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PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

WHO headquarters, Geneva
Friday, 22 January 2021, scheduled at 14:00

Chair: Dr H. VARDHAN (India)

CONTENTS

TENTH MEETING

Friday, 22 January 2021, at 14:10

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

1. SOCIAL DETERMINANTS OF HEALTH: Item 16 of the agenda (document EB148/24)

The CHAIR drew attention to the draft resolution on the social determinants of health proposed by Argentina, Brazil, Canada, Ecuador, Israel, Japan, Mexico, Peru, Switzerland, Thailand, the United States of America and the Member States of the European Union, which read:

> The Executive Board,
> Having considered the report on social determinants of health;[1]
>
> RECOMMENDS to the Seventy-fourth World Health Assembly the adoption of the following resolution:
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> > The Seventy-fourth World Health Assembly,
> > (PP1) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;
> > (PP2) Recalling resolution WHA62.14 (2009), entitled "Reducing health inequities through action on the social determinants of health" and resolution WHA65.8 (2012), entitled "Outcome of the World Conference on Social Determinants of Health";
> > (PP3) Recalling also the United Nations General Assembly resolution 70/1 (2015) entitled "Transforming our world: the 2030 Agenda for Sustainable Development" and its Sustainable Development Goals;
> > (PP4) Recalling also the United Nations General Assembly resolution 74/2 (2019) entitled "Political Declaration of the High-level meeting on Universal Health Coverage", which acknowledges the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;
> > (PP5) Recalling the report of the WHO Commission on Social Determinants of Health;[2]
> > (PP6) Recalling further the Rio Political Declaration on the Social Determinants of Health (2011) and acknowledging its tenth anniversary in 2021;

[1] Document EB148/24.

[2] Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization; 2008.

(PP7) Reiterating the collective determination to reduce health inequities by taking action on social determinants of health as called for by the Health Assembly;

(PP8) Recognizing the need to do more at all levels to accelerate progress in addressing the unequal and inequitable distribution of health, as well as conditions damaging to health;

(PP9) Recognizing also that achieving health equity requires the engagement and collaboration of all sectors of government, all segments of society, and all members of the international community, in "all-for-equity" and "health-for-all" global actions;

(PP10) Further recognizing the benefits of achieving universal health coverage, including financial risk protection, access to quality health care services and access to safe, effective, quality and affordable medicines and vaccines, in enhancing health equity and reducing impoverishment;

(PP11) Reaffirming the political will to make health equity a national, regional and global goal and to address current challenges, such as: eradicating hunger and poverty; ensuring food security and improved nutrition; ensuring inclusive and equitable quality education; addressing gender-, age and disabilities-related inequalities in health; access to health promotion, preventative and community health services; access to safe, effective, quality and affordable medicines and vaccines; access to safe and affordable drinking-water, adequate and equitable sanitation and hygiene; employment and decent work and social protection; protecting the environment and addressing ambient and household air pollution; access to safe and affordable housing; and promoting sustained, inclusive and sustainable economic growth through resolute action on social determinants of health across all sectors and at all levels;

(PP12) Stressing that stigma and negative stereotyping and attitudes can affect health, including by creating and enhancing health disparities between persons;

(PP13) Appreciating the tremendous health gains achieved over the last century, but expressing concern, that despite the achievements towards universal health coverage, their distribution has been vastly unequal and that inequities in many health outcomes exist both within and between countries;

(PP14) Recognizing that the ongoing COVID-19 pandemic has highlighted and even intensified pre-existing social, gender and health inequities within and among countries, and has also highlighted the need to strengthen the efforts to address social determinants of health as an integral part of the national, regional and international response to the health and socioeconomic crises generated by the current pandemic and to future public health emergencies;

(PP15) Concerned that the impact of the COVID-19 pandemic has disproportionately affected those in vulnerable situations and those already suffering from poor health, and has exacerbated their vulnerability and exposure to socioeconomic drivers, leading to increases in morbidity and mortality, as well as economic damage at the individual and community levels;

(PP16) Recognizing the consequence of the adverse impact of climate change, natural disasters and extreme weather events as well as other environmental determinants of health – such as clean air, safe drinking water, sanitation, safe, sufficient and nutritious food and secure shelter – for health and, in this regard underscoring the need to foster health in climate change adaptation efforts, underlining that resilient and people-centred health systems are necessary to protect the health of all people, in particular those who are vulnerable or in vulnerable situations, particularly those living in small island developing States;

(PP17) Further recognizing the need to establish, strengthen and maintain existing monitoring systems, including platforms and mechanisms, such as observatories,[1] that provide disaggregated data, to assess inequities in health, their relation to social determinants of health and the impacts of policies on the social determinants of health at the national, regional and global levels;

(OP)1. CALLS ON Member States[2] to strengthen their efforts on addressing the social, economic and environmental determinants of health with the aim of reducing health inequities, and to accelerate progress in addressing the unequal distribution of health resources within and among countries, as well as conditions detrimental to health at all levels and in support of the 2030 Agenda for Sustainable Development;

(OP)2. FURTHER CALLS ON Member States[2] to monitor and analyse inequities in health using cross-sectoral data in order to inform national policies that address social determinants of health, to which end Member States may establish monitoring systems of social determinants of health, including platforms and mechanisms, such as observatories, or rely on, or strengthen, as appropriate, existing structures, such as national public health institutes or national statistical offices;

(OP)3. ENCOURAGES Member States[2] to integrate considerations related to social determinants of health in public policies and programmes, by applying a health-in-all-policies approach and in order to improve population health and reduce health inequities;

(OP)4. INVITES Member States,[2] international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, academia and the private sector, and to mobilize financial, human and technological resources to enable monitoring and addressing of social determinants of health;

(OP)5. CALLS ON Member States[2] to consider social, economic and environmental determinants of health in their recovery from the ongoing COVID-19 pandemic and in boosting resilience to both the current pandemic and future public health emergencies;

(OP)6. REQUESTS the Director-General:

6.1 to support Member States, upon request, in the establishment or strengthening of monitoring systems of social determinants of health and health inequities, including, as appropriate, platforms and mechanisms, such as observatories;

6.2 to prepare, building on the report of the WHO Commission on Social Determinants of Health (2008), and subsequent work, an updated report, based on scientific evidence, knowledge and best practices on social determinants of health, their impact on health and health equity, progress made so far in addressing them, and recommendations on future actions, and to present it to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board;

6.3 to prepare, in consultation with Member States and other relevant stakeholders, an operational framework, building on the work of the WHO Commission on Social Determinants of Health, and building on existing resources and tools and subsequent work, for the measurement, assessment and addressing, from a cross-sectorial perspective, of the social determinants of health, and health inequities, as well as

[1] Platforms and mechanisms or for gathering, harmonizing, analysing and disseminating data and information.

[2] And, where applicable, regional economic integration organizations.

their impact on health outcomes, and to submit it to the Seventy-sixth World Health Assembly in 2023, through the 152nd session of the Executive Board;
6.4 to provide Member States, upon their request, with technical knowledge, and support, including for capacity-building in the design and implementation of cross-sectorial strategies, policies and plans to address inequities in health and its social, economic and environmental determinants;
6.5 to foster and facilitate knowledge exchange among Member States and relevant stakeholders on best practices for intersectoral action on the social, economic and environmental determinants of health to achieve health equity and gender equality for all;
6.6 to continue to strengthen collaboration with other United Nations agencies and other multilateral organizations, civil society and the private sector to address, from a cross-sectorial perspective, as appropriate, the social determinants of health in support of the 2030 Agenda for Sustainable Development, including through universal health coverage and in the response to the COVID-19 pandemic and its recovery phase;
6.7 to work collaboratively with academic institutions and scientific researchers to generate and make available scientific evidence and best practices on cross-sectoral interventions addressing the social, economic and environmental determinants of health and their impact on health inequities and health outcomes, as well as on the well-being of the population;
6.8 to report on the implementation of this resolution to the Seventy-sixth World Health Assembly, through the 152nd Executive Board.

