

**PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING**

**WHO headquarters, Geneva  
Thursday, 21 January 2021, scheduled at 10:00**

**Chair: Dr H. VARDHAN (India)  
later: Mr B. KÜMMEL (Germany)  
later: Dr H. VARDHAN (India)**

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## SEVENTH MEETING

Thursday, 21 January 2021, at 10:10

**Chair:** Dr H. VARDHAN (India)

**later:** Mr B. KÜMMEL (Germany)

**later:** Dr H. VARDHAN (India)

### 1. REVERSAL OF WITHDRAWAL OF THE UNITED STATES OF AMERICA FROM THE WORLD HEALTH ORGANIZATION

The CHAIR invited the representative of the United States of America to make a statement.

The representative of the UNITED STATES OF AMERICA praised the scientists, public health officials, frontline health-care workers and community health workers who had worked over the preceding year to fight coronavirus disease (COVID-19), developing medical countermeasures, adapting policy responses, and treating the millions of people affected. Precisely one year before, the first case of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) had been confirmed in the United States of America; to date, infections had surpassed 90 million cases worldwide, a devastating number that continued to grow. WHO's role in leading the global public health response to the pandemic was appreciated. The Organization had rallied the scientific and research and development communities to accelerate vaccines, therapies and diagnostics; had conducted press briefings to track global developments; had provided health-care workers with vital supplies, from laboratory reagents to protective equipment; and had worked tirelessly with nations in their fight against COVID-19.

In that context, he announced that the United States would remain a Member State of WHO; letters to that effect had been transmitted to the Secretary-General of the United Nations and to the Director-General of WHO. In addition, his Government would cease the drawdown of staff seconded to WHO and its personnel would resume regular engagement with WHO, both directly and through WHO collaborating centres. His Government also intended to fulfil its financial obligations to WHO, seeing technical collaboration at all levels as a fundamental part of its deeply valued relationship with the Organization. It would work constructively with partners to strengthen and reform WHO, to help lead the collective effort to bolster the international COVID-19 response and address its secondary impacts on people, communities and health systems around the world. Furthermore, it intended to be fully engaged in advancing global health and supporting global health security. It intended to join the COVID-19 Vaccine Global Access (COVAX) Facility and support the Access to COVID-19 Tools (ACT) Accelerator.

He said that his Government would work with WHO and Member States to counter the erosion of major gains in global health achieved through decades of research, collaboration and investments in health and health security, including in HIV/AIDS, food security, malaria and epidemic preparedness. It would be his Government's policy to support women's and girls' sexual and reproductive health and reproductive rights in the United States and globally, including by revoking the Mexico City Policy.

Responding to COVID-19, rebuilding global health and advancing health security around the world would not be easy. In that regard, his Government was committed to transparency concerning the events of the early days of the pandemic. It was imperative to learn and build upon important lessons about how future pandemic events could be averted. The international investigation should be robust and clear, and his Government looked forward to evaluating its results. It would also work with WHO and partners to improve mechanisms across the United Nations system for responding to health emergencies, and to strengthen the International Health Regulations (2005); commit to building global

health security capacity, expanding pandemic preparedness, and supporting efforts to bolster health systems worldwide and to advance the Sustainable Development Goals; and work with partners to develop new international financing mechanisms for health security. In addition, it would seek an improved, shared system for early warning and rapid response to emerging biological threats; support scientifically robust and ethically sound collaborative research, and the rapid sharing of research results, pathogen samples and data; seek to strengthen pandemic supply chain networks; and work with partners around the world to build a system that enabled better pandemic preparedness. Given the effort that would be required by all to achieve those goals, the United States Government stood ready to work with others in partnership and solidarity.

The DIRECTOR-GENERAL thanked the representative of the United States of America for his personal support for, and participation in, WHO activities since the start of the pandemic, and his leadership of the pandemic response in the United States. He welcomed the new Administration's decision to remain in WHO, and its commitment to join the ACT-Accelerator and COVAX. Member States must work together as one family to ensure that all countries could start vaccinating health workers and other high-risk groups within the first 100 days of 2021, and the Government's commitment would have a positive impact on reaching that goal. He looked forward to continuing WHO's partnership with the Government of the United States, as there was much work to do and many lessons to learn in order to end the pandemic and to meet the long list of global health challenges. He assured the United States Government that WHO would continue to provide support in the form of science, solutions, solidarity and service.

The DIRECTOR (Governing Bodies) said that any Member State wishing to respond to the statement made by the representative of the United States should do so in its regular interventions in the course of the meeting.

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

### **2. BUDGET AND FINANCE MATTERS:** Item 17 of the agenda (continued)

**Proposed programme budget 2022–2023:** Item 17.1 of the agenda (documents EB148/25 and EB148/25 Add.1) (continued)

- **Sustainable financing** (documents EB148/26, EB148/26 Add.1 Rev.1 and EB148/26 Add.2) (continued from the sixth meeting, section 2)

**Update on the financing and implementation of the Programme budget 2020–2021:** Item 17.2 of the agenda (document EB148/27) (continued from the sixth meeting, section 2)

The CHAIR invited Member States to comment on the report on sustainable financing (document EB148/26), and drew attention to the draft decision on sustainable financing contained in document EB148/26 Add.1 and its financial and administrative implications, contained in document EB148/26 Add.2.

The representative of AUSTRIA, speaking on behalf of the European Union and its Member States, welcomed the announcement by the representative of the United States of America of his Government's support for WHO, and the new Administration's commitment to multilateral diplomacy

and international alliances. The European Union looked forward to working closely with the United States Government to boost the ability of the United Nations to address global challenges and to renewing joint efforts between the European Union and that Government aimed at strengthening and reforming international organizations such as WHO.

