

PROVISIONAL SUMMARY RECORD OF THE SECOND MEETING

**WHO headquarters, Geneva
Monday, 3 February 2020, scheduled at 14:30**

Chair: Dr H. NAKATANI (Japan)

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SECOND MEETING

Monday, 3 February 2020, at 14:30

Chair: Dr H. NAKATANI (Japan)

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

1. STAFFING MATTERS: Item 25 of the agenda

Appointment of the Regional Director for Africa: Item 25.1 of the agenda (document EB146/46)

**The meeting was held in private session until 15:20,
when it resumed in public session.**

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for Africa adopted by the Board in private session:¹

The Executive Board,
Considering the provisions of Article 52 of the Constitution of the World Health Organization;

Considering also the nomination made by the Regional Committee for Africa at its Sixty-ninth session,

1. REAPPOINTS Dr Matshidiso Moeti as Regional Director for Africa as from 1 February 2020;

2. AUTHORIZES the Director-General to issue a contract to Dr Matshidiso Moeti for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Matshidiso Moeti on her reappointment and conveyed the Board's best wishes for success in her post.

At the invitation of the CHAIR, Dr Moeti signed her contract.

The REGIONAL DIRECTOR FOR AFRICA said that she had been honoured to serve in her role and thanked the Executive Board for electing her for a second term. She expressed her gratitude to Member States, partners and WHO staff at all levels, who had worked together to transform the Regional Office for Africa into an effective, results-driven and accountable organization in the scope of the global WHO transformation agenda. She thanked the governments in her Region for embracing that transformation in their national systems.

In the coming five years, she would seek to accelerate action towards universal health coverage in the African Region by removing barriers to quality health care, and to improve quality of services to

¹ Resolution EB146.R1.

ensure better health outcomes. Governments in her Region had recently taken steps towards universal health coverage, in particular by expressing their commitment to that goal in international forums and updating their health financing strategies, and making efforts to improve human resources for health, access to essential medicines and the functioning of health districts. Under her leadership, the Regional Office would expand private sector engagement based on the principles of equity and affordability; help Member States to exchange experiences to improve regional health systems, which were underperforming compared with global systems; align its transformation agenda with that of the Organization as a whole, inspired by the Director-General's leadership in that field; and demonstrate the added value of WHO's presence in the Member States of the Region with the help of empowered, engaged staff.

The ongoing restructuring process at the Regional Office would enable it to deliver the Thirteenth General Programme of Work, 2019–2023, in an integrated, people-centred manner. Regional teams were working to build resilient health systems and emergency preparedness and response by encouraging the incorporation of core capacities into national health strategies and strengthening the delivery of essential health services, especially in countries facing protracted humanitarian crises. By addressing the social determinants of health and engaging in multisectoral work, the Regional Office would seek to safeguard access to life-saving public health interventions to prevent, control and eliminate diseases, including poliomyelitis (polio) eradication initiatives.

The Regional Office would also continue to strengthen its collaboration with regional economic partners to facilitate cross-border and regional collaboration, in particular to improve epidemic preparedness and response and to capitalize on the public health benefits of globalization; harness and build on high-impact tools such as digital health to strengthen capacities and foster sustainable innovation in health care; accelerate the integration of new tools and technologies into national health services to develop and expand national and regional policies, strategies and regulatory functions; and work with partners to implement the outcomes of the functional reviews of country offices to ensure that their teams were fit for purpose. Efforts to achieve the objectives of the Global Action Plan for Healthy Lives and Well-being for All would be harmonized among all stakeholders at the country and regional levels.

The DIRECTOR-GENERAL congratulated Dr Moeti on her reappointment, a demonstration of the well-deserved confidence placed in her by Member States, and reaffirmed the full support of the Organization at all levels. Under her leadership, many countries in the African Region were making tangible progress towards universal health coverage. Several Member States had improved their emergency preparedness and disease detection and containment times, the African Region was on track to achieve polio-free certification in 2020 and success had been achieved in the management and reduction of several communicable and noncommunicable diseases. Furthermore, several countries had strengthened tobacco control and developed multisectoral action plans, and many initiatives developed by the Regional Office for Africa had been incorporated into the global WHO transformation agenda. As the first woman to be elected Regional Director for Africa, Dr Moeti had prioritized gender equality and improved the gender balance among international staff. The challenges faced in the Region, including out-of-pocket expenditure, weak infrastructure and human resources for health, the fight against malaria and antimicrobial resistance, demanded the courageous political leadership demonstrated by the Regional Director, as well as intelligent investment and creativity.