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

Resolution:	Social determinants of health
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:** 3.1.1. Countries enabled to address social determinants of health across the life course
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:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Two years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** Total cost: US$ 5.08 million (staff US$ 2.78 million, activities US$ 2.3 million).

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

US$ 2.47 million is planned for in the approved Programme budget 2020–2021 that is applicable to staff costs and activities for development of a global report on social determinants of health and related information gathering on best practices for addressing the social determinants of health, as well as for consolidating information on social determinants of health indicators.

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

Not applicable.

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

US$ 2.61 million.

Regions: to cover partial costs of staff at professional level with international expertise in social determinants of health, with knowledge of the respective region.

Headquarters: staff requirements at professional level to provide support to WHO's work on the social determinants of health, with a small component for general service staff capacity.

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

Not applicable.

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$ 2.47 million.

– Remaining financing gap in the current biennium:

Not applicable.

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

Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.16	0.13	0.13	0.13	0.12	0.14	0.56	1.37
	Activities	0.13	0.13	0.13	0.12	0.12	0.12	0.35	1.10
	Total	0.29	0.26	0.26	0.25	0.24	0.26	0.91	2.47
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.17	0.13	0.13	0.14	0.12	0.14	0.58	1.41
	Activities	0.12	0.13	0.12	0.13	0.13	0.12	0.45	1.20
	Total	0.29	0.26	0.25	0.27	0.25	0.26	1.03	2.61
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of CHILE said that the pandemic of coronavirus disease (COVID-19) had drawn attention to the importance of the social determinants of health in public health interventions at the global and national levels. Member States should implement multisectoral strategies and short- and long-term initiatives, and work with all stakeholders to promote resilience and preparedness in future health and social emergencies. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of CHINA expressed appreciation for the guidance and support provided to Member States in mitigating the impact of the COVID-19 pandemic on health equity, with particular regard to the exacerbating impacts of social determinants. Multisectoral efforts being required to address those impacts, her Government was implementing a health-in-all-policies approach. Similarly, a multisectoral response to COVID-19 would ensure that actions were coordinated, organized and accountable. WHO should continue to play a leading role in addressing the social determinants of health, strengthening global public health governance, increasing financial and technical support to developing countries, and promoting health equity.

The representative of AUSTRALIA said that the COVID-19 pandemic had emphasized the interdependency of strong economic, social and environmental systems, on the one hand, and the achievement of good health, on the other. She thanked WHO for its ongoing efforts to address the social determinants of health, in particular the provision of technical guidance and support to its regions, and looked forward to the publication of the global status report proposed in the draft resolution. Achieving health equity, within and between countries, required the inclusive engagement of all sectors of government and society. Furthermore, all global and national health responses to COVID-19 should include a focus on the social determinants of health. Finally, she noted the importance of collecting data on social determinants and on health inequalities, in the context of the COVID-19 pandemic and in general.

The representative of the REPUBLIC OF KOREA stressed the importance of recognizing the vulnerable population groups that faced worse outcomes in emergencies such as the COVID-19 pandemic. In order to prevent widening gaps in health outcomes, Member States should protect the right to rest when ill, expand access to testing and treatment, and continue providing services to socially vulnerable people. Multisectoral actions were being implemented in his country to mitigate the socioeconomic impact of COVID-19 response measures, with a particular focus on ensuring access to

testing and treatment for undocumented migrants, without fear of deportation or financial burden. He expressed the hope that Member States would be given the opportunity to share experiences and strategies related to addressing the social determinants of health.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Armenia, aligned themselves with her statement. Many measures implemented in response to COVID-19 had disproportionately affected the poorest population groups and those at highest risk, and had increased health inequities. The draft resolution, which built on the final report of the WHO Commission on Social Determinants of Health and the Rio Political Declaration on Social Determinants of Health, would be essential for attaining the "triple billion" goals set out in the Thirteenth General Programme of Work, 2019–2023 and the health-related Sustainable Development Goals; it would also provide a framework for monitoring progress. WHO should focus on significant determinants, such as age and gender; ascertaining which sectors should be engaged; and how the determinants could be best addressed. Member States and United Nations organizations should collaborate in order to ensure the effectiveness of multisectoral action at country level.

Speaking in her national capacity, she welcomed the Organization's support for intensified multisectoral action to address the social determinants of health, particularly in light of the impact of measures implemented to stem the spread of COVID-19. Health could not be considered in isolation; socioeconomic and environmental factors must also be taken into account, and multisectoral action was essential to improve health outcomes in the poorest and most vulnerable groups. Her Government had been implementing a health-in-all-policies approach since 2012, and therefore supported the integration of the social determinants of health into the 2030 Agenda for Sustainable Development.

The representative of the UNITED STATES OF AMERICA said that the COVID-19 pandemic had revealed the need to address social determinants of health and reduce health inequities. Health-care services must be accessible and resilient, particularly when planning for future health emergencies. He welcomed the work carried out by WHO at all levels to enable Member States to address inequalities and social and environmental determinants, including through the use of data to optimize resource allocation. Tackling the social determinants of health required a multisectoral approach, and he encouraged Member States to engage with a range of stakeholders, including the private sector, in that regard.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Member States should prioritize addressing the social determinants of health as the COVID-19 pandemic was exacerbating inequalities within and between countries. Her Region experienced frequent emergencies, and the response to those and the COVID-19 pandemic had been hindered by conflict and insecurity. The Commission on Social Determinants of Health for the Eastern Mediterranean Region would analyse health inequities in the Region, and its report would provide actionable recommendations enabling WHO, its Member States and other stakeholders to reduce those inequities through multisectoral interventions. Addressing the determinants of health required a whole-of-government approach. WHO should further strengthen its technical support to Member States, with particular regard to providing technical guidance and supporting collaborative action to improve health outcomes.

The representative of BANGLADESH said that a focus on the social determinants of health had to be integrated into global and national processes in order to improve health outcomes and the distribution of health gains. WHO should continue to play a critical role in eliminating disparity. Health vulnerabilities had become more acute during the COVID-19 pandemic as resources had been diverted to address income loss, among other interventions. WHO should work at the country level, through

public awareness campaigns, to overcome the belief that health was an absence of disease. It should strengthen advocacy on the social determinants of health and enhance the technical support it provided to Member States working to address health equity and monitor the impacts of social determinants of health. The impact of COVID-19 would hamper the achievement of the Thirteenth General Programme of Work, 2019–2023, in particular the target of one billion people enjoying better health and well-being. Multisectoral efforts were required to combat the disproportional impact of adverse social determinants on health.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the focus on gender as a key social determinant of health in the work of WHO at all levels and in the draft resolution, including the development of normative tools. Greater attention should be paid to healthy diets and nutrition, given their impact on health outcomes relating to COVID-19. Failure to address that aspect would also hinder preparedness and response in future pandemics. He requested more information regarding the impact of climate change on the health of populations and on national health systems. Many social determinants were linked to climate change and were having a growing impact on health and well-being, as could be seen from the millions of avoidable deaths from diarrhoeal and respiratory diseases. WHO should provide support to Member States seeking to develop national adaptation plans for their nationally determined contributions under the United Nations Framework Convention on Climate Change.