The representative of CHILE, welcoming the announcement by the representative of the United States of America, said that the social economic and health crises generated by the COVID-19 pandemic required joint, coordinated work by all health actors. Pooling efforts was the only way to overcome current and future international health emergencies, and WHO had a fundamental leadership role to play in that task. The renewed commitment of the Government of the United States reflected the will of all Member States to use multilateralism to find the tools needed to overcome pandemics and achieve universal health coverage. He invited the United States Government to join the initiative to strengthen the International Health Regulations (2005), on the basis of lessons learned from the current pandemic.

The representative of FINLAND said that strong multilateral cooperation was critical in responding to one of the most severe crises of recent times, in strengthening future preparedness and response capacities, and in promoting health and well-being. In that regard, the continued support, expertise and engagement of the Government of the United States of America were highly valued. With respect to the proposed stepwise approach to developing solutions for WHO sustainable financing, she said that the establishment of an open-ended working group should be reserved for the second phase of the process, and proposed that a smaller cross-regional group should be created to work on initial options. She proposed delaying consideration of the draft decision until the Secretariat could produce a revised proposal.

The representative of GABON, speaking on behalf of the Member States of the African Region, welcomed the announcement made by the representative of the United States of America of his Government's continued cooperation with WHO. Regarding sustainable financing, the COVID-19 pandemic had highlighted the discrepancy between what was expected from WHO and what the Organization was able to achieve, as well as the low level of funding that had been allocated to underfunded priority areas such as noncommunicable diseases and health emergencies. He expressed concern regarding the achievement of the Sustainable Development Goals and the "triple billion" goals set out in the Thirteenth General Programme of Work, 2019–2023, as sustainable financing was a major challenge. The date for achieving the "triple billion" goals should be postponed to 2025, to allow Member States to examine their priorities in line with the four key areas of strategic focus of the draft proposed programme budget 2022–2023. The assurance of sustainable financing for only 17% of the budget was of concern, especially given WHO's strong reliance on voluntary contributions from donors. Improving emergency preparedness and response, achieving the Sustainable Development Goals and improving the resilience of health-care systems should be priorities. In that regard, he expressed support for the proposed process and the timetable for reaching a tangible solution to the sustainable financing of WHO, which would consider the nature and sources of funding in particular. He also supported the establishment of an inclusive intergovernmental working group for that purpose, in which his Government would participate. Further consideration should be given to the flexibility of funding allocated to programmes.

The representative of TONGA, welcoming the announcement, thanked the Government of the United States of America for its commitment to the COVAX Facility and to the sustainable financing of WHO. That would undoubtedly ensure equitable access to vaccines, especially in low-income countries, including those in the Pacific.

The representative of the RUSSIAN FEDERATION said that sustainable financing was essential if WHO was to carry out its work. A thorough analysis of programme activities must be conducted to

identify WHO's priority activities and remove those that were obsolete or ineffective or did not fit the Organization's profile. In addition, activities that duplicated the functions of other international organizations should be avoided, allowing WHO to focus on the issues where its mandate gave it a clear advantage. The Secretariat should also increase the amount of financial information it provided. Moreover, using the term "flexible funding" in relation to assessed contributions might lead to confusion; assessed contributions should only be spent according to the levels approved by Member States. He welcomed the proposal to create an open-ended intergovernmental working group, with support from the Secretariat. Decisions should be made by consensus and reflect the wishes of all Member States, which should help to ensure WHO's independence and strengthen its financial sustainability. He supported the draft decision and asked the Secretariat to provide information on how it would be implemented.

The representative of INDONESIA, noting the trend of increased expenditure in several United Nations agencies over the preceding 20 years, acknowledged WHO's ongoing efforts to secure financing for its approved programme budget. He asked the Secretariat to clarify the issues relating to budgeting with flexible funding, which would be used to finance functions such as core leadership, management, data and administrative and technical support. The proposed working group should consider which functions should be funded sustainably, how much funding should be guaranteed, and who should provide the funding. Answering those questions would guide WHO on how to support Member States effectively and efficiently. WHO should continue to seek concrete solutions to ensure sustainable financing based on the current level of assessed contributions. Recalling that the Board must remain apprised of the financial implications of its decisions, he supported the draft decision to establish an open-ended intergovernmental working group on sustainable financing.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the decision of the new Government of the United States of America to retract its withdrawal from WHO; to give its financial and political support in defeating the COVID-19 pandemic and to join the COVAX Facility; and to work to advance sexual and reproductive health and rights, and gender and equality. With respect to sustainable financing, WHO had to find smarter and more strategic ways of taking account of the cost implications of resolutions and other planned decisions. He urged Member States and other donors to give flexible financing wherever possible, to provide WHO with the agility to deliver its agreed objectives. He supported a stepwise approach that separated the prioritization of activities from how they would be funded; however, links would need to be made between those decisions at a later stage of discussions. Expressing support for a working group, he said that the proposed open-ended working group might become unwieldy and lose momentum. An alternative model could be a small working group with strong links to the regions, offering opportunities for other Member States to contribute their views.

The representative of the UNITED STATES OF AMERICA, reaffirming his Government's commitment to fulfilling its financial obligations to WHO, encouraged countries to provide robust voluntary contributions. The establishment of the WHO COVID-19 Solidarity Response Fund and the appointment of an Chief Executive Officer for the WHO Foundation were welcome steps that would help to broaden and diversify WHO's donor base. WHO was carrying out a global mandate on a limited budget. Deliberations on the Organization's future should include an assessment of how it could improve the efficiency of its existing budget and the work that Member States could expect it to achieve with that budget, and a prioritized business case for the additional resources needed to fulfil its current or proposed expanded mandate. He therefore agreed with the need for transparent collaboration and the involvement of Member States across all regions, and supported the proposal that a core group of representative Member States should conduct a first stage of consultations, providing recommendations and building consensus through an inclusive process. Finally, he reiterated that the discussions on sustainable financing could not be separated from those on how to strengthen WHO.