The representative of KENYA, speaking on behalf of the Member States of the African Region, congratulated Dr Moeti on her reappointment, who could be assured of the unwavering support of the Member States in his Region. The Region had reached significant health milestones during her first term and was on track to attain polio-free certification by the end of that year. The Regional Office for Africa was now better coordinated and more effective in supporting countries to prepare for and respond to emergencies. It was heartening that Dr Moeti's ambitious transformation agenda for the African Region, which focused on, inter alia results and partnerships, had informed the transformation agenda at the

global level. He urged the Regional Director to swiftly implement the results of the functional reviews of country offices to ensure that the Regional Office and country offices were fit for purpose. He applauded her leadership in the cultivation of strong partnerships with the private sector and civil society, which would continue to support progress towards universal health coverage.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, congratulated Dr Moeti on her reappointment and acknowledged her efforts to strengthen access to health among all people in her Region. It was crucial to continue to work with and provide technical support to all countries and to strengthen capacities by sharing best practices to benefit all populations, with health for all as an overarching long-term goal. He reaffirmed the confidence among Member States in his Region in the Regional Director for Africa, and their commitment to strengthening cooperation and promoting the health of all people in the African Region.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, congratulated Dr Moeti on her reappointment, which demonstrated the trust placed in her by the Member States of the African Region. In her first term, she had overseen great progress in public health and health governance, secured commitment to health among political leaders and spearheaded the implementation of the transformation agenda by aligning the work of the African Region with the Thirteenth General Programme of Work. Given the geographical proximity and common health and political challenges of the two Regions, the Member States of the Eastern Mediterranean Region would seek to work in even closer cooperation with the Regional Office for Africa to ensure robust leadership, tackle public health issues and improve the lives of their populations.

The representative of BOTSWANA¹ congratulated Dr Moeti on her reappointment, whose work during her first term had encouraged countries in the Region to step up efforts towards universal health coverage. The Africa Health Transformation Programme 2015–2020: A vision for universal health coverage, in particular, had begun to yield positive results. She thanked the Member States of the African Region for placing their confidence in Dr Moeti's leadership, urging them to work with the Regional Office for Africa to achieve even greater success.

Appointment of the Regional Director for Europe: Item 25.2 of the agenda (document EB146/47)

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

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

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

² Resolution EB146.R2.

1. APPOINTS Dr Hans Kluge as Regional Director for Europe as from 1 February 2020;
2. AUTHORIZES the Director-General to issue a contract to Dr Hans Kluge for a period of five years from 1 February 2020, subject to the provisions of the Staff Regulations and Staff Rules.

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

At the invitation of the CHAIR, Dr Kluge signed his contract.

The REGIONAL DIRECTOR FOR EUROPE thanked the Executive Board for appointing him as Regional Director for Europe. His appointment by the Member States was a sign of trust and a political responsibility to fulfil his commitments with transparency and accountability. He fully supported the Thirteenth General Programme of Work and would work towards the "triple billion" goals. The Regional Office for Europe would work with all its Member States to improve public health and well-being, taking into account national and subregional contexts. It would be willing to work with the other Regions and to exchange experiences and health system innovations. With the support of the Regional Office staff, he was committed to the development of the Organization, and to operationalizing the United Nations system mental health and well-being strategy, creating a culture of open communication and addressing all kinds of harassment. He presented the programme of work for his Region, which would support the implementation of the Thirteenth General Programme of Work and which aimed for united action for better health, with a view to achieving universal health coverage. Despite the significant challenges faced by the European Region, the solidarity among the Region's governments was impressive.

