance food safety and control.

The representative of CHILE recommended: the institutional and operational strengthening of the Codex Alimentarius Commission at the national level and facilitation of Member State participation in international meetings; development of regional standards, where applicable; capacity-building for national food safety agencies to apply Codex standards; information sharing on food contamination, foodborne disease outbreaks and the effectiveness of control measures; and regional collaboration to build capacities and develop priority risk assessments.

The representative of BANGLADESH appreciated the Secretariat’s call to strengthen Codex standards, food safety legislation and regulation, and other components of national food safety systems. Thus, he requested the Secretariat to: ensure sustainable funding for the provision of the scientific advice underpinning the development of science-based Codex standards; ensure continuous food safety improvement as a key component of consumer public health protection; address the challenges and opportunities of new technologies and inform national food safety control systems; and help to mitigate the global burden of foodborne diseases. He endorsed the draft resolution.

The representative of THAILAND affirmed her Government’s commitment to target 2.1 of the Sustainable Development Goals to end hunger and ensure access by all people to safe, nutritious and sufficient food all year round by 2030. Thailand was fully engaged in the International Food Safety Authorities Network and had benefited from the timely transmission of information on food safety emergencies. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of INDIA said that food safety, including standards development, should remain a priority. The size and complexity of challenges for ensuring food safety and healthy diets, coupled with the related burden of malnutrition, required integrated policy, coherent action and total transformation of national food ecosystems. To improve public confidence on food safety, it was essential to increase effective enforcement, surveillance, consumer outreach initiatives and

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1 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
capacity-building for food businesses, and to address challenges from primary production, such as removing pesticide and antibiotic residues in food. His Government’s effective, low-cost food safety model had relevance for all low- and middle-income countries seeking to establish food safety systems.

The representative of NIGERIA\textsuperscript{1} said that, in the light of increasing international trade, the Secretariat must support information sharing on food safety among Member States through the International Food Safety Authorities Network. Member States should increase collaboration on the development of food safety systems, with significant support from the Secretariat. He supported the draft resolution.

The representative of MEXICO\textsuperscript{1} noted the need to strengthen the work of the Codex Alimentarius Commission and facilitate the participation of all Member States in Codex sessions. That would ensure that Codex standards and recommendations were truly global, relevant and based on scientific and technical data. She supported efforts to improve international surveillance and information sharing between countries to strengthen the prevention and detection of, and response to, food safety risks.

The representative of NEW ZEALAND\textsuperscript{1} noted the concerns related to the burden of foodborne diseases set out in the report. Given the importance of food safety in achieving the Sustainable Development Goals, governments must strengthen food control systems by ensuring appropriate structures, regulations and legislation and by promoting good food hygiene and handling practices across the food chain. International commitment and cooperation were necessary to minimize and contain the threat of antimicrobial resistance. She recognized the vital role of the Codex Alimentarius Commission and looked forward to continued support for the Commission by WHO and FAO. She supported the draft resolution.

The representative of SPAIN,\textsuperscript{1} recognizing the value of the food safety standards developed by the Codex Alimentarius Commission, said that the global promotion and strengthening of food safety was needed to include food safety into public health objectives. The Government of Spain was actively collaborating with a joint WHO/FAO Codex Committee to address new food safety risks driven or influenced by climate change, such as the emergence of ciguatera in Europe.

The representative of CANADA\textsuperscript{1} said that the Secretariat should implement the actions set out in the draft resolution to strengthen its leadership role in food safety, including in the Joint FAO/WHO Food Standards Programme. That would entail appropriate and sustainable funding for the scientific advice underpinning the work of the Codex Alimentarius Commission. Member States should remain committed to recognizing food safety as an essential element of public health, developing food safety policies based on scientific evidence, and promoting World Food Safety Day and the positive nutrition outcomes resulting from enhanced food safety.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the potential impact, opportunities and risks of top-down food standards harmonization on small-scale producers, equity, food security and food sovereignty for low- and middle-income countries required consideration. As transnational corporations were more able to conform to the newly promoted food standards, that could increase the availability of low-cost ultra-processed foods. She urged Member States to allocate the resources needed to address food safety risks to public health in order to safeguard food security and sovereignty.