The representative of KENYA said that the COVID-19 pandemic had highlighted the importance of integrating the social determinants of health into national and global responses as a prerequisite for sustainable development. Health gains were unevenly distributed, a situation that the pandemic had exacerbated. WHO, the United Nations and other partners should support Member State efforts to mitigate the socioeconomic impact of the pandemic. He urged WHO, as recommended in the report, to strengthen its engagement with Member States and other sectors and stakeholders to address the social determinants of health. He expressed support for the draft resolution and requested that his Government be added to the list of sponsors. He also requested that more human and financial resources be allocated to efforts to achieve the goal of one billion people enjoying better health and well-being by 2023.

The representative of ARGENTINA, recalling her Government's commitment to achieving the goals set out in the Rio Political Declaration on Social Determinants of Health, said that the COVID-19 pandemic had revealed gaps in health systems and highlighted health inequalities within and between countries. She emphasized the importance of social determinants of health and health equity in developing resilience and emergency preparedness, and called on the international community to promote the discussion of social determinants of health at the global and regional levels, in order to combat the avoidable health inequities that still existed. International cooperation and solidarity were essential if the COVID-19 pandemic was to be overcome.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the COVID-19 pandemic had affected more than 40 million people in his Region, and its Member States were therefore prioritizing efforts to strengthen health systems by taking into account the more significant social determinants of health. Multiple sectors were working together to address the social determinants not governed by the health sector. He welcomed the donation from the World Bank Group to support the pandemic response in the Region, which would be used to promote economic recovery and further protect vulnerable populations. He also welcomed the draft resolution, which would support political engagement and capacity development of social entities and improve multidisciplinary and intersectoral approaches to addressing the social determinants of health. The Commission on the Social Determinants of Health should examine the distribution of resources to ensure that it was equitable, and WHO and its partners should collaborate to ensure effective progress towards improving health outcomes for all.

The representative of BOTSWANA welcomed efforts to integrate the social determinants of health into global and national health responses, including the COVID-19 response. It was well known that the least developed communities had greater exposure to disease as a result of poorer living conditions. Some measures to control COVID-19 had led to food and job insecurity and affected mental health. Addressing such determinants would require a whole-of-society approach, which his country had already taken. He thanked the Secretariat for supporting Member States' efforts to bring the health, financial and development sectors together to protect populations during the pandemic, inter alia by generating evidence and developing metrics and policy solutions to mitigate further widening of health inequalities.

The representative of ISRAEL said that, 10 years after the adoption of the Rio Political Declaration on Social Determinants of Health, the COVID-19 pandemic had demonstrated that social, environmental and economic determinants were still having an impact on health outcomes, particularly for women. A holistic and collaborative approach was required, beyond the health sector, to address those determinants. He expressed support for the creation of a global network of national experts that would meet regularly to share best practices and exchange knowledge. He asked the Secretariat to provide more information on the framework for implementing the "triple billion" goal of better health and well-being referred to in paragraph 16 of the report, and on the resources and tools to build capacity for data collection, analysis and reporting referred to in paragraph 24.

The representative of PERU[1] said that her Government had introduced the draft resolution because of the impact of social determinants on health and well-being and because increasing health inequalities within and between countries, particularly in the context of health emergencies, made it essential to strengthen health systems and promote a multidisciplinary and multisectoral approach. The draft resolution recognized the need to establish, strengthen and maintain monitoring systems for assessing health inequities, the linkages between social determinants of health and the impacts of national, regional and global policies, strategies and plans to achieve health equity. She thanked all Member States that had helped draft the resolution, which she hoped would be adopted.

The representative of THAILAND[1] welcomed the establishment of the Department of Social Determinants of Health and the planned increase in the number of staff working in urban health and the commercial determinants of health. In the context of the COVID-19 pandemic, Member States must develop resilient health systems that guaranteed equitable access to COVID-19 services alongside essential health services; promote a health-in-all-policies approach, including addressing the social determinants of health, in order to make progress towards health equity; and develop effective monitoring and evaluation systems in order to provide evidence to support robust interventions. She called on the Director-General to strengthen regional and global networks on social determinants of health and monitoring of health equity.

The representative of the PHILIPPINES[1] reaffirmed her Government's commitment to reducing health inequities through multisectoral actions to address the social determinants of health and welcomed WHO's support for the development of national workplans and measures to address equity and monitor impact. The COVID-19 pandemic had tested universal health coverage and exposed gaps in health systems, particularly affecting marginalized populations. Regional and global collaboration would be essential to ensure universal access to COVID-19 vaccines. Universal health coverage could only be achieved through strengthened primary health care, and her Government had adopted various strategies in that regard, including on the social determinants of health. Her Government would

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

participate actively in the development of the framework for implementation of WHO's work on the goal of better health and well-being.

The representative of BELGIUM[1] also welcomed the establishment of the Department of Social Determinants of Health, which demonstrated the importance of that area of work. A structural approach was required to address health inequities, which had been exacerbated by the COVID-19 pandemic. Any such approach must include the social determinants of health, particularly gender and access to digital technologies. He welcomed the WHO manifesto for a healthy recovery from COVID-19, which highlighted the links between human and environmental health and recognized the need for environmental actions to mitigate future pandemic threats. Additionally, a global move towards healthy and sustainable diets – the topic of the 2021 Food Systems Summit – would reverse environmental degradation, improve human health and reduce future pandemic risk. Multisectoral and multilateral cooperation was needed to achieve the 2030 Agenda for Sustainable Development, in particular the health-related goals.

The representative of NORWAY,[1] speaking also on behalf of Iceland, said that the COVID-19 pandemic had revealed the structural differences that led to health inequities. A political choice must be made to address the root causes of those differences and the negative health outcomes resulting from inequities. Governments also had to take note of the challenges posed by technological development, demographic changes, increased urbanization and climate-related risks. She urged WHO and Member States to step up efforts to address the social determinants of health and health equity through the WHO transformation agenda. The governments of Norway and Iceland wished to be added to the list of sponsors of the draft resolution.

The representative of NEW ZEALAND[1] said that addressing the social determinants of health was fundamental to ensuring health equity and boosting resilience to future health emergencies. Unequal health outcomes were avoidable, unfair and unjust. In New Zealand, the understanding of equity recognized that different population groups required different approaches and resources to achieve equitable health outcomes. Part of his Government's COVID-19 elimination strategy was to avoid additional health inequities, and that would remain a focus as the vaccination programme was rolled out. While tailored to country circumstances, any future global health emergency response should centre on equity. A multisectoral approach was required to address the social determinants of health, as many lay outside the health sector, and Member States must act to address those determinants and bolster global resilience against future pandemics.

The representative of JAPAN[1] said that WHO's work to address the social determinants of health and Member States' efforts to reduce social and health gaps at the national and global levels must be pursued, as the COVID-19 pandemic had revealed disparities in health outcomes. He welcomed the establishment of the Department of Social Determinants of Health and emphasized the importance of strengthening monitoring and evaluation of indicators to determine progress. WHO must continue to lead multisectoral coordination of long-term COVID-19 response activities. Additionally, addressing the social determinants of health would promote achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and enhance future health emergency responses. He highlighted the disruption in access to food caused by the COVID-19 pandemic and noted that social and health gaps relating to nutrition would be considered at the Tokyo Nutrition for Growth Summit 2021.

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

The representative of CANADA[1] agreed that a multisectoral approach to decision-making was necessary and that governments should work with other stakeholders to address living and working conditions in order to improve health outcomes and health equity, particularly given the impact of COVID-19 on health, society, the environment and the economy. Her Government would work with WHO and its Member States to implement the draft resolution, and attached great importance to the convening role of WHO in establishing a network to foster and facilitate knowledge-sharing on best practices on the determinants of health. Systemic racism and discrimination were important considerations in that regard, and WHO should consider how to address them in its future endeavours.