The DIRECTOR-GENERAL congratulated Dr Kluge on his appointment as Regional Director for Europe and offered his unwavering support. The priorities of his campaign, during which he had engaged personally with international partners, were commendable, including placing health high on political agendas and protecting the health needs of the most vulnerable. He was an idealist who pursued his objectives and whose vision for the European Region was aligned with WHO's global health priorities, such as achieving universal health coverage and addressing health emergencies.

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

The Executive Board,

Desiring to express its appreciation to Dr Zsuzsanna Jakab, for her services as Regional Director for Europe of the World Health Organization;

Mindful of Dr Zsuzsanna Jakab's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for Europe;

Recalling resolution EUR/RC69/R4 (2019), adopted by the Regional Committee for Europe, which designates Dr Zsuzsanna Jakab as Regional Director Emeritus,

1. EXPRESSES its profound gratitude and appreciation to Dr Zsuzsanna Jakab for her invaluable and longstanding contribution to the work of WHO in the European Region;

¹ Resolution EB146.R3.

2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service of WHO.

The DEPUTY DIRECTOR-GENERAL, outgoing Regional Director for Europe, said that she had striven for a results-oriented and country-focused Regional Office for Europe, which worked in partnership with others. While various health outcomes and inequities had improved, the Regional Office should continue to focus on removing inequalities in health. Work towards the achievement of the 2030 Agenda for Sustainable Development and WHO's new global vision, investing in health for all, had driven the work of the Regional Office during her term. To that end, the Office had engaged in close consultation with partners to define strategies based on common values and scientific evidence. The Office had earned the trust of its partners by ensuring it was relevant to the needs of the Region. The Director-General's commitment to achieving universal health coverage and responding to contemporary health needs was laudable and she would work with him towards an empowered and effective Organization. She thanked all those who had collaborated and contributed to the work of the Regional Office.

The DIRECTOR-GENERAL thanked the outgoing Regional Director, Dr Jakab, for her counsel and experience, and for taking up the role of Deputy Director-General. He noted the progress made in the European Region under her leadership, such as the introduction of the European policy framework for health and well-being, Health 2020, which had led to the development of national strategies to address health inequalities and to a reduction in infant and maternal mortality. Other advancements included improvements in migrant health, the achievement of malaria-free status in Europe and a speedy decline in cases of tuberculosis. Thanks to her dedication, progress was being made at the global level to ensure the Organization was well-prepared, agile and able to respond to current and future health needs. He looked forward to continuing to work with her. He also thanked the acting Regional Director for Europe, Dr Östlin.

The representative of ISRAEL, speaking on behalf of the Member States of the European Region, said that the Regional Director for Europe had the support of the Region for the achievement of the health-related Sustainable Development Goals. Dr Kluge's vision of people-centred and sustainable public health services that left no one behind and his broad experience in public health, among other things, enabled him to effectively pursue the 2030 Agenda for Sustainable Development. The Regional Office would be instrumental to the Global Policy Group to ensure delivery as one WHO. Dr Jakab's term in office had borne major achievements, including the Health 2020 policy framework and the implementation of the Thirteenth General Programme of Work, which had paved the way for progress towards the health-related Sustainable Development Goals.

The representative of BHUTAN,¹ speaking on behalf of the Member States of the South-East Asia Region, congratulated Dr Kluge on his appointment; his many years of experience in public health and expertise in working on issues such as infectious diseases would serve WHO well. His Region always attached great importance to its relations with the European Region and he looked forward to strengthening the collaboration. He thanked Dr Jakab for her work, in particular the progress made on the joint health agenda for the European Region, and congratulated her on her appointment as Deputy Director-General. He was confident that she would carry out her portfolios, including antimicrobial resistance, using her vast experience and able leadership.

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

The representative of MALAYSIA,¹ speaking on behalf of the Member States of the Western Pacific Region and thanking Dr Jakab for her efficient leadership during her term as Regional Director for Europe, said that he supported her new mandate as Deputy Director-General. The results of the implementation of the Health 2020 policy framework had been impressive, enabling Member States of the European Region to place core ideals at the centre of their public health policy-making. He congratulated Dr Kluge on his appointment, who was perfectly equipped to steer the work in the European Region towards its main objectives, and looked forward to continuing the cooperation between their Regions.