\textsuperscript{1} Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
The representative of the INTERNATIONAL BABY FOOD NETWORK, speaking at the invitation of the CHAIR, expressed appreciation for WHO’s work on food safety, including with the Codex Alimentarius Commission. Sharing concerns regarding the safety of processed food, she recommended a precautionary approach to new technologies, together with conflict-of-interest safeguards to protect food safety standards. Corporate partnerships had compromised the independence, credibility and trustworthiness of many national food safety agencies. The Secretariat should remind Member States that food safety bodies must be publicly funded in order to be credible.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), responding to comments made by Member States, said that capacity-building at all levels was crucial in establishing and improving food safety systems, which included legislation, regulations and inspection. Headquarters and regional offices would collaborate with FAO to provide technical support. She noted the importance placed on the multisectoral strategic approach, foodborne disease surveillance and data, adequate financial and human resources to provide scientific advice to the Codex Alimentarius Commission, and the development of standards, guidelines and recommendations with other Member States. The Secretariat had anticipated an annual funding level of 3 million United States dollars for the Codex Trust Fund. Half of the funding was currently available, and three rounds of funding had already been distributed. She thanked the European Union, Ireland and the Netherlands for their contributions. Recognizing the need for coherent action to address antimicrobial resistance, she informed Member States that the new Nutrition and Food Safety Department would work to make food safe and nutritious for all.

The Board noted the report.

The CHAIR took it that the Board agreed to adopt the draft resolution.

The resolution was adopted.¹

Dr Nakatani took the Chair.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

2. DATA AND INNOVATION: DRAFT GLOBAL STRATEGY ON DIGITAL HEALTH:
   Item 20 of the agenda (documents EB146/26 and EB146/26 Add.1)

   The CHAIR drew attention to the draft decision contained in paragraph 21 of document EB146/26. The financial and administrative implications for the Secretariat were contained in document EB146/26 Add.1.

   The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with her statement. She welcomed the draft global strategy on digital health and the framework for action to advance digital technologies for health, as well as the further development of the proposed Department of Digital Health and

¹ Resolution EB146.R9.
Innovation, and she urged WHO to facilitate norms and standards, develop guidance and advocate for the use of digital health technologies.

The secure use of data was of vital importance to increasing the effectiveness of health promotion, disease prevention and treatment, as well as health research and innovation, and the development of digital health was essential to building the health systems needed to achieve universal health coverage. However, Member States must ensure cooperation between different health care services to maximize equal and sustainable access to services, and she would therefore welcome the development of guidelines on global interoperability standards, and the corresponding technical standards, and legal and regulatory frameworks. It remained important to avoid the duplication of efforts and create convergence mechanisms to achieve the interoperability of national digital health systems and services, and Member States should draw on the existing initiatives and efforts of other stakeholders. WHO could help to address challenging issues, including cybersecurity, accountability, ethics and capacity-building. It was necessary to build on and enhance fair and transparent partnerships with the private sector, research institutions and other actors, while avoiding any undue influence over health systems and working towards affordable technological innovations and sustainable funding.

Concerning the draft decision, she requested that the Secretariat provide the Executive Board with biennial updates on the implementation of the draft global strategy.

The representative of ISRAEL encouraged WHO to support Member States to create sustainable digital health strategies that were fit for purpose. Achieving a strong digital health strategy required the effective use of information, which in turn needed regulated information sharing standards and structures enabling the effective use of information in various contexts. WHO should develop a set of standards that Member States could use to ensure data security and efficiency. She proposed establishing a network on digital health to share best implementation practices, and her Government offered to play an active role in the design process.

The representative of CHINA expressed support for the draft decision. His Government was willing to share its experience in using emerging digital technology for health with other Member States. He also committed to accelerating international cooperation, research promotion and information-sharing in the area of digital health. Following adoption of the draft global strategy, WHO should monitor and evaluate its implementation in all Member States. The Secretariat should also continue to provide technical support to developing countries and promote the open sharing of health data as a public health good.

The representative of FINLAND said that the creation of digital services that responded to patients’ needs required enabling ecosystems, skills development, understanding and dialogue on the fundamental principles of such services. The development of any artificial intelligence and robotics would require a coordinated global approach. Her Government had worked closely with the relevant United Nations bodies on global health innovation, and welcomed the establishment of WHO’s Science Division, the work of which should be integrated into other programmatic areas. WHO had a vital role to play in promoting digital health and well-being worldwide, and she encouraged WHO to actively collaborate with United Nations agencies and other partners across all relevant sectors.