The representative of MEXICO[1] said that her Government had long been applying a multisectoral approach to addressing the determinants of health, with particular regard to indigenous, migrant, rural and poor communities, unemployed people and women. She welcomed the support of WHO and PAHO to design programmes, collect data, analyse factors that contributed to health inequalities, and develop recommendations and tools to improve health equity. Accurate and systemic information was needed to address inequities, and she therefore supported the establishment of the Department of Social Determinants of Health and urged the Regional Office for the Americas/PAHO to strengthen its own work in that area. It was essential to address the social determinants of health in the context of the COVID-19 pandemic, in order to ensure that response measures left no one behind. Furthermore, all aspects of COVID-19 response should be adequately resourced. Emergency preparedness and response plans should include a focus on the poorest populations and on mental health.

The representative of SWEDEN[1] said that the COVID-19 pandemic had heightened the need for long-term multisectoral work to address public health. Her Government's efforts to reduce health inequity and inequality incorporated appropriate national authorities and determined appropriate targets across four areas: follow-up of public health policy to identify needs for any additional knowledge or intervention; coordination of cross-sectoral public health policies and the relevant stakeholders at the national, regional and local levels and contribution to strategic dialogue at the global level; in-depth analysis of knowledge to ensure a detailed understanding of the areas that affected public health; and dissemination of knowledge. That approach could be shared with other Member States to support further work in the field of social determinants of health.

The representative of BRAZIL[1] said that universal health coverage, primary health care and the social determinants of health were intrinsically interlinked. Primary health care policy should include the promotion of health, diversity and community ownership, along with efforts to address health inequities, social exclusion, stigma and discrimination. A better understanding of local contexts would ensure that inequities could be addressed through intersectoral action. Water, sanitation and hygiene were major social determinants of health that his country was tackling through a number of multisectoral efforts.

The representative of PORTUGAL,[1] recognizing the impact of social determinants on health outcomes, urged all Member States to focus on addressing the root causes of the absence of health, in order to overcome health inequities. Progress could be accelerated by implementing whole-of-government and whole-of-society approaches, particularly in the context of the COVID-19 pandemic, which had further exacerbated health inequities, especially for the most vulnerable population groups. COVID-19 responses had been more successful in locations where there had been investment in health promotion and social development before the pandemic. His Government had committed to a health-in-

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

all-policies approach and was hosting the Social Summit in May 2021, which would seek commitments to reduce social gaps worldwide.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA[1] welcomed the inclusion of actions to address the social determinants of health in pandemic responses. She noted that progress had been made on understanding the impact of the social determinants of health, including climate change and air pollution. Efforts to expand universal access to comprehensive health care would be critical in overcoming the COVID-19 pandemic, and her Government was preparing to roll out a vaccination programme with the support of PAHO and its Revolving Fund. It also wished to remain a member of the COVID-19 Vaccine Global Access (COVAX) Facility. However, the coercive unilateral measures in force against her Government meant that the funds were not available to purchase vaccines, nor was the Government able to pay its assessed contributions and restore its voting rights at WHO. As a result of such action, public health gains had been affected, particularly as a result of the increased impact of the social determinants of health. Her Government had strengthened its links with PAHO, the United Nations and other international bodies in order to overcome the impact of those measures and provide ongoing care to its population. It wished to thank the Governments of China, Cuba, the Islamic Republic of Iran and the Russian Federation for their support. She called on the Executive Board to call for the cessation of the coercive unilateral measures against her Government, so that it would be better able to respond to the COVID-19 pandemic and achieve the Sustainable Development Goals.

The representative of SPAIN[1] said that the COVID-19 pandemic had highlighted the impact of social determinants on health and equity, created new inequalities and exacerbated existing ones. Efforts had to be pursued to eliminate poverty and exclusion, reallocate resources to ensure care, and protect socially vulnerable populations. Education was fundamental to health equity, and the education sector in her country was implementing measures to promote health and prevent COVID-19. Governments must work to address the systemic root causes of inequality.

The representative of ECUADOR[1] said that the impact of social determinants on the spread of communicable diseases and the prevalence of noncommunicable diseases had become more visible as a result of the COVID-19 pandemic. Environmental and social determinants were a global responsibility and called for a whole-of-society approach, including governments, in order to improve health outcomes. All stakeholders should work together to provide better education and improve working and health conditions, including mental health.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, expressed support for the WHO manifesto for a healthy recovery from COVID-19. The impact of the COVID-19 outbreak had been amplified by inequality and underinvestment in public health systems, and could have been mitigated by better pandemic preparedness. He called on Member States to scrutinize the public health repercussions of economic and social policies before adopting them, so as to ensure the development of a stronger, healthier and more resilient society.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the World Cancer Research Fund International, commended the development of tools and frameworks to support a multisectoral approach to health, as many of the determinants of health, including obesity, lay outside the health sector. She called on Member States to adopt systemic multisectoral approaches to the factors influencing obesity and related noncommunicable diseases, address the commercial determinants of health by implementing policies to improve food

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

environments, and strive for equity and include civil society in consultations when designing and implementing interventions.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, urged WHO to take a strong, collaborative approach to addressing the social determinants of health, involving all stakeholders, particularly at the community level. Primary health centres could form the basis for whole-of-society campaigns. With the support of WHO, local health system participants could catalyse action in their areas of activity. The COVID-19 pandemic had highlighted the role of community leaders in building trust in health systems, which was a key social determinant.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, emphasized the role that young people, in particular medical students, played in achieving health equity. Stakeholders should actively engage young people in policy drafting and support youth-led initiatives, and Member States should launch an intersectoral and intercultural dialogue to define neglected determinants of health in communities and work with relevant stakeholders to find ways to address them.

The representative of MÉDECINS DU MONDE, speaking at the invitation of the CHAIR, said that WHO should continue to work towards a rights-based approach to health, on the basis of instruments such as the Declaration of Alma-Ata on primary health care and WHO's Global Strategy for Health for All by the year 2000. Member States should promote a health-in-all-policies approach to address the determinants of health affecting their populations; apply a people-centred approach and establish inclusive and accessible dialogue mechanisms; ensure that the United Nations system was adequately funded and able to fulfil its oversight and monitoring role; and develop health policies for universal health coverage, including the entire range of sexual and reproductive health and rights.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE INCORPORATED, speaking at the invitation of the CHAIR, said that the holistic approach needed to address physical and mental health would require a realignment of resources. The COVID-19 pandemic was an opportunity to learn and to reaffirm a commitment to health. It was essential to develop standards of care, and her organization would support that work.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, said that chronic kidney disease was the highest risk comorbidity for severity of illness and death from COVID-19, and disproportionately affected the poor. It was a barometer for the social determinants of health, as it resulted from poor education and lack of access to clean water and adequate health care; it exacerbated poverty through the cost of care and loss of employment or interruption in education. He called on Member States and WHO to strengthen efforts to achieve the Sustainable Development Goals and prioritize the elimination of health inequities by removing barriers to health services and developing universal health-care policies.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that, given the significance of alcohol as a determinant of health, Member States should adopt a whole-of-government approach that incorporated alcohol policy into all relevant policy sectors; leverage the SAFER initiative to promote healthier, more inclusive environments and norms for all; and address the commercial determinants of health by further regulating the alcohol industry. Such actions would promote achievement of the Sustainable Development Goals.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that an effective multisectoral approach to social determinants of health must ensure