The representative of BELGIUM¹ said that it was an honour for a national of his country to be appointed Regional Director for Europe. The exceptionally strong mandate with which Dr Kluge had been elected was testament to the widespread recognition of his leadership qualities. He had no doubt that, with the support of all partners, Dr Kluge would excel in his role as Regional Director. He thanked Dr Jakab for her work and devotion.

2. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda

Nelson Mandela Award for Health Promotion: Item 24.4 of the agenda (document EB146/45)

The CHAIR drew attention to document EB146/45, which contained a draft decision on adopting the revised draft statutes for the Nelson Mandela Award for Health Promotion, set forth in its annex.

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, said that he was pleased to see that Nelson Mandela was being given due recognition for his service to humanity, especially at a time when the Organization was focused on addressing inequality under the 2030 Agenda for Sustainable Development. Future laureates of the Nelson Mandela Award for Health Promotion should serve as role models in continuing Nelson Mandela's legacy. The revised draft statutes of the award had been aligned with the selection criteria for other WHO awards, and the selection process had been clearly defined. He therefore supported the draft decision.

The representative of SOUTH AFRICA¹ agreed that the award would contribute to efforts towards achieving the Sustainable Development Goals. She echoed hopes that laureates would continue to uphold Nelson Mandela's legacy and promote health for all.

The CHAIR took it that the Board agreed to adopt the draft decision contained in document EB146/45.

The decision was adopted.²

(For continuation of the discussion and adoption of six decisions, see the summary record of the fifteenth meeting, section 4.)

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

² Decision EB146(1).

3. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB146/3)

The CHAIR reminded the Board that the Programme, Budget and Administration Committee of the Executive Board had changed the format of its report from that of previous years. In addition to discussing matters that fell under its mandate, the Committee had also issued concrete guidance on specific items on the agenda for the current session of the Board. The Chair of the Committee would be invited to present the Committee's guidance on each relevant item as it came under discussion by the Board.

The representative of GERMANY, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that, given the length and complexity of the agenda for the current session of the Board, the Committee had decided to provide specific guidance on the budget-, finance-, governance- and management-related matters under discussion by the Board. The Committee had discussed some items that it did not usually cover, such as the report of the Ombudsman and the statement by the representative of the WHO staff associations. The Director-General had updated the Committee on the response to the outbreak of novel coronavirus infection.

The WHO transformation agenda had been of major interest to the Committee and had cut across several items on its agenda. He outlined the Committee's guidance on the transformation agenda and accountability at WHO, as contained in its report to the Board, including on equitable distribution of funding, strengthened internal controls, alignment of the results framework with performance indicators, maintaining dialogue with Member States on accountability, harmonization of investigative mechanisms and prevention of sexual harassment.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, endorsed the Committee's guidance that the Board should request a full update on the transformation agenda to be provided to the Seventy-fourth World Health Assembly in 2021, through the Executive Board. He also concurred with the Committee's support for implementing the recommendations of the Independent Expert Oversight Advisory Committee and enhancing WHO's accountability, particularly with regard to the Organization's risk appetite approach to operations and its policies on the prevention of all forms of harassment. He urged the Secretariat to expedite finalization of the results framework, including the harmonization and standardization of data systems and reporting methods.

The representative of AUSTRALIA said that the Committee's new report format was welcome; there was much to be gained from exploring innovative governance models and methods. She fully supported the guidance set forth by the Committee and encouraged the Board to endorse it.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the Independent Expert Oversight Advisory Committee for its work in advancing understanding of the gaps and challenges related to, and the potential for, further collaborative efforts. She took note of the Committee's guidance on undertaking strategic scenario planning as a means of tackling the issue of underfunded programmes. It was critical to work in a flexible yet risk-aware manner, reinforce a partnerships-management approach and inculcate a culture of enterprise risk management that was more risk-aware than it was risk-averse.

She called for further sharing of best practices and lessons learned among WHO offices so that the number of overdue direct financial cooperation reports could be reduced. In that regard, a root-cause analysis of the Organization's use of direct implementation should be undertaken, capacity-building should be extended and all possible interfaces between Member States and WHO's financial systems should be maximized.