The representative of SINGAPORE said that he welcomed the people-centred nature of the draft global strategy, which would encourage the widespread adoption of digital health technologies and improve access to health care. However, such technologies must be used alongside, and not instead of, health care professionals. Owing to its global reach, WHO could play a leading role in creating international guidelines and standards on the use of digital health technologies, in particular artificial intelligence. Such guidelines should be flexible to address the varying priorities and constraints of Member States and would enable governments to assess their readiness and progress towards achieving a strong digital health ecosystem.
The representative of JAPAN said that digital health would enable Member States to move more quickly towards achieving universal health coverage. She called for WHO to provide regular updates on the implementation of the draft global strategy at the regional and country levels, and to support the development of guidance on the ethics and governance of artificial intelligence, with particular regard to the protection of personal information. Moreover, the implementation of data-sharing should respect data ownership and take into account the related regulations in each country. Finally, she asked the Secretariat to clarify the meaning of the term “health data”.

The representative of BRAZIL said that the use of data and technologies would make health care more affordable, equitable and efficient. He welcomed the emphasis on ensuring that the use of health data and information would not have any negative impact on citizens or lead to any violation of their human rights. Strong governance was required to guarantee standards for safety, security, privacy, interoperability, confidentiality and the ethical use of data. The duplication of efforts of other digital health initiatives should be avoided. In view of the challenges faced by developing countries, he called for the adoption and use of open-source standards and the reuse of shared assets, services and systems. He looked forward to sharing his Government’s experiences of its pilot programme to improve the quality and use of data in the national universal health programme.

The representative of CHILE, highlighting the work done in his country to further digital health and expressing support for the draft global strategy, said that it was essential to create mechanisms to strengthen registration and information collection systems, in compliance with quality standards, and to promote collaboration between Member States, in order to address the needs of populations, develop policies and provide relevant services.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that the use of digital technology in health care delivery could be key to achieving universal access to high quality and affordable care. Regarding the draft global strategy and its implementation, he asked the Secretariat to clarify how WHO would contribute to mobilizing resources to address gaps in funding, in particular in low and middle-income countries, and how the draft global strategy would address the management of the data collected and ensure its confidentiality. Guidance on interoperability standards for digital health based on the priorities, contexts and needs of countries would be welcomed, and governments could partner with relevant stakeholders to combine their expertise and resources, while aiming to harmonize systems at the regional level. He asked the Secretariat to comment on the potential role of governments in the South-East Asia Region that did not have the capacity to develop and test digital technologies, and the role WHO would play in addressing that deficit. Finally, WHO should provide technical support in his Region for training and capacity-building in digital health.

The representative of SRI LANKA said that the draft global strategy had been a catalyst for the promotion of digital health at the national and regional levels. Outlining steps taken in his country to prioritize digital health, he supported the draft decision.

The representative of ESWATINI, speaking on behalf of the Member States of the African Region, said that the implementation of previous Health Assembly and Regional Committee resolutions on scaling up health solutions had enabled countries in the African Region to develop national digital health strategies. However, many of the least-developed countries had struggled to implement their strategies owing to challenges at the national and regional level, and they required urgent and focused support from WHO, in line with the Thirteenth General Programme of Work, 2019–2023. He therefore recommended that all relevant contributions from Member States should be integrated into the draft global strategy, which should include innovation in health service delivery and digital health research; WHO should support Member States in updating or developing their national strategies; Member States
should strengthen their partnerships with WHO and other United Nations agencies, in particular ITU, to provide technical and financial support; and WHO should develop tools to assess the use of digital health by the health sector. He supported the draft decision.

The representative of the UNITED STATES OF AMERICA said that the draft global strategy was a critical step forward in the strategic integration and use of digital technologies to achieve global health goals. She called on the Secretariat to refine the draft in order to: clarify the actors envisioned in relation to the proposed policy actions and outputs under each objective; provide Member States with further information on the tools, standards and regulations proposed for development; and review the feasibility of the time frames and activities proposed in the Annex to the draft global strategy. She recognized the need to prevent the fragmentation and duplication of digital health systems and encouraged Member States, donors and other development partners to endorse the principles of donor alignment for digital health. She called for investments in digital systems to be matched with corresponding investment in assessing and supporting capacity-building.

The representative of AUSTRALIA, expressing support for the draft decision, said that the draft global strategy offered an opportunity to further the global collaboration required to advance the digital health agenda through the development of shared priorities, measures and a programme of work. She supported the proposed framework for action, its strategic objectives and its long-term focus on digital health to support universal health coverage. She welcomed the opportunity to work with the Secretariat and Member States to share knowledge on digital health and make progress in setting international standards.

