



WORLD HEALTH ORGANIZATION

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# **EXECUTIVE BOARD**

**150<sup>TH</sup> SESSION**

**GENEVA, 24–29 JANUARY 2022**

**SUMMARY RECORDS**

GENEVA

2022

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN	– Association of Southeast Asian Nations	UNAIDS	– Joint United Nations Programme on HIV/AIDS
FAO	– Food and Agriculture Organization of the United Nations	UNCTAD	– United Nations Conference on Trade and Development
IAEA	– International Atomic Energy Agency	UNDP	– United Nations Development Programme
IARC	– International Agency for Research on Cancer	UNEP	– United Nations Environment Programme
ICAO	– International Civil Aviation Organization	UNESCO	– United Nations Educational, Scientific and Cultural Organization
IFAD	– International Fund for Agricultural Development	UNFPA	– United Nations Population Fund
ILO	– International Labour Organization (Office)	UNHCR	– Office of the United Nations High Commissioner for Refugees
IMF	– International Monetary Fund	UNICEF	– United Nations Children’s Fund
IMO	– International Maritime Organization	UNIDO	– United Nations Industrial Development Organization
INCB	– International Narcotics Control Board	UNODC	– United Nations Office on Drugs and Crime
IOM	– International Organization for Migration	UNRWA	– United Nations Relief and Works Agency for Palestine Refugees in the Near East
ITU	– International Telecommunication Union	WFP	– World Food Programme
OECD	– Organisation for Economic Co-operation and Development	WIPO	– World Intellectual Property Organization
OIE	– World Organisation for Animal Health	WMO	– World Meteorological Organization
PAHO	– Pan American Health Organization	WTO	– World Trade Organization

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The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

## **PREFACE**

The 150th session of the Executive Board was held at WHO headquarters, Geneva, from 24 to 29 January 2022. The proceedings are issued in two volumes. The present volume contains the summary records of the Board's discussions and details regarding membership of committees. The resolutions and decisions, and relevant annexes, are issued in document EB150/2022/REC/1. The list of participants and officers is contained in document EB150/DIV./1 Rev.1.

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  - (c) Draft global strategy on oral health
  - (d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies
  - (e) Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020–2030

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<sup>1</sup> As adopted by the Board at its first meeting (24 January 2022).

- (f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health
  - (g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage
  - (h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority
  - (i) Draft recommendations for the prevention and management of obesity over the life course, including potential targets
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EB150/1 Rev.1	Agenda <sup>1</sup>
EB150/1 (annotated)	Provisional agenda (annotated)
EB150/2	Opening of the session and adoption of the agenda Special procedures
EB150/3	Report by the Director-General
EB150/4	Report of the regional committees to the Executive Board
EB150/5	Report of the Programme, Budget and Administration Committee of the Executive Board
EB150/6	Post of Director-General Draft contract
EB150/7	Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases
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EB150/8	The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections
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EB150/10	Road map for neglected tropical diseases 2021–2030
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<sup>1</sup> See page ix.

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EB150/13	Global road map on defeating meningitis by 2030
EB150/14	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
EB150/14 Add.1	Standardization of medical devices nomenclature International classification, coding and nomenclature of medical devices
EB150/14 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB150/15	Strengthening WHO preparedness for and response to health emergencies
EB150/16	Strengthening WHO preparedness for and response to health emergencies Interim report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies
EB150/17	Standing Committee on Pandemic and Emergency Preparedness and Response
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EB150/23	Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
EB150/23 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
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EB150/25 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB150/26	WHO global strategy for food safety Reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control
EB150/26 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Executive Board
EB150/27	Financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023
EB150/28	Programme budget 2022–2023 Proposed revision
EB150/29	Programme budget 2022–2023 Extending the Thirteenth General Programme of Work, 2019–2023 to 2025
EB150/29 Add.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Executive Board
EB150/30	Sustainable financing
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EB150/33	Prevention of sexual exploitation, abuse and harassment
EB150/33 Add.1	Prevention of sexual exploitation, abuse and harassment Draft decision
EB150/34	Prevention of sexual exploitation, abuse and harassment Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme’s Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment
EB150/35	Evaluation: update and proposed workplan for 2022–2023
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EB150/43	Independent Expert Oversight Advisory Committee: terms of reference
EB150/44	Foundation committees and selection panels
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### **Information documents**

EB150/INF./1	Decision-making and procedural issues at the hybrid 150th session of the Executive Board
EB150/INF./2	Post of Director-General Nomination of candidates
EB150/INF./3	Statement by the representative of the WHO staff associations
EB150/INF./4	Report of the Ombudsman
EB150/INF./5	Report of the Ombudsman Ombudsman's recommendations: progress on implementation
EB150/INF./6	Practical arrangements for the conduct of the secret ballot vote for the nomination of the candidate for the post of Director-General

### **Diverse documents**

EB150/DIV./1 Rev.1	List of members and other participants
EB150/DIV./2	Preliminary daily timetable
EB150/DIV./3	List of resolutions and decisions
EB150/DIV./4	List of documents

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# COMMITTEES AND SELECTION PANELS<sup>1</sup>

## 1. Programme, Budget and Administration Committee<sup>2</sup>

Mrs Carla Moretti (Argentina), Mr Kwaku Agyeman-Manu (Ghana), Mr Nickolas Steele (Grenada), Mr Rajesh Bhushan (India), Dr Hiroki Nakatani (Japan), Professor Zely Arivelo Randriamanantany (Madagascar), Dr Ahmed Mohammed Al Saidi (Oman), Mr Mikhail Albertovič Murashko (Russian Federation), Dr Janil Puthucheary (Singapore), Mr Narciso Fernandes (Timor-Leste), Mr Abdulrahman Al Owais (United Arab Emirates), and Professor Chris Whitty (United Kingdom of Great Britain and Northern Ireland).

**Thirty-fifth meeting, 19–21 January 2022:**<sup>3</sup> Mr Nickolas Steele (Grenada, Chair), Mrs Carla Moretti (Argentina), Mr Clemens Martin Auer (Austria, member ex officio), Mr Kwaku Agyeman-Manu (Ghana), Mr Rajesh Bhushan (India), Dr Hiroki Nakatani (Japan), Dr Patrick Amoth (Kenya, member ex officio), Professeur Zely Arivelo Randriamanantany (Madagascar), Dr Fatma Mohammed Al Ajmi (Oman, alternate to Dr Ahmed Mohammed Al Saidi), Mr Mikhail Albertovič Murashko (Russian Federation), Dr Janil Puthucheary (Singapore), Mr Narciso Fernandes (Timor-Leste), Mr Abdulrahman Al Owais (United Arab Emirates), and Mr Danny Andrews (United Kingdom of Great Britain and Northern Ireland, alternate to Professor Chris Whitty).

## 2. Ihsan Doğramacı Family Health Foundation Prize

The Chairman of the Executive Board (member ex officio), the Chair of the Board of Trustees of Bilkent University, Turkey, or the Chair's appointee and a representative of the International Children's Centre, Ankara, Turkey.

**Meeting of 24 January 2022:** Dr Patrick Amoth (Kenya, Chair), Professor Gülsev Kale (Chair of the Board of Trustees of Bilkent University), Professor Tomris Türmen (representative of the International Children's Centre).

## 3. Sasakawa Health Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board and a representative of the founder.

**Meeting of 25 January 2022:** Dr Patrick Amoth (Kenya, Chair), Dr Janil Puthucheary (Singapore), Professor Etsuko Kita, Chair of the Sasakawa Health Foundation (representative of the founder).

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<sup>1</sup> Showing current membership and the names of those who attended the meetings to which reference is made.

<sup>2</sup> Showing the membership as determined by the Executive Board in decision EB149(6) (2021), with a change of representative for Madagascar.

<sup>3</sup> See document EBPBAC35/DIV./1.

#### **4. United Arab Emirates Health Foundation Prize**

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

**Meeting of 25 January 2022:** Dr Patrick Amoth (Kenya, Chair), Professor Ali Mrabet (Tunisia), Dr Mohammad Salim Alolama, Undersecretary, Ministry of Health and Prevention (United Arab Emirates) (representative of the founder).

#### **5. His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion**

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

**Meeting of 24 January 2022:** Dr Patrick Amoth (Kenya, Chair), Dr Hassan Mohammad Al Ghabbash (Syrian Arab Republic), Dr Fatma Alnajjar, Assistant Undersecretary for Planning and Quality, Ministry of Health (Kuwait) (representative of the founder).

#### **6. Dr LEE Jong-wook Memorial Prize Selection Panel**

The Chair of the Executive Board (member ex officio), a member of the Executive Board and a representative of the founder.

**Meeting of 26 January 2022:** Dr Patrick Amoth (Kenya, Chair), Dr Hiroki Nakatani (Japan) replacing Dr Amelia Afuha'amango Tu'ipulotu (Tonga), Mr Kwan-soo Ahn, Secretary General, Korea Foundation for International Health Care (KOFIH) (representative of the founder).

#### **7. Nelson Mandela Award for Health Promotion**

The Chair and the first Vice-Chair of the Executive Board (members ex officio) and a member of the Executive Board from a Member State of the African Region. A representative of the Nelson Mandela Foundation invited as an observer.

**Meeting of 26 January 2022:** Dr Patrick Amoth (Kenya, Chair), Dr Clemens Martin Auer (Austria) fourth Vice-Chair replacing the first Vice-Chair, Dr Wahid Majrooh (Afghanistan), Professor Adama Traoré (Burkina Faso). Ms Lebogand Lebese, Attaché, Permanent Mission of South Africa to the United Nations Office at Geneva and other international organizations in Switzerland (Representative of the Nelson Mandela Foundation as observer).