The representative of ISRAEL expressed support for the Committee's guidance for adoption by the Board, as well as its guidance to the Secretariat.

The representative of BRAZIL welcomed the strategic approach adopted by the Committee. Its discussions had brought to light the permanent need for information sharing and transparency on all matters.

The CHAIR took it that the Board concurred with the Committee's guidance on the report of the Independent Expert Oversight Advisory Committee and the accountability overview, as well as its guidance that the Board should request the Secretariat to provide a full update on the WHO transformation agenda, with reforms mapped to timelines, to be provided to the Seventy-fourth World Health Assembly in 2021, through the Executive Board at its 148th session, and to be preceded by updates presented to the regional committee meetings in 2020.

It was so agreed.

Dr Sillanauke took the Chair.

4. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 5 of the agenda (document EB146/4)

The REGIONAL DIRECTOR FOR AFRICA said that the WHO Regional Committee for Africa, during its sixty-ninth session, had discussed the update on the results framework for the Thirteenth General Programme of Work. Participants had noted the need to show how data would be harmonized at the country level and the importance of providing needs-based support to countries, especially in building their capacity to generate, analyse and use good-quality data. The Committee had adopted four regional strategies and frameworks, namely a regional strategy for integrated disease surveillance and response, a strategic plan to reduce the double burden of malnutrition, a framework for essential health services and a framework for implementation of the global vector control response. A technical document had also been adopted on accelerating the response to noncommunicable diseases.

As part of the WHO transformation agenda, the WHO Regional Office for Africa had undertaken functional reviews of all 47 country offices with a view to identifying the human resource capacities needed to achieve the Sustainable Development Goals and mobilizing adequate resources. The Office had introduced a leadership training programme for mid-level and senior staff. There was also a mentoring programme for career development and a team performance programme to enhance collaboration within and across technical areas. Other measures included conducting scoping missions to define priorities and address gaps in the provision of strategic technical support and integrating work on emergencies with universal health coverage. The managerial key performance indicators adopted by the Region had helped to reduce the number of overdue direct financial cooperation reports and overdue donor reports and improve compliance and risk management in the Region. The Region's value-for-money approach to procurement processes had resulted in significant cost savings.

THE REGIONAL DIRECTOR FOR THE AMERICAS said that the WHO Regional Committee for the Americas, during its seventy-first session, had discussed the regional consultation on the results framework. Member States had applauded the focus on measuring impact at the country level and had expressed support for the addition of indicators relating to areas of key importance for public health. Concerns had been raised about the development of a universal health index separate from the Sustainable Development Goal framework. The Committee had also considered the country presence

report, emphasizing the need to align the work of WHO at the country level with the strategic priorities of countries.

The Committee had approved the PAHO strategic plan 2020–2025, which sought to reduce health inequities within and between countries and territories, as well as the PAHO programme budget for 2020–2021 and a number of other regional strategies, including the plan of action for the elimination of industrially produced trans-fatty acids 2020–2025, the plan of action for strengthening information systems for health 2019–2023 and the strategy and plan of action on improving quality of care in health service delivery 2020–2030.

Action taken to align work at the regional level with the transformation agenda included the new budget policy, which aimed to ensure a more equitable distribution of resources, the continuous review of staffing at country offices to ensure that human resources were fit for purpose, and the implementation of a cloud-based management information system to optimize business processes. In addition, the PAHO health emergencies programme had evolved to include mitigation, preparedness, response and rehabilitation measures. Member States had ratified the Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30, which aimed to reduce health access barriers by 30% and ensure that at least 30% of public health expenditure was allocated to primary health care.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, under the transformation agenda, the Region had prioritized country-level actions through eight flagship priority programmes. It had also strengthened the “Regional One Voice” by implementing joint Member State interventions and had introduced green initiatives, for instance by going paperless.

Ministers had adopted the Delhi Declaration on emergency preparedness in the South-East Asia Region at a ministerial round table held during the seventy-second session of the WHO Regional Committee for South-East Asia. In doing so, they had committed to identifying risks, investing in people, investing in risk management systems, implementing plans and interlinking sectors and networks.