The representative of AUSTRALIA said that the Government of the United States of America played an important leadership role in the multilateral system, especially in global health, in terms of its policy and technical advice and its financial contributions. Therefore, she welcomed its decision to remain a member of WHO and she looked forward to working together to strengthen and reform WHO and the global health security system as part of collective COVID-19 response and recovery efforts. She expressed support for the proposal to establish a process to develop options to ensure sustainable, reliable and predictable funding; however, she suggested that the third guiding question should be amended to specify that WHO should determine the mechanisms of funding that could be used in addition to the sources. She requested more information regarding how the Secretariat would support the development of options and when the process would start. In the draft decision, where possible, further clarity should be provided as to the form, scope, work and time frames of the proposed working group. She supported the proposed establishment of a core group with strong links to the regions, to facilitate timely action and ensure the involvement of all Member States.

The representative of SINGAPORE welcomed the announcement by the representative of the United States of America, and said that global solidarity was key to addressing global challenges and strengthening and reforming WHO. It was hoped that the challenging times created by the COVID-19 pandemic would lead governments towards addressing the need for changes to the Organization's financing, which, unlike that disease, was not new. The health crisis had magnified the long-recognized mismatch between expectations of WHO and its resources. Sustainable financing would be required for WHO's budgetary adequacy, predictability and stability; and the key element to achieving that was political will of Member States. Recalling the principle of equitable geographical representation, he supported the establishment of the open-ended intergovernmental working group and said that his Government was ready to contribute to the process.

The representative of KENYA welcomed the statement made by the representative of the United States of America, which was especially important at a time when the entire global community was dealing with the greatest health challenge of its time. Her Government looked forward to continuing strong multilateral and bilateral engagement with the Government of the United States in the public interest. Regarding sustainable financing, she supported the draft decision.

The representative of the REPUBLIC OF KOREA welcomed the announcement made by the representative of the United States of America and looked forward to strengthening cooperation among WHO Member States, including the United States. He supported the establishment of a working group, which should consider all possibilities and conduct a broad review of which particular areas needed sustainable financing, how much was needed and how the financing would be delivered. There should be a timeline for discussing each theme, and his Government would continue to engage in the discussion.

The representative of TUNISIA welcomed the announcement by the representative of the United States of America that his Government was committed to remaining in WHO and participating in the COVAX Facility and the ACT-Accelerator.

The representative of CANADA<sup>1</sup> expressed appreciation for the re-engagement of the Government of the United States of America with WHO and the strong commitment expressed to multilateralism, global health and the COVID-19 response. That was especially welcome in the context of the draft decision. It was timely to initiate a discussion on sustainable financing and to take a comprehensive look at WHO's functions, work and associated costs. There was a growing gap between Member States' expectations of WHO and the resources that were available to meet those expectations.

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The challenges arising from the current funding model were evident from the persistent “pockets of poverty” across various technical areas, as well as in the chronic underfunding of particular WHO functions, including core science and normative work, emergency preparedness, and some enabling functions. The COVID-19 pandemic had thrown those challenges into stark relief. She welcomed the recommendation by the Programme, Budget and Administration Committee to enhance transparency by providing costings for new initiatives proposed by the Secretariat. An inclusive, transparent process driven by Member States would be key to the success of the working group, which would also need strong support and guidance from the Secretariat. She looked forward to a review of WHO activities as they related to its critical functions.

The representative of MONACO<sup>1</sup> said that her Government looked forward to restarting its constructive multilateral cooperation with the Government of the United States of America. She supported the draft decision in principle; however, previous discussions should not be repeated and additional information about the Programme budget for 2020–2021 would be needed to carry out a complete assessment of WHO’s activities. As the COVID-19 crisis would undoubtedly have an adverse impact on budgets, new means of financing needed to be envisaged. The proposed working group needed to be responsive and quick to set up, but the current proposal seemed procedurally burdensome. However, the working group should be open to all Member States to maintain transparency while seeking consensus. She requested a preliminary timetable of the processes that needed to be carried out.

The representative of JAPAN,<sup>1</sup> welcoming the announcement made by the representative of the United States of America, said that the role played by WHO in solving global health issues, including the COVID-19 response, was critical. His Government would continue to collaborate with the Governments of the United States and other Member States to support the ongoing WHO reform process and to proactively tackle global health issues. Turning to the draft decision, he said that financial sustainability and predictability should be discussed in light of an understanding of the Organization’s genuine needs; the Board should identify those needs by reviewing WHO’s core functions. The Board should take the lead in guiding the global health agenda and WHO, with the active participation and contribution of Member States. In addition, the context of discussions must be broader. New funding mechanisms should be designed to avoid duplication and to be complementary to existing mechanisms. Therefore, the open-ended working groups should discuss all financing mechanisms and their governance.

The representative of BELGIUM,<sup>1</sup> welcoming the announcement made by the representative of the United States of America, said that his Government supported the Secretariat’s courageous proposal to have an open and principled debate on the core WHO functions requiring sustainable financing, before discussing how to finance those core functions. He supported the previously expressed view that a stepwise process, beginning with a limited working group, seemed best, as it would allow deep and inclusive discussion in order to develop proposals, which could then be considered by all Member States. The discussion should be open and cover the full package of WHO’s core functions, not just a limited number of functions or topics.