## **FIRST MEETING**

**Monday, 24 January 2022, at 10:15**

**Chair:** Dr P. AMOTH (Kenya)

- 1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA:** Item 1 of the provisional agenda (documents EB150/1, EB150/1 (annotated), EB150/2 and EB150/INF./1).

### **Opening of the session**

The CHAIR declared open the 150th session of the Executive Board, which, in the context of the pandemic of coronavirus disease (COVID-19), the Board had agreed would take place in a hybrid format.

He noted a proposal that Dr Hiroki Nakatani (Japan) should replace Dr Saia Ma'u Piukala (Tonga), who was unable to participate in the session owing to the recent natural disaster in the country, in the meeting of the Dr LEE Jong-wook Memorial Prize for Public Health Selection Panel. He also noted that one of the Vice-Chairs should replace Dr Wahid Majrooh (Afghanistan), who appeared not to be present, at that stage, at the session of the Board, in the meeting of the Nelson Mandela Award for Health Promotion Selection Panel. He took it that those proposals were acceptable to the Board.

**It was so agreed.**

### **Expression of sympathies**

On behalf of WHO, the CHAIR conveyed his sympathies to and solidarity with the Government and the people of Tonga following the recent volcanic eruption and tsunami.

### **Organization of work**

The CHAIR invited the Board to consider the special procedures to regulate the conduct of hybrid sessions of the Executive Board, contained in document EB150/2. In the absence of any objections, he took it that the Board wished to adopt the draft decision contained in document EB150/2.

**The decision was adopted.<sup>1</sup>**

### **Note verbale submitted by the Government of Ethiopia**

The CHAIR said that the subject matter of the note verbale submitted by the Government of Ethiopia was political in nature and implications. As such, it lay outside the Board's agreed procedural framework. He therefore proposed that it should be addressed by those concerned via alternative channels. In the absence of any objection, he took it that the Board agreed with that proposal.

**It was so agreed.**

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<sup>1</sup> Decision EB150(1).

**Adoption of the agenda**

The CHAIR noted that the Secretariat had proposed the deletion of a number of provisional agenda items that were not needed: provisional agenda item 6.3, Modalities of the second candidates' forum; provisional agenda item 19.6, Amendments to the Financial Regulations and Financial Rules; and the second bullet point on membership under provisional agenda item 22.2, Independent Expert Oversight Advisory Committee. He took it that the Board agreed to that proposal.

**It was so agreed.**

**The agenda, as amended, was adopted.<sup>1</sup>**

The representative of FRANCE, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in the year 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. She requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 150th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

**It was so agreed.**

**2. REPORT BY THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB150/3)

The DIRECTOR-GENERAL expressed his deepest condolences to the Government and the people of Tonga following the recent natural disaster. WHO was working with its partners to provide medical expertise and supplies to support the response. He thanked the Regional Director for the Western Pacific and the country office for their efforts to support that process.

Almost two years on from the declaration of a public health emergency of international concern regarding the outbreak of COVID-19, its effects were still having a profound impact across the world, with a continued and widespread increase in the number of cases. The world would be living with COVID-19 for the foreseeable future and would need to learn to manage it through a sustained and integrated system for acute respiratory diseases, which would provide a platform for future pandemic preparedness. Given the unpredictable nature of the virus, it was dangerous to assume that the Omicron variant of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (B.1.1.529) would be the last variant, or that the world was in the endgame. On the contrary, globally the conditions were ideal for the emergence of more variants.

To alter the course of the pandemic, the conditions driving it must be changed. Each country was in a unique situation and must chart its way out of the acute phase of the pandemic following a careful, stepwise approach. Comprehensive application at the country level of the evidence, strategies, tools and technical and operational support provided by WHO could result in the acute phase ending in the year 2022. The shared target of vaccinating 70% of the population of every country must be achieved by mid-2022, with a focus on the most at-risk groups. It was vital to reduce mortality through strong clinical management, beginning with primary health care, and through equitable access to diagnostics, oxygen and antiviral treatments. Testing and sequencing rates must be boosted globally and the use of public health and social measures must be calibrated. It was also necessary to restore and sustain essential

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<sup>1</sup> Document EB150/1 Rev.1.

health services, learn critical lessons and define new solutions. Engaged and empowered communities, sustained financing, equity, and research and innovation were essential to achieve those goals.

Many countries still had unacceptably low vaccination coverage, but progress was being made in bridging the gap. The COVID-19 Vaccine Global Access (COVAX) Facility had delivered its one billionth dose the previous week and had shipped more vaccines in the previous 10 weeks than in the 10 preceding months combined. WHO and its partners were working around the clock to overcome challenges in rolling out vaccines as quickly and as far as possible.

In view of the severe disruption caused by the pandemic to health systems, economies and societies and to much of the shared work towards achieving the triple billion targets, the Secretariat was proposing a two-year extension of the Thirteenth General Programme of Work, 2019–2023 to the year 2025. Even before the pandemic, the world had been not been on track to achieve the triple billion targets and was now even further behind, especially in relation to the target of one billion more people benefiting from universal health coverage.

Despite the ravages of the pandemic, the year 2021 had been a landmark year in terms of progress in tackling communicable diseases, with the issuance of the WHO recommendations for widespread use of the world's first malaria vaccine. Significant progress had also been achieved in other areas, including towards eradicating wild poliovirus and eliminating mother-to-child transmission of HIV and/or syphilis, hepatitis B and C, and several neglected tropical diseases. Notable advances had been made in addressing noncommunicable diseases such as cancer, hypertension and diabetes. Access to medicines, health products and health services had also increased. Furthermore, WHO had launched a costing and budgeting tool to support the implementation of national action plans on antimicrobial resistance.

Although good progress had been made towards the target of one billion more people enjoying better health and well-being, those gains were mostly in high-income countries, with stark and immense inequalities remaining both within and between countries. Nevertheless, achievements included a continued decrease in tobacco use, advances in the elimination of *trans*-fatty acids, and a reduction in the rates of child wasting.

The target of one billion more people better protected from health emergencies was close to being achieved, but the COVID-19 pandemic had demonstrated the need for greater ambition, better preparedness and improved measurement of protection against health emergencies. Although the Secretariat was focusing its work on supporting countries to respond to the pandemic, it continued to respond to other health emergencies around the world and had implemented initiatives to strengthen future emergency and pandemic preparedness.

WHO would continue to develop high quality norms and standards, with the aim of translating technical products into impact at the country level, and was committed to strengthening data and health information systems to monitor progress. The COVID-19 pandemic had served as a brutal reminder of the centrality of health to development and prosperity. The Organization's founding vision must be reinterpreted and revitalized for the modern world.

Outlining five key priorities for WHO and the world, he said that countries must be supported to make an urgent paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes. Health systems must be radically reoriented towards primary health care as the foundation of universal health coverage by: ensuring access to essential health services; focusing on the least-served, most vulnerable populations; ensuring access to vaccines, medicines, diagnostics, devices and other health products; and investing in the health workforce. The systems and tools for epidemic and pandemic preparedness and response must urgently be strengthened at all levels, underpinned by strong governance and financing, and coordinated globally by WHO.

The recent decision of the Health Assembly to negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response represented a giant stride forward, and all Member States should engage constructively in that process. The powers of science, research innovation, data and digital technologies must be harnessed as critical enablers of the four other priorities, with WHO playing a key role as a convener of research. WHO must urgently be strengthened as the leading and directing authority on global health, at the centre of the global health architecture. Its transformation must continue in order to make it more effective, efficient and accountable. To achieve those aims and deliver results, WHO's current funding model must change. Sustainable, predictable and

flexible funding was needed to enable the Organization to meet Member States' expectations for a healthier, safer and fairer world in which equity was a reality.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that, to prevent further surges of COVID-19 and the emergence of new variants of SARS-CoV-2, manufacturers of vaccines and therapeutics should share intellectual property so as to increase the scale and speed of production, with a focus on enhancing regional manufacturing. Member States could greatly contribute to those efforts through the timely sharing of vaccine doses and by supporting the COVAX Facility and removing any barriers to equitable distribution.

Radical changes to the financing model for WHO were needed to improve preparedness for present and future health threats. The Board should take bold steps and adopt recommendations that would improve the financing of the Organization and place it on a more stable footing as the lead United Nations entity for coordinating global health. Noting the estimated budget increase for the biennium 2022–2023 in support of programmes under the WHO Health Emergencies Programme and WHO's work on the prevention of and response to sexual exploitation, abuse and harassment, he welcomed the proposed administrative changes at the global and regional levels to improve oversight and accountability and prevent the recurrence of allegations of such misconduct. He nevertheless urged the Secretariat to maintain its focus on the needs of the most vulnerable by supporting Member States in meeting their national and global commitments under the Sustainable Development Goals. He looked forward to updates on the establishment of the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response.

The representative of JAPAN, welcoming WHO's achievements during the previous year, thanked the Director-General for his strong leadership and WHO staff members for their dedication and efforts during the COVID-19 pandemic. The pandemic had revealed global vulnerabilities and inequalities and highlighted the importance of resilient health systems and the need for immediate action to achieve universal health coverage. His Government would participate actively in the Intergovernmental Negotiating Body to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and in discussions on strengthening the International Health Regulations (2005), including through potential targeted amendments. With regard to sustainable financing, the Secretariat should hold in-depth consultations with Member States on further strengthening the Organization's financial discipline and transparency, with the aim of finding a middle ground.