The Regional Committee had adopted five resolutions, including one on the regional programme budget 2020–2021. Over 80% of the regional programme budget had been allocated to support Member States. The Committee had also endorsed a global strategy on tuberculosis research and innovation. Member States had conducted an in-depth review of the results framework and had been actively involved in developing country support plans in line with the priorities of the Thirteenth General Programme of Work. The Committee had reported on regional progress made towards universal health coverage and the indicator profiles of the Sustainable Development Goals. Considerable progress had been made in implementing the South-East Asia Region evaluation workplan for 2018–2019.

The REGIONAL DIRECTOR FOR EUROPE said that it had emerged from the sixty-ninth session of the WHO Regional Committee for Europe that equity remained one of the biggest challenges for the Region. The recently launched European Health Equity Status Report had received strong support as a tool to help Member States to design policies and foster action. A technical briefing had been held on the outcomes of the first WHO Symposium on the Future of Digital Health Systems in the European Region, which would pave the way for the development of a regional road map on digital health. Two resolutions had been adopted: one on promoting health literacy throughout the life course and another on strengthening primary health care.

Discussions had focused on two organizational aspects. First, delegates had highlighted the importance of country-focused work to support Member States in designing and implementing health policy. The contribution of WHO country offices and geographically dispersed offices were essential in that regard. Secondly, delegates had discussed implementation of the transformation agenda in the Region. Examples of measures taken in that regard included increasing awareness of the agenda among staff and boosting their involvement through the development of a culture change action plan and the use of modern Internet-based technologies.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that, during its sixty-sixth session, the WHO Regional Committee for the Eastern Mediterranean had endorsed a number of regional frameworks for action, including an implementation framework on newborn, child and adolescent health, a framework to tackle rheumatic heart disease, a framework aiming to foster a people-centred approach in hospitals with a focus on primary health care and a framework to improve national institutional capacity for the use of evidence in health policy-making. The Committee had also approved an updated version of the regional framework for action on noncommunicable diseases to ensure alignment with the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases, such as recognition of the dangers of air pollution and the importance of managing noncommunicable diseases in emergencies.

Other notable developments had included the adoption of a new regional nutrition strategy and a call for action to strengthen the nursing workforce. Innovative ideas had been introduced at the Regional Committee meeting, including on-site interactive evaluation of the Committee.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that, at the seventieth session of the Regional Committee for the Western Pacific, the Committee had discussed issues such as tobacco control, protecting children from the harmful impact of food marketing, accelerating regional action to fight antimicrobial resistance and digital health. The Committee had also discussed the regional implementation plan for the Thirteenth General Programme of Work. Some Member States had expressed concern regarding the reporting burden associated with the collection of information for the results framework and had sought clarification on how the framework would contribute to health system development at the country level. Member States had welcomed the results framework as a tool for measuring accountability, transparency and impact at the country level. In view of the need to plan for the demographic shift towards a growth in ageing populations, Member States had requested the Committee to develop a draft regional strategy for implementation of the Global strategy and action plan on ageing and health.

The representative of ISRAEL supported the emphasis on technical support to improve the quality of country-level data and the need to implement country-focused guidance on harmonized data to determine impact, including capacity-building measures. She echoed the concerns raised regarding the development of a universal health index separate from the Sustainable Development Goal framework and requested that the introduction of additional public health indicators should be minimized. She welcomed the focus on promoting gender equity in all areas of WHO's work. An annual overview provided by the Secretariat of planned requests for reporting, consultations and questionnaires would help to ensure timely reporting and effective coordination.

The CHAIR took it that the Board wished to note the report contained in document EB146/4.

The Board noted the report.

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

5. PRIMARY HEALTH CARE: Item 6 of the agenda (document EB146/5)

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

6. MANAGEMENT MATTERS: Item 23 of the agenda

Evaluation: update and proposed workplan for 2020–2021: Item 23.1 of the agenda (documents EB146/5 and EB146/38 Add.1)

The CHAIR drew attention to the report on the draft operational framework on primary health care contained in document EB146/5 and the report on the review of 40 years of primary health care implementation at the country level contained in document EB146/38 Add.1.

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the Stabilization and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with his statement.