The representative of SWEDEN<sup>1</sup> welcomed the announcement by the representative of the United States of America. The results and recommendations from the parallel reviews conducted by the Independent Panel for Pandemic Preparedness and Response, the Independent Expert Oversight Advisory Committee for the WHO Health Emergencies Programme and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response would be crucial for the adequate funding of WHO in the longer term. In that regard, she looked forward to the

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presentation of a revised draft proposed programme budget for 2022–2023 and a mid-term review of the Programme budget at the Seventy-sixth World Health Assembly. Sustainable financing and the need for an increased donor base were key issues. Many Member States had stated that WHO needed more resources to be able to respond to health needs and build a more resilient response to health emergencies; now it was time to act. She welcomed the planned discussion on which WHO functions needed to be financed sustainably, but shared concerns about the format of the proposed open-ended working group. She expressed a preference for a smaller, more agile and operational working group to issue recommendations, with fair regional representation and in dialogue with Member States. The recommendations resulting from the Inaugural WHO Partners Forum in 2019 regarding sustainable financing remained highly relevant, and they should provide a foundation for the ongoing work. Her Government was ready to contribute to those discussions.

The representative of SWITZERLAND,<sup>1</sup> welcoming the announcement made by the representative of the United States of America, said that her Government looked forward to working with the new Administration to strengthen WHO and build an effective global health security system to respond to future pandemics. As a donor of core voluntary contributions, her Government supported the predictable and flexible funding of WHO. However, the pandemic had not only changed the world but also the Organization and what was expected of it. It was up to the Member States to determine their expectations and to consider how those priorities should be financed across the three levels of WHO. The discussion on sustainable financing must also take into account the recommendations of the various reviews underway and the reform process. All regions must be involved in those discussions in order to submit recommendations to the 150th session of the Executive Board that reflected a global agreement on the essential functions of WHO and a sustainable finance mechanism. The proposal to establish a smaller working group with links to the regions should be considered further.

The representative of NEW ZEALAND<sup>1</sup> said that her Government and that of the United States of America had shared interests in addressing global challenges, including climate change, the COVID-19 economic recovery, and the security, prosperity and sustainability of the Indo-Pacific and Pacific Island regions. They also had a common investment in the international rules-based order and welcomed the United States Government's intention to re-join the Paris Agreement and halt its withdrawal from WHO.

The representative of THAILAND,<sup>1</sup> welcoming the decision of the Government of the United States of America to remain a Member State of WHO, said that sustainable financing did not necessarily have to mean increased contributions, but must include more efficient and equitable use of resources. Savings could be made by, for example, amending the travel policy on business class travel. His Government was committed to being actively involved in the open-ended working group on sustainable financing.

The representative of BRAZIL<sup>1</sup> said that any final decision on sustainable funding made at the current session of the Executive Board would be premature, as several review processes and negotiations were still under way. Therefore, establishing an inclusive and transparent process, open to all Member States and with representatives from all the WHO regions, was a sensible stepwise approach towards consensus. The working group should first concentrate on how to optimize WHO's performance at the current funding level, which would require an increased focus on the mandates established by Member States and further efficiency gains, and more transparency and accountability regarding the sources and allocation of all funds channelled to WHO. The working group should also identify credible ways to ensure that any funding went to the programmatic priorities determined by the whole membership, taking into full account the fiscal constraints that would be imposed on many, if not all, countries, in the

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aftermath of the COVID-19 pandemic. Lastly, she welcomed the decision of the Government of the United States of America to remain a Member State of WHO and stood ready to work with the Governments of that State and other Member States to reform and strengthen the Organization.

The representative of TURKEY,<sup>1</sup> reiterating the comments made previously on sustainable financing, supported the draft decision.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) thanked Member States for their comments and their recognition of the mismatch between what was expected from WHO, and its level of financing. In response to Member States' requests, the Secretariat would provide a timetable for the next steps of the process.

The CHAIR took it that the Board wished to note the reports contained in documents EB148/25, EB148/25 Add.1, EB148/26 and EB148/27, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance contained in paragraphs 21 and 26 of the Programme, Budget and Administration Committee report.

**It was so agreed.**

The VICE-CHAIR, summarizing the comments on the draft decision at the request of the CHAIR, recognized that Member States were in agreement concerning the discrepancy between expectations from WHO and its capacity. There was also a clear consensus that the historical challenge of sustainable financing should be addressed through a suitable process, with emphasis on ensuring transparency, inclusiveness and regional input, and he noted that Member States had expressed a strong readiness to participate in that process. Support was divided between the proposed open-ended working group, which would make decisions on a consensual basis, and an alternative model of a smaller, more agile working group that would feed back to the Organization's full membership. However, he emphasized that the decisions on sustainable financing could only be taken by WHO's governing bodies. The working group, in whichever format, would only explore options and make recommendations on sustainable financing that would then be fed back to the governing bodies. The key questions that had arisen concerned the time frame for the working group; its format; how and when it would meet; and its scope. A specific proposal had also been made to amend the guiding questions. As those proposals concerned the content of the draft decision, he proposed asking the Secretariat to produce a revised text of the draft decision for discussion during a later meeting, in consultation with Member States.

(For continuation of the discussion, see the summary record of the eleventh meeting, section 1.)

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

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

### **3. GLOBAL ACTION ON PATIENT SAFETY:** Item 5 of the agenda (documents EB148/6 and EB148/6 Add.1)

The CHAIR drew attention to the draft decision on global patient safety, contained in paragraph 24 of document EB148/6. The financial and administrative implications of the draft decision were contained in document EB148/6 Add.1.