The representative of MALAYSIA acknowledged the tireless efforts of the Secretariat and the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to address weaknesses in health care systems that had been exposed by the COVID-19 pandemic. Strengthening implementation of and compliance with the International Health Regulations (2005) must be a top priority. The establishment of the Intergovernmental Negotiating Body would contribute to building an inclusive, accountable, equitable and transparent global health architecture. The world needed to reach a normative consensus on how to live with COVID-19. Countries should prioritize vaccines, vigilance and community empowerment over extended lockdowns and border controls while recognizing that the unchecked spread of the Omicron variant would entail high human and economic costs and would not bring about an endgame. The mental health impacts of the pandemic must not be ignored. Outlining his Government's efforts to deal with the virus, he highlighted the urgent need for equitable distribution of and access to vaccines, tests, sequencing and therapeutics. Best practices on technological and digital interventions must be shared between countries.

He commended WHO's efforts to fulfil its mandate despite resource constraints and expressed appreciation for the extensive work of the Working Group on Sustainable Financing. Sustainable financing was crucial, especially for the realization of the shared vision of health in the Western Pacific Region. The financial benefits of an incremental increase in assessed contributions should be equitably distributed across all levels of the Organization.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND thanked the Director-General and the Secretariat for their tireless efforts to deal not only



with the COVID-19 pandemic but also with a range of wider health challenges. The pandemic continued to underline the importance of collaboration at the global level, especially in accelerating equitable access to vaccines, therapeutics and diagnostics, and of continual vigilance to respond to future pandemics and other global health emergencies. It was important to reform the global health architecture and mechanisms for health emergencies. The long-standing challenges associated with the unpredictability of WHO's financing must also be addressed and linked to clearer processes for agreeing priorities in which the Board should play a key role.

The establishment of the Intergovernmental Negotiating Body to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response had been a vital step. Ensuring the effectiveness of the International Health Regulations (2005) and strengthening global surveillance to detect future variants or new health threats were also essential. Initiatives such as the Coalition for Epidemic Preparedness Innovations and other research and innovative global efforts were critical to ensure equitable access to medicines. Clinical trials should be incentivized globally and individuals participating in them should not be disadvantaged in relation to international travel. However, the importance of other global health issues must not be forgotten, including the need to strengthen country and regional health systems, address the health threats posed by climate change and antimicrobial resistance, and tackle ongoing threats and global diseases such as tuberculosis, malaria and HIV/AIDS while supporting advancements in other important areas, including women's health, mental health and noncommunicable diseases. He expressed appreciation for WHO's work on tackling sexual exploitation and abuse and called for a zero tolerance approach.

The representative of the RUSSIAN FEDERATION said that the COVID-19 pandemic had seriously tested health systems and had shown that international collaboration and the exchange of best practices were fundamental to mounting an effective response. WHO's central coordinating and leadership role in international cooperation on global health issues should be strengthened. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies must confirm that the International Health Regulations (2005) represented the key legally binding instrument for health emergency preparedness. The introduction of a risk management system could improve the efficiency and quality of health care during a pandemic, as one element of pandemic response, by breaking down clinical incidents into the component parts of a problem, thereby enabling a more rapid and effective response.

He welcomed WHO's swift action to address the Omicron variant and said that his Government would do its utmost to help to achieve the target of vaccinating 70% of the global population by mid-2022, including by supplying vaccination products. His Government also welcomed the work on demographic indicators and on the use of digital technologies in the health sector, and stood ready to play a leading role in collecting data and driving progress in the digitalization of health care. Lastly, ensuring the future financial sustainability of health care was imperative and must be a key priority for WHO and all countries.

The representative of SINGAPORE said that, despite continued challenges related to the pandemic, countries were in a better position to take stock of global and national responses, build on achievements and address weaknesses. The decision to establish the Intergovernmental Negotiating Body had been a significant first step in strengthening the Organization's work in pandemic prevention, preparedness and response. The instrument must have clear objectives, achievable actions and tangible outcomes. However, the achievement of global health security ultimately depended on the collective actions of individual Member States; a greater emphasis on implementation, accountability and transparency was therefore required.

It was essential to address the perennial problem of underfunding of WHO through frank discussions. With respect to WHO's role in the global health architecture, it had become increasingly clear that the global health landscape now involved multiple actors rather than a few dominant entities. Although such pluralism was beneficial, it increased the risk of fragmentation. Member States must

ensure that WHO retained its leading normative and coordinating role to ensure a healthier and safer world.

The representative of FRANCE, 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 Georgia, aligned themselves with his statement. Although efforts to deal with the COVID-19 pandemic had led to major scientific innovations and increased international solidarity, the record numbers of cases, unequal vaccination coverage and lack of access to medical countermeasures meant that other health issues were being neglected and exacerbated. Further concerted action was needed to achieve the global goals set for mid-2022. The European Union was fully committed to supporting the global response.

The current momentum should be harnessed in order to address the gaps and challenges in the global health architecture. The development of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the updating of the International Health Regulations (2005) would contribute to those efforts. WHO's role in leading and coordinating international health work, in collaboration with partners, must be strengthened. Increased efficiency through streamlined governance and accountability and a Board committed to greater transparency and swift decision-making processes would be key. Sustainable financing of the Organization was likewise central.

The pandemic must be a catalyst for achieving the health-related Sustainable Development Goals, not a pretext for justifying delays. It had underlined the importance of health as a condition for the proper functioning of societies and had illustrated the dramatic consequences of a lack of access to primary health care. A One Health approach that took into account the interface between human and animal health and environmental factors should be established and implemented. Countries must work together to address the global burden of noncommunicable diseases and meet target 3.4 of the Sustainable Development Goals.

The representative of DENMARK said that the COVID-19 pandemic had exposed vulnerabilities within both WHO and countries but had also served to further emphasize the importance of multilateral cooperation and its essential role in overcoming a pandemic. It was important to share knowledge and learn from the experience of dealing with the current pandemic in order to increase preparedness for future health emergencies. To ensure that WHO maintained its leading role in global health, it was imperative not to lose sight of the many other prevailing health challenges, including antimicrobial resistance, noncommunicable diseases and the negative consequences of poor mental health. Countries must continue working together to fight the pandemic while also aspiring to make their populations healthier.

The representative of GUYANA thanked the Director-General and WHO staff for their leadership of the COVID-19 response. Although the pandemic would have a long-term impact on physical and mental health and on lives and livelihoods, many of the health gains made in the previous two decades had been preserved, even in poor countries, thanks to the unwavering commitment of health care providers. He called for more stringent action to overcome health inequity and ensure that developing countries had access to vaccines, medicines and other medical supplies necessary for an effective response to COVID-19. Expressing appreciation for the support provided to help his Government to roll out the national vaccination programme, he called on WHO to intensify efforts to facilitate local production of essential medicines and medical supplies in developing countries. Without formal equity systems, the targets under the Sustainable Development Goals could not be achieved, especially regarding universal health coverage. Many countries were not benefiting from the improvement and availability of information system technology, leaving the vast majority of the global population without high-quality electronic medical records, which were a critical component of effective medical systems. Lastly, he welcomed action to address substance abuse and called for the acceleration of work on the One Health agenda.

The representative of ARGENTINA said that attention should be focused on the most vulnerable groups in society, who had been hardest hit by the pandemic. Her Government looked forward to participating in the Intergovernmental Negotiating Body to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, which should complement existing instruments and draw on lessons learned from the pandemic. Although the increase in vaccine distribution through the COVAX Facility was welcome, the global response to the health emergency had been characterized by inequitable access to medicines and vaccines. The request submitted by the Governments of India and South Africa to the Council for Trade-Related Aspects of Intellectual Property Rights (TRIPS) to waive the implementation, application and enforcement of certain provisions of the TRIPS Agreement in relation to the prevention, containment or treatment of COVID-19 for the duration of the pandemic remained unresolved after more than a year. She called for efforts to be redoubled to meet the target of vaccinating 70% of the global population by June 2022. Local production of health products and technologies must be strengthened, and scientific and regulatory capacities boosted, including through mechanisms for technology transfer and access to financing.

A cross-cutting approach to tackling mental health was required, with a shift in focus from combating mental illness to seeking the necessary resources and protecting and promoting health. Lastly, she encouraged the Board to recommend that the Health Assembly should suggest to the United Nations General Assembly, at its Seventy-seventh session, that the latter hold a high-level meeting to analyse the multidimensional character of the COVID-19 pandemic.

The representative of BELARUS said that outstanding health challenges exacerbated negative trends in global politics and hampered sustainable development. Strengthening WHO's role and capacity and improving emergency preparedness and response were key priorities, and the Director-General's efforts to adapt the Organization to current realities were therefore welcome.

His Government stood ready to participate in the intergovernmental process to develop a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response. Summarizing national action to tackle COVID-19, he highlighted the importance of the national context when responding to the pandemic, the need for a balanced approach to protect both human health and the economy, and his Government's readiness to share vaccines and participate in global efforts to combat COVID-19 under WHO's leadership.

The representative of AUSTRIA cautioned against further fragmentation of responsibilities and competences when creating a new global architecture for health emergencies. The introduction of unnecessary additional structures would reduce inclusivity and transparency. Health emergencies were a matter for all countries and not just a few large, wealthy Member States. The Director-General should submit a proposal for a new global architecture for health emergencies to the Health Assembly at its Seventy-fifth session. As quickly as WHO was moving on the matter, so were other interested potential partners losing momentum. WHO must defend its role as the competent authority on public health and health emergencies. A cross-sectoral approach was necessary but must be implemented under the strong leadership of WHO.