universal access to basic public services; Member States should commit adequate funding in that regard, in line with the Declaration of Alma-Ata. While the pandemic was a challenge, it was also an opportunity to build back better through people-centred economic and social development.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, welcomed the reference to "upstream" causes of health inequity and encouraged the inclusion of determinants such as systemic racism, casteism and patriarchy when developing policy. Solidarity should be considered a social determinant, and national policies should take that into account. She commended the Director-General for establishing the Council on the Economics of Health for All, and said that its mandate must encompass investment in public health. Funds should also be invested in mitigating the effects of climate change and understanding the impact of the commercial determinants of health.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, expressed support for the draft resolution, as social determinants had an impact on all stages of the cancer control continuum. Indicators should be developed to measure the impact of social inequalities on noncommunicable diseases and to monitor the coverage, availability and quality of policies and interventions; she encouraged Member States to work with WHO and civil society to that end. Alongside the pandemic response, Member States should continue to promote equitable access to vaccination, screening, diagnosis, treatment and palliative care services. Those actions required a whole-of-government approach, and Member States should share lessons learned and best practices.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, commended priority actions to address the social determinants of health, particularly in the context of the current and future pandemics and other health emergencies. She welcomed the Secretariat's collaboration with public health, scientific and civil society organizations, in particular through the Department of Social Determinants of Health. Her organization would continue to collaborate with WHO and its Member States in that regard.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN agreed that health for all could not be achieved without addressing the social determinants of health. The Member States of his Region were committed to health for all, which would facilitate attainment of the Thirteenth General Programme of Work, 2019–2023. The Commission on Social Determinants of Health for the Eastern Mediterranean Region comprised international and regional experts and had been established to develop indicators and collate data relating to social determinants of health. It would issue guidelines for achieving health equity through multisectoral collaboration. The COVID-19 pandemic had demonstrated the importance of political support for universal health coverage and of coherent, coordinated and whole-of-government interventions.

The DEPUTY DIRECTOR-GENERAL said that addressing the social determinants of health was a key part of the Organization's transformation agenda, contributing to attaining the goal of one billion more people enjoying better health and well-being. That had been the reason for establishing the Department of Social Determinants of Health. Addressing the social, commercial, economic and environmental determinants of health would improve health outcomes and reduce social and health inequities, which had been exacerbated by the COVID-19 pandemic. Whole-of-government and whole-of-society approaches were needed to address the determinants of health, and the draft resolution would guide the Secretariat's steps in that direction. Evidence relating to the social determinants of health had already been compiled at all levels of the Organization; it was time now for intersectoral action, backed by strong political commitment. The Secretariat would take into account Member States' requests and redouble its efforts to deliver on its commitments.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that the framework for implementing the target of one billion more people enjoying better health and well-being would enable the Secretariat to work with Member States to address social determinants of health. A strategic technical advisory group on health promotion, well-being and social determinants of health was to be established, and experts recruited to serve in it. The social determinants of health could only be addressed through a multisectoral approach based on human rights and health equity, and including data management and monitoring. The Secretariat would continue to produce guidance and tools to address those determinants.

The DIRECTOR-GENERAL said that addressing social determinants of health and health equity was a priority for WHO, and support for Member States would be strengthened. Moreover, World Health Day 2021 was to be dedicated to health equity. He reiterated the Secretariat's intention to establish a global network of national experts on social determinants of health and, pursuant to the draft resolution, to publish a global report on the subject. The draft resolution would provide strategic direction for the future work of the Secretariat. He emphasized the importance of health and well-being under the transformation agenda, and said that addressing the root causes and risk factors leading to ill health would lead to better prevention of illness and health emergencies.

The Board noted the report and adopted the draft resolution.[1]

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

2. GOVERNANCE MATTERS: Item 19 of the agenda

Global strategies and plans of action that are scheduled to expire within one year: Item 19.3 of the agenda

- **WHO global disability action plan 2014–2021: better health for all people with disability** (document EB148/36)

- **The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021** (document EB148/37)

The CHAIR drew attention to the draft resolution on the highest attainable standards of health for persons with disabilities proposed by Argentina, Australia, Botswana, Brazil, Canada, Chile, Costa Rica, Ecuador, Iceland, Israel, Mexico, Norway, Peru, the United Kingdom of Great Britain and Northern Ireland, Uruguay and the Member States of the European Union, which read:

> The Executive Board,
>
> Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability,[2]

[1] Resolution EB148.R2.

[2] Document EB148/36.

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

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability;

(PP2) Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

(PP3) Recalling also the *World report on disability* (2011) and the WHO global disability action plan 2014–2021,[1] which is based on that report's recommendations;

(PP4) Further recalling the United Nations Convention on the Rights of Persons with Disabilities,[2] which refers to persons with disabilities as including those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, and under which 182 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability;

(PP5) Recognizing that disability is an evolving concept and that it results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others;

(PP6) Recalling the 2030 Agenda for Sustainable Development and its aim of "leaving no one behind", and the United Nations flagship *Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities* (2018),[3] presenting an overview of the status of accessibility for persons with disability, and the persistent gaps in this regard, and identified best practices and recommended action in accessibility for the effective implementation of the Convention of the Right of Persons with Disabilities and the disability-inclusive achievement of the Sustainable Development Goals;

(PP7) Recalling the endorsement of the International Classification of Functioning Disability and Health[4] in 2001;

(PP8) Welcoming progress towards mainstreaming disability, including the rights of persons with disabilities in the work of the United Nations, and noting with appreciation the launch of the United Nations Disability Inclusion Strategy, which provides the foundation for sustainable and transformative progress on disability inclusion through the work of the United Nations;

(PP9) Recognizing that persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming

[1] WHO global disability action plan 2014-2021. Geneva: World Health Organization; 2015 (available at: https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021, accessed 17 January 2021).

[2] Convention on the Rights of Persons with Disabilities, 24 January 2007. United Nations General Assembly resolution 61/106 (2007).

[3] Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities. New York: United Nations; 2018 (available at https:// https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf, accessed 17 January 2021).

[4] International classification of functioning, disability and health. Geneva: World Health Organization; 2001 (https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf, accessed 17 January 2021).

the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

(PP10) Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision-making processes;

(PP11) Noting that globally one in seven persons experience some form of disability and that this number continues to increase owing to many underlying factors such as population ageing and the rise in the prevalence of chronic health conditions;[1]

(PP12) Noting also the persisting attitudinal, institutional and environmental barriers including discriminatory attitudes towards disability and inaccessible communities;

(PP13) Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization , as well as lack of reliable and comparable data;

(PP14) Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

(PP15) Recognizing that persons with disabilities are often disproportionately affected in situations of risk, including situations of armed conflict, complex humanitarian emergencies and the occurrence of natural disasters and in their aftermath, and that they may require specific protection and safety measures, recognizing also the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian assistance, and recognizing the need for psychosocial support to withstand the effects of conflict and natural disasters;

(PP16) Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regards to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

(PP17) Noting the urgent need to increase the availability of disaggregated data by disability in the health sector, and other sectors using internationally comparable high quality disability data collection methods, in order to inform evidence-based health policies and programmes that are disability inclusive and meet the needs of persons with disabilities;

(PP18) Noting further that persons with disabilities are an underrepresented group in health research, and that this in turn limits the application of research findings for their benefit;

[1] World Health Organization and The World Bank. World report on disability. Geneva: World Health Organization; 2011 (available at: https://www.who.int/publications/i/item/world-report-on-disability, accessed 17 January 2021).