The representative of the UNITED STATES OF AMERICA said that patient safety remained an important national priority, especially in view of the COVID-19 pandemic and the continued threat of antimicrobial resistance. Irrespective of the level of resourcing, a robust and resilient health-care system must include proper training and standards relating to infection prevention and control. In that regard, she welcomed the work undertaken by the G20, under the presidency of Saudi Arabia, to highlight patient safety and to establish a global patient safety leaders group. While she supported the draft global patient safety action plan 2021–2030, several key components should be strengthened to ensure its successful implementation. The Secretariat should clearly define the key health outcome targets to be used, which should be measurable and meaningful and drive the implementation of the draft global action plan. The Secretariat should also evaluate the importance of patient safety at the country level and call on all Member States to invest adequately in patient safety, and identify benchmarks for government spending to enhance infection prevention and control. Her Government would work with all relevant stakeholders to finalize the draft global patient safety action plan.

The representative of the RUSSIAN FEDERATION expressed support for the draft global action plan and the draft decision. He emphasized that a quality control system was a key part of patient safety. He outlined the relevant strategy being implemented in his country, which included staff training, the development of a system of accountability and the planned development of an accreditation system for medical institutions in line with the draft global action plan and existing international standards. His Government was prepared to share its experience with interested parties in order to achieve the targets of the draft global action plan.

The representative of CHINA said that patient safety was a priority for his Government, guided by the principles of prevention, systematic and continuous improvement, and full stakeholder engagement. Supporting the adoption and implementation of the draft global action plan, he said that detailed targets should be defined and reporting mechanisms established in order to track progress. WHO's recognition of the fact that Member States were at different stages in their efforts to reduce patient harm in health care was appreciated. He recommended that the Secretariat should provide targeted support to Member States to evaluate their domestic situation in order to understand their baselines before identifying priority areas requiring further attention. Noting the statement made at the start of the current meeting by the representative of the United States of America, he reiterated his Government's commitment to multilateralism and its support for WHO's scientific, fair and professional leading role in global public health. He welcomed all efforts that contributed to global solidarity to fight COVID-19 and enabled WHO to strengthen its capacity to improve global health governance.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that patient safety was a global health priority, especially given the additional strain on health systems caused by the COVID-19 pandemic. Highlighting key initiatives that his Government had spearheaded to help reduce the high levels of morbidity and mortality associated with unsafe health care, he welcomed the draft global action plan, which had been developed pursuant to resolution WHA72.6 (2019) on global action on patient safety. The Secretariat should support Member States in

the development and implementation of national patient safety action plans, according to their national contexts. The draft global patient safety action plan and initiatives like the G20 global patient safety leaders group would ensure that momentum was maintained to tackle the truly global issue of patient safety.

The representative of TONGA expressed support for the draft global action plan, as the safety of patients and health-care workers across the globe was more important than ever. Commending the action of the Secretariat and health leaders during the COVID-19 pandemic, she said that health-care staff and frontline workers must be protected from the risks of COVID-19 through personal protective equipment, infection prevention and control, and training. Patient safety was not only of utmost importance for the mass vaccination campaign, but was a crucial component of achieving universal health coverage and Sustainable Development Goal 3. Each Member State should improve its safety standards, and the draft global action plan would assist and guide Member States in that task. Describing action taken by her Government at the national and regional levels, she said that it would work with WHO to implement the draft global action plan for patient safety in Tonga and the Pacific.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the COVID-19 pandemic had highlighted vulnerabilities in health systems, especially in respect of patient safety and infection and prevention and control. Patient safety interventions must be implemented urgently if health emergency preparedness and response were to be effective. Recognizing the importance of patient safety in achieving universal health coverage, she emphasized that the Secretariat must support the development of national patient safety policies and plans that were consistent with the draft global patient safety action plan and were tailored to the varying contexts and capacities in the Region, taking into consideration conflict, post-conflict and emergency settings. She supported the draft decision.

The representative of INDIA said that his Government was committed to patient safety as a national priority and commended the consultative efforts that had led to the draft global action plan, which would enable all stakeholders to avoid risk and harm to patients and health workers. Outlining the national measures taken, he encouraged greater international cooperation, consensus and information exchange to eliminate avoidable harm to patients when planning and delivering health care. The Secretariat should support Member States in finding local and sustainable solutions to build reliable health systems and health organizations that protected patients from harm.

The representative of BANGLADESH, welcoming the announcement made by the representative of the United States of America, said that the United States Government's participation in the COVAX Facility and the ACT-Accelerator would have a huge impact on the equitable access and availability of COVID-19 vaccine, especially in low- and middle-income countries. Patient safety, as the cornerstone of health-care services and an essential component in achieving universal health coverage and the Sustainable Development Goals, was a global health priority and deserved urgent attention and concerted action. The COVID-19 pandemic had exposed the vulnerabilities of health systems, including patient safety, and had provided a stark reminder of the importance of personal protection, health worker safety, medication safety and patient engagement. The draft global action plan should guide the necessary investment and enable Member States to track progress across various patient safety interventions. He highlighted national action on patient safety and said that Member States must appropriately assess their situation to identify areas to be strengthened, policy opportunities and gaps in practice. Awareness also needed to be raised among all sections of the population to promote patient safety. Sustained multisectoral and multinational collaboration and partnership would be instrumental in the implementation of the draft global action plan, and best practices, success stories and lessons learned during implementation should be shared.

The representative of ARGENTINA said that patient safety was a national priority and vital in health-care delivery in all areas, especially in the context of the global COVID-19 response. She described national action taken to improve patient safety, highlighting that her Government would participate in the G20 global patient safety leaders group. Global multisectoral collaboration would improve patient safety worldwide, build political momentum and highlight the socioeconomic impact of patient safety. She supported the draft decision.

The representative of AUSTRALIA, affirming her Government's commitment to improving patient safety, said that it was critical to support patients with best-practice approaches across all health-care settings. Her Government relied on a wide range of medical and scientific expert groups to support development of guidance for clinicians and the general public. WHO should better coordinate such guidance and reduce duplication of effort through supporting standardized best-practice approaches, which should be gradually integrated to ensure sufficient resources and capacities. She supported the draft decision.