The representative of ARGENTINA said that she welcomed the strategic objectives proposed in the draft global strategy and the action plan, which could be adapted to reflect technological developments and needs at the national level. She outlined several actions taken in her country to implement digital health, as a catalyst for achieving universal health coverage. She supported the draft decision.

The representative of AUSTRIA said that he understood digital health to be the digitalization of health care to improve health care processes by sharing data between health care providers and patients. Any WHO global strategy on digital health should therefore be explicitly focused on health care providers and their role in the continuity of care, as it was those providers who generated health care data and who required an information infrastructure that enabled them to communicate. As the only competent global authority, WHO needed to create a normative framework to integrate the relevant ecosystems. Moreover, the draft global strategy did not refer to the unavoidable link between standards, investment and procurement in digital health, and it did not make sufficiently clear that trusting relationships between health care providers and patients could only achieved by guaranteeing the highest possible standard of security and protection of privacy. WHO should spearhead actions to address those issues. He called on the Secretariat to carry out further consultations before presenting the draft global strategy to the World Health Assembly.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the strategic objectives set out in the draft global strategy. She called on the Secretariat to strengthen advocacy on digital health to ensure that Member States were aware of the draft global strategy and to provide technical support and guidance for the development of effective, safe, equitable and ethical national digital health strategies. She called on the Secretariat to develop a package of best practices and lessons learned to address legislative and other challenges.
The representative of SWEDEN\textsuperscript{1} said that digital health should be an integrated part of all health care reforms and delivery systems. Moreover, digital health should be regarded as a means to achieve certain goals rather than as a goal in itself. Digital health solutions could be used to improve patient follow-up and transparency, and should take into account the perspectives of the patient and the caregiver, as well as the need for interoperability. She welcomed WHO’s continued monitoring and reporting on developments and trends in digital innovation, including policies and practices at the national level.

The representative of the REPUBLIC OF KOREA\textsuperscript{1} said that intensive investment in digital health would help to take into account technological advances and rapid population ageing. A global cooperation system and enabling governance would be required to create international standards on data-sharing and use, the effective assessment of artificial intelligence and digital health solutions, and the interoperability and standardization of data and technology.

The representative of PERU\textsuperscript{1} said that the digital transformation process should be people-centred, in particular in the health sector. Digital tools could be used to improve data collection and processing, although such data could be sensitive and it was important to provide guarantees to ensure that patients’ rights and data were protected. In implementing the draft global strategy, protocols must be established to define how personal data could be used and to ensure that consent was always given for data use. Mechanisms to address potential cyberattacks must also be developed. He endorsed the draft global strategy.

The representative of ECUADOR\textsuperscript{1} said that he welcomed the aim of the draft global strategy to promote equitable, universal access to quality health care services through the use of digital technologies. International and regional collaboration was needed to carry out knowledge transfer and capacity-building to develop frameworks for digital health management. Cooperation with the public and private sectors and technical support from WHO and other stakeholders would be required to implement digital transformation agendas. He called on WHO to provide the resources needed to implement the draft global strategy.

The representative of the RUSSIAN FEDERATION\textsuperscript{1} outlined activities and challenges in the area of digital health in his country. However, it would not be possible to digitalize health care without the adoption of a digital health strategy at the national level, a training programme for health care workers on health information systems, national legislation on sharing medical data and standards and guidelines on the exchange of information and the protection of patient data.

The representative of SWITZERLAND\textsuperscript{1} said that international collaboration and training on the use of digital health tools would facilitate the implementation of national digital health strategies. Any international initiative on health data governance must take into account national autonomy and the differences in national health systems. Some concepts in the draft global strategy required further clarification, such as the concepts of international regulations on health data and the value of data as a global public health good. From the draft global strategy, it appeared that WHO had not yet found its role in digital health and was struggling to position itself in relation to other organizations and initiatives in the field. Duplication of efforts was not desirable and she therefore supported the proposal to hold further informal consultations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND\textsuperscript{1} welcomed the new Department of Digital Health and Innovation, which would help to

\textsuperscript{1} Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
coordinate implementation of the draft global strategy and provide Member States with the support needed. Interoperability standards, including the required technical specifications, should be developed to ensure that the digital systems within national health systems were able to connect and share data in a standardized format. She encouraged WHO to make continued use of existing initiatives and partnerships in the field of digital health.