The representative of TIMOR-LESTE applauded the Director-General for his exemplary leadership during the COVID-19 pandemic. Timely technical assistance and extensive support from the Regional Office for South-East Asia, the country office and other partners had enabled his Government to manage COVID-19 and ensure high national vaccination coverage. He commended the Secretariat on its work in addressing health security and strengthening social security, especially for vulnerable groups, and looked forward to continued support to ensure that no one was left behind. Health system resilience required a strong emergency and critical care system, and WHO should increase the use of data for decision-making.

The representative of SLOVENIA welcomed the proliferation of new initiatives to improve structures for the global response to health threats but said that some were being discussed behind closed doors with input from only a few countries. A multilateral approach in which all countries had a voice

was vital. WHO had always been such a platform and should continue to play a central, leading role in all reforms of the global health architecture.

The COVID-19 pandemic had exposed the need for greater solidarity, improved global mechanisms for health emergency prevention and response, increased cooperation and knowledge-sharing between regions, and health systems strengthening at the global level. Although noncommunicable diseases represented the highest burden on health systems, only a minuscule amount was spent on preventive services and governments were often hesitant to adopt effective policies to address health determinants and risk factors. In a fast-changing world, it was more urgent than ever to work together to implement change in order to ensure a rapid and effective health sector response and a better understanding of countries' populations.

The representative of COLOMBIA said that he shared the concern expressed by others that many regions of the world were not on track to meet the target of vaccinating at least 70% of the global population against COVID-19 by mid-2022. Achieving that goal required strengthened multilateralism, the leadership of WHO and the commitment of all countries to ensure equitable access to COVID-19 vaccines. As a Co-Chair of the COVAX Facility Shareholders Council, his Government welcomed the recent increase in vaccine distribution, especially to the most vulnerable regions, and called for intensified efforts in the year 2022 to meet the needs of low- and middle-income countries. In addition to vaccine production and delivery, it was important to ensure the necessary infrastructure for vaccine administration and cold-chain preservation, as well as to strengthen human resources in recipient countries and educate populations about the global vaccination effort in order to encourage vaccine acceptance. The transfer of technology, in particular mRNA technology, to South Africa and South America was welcome and must be rolled out more widely in the near and medium term.

The representative of OMAN thanked the Director-General for his leadership throughout his tenure. Supporting the call for equitable access to all health goods, he recognized the heroic efforts of health care workers around the world during the COVID-19 pandemic, many of whom had not had access to personal protective equipment, therapeutics, diagnostics or vaccines. Outlining the action taken by his Government to combat COVID-19, he said that the lessons learned would help to improve health care in his country. He expressed support for WHO reform initiatives, especially on sustainable financing, without which WHO could not meet Member States' expectations. A new WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response was essential and would not weaken but could instead strengthen the International Health Regulations (2005). The international community must work together, not only to manage the current pandemic, but also to try to prevent those that would inevitably occur in the future. Lastly, he called for action on the alarming issue of antimicrobial resistance.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, expressed support for the establishment of the Intergovernmental Negotiating Body, which should take into account in its work the issue of palliative care, including the associated human resources, financing and health products. In view of the urgency of the current global health situation, the Intergovernmental Negotiating Body should complete its work in one year so that the convention, agreement or other international instrument could be implemented as of the year 2023.

The representative of TAJIKISTAN, commending WHO's hard work on COVID-19 vaccination and on strengthening the role of primary health care, said that the pandemic had revealed shortcomings in the global health system, which required national, regional and international health and development organizations to change the way they worked. Much depended on changes in health financing and his Government supported the Director-General's proposal in that regard, which it hoped would lead to better health in the future.

The representative of GRENADA, thanking the Director-General for his support throughout the COVID-19 pandemic, said that vaccine equity was the only true way out of the pandemic. Steps must

be taken to tackle antimicrobial resistance and the ongoing burden of noncommunicable diseases. In addition, further support should be provided to tackle vector-borne and neglected tropical diseases.

The representative of PERU, describing his Government's efforts to tackle COVID-19, said that the international community's failure to create a global mechanism to protect the most vulnerable populations had led to inequities in access to vaccines, equipment and human resources and in survival rates. WHO and other international organizations should therefore work towards the development of mechanisms to promote solidarity and health equity. Welcoming WHO's efforts to address vaccine inequity, he called on countries to work together to develop effective systems for manufacturing vaccines and the biological elements and other equipment necessary to guarantee the right of their populations to health care. His Government had decided to donate surplus vaccines as a mark of solidarity and to help to rid the world of COVID-19.

**The meeting rose at 13:00.**

## SECOND MEETING

Monday, 24 January 2022, at 14:20

Chair: Dr P. AMOTH (Kenya)

**1. REPORT BY THE DIRECTOR-GENERAL:** Item 2 of the agenda (document EB150/3)  
(continued)

The representative of the SYRIAN ARAB REPUBLIC said that the coronavirus disease (COVID-19) pandemic had exposed weaknesses and discrepancies among both developed and developing countries and was also hindering achievement of the Sustainable Development Goals. Despite the ongoing challenges, his country was still being subjected to sanctions by the United States of America and others that were impeding its pandemic response efforts, despite the recognition by the United Nations Secretary-General that sanctions were negatively affecting the capacity of countries to combat the pandemic. People in the occupied Syrian Golan and the occupied Palestinian territory, including East Jerusalem, were also facing major health challenges as a result of callous practices by the Israeli authorities. He called upon the international community to provide emergency assistance to Syrian families that had been displaced and left without shelter in dire weather conditions as a result of the sanctions, which were tantamount to war crimes and crimes against humanity.

The representative of ETHIOPIA,<sup>1</sup> noting the report contained in document EB150/3, said that the Director-General had not lived up to the integrity and professional expectations required of his position, and had been using his office to advance his personal political interests at the expense of Ethiopia.

The CHAIR said that the representative of Ethiopia's comments were made in reference to a note verbale and the subject matter that the Board had considered at its first meeting should be addressed by those concerned via alternative channels. Citing Rule 14 of the Rules of Procedure of the Executive Board, he reminded the speaker to refrain from remarks that were not relevant to the subject under discussion.

The representative of NORWAY<sup>1</sup> said that the pandemic had shown WHO to be an indispensable actor for all countries in preventing and responding to health crises. There were a number of important issues to be discussed to ensure WHO's capacity to fulfil its mandate: establishment of a sound legal framework for pandemic preparedness and a strong commitment from WHO to transparency; sustainable financing of WHO, which should be ensured in part through a significant increase in assessed contributions; and a stronger culture of accountability and integrity, which would require solid systems for tackling exploitation, harassment and abuse and increased action by senior management to restore trust in WHO. While governance reform was an integral element in work on those three areas, Member States must be mindful of the need not to create new structures and to ensure WHO's efficiency and independence.

The representative of the REPUBLIC OF MOLDOVA<sup>1</sup> said that, although her country had been caught unprepared for the COVID-19 pandemic, the entire health system had been strengthened thanks

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

to the pandemic response and the valuable support of the international community, including WHO. The next step would be to draw on the lessons learned from the pandemic and the need to strengthen rehabilitation services for treating long-term symptoms of COVID-19, address the silent epidemic of antimicrobial resistance and improve digital health solutions. She thanked the Director-General for his constant engagement in addressing the challenges of the pandemic. Her Government would continue to cooperate with WHO to safeguard sustainable health systems.

The representative of CHINA<sup>1</sup> said that the COVID-19 pandemic was a challenge for all humanity that could only be overcome if countries worked together and were guided by science. His Government praised the Director-General's contribution to promoting international health cooperation and assured him of its continued support. In addition to past donations made to support developing countries' pandemic response efforts, his Government had recently pledged to provide millions of vaccine doses free of charge to African countries and ASEAN Member States, and would continue to strengthen its cooperation with WHO and other stakeholders.

The representative of the PHILIPPINES<sup>1</sup> commended the Director-General and the Secretariat for their commitment to inclusive and transparent discussions on the sustainable financing of WHO and for providing detailed information on the benefits of an international instrument for strengthening health emergency preparedness and response. The COVID-19 pandemic had worsened inequalities and WHO must have the capacity to support health systems strengthening at the primary care level through universal health coverage and a One Health approach, in order to strengthen capacities to contain the spread of pathogens. Regional action was needed to resolve issues of intellectual property, technology transfer and increased local manufacturing capacity for health products, especially during emergencies; however, efforts to combat noncommunicable diseases and address the social determinants of health must not be neglected. His Government remained committed to promoting the achievement of the triple billion targets and realizing a new vision for global health.

The representative of GERMANY,<sup>1</sup> citing some of the many initiatives being launched in response to the COVID-19 pandemic, said that the global health architecture was being fundamentally reshaped. There was a need to look at the broader picture and link internal debates to those taking place outside WHO's governing bodies. The year 2022 would be decisive in ensuring whether global health governance would become less fragmented, better coordinated and more inclusive than before the pandemic, which was the only way to ensure real progress on the health-related Sustainable Development Goals and make the world safer. Although not yet ideally equipped, WHO remained the best positioned to lead and coordinate global health efforts, thanks to its universal membership and broad mandate. It was therefore in the interest of all Member States to strengthen WHO and its role.