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, commended the consultations to develop the draft global patient safety action plan. The adoption of resolution WHA72.6 (2019) had been a milestone in global efforts to reduce harm caused to patients through unsafe health care. The COVID-19 pandemic was severely affecting health-care delivery systems worldwide, had major implications for patient safety, and was undermining the physical and psychological safety of health workers. After the pandemic, safer and more resilient health systems should be built that minimized harm to patients and health workers, promoting safety strategies and innovations.

The representative of CHILE, outlining measures taken by her Government, highlighted the need for additional measures to protect patients and health-care workers during the COVID-19 pandemic. It was important to step up efforts in patient safety, including strengthening the culture of patient safety and involving patients, families and communities in health-care safety initiatives. She supported the draft decision.

The representative of GERMANY commended the Secretariat for the broad consultation process to develop the draft global action plan but observed that the current version of the draft had only been made available less than one week before the start of the current session of the Board. In spite of that, he supported the draft decision. He asked the Secretariat to confirm that Member States could submit comments on the draft global action plan until 15 February 2021 and that the final draft would be made available at least six weeks prior to the Seventy-fourth World Health Assembly.

The representative of the REPUBLIC OF KOREA endorsed the draft global patient safety action plan, developed pursuant to resolution WHA72.6 (2019). The seven strategic objectives were a good framework for action to achieve patient safety, and he hoped that Member States would take a systematic approach to their implementation. Monitoring global patient safety targets was essential for tracking progress on the action plan. While indicators such as policy development might be relatively easy to monitor, others such as reduction in patient harm could be more challenging, since data collection was not uniform. Notwithstanding, during the first stages of implementing the draft global action plan, transparent reporting should be the top priority.

The representative of INDONESIA, highlighting actions taken by her Government on patient safety, especially during the COVID-19 pandemic, said that continuing high-level commitment and implementation of tangible actions were critical to improve patient safety. Therefore, she supported the adoption of the draft global action plan by the Seventy-fourth World Health Assembly.

The representative of ISRAEL, welcoming the statement by the representative of the United States of America, said that the United States Government had an important leadership role in global health and his Government looked forward to enhancing multilateral action in that regard. The draft global action plan was a solid basis for patient safety promotion globally, and he commended the inclusive consultation process that had led to the current version. Strong emphasis should be placed on the inclusion of mental health as part of the broad framework of patient safety. The safety of patients and health-care providers should not be limited to physical conditions, but should also include providing a safe work environment, proper workload, adequate training and evaluation and intervention in cases of burnout. Member States should tailor national patient safety plans in accordance with the specific needs of clinicians, patients and institutions and implement them with the engagement of health-care workers. He requested further information regarding the establishment of a formal mechanism for global, regional and national reporting on the draft global action plan indicators; in particular, which indicators would be used and how they would be measured.

The representative of AUSTRIA, welcoming the decision of the new Administration of the United States to remain a member of WHO, said that multilateralism was an indispensable strength in global action. The COVID-19 pandemic had shown the fragility and vulnerability of social structures, in particular of the health-care system, even in high-income countries. However, it had also highlighted that a well-functioning system based on solidarity was fundamental in dealing with such an extraordinary situation. Patient safety was paramount for every health-care system, and the lessons learned from the COVID-19 crisis should be used to make health care safer by promoting vaccination initiatives and medication safety; avoiding infections associated with health care and antimicrobial resistance; and strengthening patient health literacy. Emphasizing the importance of international and cross-sectoral cooperation, he said that the draft action plan had the potential to profoundly strengthen patient safety worldwide. He therefore supported the draft decision.

The representative of KENYA, emphasizing the importance of patient safety, welcomed the draft action plan and looked forward to its implementation. Describing the action taken on patient safety in his country, he called on the Secretariat to continue to provide technical support to Member States for the development and implementation of national patient safety policies and action plans, to accelerate the achievement of global patient safety targets.

The representative of SUDAN recognized the preventable nature of many deaths and said that improving patient safety had become a national concern. She therefore supported the draft global action plan, and noted that it would also contribute to achieving universal health coverage. In view of the challenging conditions of health-care workers in Sudan, strategic objective 5 would be important in reducing avoidable harm owing to unsafe health care. Additionally, it was crucial to build the capacity of national health systems in order to eliminate avoidable risk to patients and health workers. In that regard, she emphasized the importance of strategic objective 2 on improving the reliability of health systems and strategies 1.1 and 1.2 to develop, fund and implement patient safety policy. She requested that the Secretariat provide support to enhance information reporting, and to develop policies and procedures and strategies for their effective implementation. Finally, she said that effective partnerships were vital in ensuring patient safety, as indicated in strategic objective 7, and she therefore called on the international community to share experience and expertise.

The representative of OMAN welcomed the draft global action plan, which would be a comprehensive reference for Member States in developing national strategies and plans to enhance patient safety. He noted with satisfaction that the draft global action plan was fully aligned with the Sustainable Development Goals and responded to resolution WHA72.6 (2019). Patient safety was linked to work on people-centred health care, hygiene, access to information and technology, innovation, expanded health-care coverage, infrastructure, international cooperation and emergency preparedness

and response. He outlined his Government's action to improve patient safety and said that significant improvements could only be achieved through both horizontal and vertical strengthening of national health systems. In particular, primary health care services must be more comprehensive and responsive to the needs of people, and quality health care must be made available, accessible and affordable. He supported the draft decision.