Although primary health care was the foundation of sustainable health systems for universal health coverage, further investment in secondary, tertiary, curative, rehabilitative and palliative care, as well as the determinants of health, would be required. Primary health care must be at the centre of a functioning referral system. He encouraged the Secretariat to support Member States in scaling up national implementation efforts on primary health care. The commitments set out in the political declaration of the high-level meeting on universal health coverage must be translated into action at all levels. He supported WHO's coordination role within the Global Action Plan for Healthy Lives and Well-being for All in order to support an integrated approach to the primary health care "accelerator".

It was essential to ensure an adequate and motivated health workforce and include financing for primary health care in system-wide national health financing strategies. He looked forward to considering the draft operational framework for primary health care to be submitted to the Seventy-third World Health Assembly and encouraged the Secretariat and Member States to ensure that the framework would be taken into account in the Thirteenth General Programme of Work and the Programme budget 2020–2021 and effectively implemented at the country level.

The representative of SRI LANKA, welcoming the draft operational framework, said that many countries in the South-East Asia Region had taken innovative steps to improve primary health care. Well-functioning, high-quality primary health care systems were essential to address emerging health issues, improve continuity of services and maintain the improvements already achieved. Adequate and sustainable resources for health must be mobilized and Member States should allocate at least 1% of their gross domestic product to primary health care. The levers outlined in the draft operational framework were key to strengthening primary health care and should be implemented according to each country's context and priorities.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that primary health care had repeatedly proven to be the foundation for building sustainable health systems. She emphasized the importance of community participation and empowerment in health

development and partnerships in translating commitments on primary health care into action. Multisectoral action and coordination between governments, organizations of the United Nations system, health care providers, civil society and the community must be enhanced.

The Member States of the Region welcomed the use of case studies in the draft operational framework. She encouraged Member States to prioritize good governance, multisectoral action, dedicated human resources and the use of evidence and evaluation to strengthen primary health care in all settings. The proposed set of levers outlined in the draft operational framework would be a useful tool in that regard. She called on Member States to increase the allocation of domestic resources to primary health care and work towards establishing public–private partnerships to ensure access to appropriate health technologies. She expressed appreciation for the training manual that had been developed to accompany the draft operational framework. The Secretariat should provide Member States with the necessary support to orient their health systems towards primary health care, and should continue to provide support to enable countries to accelerate progress in strengthening their national health information systems, including the development of assessment tools.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the draft operational framework, which would play an essential role in refocusing efforts on primary health care. The Secretariat and WHO's partners should to continue to enhance collaboration and the Secretariat should continue to provide support and promote capacity-building. He called for further sharing of best practices and encouraged Member States to allocate the necessary resources to primary health care.

The representative of SINGAPORE, expressing support for the draft operational framework, said that focusing on primary health care would alleviate the demand on other health care sectors. Member States should determine the appropriate development and allocation of resources to primary health care, including investments in infrastructure and workforce development. Moving towards multidisciplinary teams would ensure that functional, psychological and social needs, in addition to medical needs, were met. Individuals should be empowered to take ownership of their health, which in turn would contribute to the overall sustainability of the health care system. His Government looked forward to learning how Member States would be tailoring implementation of the draft operational framework to their country-specific needs.

The representative of INDONESIA said that political commitment and leadership were essential to support sustainable financing and achieve quality health services. Greater emphasis was needed on the accessibility, affordability and quality of public health care providers, in addition to the comprehensiveness of their programmes. Effective quality management systems and management standards of care, in addition to a sufficiently large and equally distributed qualified health workforce, were key elements of strengthening the quality of primary health care. Digital information technology would improve the effectiveness and efficiency of health services, evaluate the achievement of primary health services and support policy-making.

The representative of GUYANA said that his Government actively participated in efforts to strengthen primary health care, including at the regional level through cooperation with other members of the Caribbean Community. His country faced persisting key challenges, including a lack of consistent financing for the health sector and limited human resources due in large part to emigration. His Government was keen to develop a joint road map with other countries in his Region towards achieving primary health care objectives.

(For continuation of the discussion, see the summary record of the third meeting, section 3).

The meeting rose at 18:00.