The representative of SPAIN<sup>1</sup> said that WHO's leading role in the multilateral response to the COVID-19 pandemic and global health architecture should be recognized and strengthened. She outlined actions being taken by her Government, which included developing public health policies with the Sustainable Development Goals in mind, providing financing and vaccine doses to the COVID-19 Vaccine Global Access (COVAX) Facility, supporting the development of an international pandemic treaty and amendments to the International Health Regulations (2005), and backing development of a Spanish COVID-19 vaccine.

The representative of CANADA<sup>1</sup> said that collective efforts to end the COVID-19 pandemic must include equitable access to tools and technologies, and a focus on strengthening pandemic preparedness and response. She welcomed the decision at the Second special session of the World Health Assembly to negotiate a new international instrument on pandemic prevention, preparedness and response, emphasizing that the process should be inclusive, consensus-based, transparent and Member State-led. The impartial regional representatives elected to the Intergovernmental Negotiating Body to Strengthen

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

Pandemic Prevention, Preparedness and Response must consult frequently and thoroughly with Member States and maintain open lines of communication in developing the instrument. Canada was committed to working closely with all Member States of the Region of the Americas to advance regional priorities, should it be elected as one of the officers of the Intergovernmental Negotiating Body.

The representative of BELGIUM<sup>1</sup> said that, although the global health situation and vaccine inequity remained deeply troubling, his Government remained committed to improving the global preparedness and response capacity through international cooperation and was pleased to have donated millions of vaccine doses and support the development of local vaccine manufacturing. He thanked the Working Group on Sustainable Financing and the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. His Government supported the adoption of a binding pandemic treaty that emphasized prevention, equitable access to treatment and countermeasures, and health systems strengthening worldwide. It could also go along with the proposal to fund half of WHO's base budget through assessed contributions, and called on all Member States to commit to ensuring that WHO was sustainably financed, in order to strengthen global health governance.

The representative of ISRAEL<sup>1</sup> said that, despite encouraging signs, the Omicron variant of SARS-CoV-2 (B.1.1.529) might not be the last variant of concern. The pandemic had been a strong reminder that resilient health systems were the backbone of societies and economies and that close cooperation was imperative. Formulating a new international instrument that focused on pandemic preparedness and included a response mechanism for future outbreaks was therefore essential to improve coordination between institutions, countries and international organizations. If WHO was to retain its leadership role, it must be appropriately financed and create more efficient and relevant systems. Doing so would require a fresh outlook, courage and professionalism, including preventing conflicts of interest and politicization within the Organization. His Government remained committed to working with WHO and the international community to respond to current and future challenges.

The representative of BRAZIL,<sup>1</sup> noting that the COVID-19 pandemic had brought health inequalities into sharp focus, said that her Government was proud to have contributed to the attainment of global vaccination targets. It was fully engaged in efforts to ensure that WHO was better prepared for future health emergencies and welcomed the support provided by the Secretariat to Member States whose health systems had been disrupted by the pandemic. Her Government also welcomed WHO's continued monitoring of progress towards the triple billion targets and health-related Sustainable Development Goals. Greater impact in countries could only be achieved through close coordination with national health authorities, with a particular focus on strengthening national health offices and systems and promoting more equitable access to services.

The representative of JAMAICA<sup>1</sup> expressed support for extending the Thirteenth General Programme of Work 2019–2023 to 2025. Small island developing States like hers required continued technical assistance to strengthen their health systems, including in the context of the pandemic. She looked forward to discussions on strengthening the international health architecture and WHO's preparedness and response to health emergencies, and recognized the importance of the sustainable financing of WHO and of strengthened governance, accountability and transparency. She appreciated the Secretariat's efforts to maintain business continuity during the pandemic while providing support to national governments and regional offices, and encouraged the Secretariat to prioritize maintaining base programmatic activities. Noting with concern the inequitable access to vaccines, the increased burden of noncommunicable diseases and other global challenges, she welcomed the five key priorities outlined in the Director-General's report.

The representative of FINLAND,<sup>1</sup> noting with concern the impact of the COVID-19 pandemic, said that WHO's advice and monitoring remained critical for getting back on track in key areas such as

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



noncommunicable diseases, mental health, immunization, and sexual and reproductive health and rights. Health promotion was a long-term priority for her Government, and she welcomed WHO's recent commitments in that regard. Finland stood ready to continue working towards sustainable financing for WHO and welcomed the Secretariat's commitment to strengthening the prevention of, and response to, sexual exploitation, harassment and abuse. Good governance was at the core of WHO's ability to serve the world.

The DIRECTOR-GENERAL thanked representatives for their comments, which had been carefully noted and would be taken as input and guidance.

### **Rights of reply**

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> speaking in exercise of the right of reply, said that the Assad regime of the Syrian Arab Republic was sowing disinformation about the COVID-19 pandemic as a means of seeking relief from sanctions imposed in response to the regime's continued war against its own people. The sanctions imposed by her Government were an important tool to press for accountability for human rights abuses and did not target the provision of humanitarian relief. In the year 2021, long-standing exemptions, exceptions and authorizations had been extended to cover pandemic response activities, including the delivery of face masks, ventilators, vaccines, tests and field hospitals. Her Government had also donated millions of United States dollars in pandemic aid within Syria and for Syrian refugees in the region, in addition to the billions of dollars in humanitarian aid provided since the outbreak of the conflict.

The representative of ISRAEL,<sup>1</sup> speaking in exercise of the right of reply, expressed disappointment that the representative of the Syrian Government was seeking to politicize the Board's discussions. Actions by the Syrian Government during the past 10 years of conflict had shown that it did not view health care as a human right but rather as a means of controlling its population and maintaining power. The Syrian Government must stop politicizing health, both within Syria and at WHO meetings. He urged all Member States to preserve the non-political nature of WHO as a leading force in international cooperation during the pandemic, and to refrain from the type of political point-scoring that occurred in other United Nations bodies.

The representative of the SYRIAN ARAB REPUBLIC, speaking in exercise of the right of reply, urged all Member States to refer to her country by its official name. It was deeply regrettable that people were living under occupation in the current age. The Government of the United States of America had itself admitted that raids and attacks by its armed forces had caused the deaths of many civilians. Forces from the United States of America, on Syrian territory illegally, were protecting armed groups that pillaged resources in United States controlled territory, depriving Syrians of electricity and heating. International sanctions were depriving people in her country of medicines, including cancer treatments. In response to remarks by the representative of Israel, she drew attention to the health situation of Palestinians in the occupied Syrian Golan and the rest of occupied Palestinian territory, including East Jerusalem, and the failure of the occupying power to fulfil its obligations towards those citizens.

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

**2. OUTCOME OF THE SECOND SPECIAL SESSION OF THE WORLD HEALTH ASSEMBLY, HELD TO CONSIDER DEVELOPING A WHO CONVENTION, AGREEMENT OR OTHER INTERNATIONAL INSTRUMENT ON PANDEMIC PREPAREDNESS AND RESPONSE:** Item 3 of the agenda

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the COVID-19 pandemic had highlighted the importance of international collaboration and the need for global efforts rooted in equity and solidarity to create a step change in pandemic prevention, preparedness and response. He therefore welcomed the decision of the Second special session of the Health Assembly on the establishment of the Intergovernmental Negotiating Body to Strengthen Pandemic Preparedness, Prevention and Response and expressed the hope that the new instrument would be adopted under Article 19 of the WHO's Constitution so as to be legally binding. He trusted that the negotiation process would be inclusive, collaborative and transparent; and would address the priorities of equitable access, the One Health approach, improved surveillance and data sharing, and health systems strengthening. The adoption of a new legally binding instrument was the only way to tackle those issues in a coherent, cross-sectoral way with the involvement of non-State actors. His Government looked forward to working with fellow Member States to effect meaningful reforms.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that the successful outcome of the Second special session of the Health Assembly showed what Member States could achieve when they worked towards a common goal. In the Region, in particular, inequitable access to essential supplies during the COVID-19 pandemic had resulted in a heavy reliance on imports, and health systems also lacked core capacities required by the International Health Regulations (2005). Any amendments to the Regulations must not jeopardize the gains made over the years, and the new international instrument should address issues including equitable access to vaccines and the sharing of data, technology and intellectual property. He stressed the need to strengthen implementation of, and compliance with, the Regulations, ensure the sustainable financing of WHO and promote a whole-of-government and whole-of-society approach to pandemic prevention and response. Ensuring the full participation of Member States of the Region in the Intergovernmental Negotiating Body would be a challenge. The negotiations must be guided by a clear and transparent process and be scheduled to allow all Member States to participate.

The representative of the REPUBLIC OF KOREA said that there had been clear shortcomings in the response to the COVID-19 pandemic: incomplete implementation of the International Health Regulations (2005); insufficient exchange of specimens, information and technology; delayed collaboration among governments; and unequal distribution of response tools, such as vaccines. He therefore welcomed the decision to establish an Intergovernmental Negotiating Body. He praised the contribution of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and trusted that the draft instrument would be developed in a transparent and inclusive manner. His Government planned to actively engage in the negotiations, drawing on its experience in launching the Support Group for Global Infectious Disease Response. Noting the importance of the swift and equitable distribution of COVID-19 tools, he outlined the action taken by his Government to advance vaccine access and production, and expressed the hope that equity would be a key element of the future pandemic treaty.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, 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 Georgia aligned themselves with his statement. The European Union had been advocating for a strong pandemic treaty since late 2020 and fully endorsed the way forward set forth by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The next goal should be to address and act upon the recommendations of the review panels established to further health emergencies preparedness.