The representative of JAMAICA<sup>1</sup> said that quality health care was vital to achieving universal health coverage and the Sustainable Development Goals, especially Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Describing the action on patient safety taken in Jamaica and the challenges facing health service delivery and quality, he noted that the pandemic had further exposed the vulnerability of the health systems of all Member States. Improved patient safety at health-care facilities would require diverse measures, including budgetary and other technical support, and revised standards, guidelines and tools and processes. The draft global action plan provided strategic direction to eliminate avoidable harm in health care and improve patient safety, and would support the development of national patient safety action plans. He expressed the hope that the draft global action plan would lead to greater alignment of existing patient safety strategic instruments.

The representative of JAPAN<sup>1</sup> supported the draft decision and looked forward to the implementation of the draft global action plan in each Member State. He noted that the consultations had incorporated concepts from the Tokyo Declaration on Patient Safety, including people-centred care and health systems strengthening. He emphasized the importance of incident reporting and learning systems, as referred to in strategy 6.1. His Government had contributed to the development of the 2020 WHO technical report on patient safety incident reporting and learning systems and was a member of the G20 patient safety leaders group. He welcomed the adoption of the Regional Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030), which would also contribute to achieving universal health coverage. The Secretariat should continue to support Member States to develop laws, secure budgets and establish sustainable mechanisms for implementing patient safety policies, aligning with national contexts and priorities.

The representative of the PHILIPPINES,<sup>1</sup> welcoming the draft decision, said that her Government had taken various measures to strengthen patient safety at the national level and looked forward to the Secretariat's support to align national patient safety programmes and targets with the draft global action plan. Her Government was committed to actively engaging with the proposed formal global and regional mechanisms for reporting on patient safety indicators.

The representative of THAILAND,<sup>1</sup> outlining her Government's actions to promote patient safety as part of universal health coverage, said that no patient was safe until the health workforce was safe. During the COVID-19 pandemic, personal safety, in particular infection prevention and control, had become more critical than ever. The patient safety agenda must be implemented together with frontline worker protection, and all stakeholders should be involved in continuous actions to develop patient and personal safety. The Secretariat should support the sharing of knowledge and experience across countries and regions, especially in relation to strengthening patient safety information systems and linking with policy actions. The draft global action plan was welcome, and she looked forward to its effective implementation worldwide.

The representative of NORWAY<sup>1</sup> welcomed the decision of the Government of the United States of America to remain in WHO, join the ACT-Accelerator and the COVAX Facility and support women's and girls' sexual and reproductive health and reproductive rights. Member States must work together to

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

achieve the common goal of ensuring healthy lives and promoting well-being for all at all ages. Expressing support for the current version of the draft global action plan, she reiterated that strengthening patient safety culture should be more explicitly identified as one of the guiding principles. In addition, as the COVID-19 pandemic had illustrated, it was important to address patient safety in work on health, safety and environment, and human resources, in order to improve the patient safety culture and promote a healthy work environment. Furthermore, the draft global action plan should have a greater focus on digitalization, given that it covered the period to 2030. She supported the draft decision.

The representative of BRAZIL<sup>1</sup> said that patient safety was key in achieving universal health coverage and promoting safety, quality and affordability in health settings. Outlining its action on patient safety nationally and regionally, he expressed his Government's support for the draft global action plan, and encouraged Member States to implement it, in accordance with their national contexts. Lastly, he highlighted the importance of World Patient Safety Day.

The representative of SPAIN,<sup>1</sup> expressing support for the draft global action plan, said that the plan would make managers, clinicians, patients and the public more aware of the importance of patient safety. As the COVID-19 pandemic burdened health systems in Spain and elsewhere, posing a risk to both patients and health professionals, it was more essential than ever to prioritize patient safety. Describing national measures to improve patient safety, she said that the draft global action plan provided a renewed and necessary framework to drive improvements in safety culture, incident reporting and learning systems, and safe, effective practices at the national and global levels.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, welcomed the draft global action plan and the fact that her organization had been consulted on its development and implementation. Prioritizing the safety of patients and health workers and eliminating avoidable harm in health care must be central to every Member State's COVID-19 response. To achieve sustainable universal health coverage by 2030, health systems could not afford to expend critical financial, human and other resources on expensive and punitive litigation, compensation and rectification of avoidable harm. Governmental and nongovernmental organizations should shape and accelerate patient safety efforts to prevent harm and ensure safe and respectful care.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIR, welcomed the draft global action plan. He encouraged governments to invest in strong and safe primary care, health workforce support and health information systems to advance towards achieving safe, universal health coverage.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that WHO's work on patient safety and its draft global action plan were positive steps. Affordability and the pursuit of profit in the health and care sectors could adversely affect the level of patient care. Regulation and inspection could help to ameliorate the situation but might not be sufficient. Moreover, patient safety and health-care delivery were undermined by public funding cuts in health and social care. Member States should invest in safe and effective staffing for health and universal public health care to enhance patient safety for all patients.

The representative of the INTERNATIONAL ERGONOMICS ASSOCIATION, speaking at the invitation of the CHAIR, said that Member States and all relevant stakeholders should prioritize the

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<sup>1</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

implementation of the draft global action plan; work with experts to incorporate ergonomics into the design of health-care systems, linking health worker safety and patient safety; and provide technical support and guidance on ergonomics training for designers and managers of health-care system processes and health-care workers.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, welcomed the draft global action plan and the inclusion of her organization in its development. As they played a central role in improving health-care quality and safety, nurses should be involved in the design and operation of national patient safety plans and interventions, and her organization was supporting nurse leaders to that end. World Patient Safety Day was an instrumental awareness-raising tool, and the introduction of the Charter on health worker safety, which she encouraged all Governments to sign, highlighted the links between health worker safety and patient safety.