(PP19) Noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

(PP20) Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

(PP21) Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

(PP22) Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions, are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be effective means to enhance accessibility;

(PP23) Underscoring that the health needs of persons with disabilities need to be met across the life course, through comprehensive preventive, promotive, curative, rehabilitative services and palliative care and including psychosocial support;

(PP24) Reaffirming that health services should be provided to persons with disabilities on the basis of free and informed consent, and emphasizing that the necessary information to exercise such consent must be transmitted in a reasonable, accessible and understandable manner, to the extent possible,

(OP1) URGES Member States:[1]

(OP1.1) to incorporate a disability- and gender-sensitive and inclusive approach, including by closely consulting with, and actively involving persons with disabilities and their representative organizations, in decision making and designing programmes in order that they receive: effective health services as part of universal health coverage; equal protection during complex humanitarian emergencies, and the occurrence of natural disasters and in their aftermath; and equal access to cross-sectoral public health interventions, such as provision of safe water, sanitation and hygiene services, to achieve the highest attainable standard of health;

(OP1.2) to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services, as well as health-related information, skills and goods, including by making health facilities accessible, by training relevant professionals on the human rights, dignity, autonomy and needs of persons with disabilities, by making information available in accessible formats, and by providing appropriate measures for the exercise of legal capacity in health-related issues;

(OP1.3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage and to ensure their sustainability;

(OP1.4) to collect health-related data, disaggregated by disability, age and sex, education level and household income to inform relevant policies and programmes;

(OP1.5) without discrimination on the basis of disability, to provide health services and care of the same quality to persons with disabilities as to others, including on the

[1] And, where appropriate, regional economic integration organizations.

basis of free and informed consent, respecting the human rights, dignity, autonomy, legal capacity and needs of persons with disabilities, including through training and the promulgation of ethical standards for public and private health care;

(OP1.6) to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at-risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

(OP2) INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia, and, in particular, organizations of persons with disabilities:

(OP2.1) to collaborate with Member States in respecting, protecting and fulfilling the right to the enjoyment of the highest attainable standard of health of persons with disabilities;

(OP2.2) to forge partnerships and alliances that mobilize and share knowledge and best practices on disability inclusion;

(OP2.3) to amplify the voices of persons with disabilities and their representative organizations, and raise awareness of the rights, capabilities and contributions of persons with disabilities;

(OP2.4) to include persons with disabilities in health research so that they benefit from its outcomes and products;

(OP3) REQUESTS the Director-General:

(OP3.1) to develop, in close consultation with Member States[1] and relevant international organizations and other stakeholders, by the end of 2022, a global report on the highest attainable standard of health for persons with disabilities, to be presented for the consideration of the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and well-being, that is based on the best available evidence, and that includes actionable recommendations, as well as to update the WHO estimates of the global disability prevalence presented in the *World report on disability* (2011);

(OP3.2) to fully implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations, including the right of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations, including in emergency preparedness and response plans and in building and reconstruction planning, and transmit to the Executive Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy;

(OP3.3) to support the creation of a global research agenda that aligns with universal health coverage, health emergencies and health and well-being, including health systems and policy research, and to explore possible ways to track progress on disability inclusion in the health sector towards 2030;

[1] And, where appropriate, regional economic integration organizations.

(OP3.4) to provide Member States with the technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach in accessing quality health services; protection during health emergencies; and access to cross-sectoral public health interventions, to enable persons with disabilities to enjoy the highest attainable standard of health, including with regards to the support they may require in exercising their legal capacity in health-related issues, as well as to support countries in collecting, processing, analysing and disseminating data on disability, including disaggregating data by disability, sex and age, and other characteristics relevant in national contexts, in collaboration with relevant stakeholders, and developed in close consultation with persons with disabilities and their representative organizations.

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

Resolution:	The highest attainable standard of health for persons with disabilities
A.	**Link to the approved Programme budget 2020–2021**
1.	**Output(s) in the approved Programme budget 2020–2021 to which this draft resolution would contribute if adopted:** 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course 1.3.4. Research and development agenda defined and research coordinated in line with public health priorities 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities 3.1.2. Countries enabled to address environmental determinants of health, including climate change 4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts 4.2.6. "Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored
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:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Five years.
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total resource requirements to implement the resolution, in US$ millions:** US$ 15 million over five years.

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

US$ 2 million.

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

Zero.

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

US$ 5 million.

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

Biennium 2024–2025: US$ 8 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$ 1 million.

– Remaining financing gap in the current biennium:

US$ 1 million.

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

On course to raise US$ 0.5 million in the current biennium and there are ongoing efforts to raise an additional US$ 0.5 million.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	–	–	–	–	–	–	1.6	1.6
	Activities	–	–	–	–	–	–	0.4	0.4
	Total	–	–	–	–	–	–	2.0	2.0
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.2	0.2	0.4	0.2	0.3	0.4	0.8	2.5
	Activities	0.3	0.3	0.3	0.3	0.3	0.3	0.7	2.5
	Total	0.5	0.5	0.7	0.5	0.6	0.7	1.5	5.0
Future bienniums resources to be planned	Staff	0.6	0.2	0.4	0.2	0.4	0.6	0.8	3.2
	Activities	0.9	0.3	0.6	0.3	0.6	0.9	1.2	4.8
	Total	1.5	0.5	1.0	0.5	1.0	1.5	2.0	8.0

He also drew attention to the draft decision on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections proposed by Australia, Botswana, Ghana, Kenya, Mozambique, Namibia and the United States of America, which read:

> The Executive Board, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021,[1] decided to recommend to the Seventy-fourth World Health Assembly the adoption of the following decision:
>
> (PP1) The Seventy-fourth World Health Assembly, having considered the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, decided:
>
> OP1. to confirm the objective of the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections to contribute to the achievement of Sustainable Development Goal target 3.3 (By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases) and other communicable disease-related goals and targets;
>
> OP2. to request the Director-General, building on the work already under way, to undertake a broad consultative process to develop global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2022–2030, as appropriate, in full consultation with Member States,[2] taking into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and taking into account the views of all relevant stakeholders, ensuring that the health sector strategies remain based on qualitative and quantitative scientific evidence for the achievement of commitments for HIV, viral hepatitis and sexually transmitted infections, including Sustainable Development Goal target 3.3 and other related goals and targets, for consideration by the Seventy-fifth World Health Assembly in 2022, through the Executive Board at its 150th session.

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

Decision:	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
A. Link to the approved Programme budget 2020–2021	
1. Output(s) in the approved Programme budget 2020–2021 to which this draft decision would contribute if adopted:	1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course 1.3.2. Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems

[1] Document EB148/37.

[2] And, where applicable, regional economic integration organizations.

2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2020–2021:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2020–2021 that cannot be covered by the approved Programme budget 2020–2021:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** 18 months.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total resource requirements to implement the decision, in US$ millions:** US$ 1.13 million.
2.a.	**Estimated resource requirements already planned for in the approved Programme budget 2020–2021, in US$ millions:** US$ 0.77 million.
2.b.	**Estimated resource requirements in addition to those already planned for in the approved Programme budget 2020–2021, in US$ millions:** Not applicable.
3.	**Estimated resource requirements to be considered for the proposed programme budget for 2022–2023, in US$ millions:** US$ 0.36 million.
4.	**Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of available resources to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 0.59 million. **– Remaining financing gap in the current biennium:** US$ 0.18 million. **– Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:** Not applicable.