Adoption of a pandemic treaty would be a crucial step towards strengthening preparedness, prevention and response and should address gaps in the current system. The European Union hoped that the treaty would lead to the formal recognition of the One Health approach as a means of preventing, detecting and controlling emerging pathogens, and reflect a commitment by Member States to increase investment in prevention and preparedness. It should also facilitate the sharing of pathogen genetic sequence data, promote equitable access to medical countermeasures, establish predictable mechanisms for a united global response to the next pandemic, and serve as a tool for better international collaboration, with WHO playing a leading and coordinating role. The Member States of the European Union looked forward to the first meeting of the International Negotiating Body and the development of a working draft.

The representative of SINGAPORE said that any new international instrument could only achieve its purpose if signatories were willing and able to fulfil their commitments. The Intergovernmental Negotiating Body might therefore need to take a pragmatic approach in developing the draft instrument. It should also take into account the discussions and outcomes of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and coordinate closely with it to ensure coherence and complementarity. His Government remained committed to working constructively with fellow Member States to move forward on the Working Group's mandate and contribute to the efforts of the Intergovernmental Negotiating Body.

The representative of COLOMBIA reiterated his Government's confidence in multilateralism as the best way to build a more resilient world and prevent future emergencies through transparent, inclusive processes that achieved compromise among countries and stakeholders. The Intergovernmental Negotiating Body must coordinate with the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies in analysing the recommendations of the various committees and panels on health emergency preparedness. The Intergovernmental Negotiating Body must have a clear mandate and processes and its working methods must be inclusive, ensuring that the interests of countries and regions around the world were represented.

Steps taken to strengthen implementation of, and compliance with, the International Health Regulations (2005) should seek convergence on challenges such as equitable access to medical countermeasures, a One Health approach, advancement of universal health coverage and health systems strengthening. His Government was committed to developing a new international instrument that was useful, flexible, cross-cutting, easy to adapt and implement, and sufficiently financed.

The representative of PERU said that the global health system had not been prepared for a pandemic and the significant inequalities that persisted in access to, and distribution of, COVID-19 vaccines constituted proof that global cooperation and solidarity were not yet sufficient to achieve the objectives set out in many international resolutions. He therefore welcomed the launch of negotiations on a new international instrument to address future pandemics. The new instrument should establish equity as a central pillar, ensuring universal access to medical countermeasures such as vaccines by tackling research and development, intellectual property, technology transfer and increased local manufacturing capacity, among other issues. It was equally important to strengthen the International Health Regulations (2005) through timely amendments to ensure compliance and improve surveillance and warning systems. His Government was committed to playing its part in coordinated international efforts to strengthen preparedness and response.

The representative of BANGLADESH said that many unnecessary deaths during the COVID-19 pandemic had been caused by the limitations of WHO and the global health architecture, weak health systems and the ascendancy of national and commercial interests over public health. The constraints faced by developing countries must be taken into account in the new international instrument, which must also contain provisions concerning: enhanced mutual support and cooperation among Member

States and stakeholders; a waiver of intellectual property rights during public health crises; technology sharing; capacity-building initiatives; and equitable production and distribution of vaccines, therapeutics and diagnostic tools. The new instrument should be a tool for fostering strong political commitments. Its deliverables should reflect global solidarity to safeguard public health interests, and its legally binding nature should not detract from its value.

The representative of TUNISIA said that his Government attached great importance to the development of an international convention, agreement or other instrument on pandemic preparedness, which would serve to guarantee health security – a fundamental human right. The matter was also a priority in the Eastern Mediterranean Region, whose leaders had long supported the creation of such an instrument. The International Health Regulations (2005) remained an important tool to which all States should accede, and which should be amended if required. The Secretariat should support Member States in strengthening their core capacities and in fully implementing the Regulations. The proposed standing committee on health emergency (pandemic) prevention, preparedness and response should announce its findings and seek consensus among Member States. Solidarity and cooperation constituted the only means of achieving a fit-for-purpose health system based on the principles of universality, equity, transparency and human rights.

The representative of the RUSSIAN FEDERATION said that there was a clear need to strengthen global preparedness and response for pandemics and other health emergencies. The decision to develop a new international instrument served as the basis for close cooperation to strengthen the global health architecture. However, that difficult task could only be achieved through a comprehensive approach and expert analysis, and caution should be exercised. Continued efforts were required to strengthen, and ensure compliance with, the International Health Regulations (2005), which must remain the cornerstone of health emergency preparedness and response. Any amendments to the Regulations must be fully justified and agreed by consensus. Noting that the Intergovernmental Negotiating Body should be open to all Member States, he emphasized the importance of clearly defining its competence and working methods, the powers of the chair and vice-chairs, the modalities for the participation of non-State actors, and of ensuring that decisions were taken by consensus. The negotiation process must be inclusive, transparent and effective, and his Government stood ready to work with all stakeholders.

The representative of ARGENTINA thanked the co-chairs of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies for their tireless work to achieve consensus among Member States. The adoption of an effective international instrument that would garner political attention and ensure a whole-of-government and whole-of-society approach to pandemic preparedness and response would require a transparent, inclusive, consensus-based process that took into account the needs of all Member States, their sovereignty and access to resources. The text should be negotiated within a reasonable time frame with due account taken of the recommendations by the various health emergency panels and committees. The process would provide a clearer understanding of aspects that could be addressed through amendments to the International Health Regulations (2005), the new instrument or through other means, such as Health Assembly resolutions and decisions.

The representative of AUSTRIA welcomed the decision to set up an intergovernmental negotiation process to develop an urgently needed international instrument. The new agreement must be legally binding to have full impact, and its added value would lie in Member States' willingness to share not only information but technology, especially when it came to vaccines, therapeutics and other response tools. The sharing of technology must be viewed not as charity but as empowerment. However, it should be accompanied by mechanisms to address the value and economic interest of new scientific and research developments. Efforts should be made in parallel to improve the efficiency of existing mechanisms, especially the International Health Regulations (2005).

The representative of KENYA said that the lack of timely and equitable access to vaccines and other medical countermeasures had been the most detrimental factor in the global response to COVID-19. Equity should therefore be a guiding principle and goal during future pandemics. His Government was a strong proponent of developing a new, legally binding pandemic treaty and remained committed to supporting work in that regard. It looked forward to electing the officers of the Intergovernmental Negotiating Body and to starting its work. Any proposed obligations on Member State must be balanced by tangible incentives, including a mechanism to address the need for increased financial and technical resources and the sharing of knowledge and technology to support more resilient health systems.

The representative of MALAYSIA said that Member States were often reluctant to share information about public health risks openly because they feared a disproportionate international response. The COVID-19 pandemic had revealed a lack of reward structures under the International Health Regulations (2005), which was a key component of the global health architecture; incentivizing Member States' reporting of public health risks and threats would help to overcome shortcomings concerning early warning systems, response coordination and information sharing. He called for greater coordination among separate yet similar complementary health emergency initiatives. The impact of the standing committee on health emergency (pandemic) prevention, preparedness and response on existing health emergency governance required careful consideration. He would welcome further discussion and clarity on how the standing committee would relate to existing committees, such as the emergency review committees established under the Regulations. Lack of coordination could result in duplication and conflict between scientific guidance and WHO policies.

The representative of BURKINA FASO said that the Second special session of the World Health Assembly and the creation of the Intergovernmental Negotiating Body were historic achievements. The COVID-19 pandemic had thrown a stark light on the challenges faced by health systems and had also made clear where action was needed, not just to end the current pandemic but to tackle future emergencies. The international community should act quickly to develop an international pandemic treaty. Although care should be taken to make the new instrument transparent, inclusive, consensus-based and equitable, three to four years should be sufficient. Quality palliative care and infection treatment and control were essential issues for low-income countries that must be taken into account.

The representative of OMAN said that, while the importance of adopting a new treaty or other international instrument was indisputable, the negotiations would not be easy. Success would depend on the entire global community's commitment to taking action on pandemic prevention, preparedness and response. He would welcome the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response and the representative of Austria's suggestion that the Director-General should submit a proposal for a new global health architecture for emergencies to the Health Assembly. The COVID-19 pandemic had not been properly managed owing to governments' reluctance to share information and medical products, and he noted with concern that many health care workers around the world were yet to be vaccinated. The same mistakes must not be repeated in the future.

The representative of CHINA<sup>1</sup> expressed his Government's firm support for WHO's leading role in global health governance and for reforms of the global health system based on the principles of universality, equity and a whole-of-government and whole-of-society approach. The International Health Regulations (2005) were the cornerstone of global health governance, and he supported WHO's work to strengthen them. Revisions should improve compliance, financing and information management, among other areas. His Government was open to initiatives to improve global solidarity and cooperation during pandemics, and stood ready to collaborate with all parties regarding the conclusion of an international pandemic agreement. It was to be hoped that steady progress would be made through

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

negotiations that were based on consensus and universal participation, and avoided any politicization or stigmatization.

The representative of INDONESIA<sup>1</sup> said that the establishment of the Intergovernmental Negotiating Body would provide momentum for strengthening global health emergency prevention, preparedness and response and its work should be coherent, inclusive, transparent and Member State-led. The new legally binding international instrument should provide a concrete solution to fill the gaps in the global health architecture for emergencies, be based on collective experience and advance equity, including by strengthening collaboration and reaffirming the central role of WHO. There was a need to consider: creating a mechanism to ensure rapid access to medical countermeasures, including by increasing local manufacturing capacity in developing countries; strengthening health systems' resilience by building core capacities; and harmonizing international travel regulations during health emergencies.