The representative of TURKEY\(^1\) highlighted activities undertaken in her country to improve digital health. The digitalization of health systems improved health care quality, and provided statistics and evidence for policy-making. Links should also be made to the forthcoming WHO results framework for the Thirteenth General Programme of Work. Finally, she said that her Government wished to be added to the list of sponsors of the draft decision.

The representative of NORWAY\(^1\) said that the draft global strategy was sufficiently broad to capture the interests of all Member States, although more specific information might need to be added, particularly to address regional needs. She called on WHO to monitor developments and to disseminate knowledge and best practices on digital health. In view of the increasing amount of technical support requested by Member States, it was important to ensure that public health objectives were the driving force behind regulations and standardization in global digital health, given the vested commercial interests in that area.

The representative of INDIA\(^1\), as the current Chair of the Global Digital Health Partnership, supported the ongoing focus on digital health. With regard to data security, national health data shared with WHO should not be shared with any third party without the explicit consent of the Government concerned. He called for Member States to participate effectively in finalizing the draft global strategy its framework for implementation.

The representative of THAILAND\(^1\) said that prioritizing digital technology in health care would have benefits including enhancing people-centred health systems and management support. It was crucial that digital health did not compromise the human relationship between patients and health care professionals, which was key to creating trust and building confidence.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that Member States should develop and implement legislative frameworks for digital health in order to protect global health security. The relevant regulatory oversight mechanisms should ensure clinical effectiveness and data privacy and security, with sanctions for breaches of regulations. In addition, the development and delivery of digital health should reflect key ethical principles and be people-centred, with face-to-face treatment where possible. The health workforce should be trained in the use and evaluation of digital technologies.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS’ ASSOCIATIONS, speaking at the invitation of the CHAIR, said that he would forward his organization’s statement for placement on the appropriate webpage.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIR and also on behalf of the International Organization for medical physics and Humatem, said that, as a leading primary resource for health care data, WHO could join global efforts to facilitate research by adding its public data to recognized open data repositories. He recommended that the Secretariat and Member States should

\(^1\) Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
rapidly finalize the draft global strategy; provide the means required to implement it, with a focus on interoperability; and enable it to be maintained over the long-term.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to acknowledge and address the risks related to the misappropriation of data. Aggregated health data should be governed through systems of collective ownership and the draft global strategy should include global instruments to protect individual and collective rights over personal health data. WHO should to provide guidance and capacity-building to enable countries to develop ownership infrastructures governing public health data and the corresponding legal frameworks. Convening multistakeholder groups, referred to in the proposed output 1.1 of the draft global strategy s action plan, could marginalize public health concerns in favour of large technology companies. The right to access data must be accompanied by obligations to share the benefits acquired from that data. The draft global strategy also appeared to lack sufficient analysis of the trends, opportunities and risks in the field and he called on Member States to demand its further revision. Welcoming the creation of the Digital Health Technical Advisory Group, he urged Member States to request that a report on its work be submitted to the Health Assembly.

The representative of the GLOBAL SELF-CARE FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Pharmaceutical Manufacturers and Associations and the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, said that a coordinated multistakeholder approach would be required to implement the draft global strategy, and governments would need to take steps and dedicate resources to ensure the appropriate use of health data and the establishment of suitable global standards. He called on WHO to align its work on digital technologies with other international organizations and to engage with the health care industry to realize the potential of digital technologies.

The DIRECTOR (Digital Health and Innovation), taking note of the issues raised, agreed that the Secretariat could provide biennial updates on the implementation of the draft global strategy, as requested. The establishment of a network on digital health was already provided for within the mandate of the Department of Digital Health and Innovation, and the Secretariat would ensure that sufficient resources were available for the work of its own staff and for Member States. As implementation of the draft global strategy was vital, the draft global strategy also made provision for monitoring and evaluation to assess Member States’ transitions to digital health and help them to understand the risks that could prevent a successful implementation. Regarding the integration of the work of the WHO Science Division into other programmatic areas, it should be noted that the purpose of that Division and the Department of Digital Health and Innovation was to be cross-cutting and to help other departments to achieve positive health outcomes and mitigate risks. Further technical consultations would be held to clarify the term “health data” and the definition would be strengthened in the draft global strategy.