Table. Breakdown of estimated resource requirements (in US$ millions)

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2020–2021 resources already planned	Staff	0.05	0.05	0.03	0.04	0.04	0.04	0.20	0.45
	Activities	0.02	0.02	0.02	0.02	0.02	0.02	0.20	0.32
	Total	0.07	0.07	0.05	0.06	0.06	0.06	0.40	0.77
2020–2021 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2022–2023 resources to be planned	Staff	0.02	0.02	0.01	0.02	0.01	0.02	0.10	0.20
	Activities	0.01	0.01	0.01	0.01	0.01	0.01	0.10	0.16
	Total	0.03	0.03	0.02	0.03	0.02	0.03	0.20	0.36
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of ISRAEL, speaking on behalf of Argentina, Australia, Botswana, Brazil, Canada, Chile, Costa Rica, Ecuador, the European Union and its Member States, Iceland, Israel, Mexico, New Zealand, Norway, Panama, Peru, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uruguay, said that persons with disabilities should be meaningfully involved in decision-making processes as a key element of inclusion. The draft resolution, the first on the highest attainable standard of health for persons with disabilities since the adoption of the United Nations Convention on the Rights of Persons with Disabilities, had therefore been prepared in consultation with persons with disabilities and their representative organizations. It called on WHO inter alia to produce a global report on the subject in consultation with Member States and representative organizations of persons with disabilities; fully implement the United Nations Disability Inclusion Strategy and provide the Board with annual reports on implementation; and support the creation of a global research agenda on persons with disabilities. WHO should develop relations with representative organizations of persons with disabilities to ensure that their perspectives and needs were taken into account in policy and programme development at all levels of the Organization. That was of particular importance in the context of COVID-19 recovery and ensuring the access of persons with disabilities to COVID-19 vaccines and treatment.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that approximately 15% of the global population were persons with disabilities, many of whom had encountered barriers to access to health services. Recalling the three objectives of the WHO global disability action plan 2014–2021: better health for all people with disability, he emphasized the need to include persons with disabilities in all processes that related to them.

Turning to the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021, he said that, despite progress, many people who tested positive for those diseases did not have access to support services. That state of affairs had been particularly visible in parts of his Region in the context of the COVID-19 pandemic. Those strategies should be a global priority, as the consequences of HIV and sexually transmitted infections could affect sexual and reproductive health across the Region. In order to meet the strategies' targets, Member States should focus on the five common strategic directions of data-gathering, high-impact interventions, equity, sustainable financing and innovation.

The representative of CHINA thanked WHO for the support it had provided for her Government's efforts to address the needs of people living with HIV/AIDS during the COVID-19 pandemic, to

continue to reduce transmission of HIV/AIDS and to vaccinate neonates against hepatitis B, in order to achieve the targets set in the Western Pacific Region. The updated global health sector strategies should promote the global enhancement of prevention and control of HIV/AIDS, viral hepatitis and sexually transmitted infections, and should continue to be based on universal health coverage, strengthen solidarity and collaboration and establish pragmatic strategic objectives.

The representative of AUSTRIA said that the draft resolution would help Member States to improve access to health services for persons with disabilities and promote implementation of the United Nations Convention on the Rights of Persons with Disabilities. Persons with disabilities should have equitable access to health care, including rehabilitation, assistive technologies and information, particularly in the context of the COVID-19-pandemic. She thanked the Secretariat for publishing the Infection prevention and control guidance for long-term care facilities in the context of COVID-19. She welcomed the participation of people with disabilities and their representative organizations and the improved collection of disability-related data at the international and national levels.

The representative of FINLAND, speaking on behalf of the Nordic and Baltic countries Denmark, Finland, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden, said that the COVID-19 pandemic had highlighted the need for Member States to fulfil their obligations under the United Nations Convention on the Rights of Persons with Disabilities, achieve the 2030 Agenda for Sustainable Development and implement the United Nations Disability Inclusion Strategy. Persons with disabilities, as a marginalized minority group, were at particular risk from the pandemic, and Member States must take steps to ensure their protection and safety and take into account their diverse needs and vulnerabilities. Access to public health information and essential health services, especially sexual and reproductive health services, was crucial, during and after the pandemic. Persons with disabilities and their representative organizations should be included in efforts to eliminate social and economic barriers to, and gaps in, health-care services.

The representative of ARGENTINA, observing that the COVID-19 pandemic had exacerbated the plight of persons with disabilities, in whom it was likely to cause more severe infections and who lacked access to information and protective measures, said that the draft resolution would promote continued implementation of the WHO global disability action plan, in particular the need to take into account the particular requirements of persons with disabilities during the post-pandemic recovery. It contained key elements that contributed to the well-being of persons with disabilities, including the elimination of attitudinal and environmental barriers to services, eradication of violence against persons with disabilities, and protection of their sexual and reproductive health.

The representative of the REPUBLIC OF KOREA said that the COVID-19 pandemic had highlighted the fact that persons with disabilities still did not have equitable access to health care, and health protection and promotion. Member States should develop a response protocol for those who provided care for persons with disabilities and plans for infectious disease prevention and management that could be tailored to particular needs. His Government would continue to support WHO efforts to promote disability inclusion in the health sector.

He noted global progress on HIV, viral hepatitis and sexually transmitted infections as a result of the policy and treatment guidelines issued by WHO and outlined some of the interventions developed by his Government to reduce transmission of HIV, syphilis and hepatitis.

The representative of the RUSSIAN FEDERATION said that the common principles and structure of the global health sector strategies facilitated the multisectoral coordination of medical and social services on the basis of universal health coverage and primary health care programmes. She outlined national strategies on HIV, which were aligned with the multisectoral UNAIDS 2016–2021 Strategy. The strategies, and the corresponding role of WHO to protect the right to health of persons

living with HIV, should be included on the agenda of the United Nations General Assembly 2021 high-level meeting on HIV and AIDS and covered by subsequent United Nations resolutions. She noted that some targets set out in the strategies would not be achieved as a result of the COVID-19 pandemic, and emphasized the importance of ensuring continued access to medical and social assistance. She expressed support for the draft decision, which was the outcome of evidence-based consultations with Member States and other interested parties and would facilitate attainment of target 3.3 of the Sustainable Development Goals, and therefore requested that her Government be added to the list of sponsors.

She expressed support for the draft resolution on the highest attainable standard of health for persons with disabilities, but requested that the term "gender-responsive" in the fourteenth preambular paragraph be replaced with "gender-sensitive", which had previously been mutually agreed.

The representative of AUSTRALIA, referring to the importance of promoting disability inclusion in the health sector, including access to disability-inclusive health services, information and education across lifetimes, encouraged the Secretariat to continue to work towards fulfilling the objectives of the WHO global disability action plan. She commended the efforts of the Regional Office for the Western Pacific to strengthen health and rehabilitation systems, and thus to enhance the quality of life of persons with disabilities in the Region.

It was important to continue to work towards achievement of the 2030 goal to end HIV, viral hepatitis and sexually transmitted infections as public health threats; doing so would require the ongoing support of WHO. Progress towards the 2020 targets had been undermined by the impact of COVID-19 on health systems. She supported the development of strategies for 2022–2030 that were evidence-based and reflected the particular challenges relating to pandemic preparedness and response. The global health sector strategy on HIV should be closely aligned with the global AIDS strategy 2021–2026 currently being developed, and its targets for 2025.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that disability inclusion was key to leaving no one behind and welcomed WHO's vision to ensure persons with disabilities had access to health care. He encouraged WHO to develop plans to implement the United Nations Disability Inclusion Strategy across all of its work, particularly in the context of humanitarian activities. He asked the Secretariat to provide detailed information on progress made towards the targets set out in the WHO global disability action plan, with particular regard to country-level support, the implementation of national legislation, and the participation of persons with disabilities and their representative organizations in policy-making. The draft resolution was particularly important in the context of the COVID-19 pandemic, especially in terms of the commitment to identify barriers that prevented persons with disabilities from accessing health care services and to develop a new global report on disability. Such a report would bolster efforts to ensure that the most excluded and marginalized groups, including persons with disabilities, had access to COVID-19 vaccines and treatments.