The representative of SPAIN<sup>1</sup> said that her Government had been among the first to call for the development of a pandemic treaty, which should be legally binding under Article 19 of the WHO Constitution and complement the International Health Regulations (2005). Adopting such a legal instrument was the only way to consolidate WHO's leadership role and the multilateral system as a whole. She therefore supported the efforts of the various working groups to consider aspects in need of review. However, all proposed reforms of governance and financing of the global health architecture should strive for equity, which could only be achieved by respecting WHO's central role, technical nature and scientific independence.

The representative of the PHILIPPINES<sup>1</sup> praised the adoption by the Intergovernmental Negotiating Body of inclusive, transparent working methods and efficient timelines – principles that her own Government also strove to embody. She recognized the importance of continued commitment to an evidence-based approach when developing the new international instrument. She also underscored the importance of mechanisms to accelerate progress towards achieving target 3.d of the Sustainable Development Goals on early warning, risk reduction and management of national and global health risks, which would align well with work to build core capacities required by the International Health Regulations (2005). Coherent and complementary efforts were needed, from the subnational to the global level, to achieve more effective pandemic prevention, preparedness and response.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that negotiations on the new international pandemic instrument must be Member State-led, and noted that non-State actors, including civil society, private sector organizations and philanthropic stakeholders, should have a voice in the process. Member States should develop a coordinated and complementary process for engagement on the amendments to the International Health Regulations (2005) and the negotiation of the new instrument since those efforts must be collaborative and mutually reinforcing.

The representative of FINLAND<sup>1</sup> commended the Secretariat, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and the Australian and Chilean delegations for their role in the decision to create an Intergovernmental Negotiating Body. However, it was also important to understand what could be achieved by amending and building upon existing mechanisms such as the International Health Regulations (2005). Analysis of other recommendations for strengthening WHO and global health emergency preparedness and response must also continue. It was the responsibility of Member States to identify the best solutions, and his Government stood ready to engage actively in finding complementarity among the various mechanisms.

The representative of NAMIBIA<sup>1</sup> underscored the central importance of equity, which should be viewed as both a principle and an outcome. A new legally binding pandemic treaty should address the

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

challenges associated with access to, and distribution of, medical countermeasures and cover issues such as intellectual property, technology transfer and promotion of local and regional manufacturing capacity. The new instrument would require solid financing mechanisms for implementation, and she called for high-level commitments in that regard. Meetings of the International Negotiating Body and the Working Group should be scheduled in a way that accommodated participation by smaller delegations.

The representative of PAKISTAN<sup>1</sup> said that the COVID-19 pandemic had exposed gaps in the global health security architecture and its impact had been exacerbated by inequitable access to vaccines and countermeasures. His Government therefore called for the removal of barriers to scaling up vaccine production through the sharing of technology and a temporary waiver on intellectual property rights. He welcomed the establishment of the Intergovernmental Negotiating Body and emphasized that the new international instrument should be developed in a spirit of inclusiveness and equity, with public interest given priority over other considerations. The new instrument should maintain a balance between States' rights and obligations, considering their varied levels of development and capacity. Doing so would allow for greater international cooperation and lead to a more robust, resilient, equitable and effective response to future pandemics.

The representative of MEXICO<sup>1</sup> said that a fully inclusive and transparent intergovernmental negotiation process would improve the legitimacy and implementation of any international instrument adopted, which must address equity as a central and cross-cutting theme. Full compliance with existing international commitments was equally important, and his Government would support efforts to update the International Health Regulations (2005) and clarify the mandate of WHO and the responsibilities of States. No adjustment to the international normative framework was more important than efforts to increase investment and national capacities to guarantee the human right to health.

The representative of BRAZIL<sup>1</sup> said that, in order to ensure better preparedness to future health challenges, developing countries must have increased access to medical countermeasures, including through expanded local manufacturing capacity. Other important considerations included the importance of protecting human rights, including in the context of pandemics, and close cooperation between WHO and national authorities. WHO's impact was dependent on its ability to leverage the capacity of strong, resilient national health systems. Quick fixes or partial solutions that involved a limited number of countries would be counterproductive and deepen existing divides. He looked forward to collaboration within the Intergovernmental Negotiating Body to establish a clear road map for negotiations until 2024.

The representative of CHILE<sup>1</sup> said that, having co-chaired the negotiations on the decision adopted at the Second special session of the World Health Assembly on the establishment of the Intergovernmental Negotiating Body, his Government had reaffirmed its commitment to the process and hoped to continue the prominent role it had played since the start of the discussions. The new instrument must focus on equity.

The representative of ECUADOR<sup>1</sup> said that the COVID-19 pandemic had demonstrated numerous failings of the global health architecture, particularly concerning developing countries and collaboration. The meetings in early 2022 should be seized upon as an historic opportunity to establish a framework for action with specific measures and mechanisms to support the development, manufacture and distribution of new medical countermeasures. The scaling up of local production of vaccines and other countermeasures must be considered essential and should be accompanied by technology and knowledge transfer to improve manufacturing capacity and shore up supply chains. Structuring the Intergovernmental Negotiating Body and developing a new pandemic agreement would not be an easy

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

task. Member States should be able to overcome their differences and find common ground to ensure that the world was better prepared for health emergencies and to restore trust in the global health system.

The representative of SOUTH AFRICA<sup>1</sup> said that a new legally binding instrument on pandemic prevention, preparedness and response was needed, since the International Health Regulations (2005) had failed to resolve critical issues during the pandemic. Member States had reiterated the need for solidarity and cooperation at the Second special session of the World Health Assembly, and his Government recognized the importance of ensuring equitable access to vaccines and other tools through technology transfer and increased local production. The Intergovernmental Negotiating Body should engage in an inclusive Member-State led process and its work should be conducted in a spirit of transparency, inclusivity and accountability and with due regard to gender and geographical balance.

The representative of NEW ZEALAND,<sup>1</sup> welcoming the decision to establish an Intergovernmental Negotiating Body, said that the modalities of the negotiation process must allow all Member States to participate effectively. Consistency between that process and the consideration of targeted amendments to the International Health Regulations (2005) were essential to ensure a coherent, cohesive and effective global health system.

The representative of PORTUGAL<sup>1</sup> expressed support for the development of a comprehensive new international instrument in the light of the unprecedented impact of the COVID-19 pandemic and the likelihood of more frequent health threats in the future. In order to be prepared, agreement must be reached on the overall shape of the global health architecture, with WHO at its centre. The new instrument should reflect governments' ambition and will to work together to address shortcomings, and he called on Member States to renew their commitment to the shared goal of a better prepared, more resilient, united and fairer health landscape.

The representative of the PLURINATIONAL STATE OF BOLIVIA<sup>1</sup> said that the new WHO convention, agreement or other instrument, which should be legally binding, should take into account the very different experiences of countries in the global North and South during the COVID-19 pandemic and be based on the principle of equity. It should be negotiated through a transparent, inclusive process that took into account the needs of developing countries in such areas as technology transfer, patents, health systems strengthening and fair, equitable and timely access to vaccines and other supplies. She also highlighted the need for WHO to be appropriately funded.

The representative of ETHIOPIA<sup>1</sup> said that future pandemics could not be defeated without collaboration, coordination and solidarity. Local manufacturing capacity should be enhanced in developing countries to reduce inequities in access to essential supplies such as vaccines, personal protective equipment and diagnostic tools. Member State-driven coordination, stakeholder engagement and regional platforms for collaboration were the key to a better future. Meetings of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Intergovernmental Negotiating Body must be equitable and transparent, and scheduled so that all Member States could participate. The new pandemic treaty or convention should complement, but not duplicate, the International Health Regulations (2005).

The representative of SLOVAKIA<sup>1</sup> welcomed the initiative to amend the International Health Regulations (2005), which must be coherent with the new international pandemic instrument. A unified reporting system under the Regulations was necessary for an agile global response and her Government supported regular external evaluations of Member States' emergency preparedness.

The representative of NEPAL<sup>1</sup> said that the pandemic had highlighted the need to strengthen the role of WHO – especially in health emergencies – the value of support at the national, regional and

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



global levels, and the importance of improved policy frameworks, tools and technologies. WHO must have sufficient, predictable and sustainable financing to play its role effectively, including in building and strengthening the national core capacities required by the International Health Regulations (2005). The principle of equity should be applied in the areas of capacity-building, timely access to medical countermeasures and technology transfer.

The representative of URUGUAY<sup>1</sup> said that the unprecedented burden of the COVID-19 pandemic on the world's health systems had clearly highlighted the need to strengthen the global health architecture and make WHO more effective. Efforts must be made to negotiate a new international instrument to address the shortcomings identified and to make timely amendments to the International Health Regulations (2005). Other diseases that could also become a threat in the near future, including noncommunicable diseases, must also be addressed. The international community should seize the unique opportunity to strengthen cooperation and respond not only to the current pandemic but also to future challenges.

The representative of GERMANY<sup>1</sup> said that the decision to launch negotiations on a new legally binding instrument was the most important outcome of the Second special session of the World Health Assembly and his Government agreed that non-State actors, particularly civil society organizations, should be adequately involved in the process. He welcomed the pilot implementation of the Universal Health and Preparedness Review mechanism. Amendments to the International Health Regulations (2005) should aim to modernize the Regulations and improve implementation and compliance. The new instrument and the amended Regulations should complement each other and function in tandem as the global regulatory framework for preventing and responding to global health emergencies.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that success in reforming the global health architecture would depend upon progress made in: improving socioeconomic and geographical inequities and not over-medicalizing discussions; ensuring that domestic disaster laws and frameworks were truly comprehensive and inclusive; and improving vaccine uptake and availability through community engagement and strong health systems. Her organization and its member societies stood ready to share legal and health expertise.