The Department of Digital Health and Innovation was working within the Secretariat to prepare a digital health investment case, including to ensure digital health maturity at the national level and to prioritize investment in order to make progress. Such progress in the digitalization of health care would be measured by how well it addressed security, privacy and ethics, in addition to improving health care services and coverage and the quality of health. The draft global strategy included a proposal to bring Member States and other stakeholders together to define the principles of health data regulation and governance to guarantee data protection. The details of international health data regulations, as well as certain other guidelines and principles, had not been outlined because it had been expected that the relevant work would be carried out by Member States and stakeholders in accordance with their experiences in the field. The role of WHO was rather to provide a global perspective on issues that could not be addressed at the regional or national levels, such as interoperability.

Likewise, it was expected that investment cases would be further developed in collaboration with Member States and other partners, while ensuring that any private sector involvement was in compliance
with the Framework of Engagement with Non-State Actors. The Secretariat remained conscious of the need to protect the health sector from undue influence from the private sector and its interest in health care, including in monetizing data.

Relevant training on digital health could be provided through the WHO Academy, which would be used to expand digital literacy and the knowledge of using digital technologies where required. Moreover, in reference to pilot programmes in Member States that had not yielded sustainable investment or solutions, the relevant investment cases and assessments of digital health maturity levels would be used to help Member States, policy-makers and other stakeholders to determine when, how and what to invest to benefit from digital health transformation, mitigate associated risks and ensure respect for privacy and ethics. Discussions would also soon be held with health regulators to discuss the ethics and challenges of artificial intelligence, as well as relevant experiences, in order to ensure that all relevant ethical and privacy considerations were taken into account as part of digital transformation processes. No duplication of efforts was intended and the Secretariat planned to take the work of all relevant existing partnerships and bodies into account. Further consultations on the draft global strategy would be organized with Member States to take place prior to the Seventy-third World Health Assembly in May 2020.

The CHAIR took it that the Board wished to note the report contained in document EB146/26.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 21 of document EB146/26.

The decision was adopted.¹

3. **GOVERNANCE MATTERS:** Item 22 of the agenda

**WHO reform:** Item 22.1 of the agenda (documents EB146/31, EB146/31 Add.1, EB146/32, EB146/32 Add.1 and EB146/33)

The CHAIR recalled that, following the United Nations Joint Inspection Unit’s Review of Air Travel Policies in the United Nations System, it had been recommended that first-class travel entitlements should be abolished for all categories of staff by January 2019. While there were no recent cases of Chairs of the Executive Board travelling in first class, he proposed that the Board should recommend to the Seventy-third World Health Assembly that it amend the travel entitlement such that “the maximum reimbursement of travel expenses of the Chair of the Executive Board, shall be based on travel entitlements for the WHO Director-General”. It was so agreed.²

The CHAIR proposed that a study be carried out of the travel entitlements of all categories of WHO staff with reference to entitlements across the United Nations system, with the aim of reviewing

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¹ Decision EB146(15).
² Decision EB146(16).
the entitlements of Executive Board members. He took it that the Board wished the Secretariat to conduct that study and report back to the 147th session of the Executive Board in May 2020.

**It was so agreed.**

The CHAIR drew attention to the guidelines for Member States concerning the use of written statements contained in Annex 1 to document EB146/31, and the corresponding draft decision contained in paragraph 6 of that document. The financial and administrative implications for the Secretariat were contained in document EB146/31 Add.1.

The representative of ISRAEL said that she welcomed the introduction of a trial period for the implementation of the guidelines and the proposal for the Director-General to report back to the Board. In order to make clear the unofficial status of the documents, a disclaimer should be added to the relevant website using the language of paragraphs 1, 8 and 12 of Annex 1 to document EB146/31 on the purpose, the responsibility of the submitting Member State and the use of the WHO logo. As the term “offensive language” in paragraph 9 of Annex 1 was subjective, she suggested amending that guideline to include the sentence: “Member States may bring a breach of this guideline to the attention of the Secretariat, to be addressed on an ad hoc basis”. As it was important to translate written statements to ensure a greater opportunity for Member States to read them, she suggested replacing the phrase “may provide translations” in paragraph 7 of Annex 1 with “are encouraged to provide translations”, and deleting the phrase “if they so wish”. She proposed that further consultations be held and that revised set of guidelines be presented at the Board’s next session.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, as well as the Republic of Moldova, Armenia and Georgia aligned themselves with his statement. While written statements could stimulate debate, he agreed that governing body meetings should remain the only official forum for exchange of views between Member States. In order to avoid the politicization of debates, it was crucial that the systems for posting written statements online was designed so as to ensure that the Member States’ statements were not attributed to WHO or mistaken for WHO statements. He welcomed the fact that Member States could provide written statements in any of the six WHO official languages, but he proposed including guidance that also encouraged Member States to provide a translation in at least one other official language. He supported the idea of a two-year trial period for the proposed guidelines.