The representative of GERMANY welcomed the holistic approach to inclusive health care and the integration of social aspects affecting the health of persons with disabilities into national health systems.

Turning to the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, he said that the updated strategies should be ambitious, innovative and evidence-based. They should address structural barriers that inhibited the implementation of proven interventions, and be rights-based, aim for gender equality and leave no one behind. They should be better integrated into health systems, especially at the community level, and promote efforts to strengthen surveillance and monitoring, with particular regard to HIV drug resistance. The three strategies should be linked, to create synergies and share resources. He stressed the importance of the proposed development process set out in paragraph 21 of document EB148/37, which must be inclusive, participatory and aligned with relevant processes under way in other organizations.

The representative of BANGLADESH said that the WHO global disability action plan had led to significant progress towards better health for persons with disabilities, a population group that was often vulnerable and neglected in the wake of health emergencies. She welcomed the United Nations Partnership on the Rights of Persons with Disabilities, which promoted COVID-19 response and recovery activities that supported disability inclusivity. Her Government recognized the importance of data collection to identify the needs of persons with disabilities and was improving their access to general health services as part of efforts to achieve universal health coverage. As the current WHO global disability action plan would end in 2021, she proposed developing an action plan for the period 2021–2030 on rehabilitation and assistive technology for persons with disabilities. WHO should continue to promote disability inclusion in the health sector by implementing the United Nations Disability Inclusion Strategy; work with partners to improve access to assistive products; and help Member States develop national policies to guarantee that access and to train service providers. Universal health coverage policies should address the needs of persons with disabilities, such as rehabilitation and palliative care.

The representative of SUDAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, emphasized the commitment of many Member States in the Region to the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections. While some progress had been made, the COVID-19 pandemic had revealed weaknesses in the service delivery models for interventions in those areas, particularly in terms of the centralization of treatment, the absence of civil society and the failure to make those concerns part of primary health care. The focus at the global level should be on countries with a high disease burden, and the Secretariat should therefore ensure that future strategies included additional interventions tailored to regional contexts, especially for high-risk groups such as migrants, refugees and people living in need in emergency situations.

The representative of BOTSWANA said that he was looking forward to receiving the next progress update on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections at the Seventy-fourth World Health Assembly. He outlined interventions carried out in his country, and welcomed the recommendations published in 2020 on the prevention of mother-to-child transmission of hepatitis B and the Regional framework for the triple elimination of mother-to-child transmission of HIV, hepatitis B and syphilis in Asia and the Pacific, 2018–2030, which would further guide that work. His Government would continue to collaborate with key stakeholders to strengthen surveillance, monitoring and evaluation, and research systems, and develop a multisectoral plan for the elimination of hepatitis B and C. Global health sector strategies should be updated in consultation with Member States and take into consideration the relevant strategies of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The representative of COLOMBIA said that domestic legislation and policies ensured that persons with disabilities were able to fully exercise their rights and freedoms and that any institutional response met their needs. However, the targets of the WHO global disability action plan had yet to be met in full, and the COVID-19 pandemic had revealed the need to adapt health-related action plans, with particular regard to the integrated health care of vulnerable populations.

She expressed support for the draft decision on the global health sector strategies and welcomed efforts to link programmes related to HIV, viral hepatitis and sexually transmitted infections to those on sexual and reproductive health. However, such initiatives should be expanded to include, inter alia, adolescent pregnancy, cultural practices such as early unions, and gender-based violence. Her Government was committed to ending the AIDS epidemic and was developing community diagnosis tools and localized treatment interventions to that end. Global and regional strategies must be strengthened in response to heavier migration flows and should include pilot projects to determine the feasibility of using pre-exposure prophylaxis and self-test kits for HIV. She welcomed the proposal to develop global health sector strategies for the period 2022–2030 and to review the elimination targets,

in order to determine which, if any, could be met by 2025. Those strategies should be accompanied by a results-based evaluation process to prioritize the implementation of interventions.

The representative of INDONESIA welcomed WHO's assistance in ensuring disability inclusion during the COVID-19 response. She highlighted national efforts in that regard, which were in line with the WHO global disability action plan.

She outlined the measures taken by her Government to implement the global health sector strategies and achieve the related Sustainable Development Goal targets. She encouraged WHO to engage with Member States to ensure the quality of programmes for the prevention and control of HIV, hepatitis and sexually transmitted infections, but observed that the COVID-19 pandemic had spotlighted the barriers that still existed preventing an inclusive response to health emergencies. She requested that her Government be added to the list of sponsors of the draft decision.

The representative of KENYA said that her Government had made significant progress in the development of policies and strategic programmes that directly supported persons with disabilities. She supported the draft resolution and requested that her Government be added to the list of sponsors. The COVID-19 pandemic affected persons with disabilities disproportionately, and she therefore urged WHO to work with Member States to generate and share relevant disaggregated data, to ensure that persons with disabilities were not being discriminated against or put at additional risk.

Regarding the global health sector strategies, she noted that, despite considerable progress, some critical interim targets for 2020 had not been met. She therefore welcomed the proposal to update the strategies, and echoed the priorities that had been identified by the African members of the Strategic and Technical Advisory Committee on HIV and Viral Hepatitis, namely HIV prevention; testing and treatment of viral hepatitis; integrating sexually transmitted infections into sexual and reproductive health programmes; and building capacity to develop strategies to combat such infections. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA said that WHO must continue to strive for the highest attainable standard of health for persons with disabilities and remove barriers to their access to health services and information, with particular regard to sexual and reproductive health. Her Government's policy at the national and global levels was to support women's and girls' sexual and reproductive health and reproductive rights. Its health and development assistance tools were critical for supporting women's health, access to contraceptives and gender-based violence prevention and response programmes, and for working with global partners to confront serious health challenges, such as maternal mortality, HIV/AIDS, tuberculosis and malaria. The Government was opposed to restrictions on such assistance that curtailed the ability to achieve those goals, firmly supported long-standing consensus language and definitions on sexual and reproductive health, reproductive rights and comprehensive sexual education, and looked forward to working with WHO and partner countries to support those critical interventions. She therefore requested that her Government be added to the list of sponsors of the draft resolution.

She welcomed the reference to aligning the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections with the strategies of UNAIDS and the Global Fund. For the first time, HIV epidemic control was within reach, but work remained to be done to understand who had been left behind and how to reach them. Despite progress in treatment coverage for hepatitis B and C, strengthened collaboration would be needed to increase the availability of low-cost antiviral treatments. Noting successes towards the global elimination of congenital syphilis, she encouraged WHO to continue its efforts to eliminate mother-to-child transmission of HIV and syphilis.

The representative of GABON said that, the COVID-19 pandemic having affected efforts to attain the Sustainable Development Goals on combating disease and to meet the 2020 targets established in the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, new

strategies were required and national health systems should be aligned with them. His Government supported the draft decision on the global health sector strategies and the priorities identified by the African members of the Strategic and Technical Advisory Committee on HIV and Viral Hepatitis, in particular, the mobilization and efficient use of resources for the prevention of HIV, the administration of hepatitis B vaccines at birth and the expansion of screening for and treatment of viral hepatitis.

The representative of BRAZIL[1] said that her Government had implemented a multisectoral contingency plan to reduce the burden of the COVID-19 crisis on persons with disabilities or rare diseases. While her Government was a sponsor of the draft resolution, having been actively involved in its development, it considered that the language it contained on sexual and reproductive health and rights should not be interpreted as promoting or supporting abortion as a method of family planning. Her Government remained committed to the promotion of the health and rights of persons with disabilities, as part of its comprehensive promotion of human rights.

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

The meeting rose at 17:05.

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