The representative of THE INTERNATIONAL SOCIETY FOR QUALITY IN HEALTH CARE, speaking at the invitation of the CHAIR, said that achieving universal health coverage would require multistakeholder engagement to provide person-centred, safe care. His organization supported WHO's initiative to develop national policies and strategies for safe health care, in line with the Decade of Patient Safety 2020–2030.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that the adoption of the Charter on health worker safety was welcome. She urged Member States to prioritize frontline caregivers, including anaesthesia providers, in their national COVID-19 vaccination programmes, and ministries of health to work with member societies of her organization to develop and implement national patient safety action plans.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that quality of care and patient safety were interlinked and required a strong, well financed public health system with decent work conditions, and adequate regulation of the private health sector. WHO should prepare a comprehensive document that considered the intersection of patient safety and quality of care before adopting the draft global action plan. He said that the draft plan did not include: medication overuse and misuse; over- and under-servicing; lack of regulation in the private sector; the lack of systemwide coordination of care; and the lack of staff workload regulation and nurse-to-patient ratios. WHO must also address the risk of conflicts of interest resulting from private funding.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that universal, safe health coverage was a vital goal. Although the need to implement consistent and sustainable safety measures was widely recognized, ensuring safer care remained a challenge across the globe, especially in low- and middle-income countries and in populations facing emergencies and extreme adversity. In his Region, up to 18% of hospital admissions were associated with adverse events, 80% of which were preventable. Unsafe care not only harmed patients, but also wasted precious resources, undermined trust in the health system and hindered progress towards universal health coverage nationally, regionally and globally. Noting the importance of safe care in fragile, conflict-affected and vulnerable settings in particular, he highlighted various steps and initiatives taken globally and regionally to promote and advocate for patient safety.

The COVID-19 pandemic had underscored the need to establish sound national and facility-level infection prevention and control programmes to reduce preventable infections among health-care workers and patients. He welcomed the fact that the draft global action plan included the safety of health workers, without which patient safety was impossible. Member States should adopt the draft plan,



adapting it to national health priorities and emphasizing infection prevention and control in health-care settings. Bold leadership and commitment, a safety-oriented culture that promoted reporting and learning from errors rather than blame, and the involvement and empowerment of society and service users in planning, implementing and evaluating those services, were pivotal in the journey to safe health care. The International Health Regulations (2005) referred explicitly to infection prevention and control, and strong national capacities in that area would greatly support safe, good quality health care and safeguard against future outbreaks and pandemics.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that a regional action framework for achieving universal health coverage, based on quality, efficiency, equity, accountability, and sustainability and resistance, had been developed, and patient safety was vital to each of those elements. His Region did not approach patient safety as a stand-alone initiative, but rather incorporated and promoted it as an important component of programmes such as antimicrobial resistance, health security and maternal and child health. In addition, the Regional Action Framework for Safe and Affordable Surgery in the Western Pacific Region (2021–2030) recognized the importance of patient safety. The Member States of his Region had contributed to the development of the draft global action plan and were committed to implementing it once it had been adopted.

The DEPUTY DIRECTOR-GENERAL thanked Member States for their guidance on, and support for, the draft global action plan. Apologizing for the delay in circulating the current draft version, she confirmed that the deadline for submitting comments on the document was 15 February 2021 and encouraged Member States to also contribute to the online consultation. The final draft would be published six weeks before the Seventy-fourth session of the World Health Assembly.

Responding to Member States' comments, she confirmed that infection prevention and control was part of the draft global action plan. The Secretariat would define measurable progress indicators and link them with the strategic objectives, and would produce an implementation progress report using baseline data for comparison. Normative guidance and tools to support Member States were also being developed, including with regard to: patient safety assessment; surveillance; minimum safety standards; organizational safety culture; leadership competency; education and training; medication safety; patient and family engagement; and adverse event reporting and learning systems. The draft global action plan had a clear country focus, and the Secretariat would work with Regional Offices to evaluate and update national patient safety plans. On governance, she noted the request for regular opportunities to share experiences and lessons learned, such as the G20 global patient safety leaders group. A summit on patient safety, aimed at raising awareness, promoting advocacy, political leadership and a multisectoral approach, and addressing global, regional and country-level funding issues had been postponed as a result of the COVID-19 pandemic.

The long-term impact of COVID-19 on health-care delivery systems would be quantified over time. However, its impact on patient safety was clear. The physical and psychological safety of health workers had been widely compromised, as had the capacity and financial stability of health-care delivery systems, and situational factors such as staff shortages and redeployment. Despite that, the pandemic had proven a catalyst for future improvement strategies. Shared commitment and responsibility had united health-care stakeholders as never before, and many had spontaneously adopted key safety attributes such as transparency, active communication, collaboration and rapid adoption of patient safety practices. Eliminating patient harm could boost global economic growth by more than 0.7% per year. Investment in the draft global action plan was minuscule against that economic benefit.

The DIRECTOR-GENERAL thanked Member States for their dedication to patient safety efforts. World Patient Safety Day 2020 had focused on the critical link between health worker safety and patient safety, which COVID-19 had thrown into sharp relief, and he thanked the Steering Committee for its advice and strategic guidance. WHO would continue working with partners to raise public awareness of patient safety and promote focused action for safer clinical practices. The Charter on health worker

safety had been launched in 2020, which called for urgent and sustainable action through a set of key measures. The Charter was dedicated to the efforts of the millions of health workers across the globe who had placed themselves and their families at risk to fight COVID-19. WHO Member States and all relevant stakeholders were invited to sign up to the Charter. Lastly, he thanked the WHO Envoy for Patient Safety for his strategic guidance to the WHO Patient Safety Flagship initiative, with particular regard to the draft global patient safety action plan 2021–2030.

The CHAIR took it that the Board wished to note the report contained in document EB148/6.

**It was so agreed.**

The CHAIR took it that the Board wished to approve the draft decision, contained in document EB148/6.

**The draft decision was approved.<sup>1</sup>**

**The meeting rose at 13:10**

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<sup>1</sup> Decision EB148(5).