The representative of the SYRIAN ARAB REPUBLIC said that, regarding paragraph 3 of Annex 1, she proposed extending the period in which Member States could provide statements after the close of a session by two weeks, in order to give more time to countries with limited resources, in particular when it was necessary to translate the statements into another language. Further time would also enable Member States to revise their statements where necessary and would be in line with the procedure of other similar bodies. Finally, she asked whether the Secretariat proposed that the statements be deleted after two years.

The LEGAL COUNSEL said that he encouraged Member States to review the disclaimer on the webpage currently used for posting written statements, as it had recently been expanded. He saw no obstacle to the amendment of paragraph 7 to encourage Member States to provide translations.

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1 Decision EB146(16).

2 Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.
However, the addition of a provision to allow a breach of the guidelines to be brought to the attention of the Secretariat could be problematic, as the role of the Secretariat was to serve Member States and not to act as an adjudicator.

The present deadline for submitting statements after the close of the session had been designed to ensure that statements were used to stimulate debate during meetings, which was not the case for statements submitted later. Statements were only to be kept for two years in order to address concerns that statements put online indefinitely would act as a parallel record of meetings and detract from the official records of the relevant governing body meeting.

The representative of ISRAEL said that she had hoped that the proposal for the Secretariat to address breaches of the guidelines on an ad hoc basis would have been general enough to be acceptable to the Secretariat and the Board as, at present, Member States had no recourse to handle such situations themselves. Additionally, she noted that, if the two-year trial period was accepted by the Board at its current session, then the Director-General would report back to the 150th session of the Board, not the 149th session.

The CHAIR said that he suggested that the report and the draft decision be adopted in the present meeting rather than deferring the item to the Board’s next session, with any outstanding issues to be addressed later.

The representative of ESWATINI said that he supported the proposals made by the Chair and the Legal Counsel.

The representative of BRAZIL said that he supported the Chair’s proposal to begin the trial period without delay. However, in view of the fact that some countries did not have the resources to submit their statements in more than one official WHO language, in particular when their national language was not an official language, he asked that the guidelines contain a reference to “encouraging” Member States to provide additional translations, rather than requiring it. Finally, he noted that the guidelines would apply to the governance processes of the Board, and he asked what impact the Board’s decision would have on the guidelines for the Health Assembly.

The LEGAL COUNSEL said that the guidelines were intended to apply to written statements at both the World Health Assembly and the Executive Board, as specified in the first sentence of Annex 1. If the Board wished to amend the text of the draft decision to include a recommendation to the Health Assembly, it could do so. However, any such change would require a report for consideration by the Health Assembly. As the text related to documents provided to the Secretariat and did not affect the Rules of Procedure, there was no need for formal adoption by the Health Assembly.

The representative of BRAZIL said that he was prepared to support the adoption of the guidelines as proposed. While it might be more expedient to have a separate decision setting out guidelines for the Health Assembly, he would not propose any such decision to avoid adding an item to the Assembly’s agenda. He asked the Secretariat to confirm the wording of the proposed amendment to paragraph 7 of Annex 1.

The SECRETARY said that the second sentence of paragraph 7 of Annex 1 would be amended by replacing the phrase “may provide translations” with “are encouraged to provide translations”, and the phrase “if they so wish” would be deleted from the end of the sentence.

The representative of ISRAEL said that she supported the adoption of the guidelines at the present meeting with a review in two years, and she requested clarification as to whether written statements
were complementary to or separate from statements delivered during meetings. She would suggest that they were complementary and requested that consistent language be used.

The CHAIR said that written statements could be either separate from or complementary to those delivered during meetings. He took it that the Board wished to note the report, with the proposed amendments to paragraph 7 of the revised draft guidelines.

The Board noted the report, as amended.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 6 of document EB146/31, with the proposed amendments to paragraph 7 of the revised draft guidelines.

The decision was adopted, as amended.¹

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

The meeting rose at 21:15.

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¹ Decision EB146(17).