The representative of UNAIDS shared lessons that his organization had learned from 25 years of AIDS response and key elements from the Global AIDS Strategy 2021–2026 that were essential for pandemic preparedness and response, including: putting human rights at the centre of response efforts; applying community-centred approaches; ensuring equitable access to medicines and other health technologies; building people-centred data systems capable of highlighting inequalities; and supporting workers on the pandemic front lines.

The representative of the SOUTH CENTRE said that, among other outcomes, the Board should seek to: strengthen WHO's leading role in the global health architecture; adopt working methods and timelines for the Intergovernmental Negotiating Body that encouraged full participation by developing countries; provide direction to the work of the Intergovernmental Negotiating Body and keep administration of any future international instrument within WHO; call on the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to prioritize vaccine inequity and barriers to global production and distribution of medical countermeasures; extend the term of the Working Group on Sustainable Financing; and extend the time frame of the global strategy and plan of action on public health, innovation and intellectual property.

### **The meeting rose at 17:10.**

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

### **THIRD MEETING**

**Tuesday, 25 January 2022, at 10:25**

**Chair:** Dr P. AMOTH (Kenya)

**POST OF DIRECTOR-GENERAL:** Item 6 of the agenda

**Nomination of candidates:** Item 6.1 of the agenda (documents EB150/INF./2 and EB150/INF./6)

**The meeting was held in private session from 10:00 to 10:25,  
when it resumed in public session.**

The representative of the OFFICE OF THE LEGAL COUNSEL clarified the modalities for the interview of the proposed candidate. In accordance with decision EB146(22) (2020), the candidate's interview would be limited to 60 minutes and be divided between an oral presentation of no more than 20 minutes on the candidate's vision for the future priorities of the Organization, with an analysis of current problems facing it and suggestions as to how those should be addressed; and a question-and-answer session of no more than 40 minutes. If there were insufficient questions to fill the allotted time, the candidate would be permitted to make additional statements until the end of the 60-minute interview period.

The CHAIR suggested, with respect to the interview modalities, that the candidate should not use PowerPoint or distribute campaign or other materials during the oral presentation. A traffic light system would be used to signal the time allotted for the candidate's presentation. With regard to the question and answer session, each Board member would be given a token marked with the name of their Member State. Following the presentation by the candidate, Board members wishing to ask a question would be invited to place their token in a box. The Chair would then draw one token from the box by lot and the representative of the Member State drawn would be requested to ask his or her question in any of the official languages of WHO. That process would be repeated until the 40 minutes allotted for the question and answer session had expired. Board members would be allowed one minute to ask the question and would be permitted to ask one question only, and would be requested not to ask questions that had already been answered in the candidate's presentation or in response to a previous question. The 40 minutes would begin with the reading of the first question. The candidate would be allowed three minutes to answer a question, even if that exceeded the 40 minutes allotted for the question and answer session. Two sets of traffic lights would be used: one to signal the duration of the question and answer session; and the other to signal the one minute allotted to Board members to ask a question and the three minutes allotted for the candidate's response.

**It was so agreed.**

**The meeting was held in private session from 11:40 to 12:40,  
when it resumed in public session.**

**Nomination of candidates:** Item 6.1 of the agenda (documents EB150/INF./2 and EB150/INF./6) (resumed)

**Draft contract:** Item 6.2 of the agenda (document EB150/6)

At the request of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the resolution on the nomination for the post of Director-General adopted by the Board in private session:<sup>1</sup>

The Executive Board,

1. NOMINATES Dr Tedros Adhanom Ghebreyesus for the post of Director-General of the World Health Organization, in accordance with Article 31 of the Constitution of the World Health Organization;
2. SUBMITS this nomination to the Seventy-fifth World Health Assembly.

At the request of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the resolution on the draft contract of the Director-General adopted by the Board in private session:<sup>2</sup>

The Executive Board,

In accordance with the requirements of Rule 109 of the Rules of Procedure of the World Health Assembly,

1. SUBMITS to the Seventy-fifth World Health Assembly the draft contract establishing the terms and conditions of appointment of the Director-General;<sup>3</sup>
2. RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:

The Seventy-fifth World Health Assembly,

#### I

Pursuant to Article 31 of the Constitution and Rule 109 of the Rules of Procedure of the World Health Assembly,

APPROVES the contract establishing the terms and conditions of appointment, salary and other emoluments for the post of Director-General;

#### II

Pursuant to Rule 112 of the Rules of Procedure of the World Health Assembly,

AUTHORIZES the President of the Seventy-fifth World Health Assembly to sign this contract in the name of the Organization.

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<sup>1</sup> Resolution EB150.R1.

<sup>2</sup> Resolution EB150.R2.

<sup>3</sup> See Annex to the present resolution.

The CHAIR congratulated Dr Tedros Adhanom Ghebreyesus on his nomination as Director-General.

The DIRECTOR-GENERAL said that he was grateful for the Board's renewed expression of confidence in his ability to lead the Organization. He greatly appreciated the support shown to him during his first term as Director-General, in particular over the past two difficult years during the fight against the coronavirus disease (COVID-19) pandemic. Although the path ahead would continue to be challenging, significant progress had been made in tackling the pandemic, including through the development of the necessary knowledge and tools. Those collective efforts could result in the acute phase of the COVID-19 pandemic coming to an end in 2022.

He was honoured to have been nominated for a second term and expressed his commitment to building an Organization that was even more effective, efficient, accountable and transparent, and that better served the vulnerable. The key to that objective was the need to address the root causes of the pandemic, such as hunger, inequity, racism and gender discrimination, and to align the Organization's work with the Sustainable Development Goals. The global community must recommit itself to achieving the Goals and ensure the availability of adequate financing in order to effectively address the related issues, tackle the pandemic and build a better future. He was ready to serve the Organization and requested continued support to collectively promote health, keep the world safe and serve the vulnerable.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, expressed appreciation for the clear information provided by the Office of the Legal Counsel on the procedure for the nomination of candidates for the post of Director-General and welcomed the support provided by the Secretariat during the various stages of that process. Noting with satisfaction the conduct of the procedure, she commended the Secretariat for its work in that regard and called for the process to be completed in accordance with WHO procedures.

The representative of MOROCCO,<sup>1</sup> speaking on behalf of the Member States and non-Member Observer State of the Eastern Mediterranean Region, commended the Secretariat and the Office of the Legal Counsel on the conduct of the nomination process. He fully supported the Director-General's nomination for a second term and commended him for the work accomplished during his first term and the tangible advancements towards attaining the Sustainable Development Goals and triple billion targets. The Director-General had demonstrated a tireless commitment to finding solutions and allocating adequate resources to effectively respond to the challenges posed by the COVID-19 pandemic. The only way to end the pandemic was by intensifying collective efforts and ensuring that no one was left behind. The Director-General's nomination for a second term was essential to ensure that people around the world continued to benefit from the outcomes of WHO's major ongoing projects, including the strategy to achieve global COVID-19 vaccination by mid-2022.

The representative of GUYANA, speaking on behalf of the Member States of the Region of the Americas, congratulated the Director-General on his nomination for a second term and expressed appreciation for his work over the previous five years. It was crucial to elect a capable and dedicated candidate to address global health concerns, including the need to ensure equitable and affordable access to health care services and medical products. In addition to fulfilling the criteria set out in resolution WHA65.15 (2012), the candidate for the post of Director-General must be as innovative, pragmatic and practical as possible with a view to promoting inclusiveness and transparency. The Member States of the Region, which were among the countries hardest hit by the COVID-19 pandemic, counted on the support of WHO/PAHO to strengthen national health systems and universal health coverage, with a particular focus on those countries most in need. He expressed support for the nomination of the Director-General and called on him to continue to ensure a culture of transparency and accountability within WHO and to lead the Organization in a robust, effective and efficient manner.

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

The representative of FRANCE, speaking on behalf of the Member States of the European Region, congratulated the Director-General on his nomination for a second term of office. He welcomed the Director-General's continued leadership of efforts to bring an end to the COVID-19 pandemic, and to ensure the highest attainable standard of health for all, reinforce the role of WHO in the global health architecture and strengthen pandemic preparedness, prevention and response. As part of such efforts, both global health and institutional challenges must be addressed, such as the implementation of action plans to prevent and combat sexual exploitation, abuse and harassment, and the promotion of a culture of compliance with rules, a strong work ethic and trust within the Organization. He encouraged the Director-General to continue the WHO reform process, complete the WHO transformation and ensure that the Organization served all people, in particular the most vulnerable. Expressing support for WHO's leadership and coordinating role in global health, he called for the Secretariat to collaborate closely with Member States on all new technical and political developments and initiatives. The Secretariat's work should be based on principles of transparency, responsibility and inclusiveness.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, commended the Secretariat and the Office of the Legal Counsel for the seamless conduct of the nomination process. He supported the nomination of the Director-General for a second term and expressed appreciation for his leadership of the Secretariat's tireless efforts to support and guide Member States in responding to the COVID-19 pandemic. Concerted and transformative efforts were urgently needed to ensure a stronger and more effective global health architecture. WHO should be agile and responsive to the needs of Member States, and its ability to deliver results across the three levels of the Organization must be strengthened. Programmes should be formulated through a bottom-up approach based on regional priorities and should support countries to build national health system resilience. He hoped that, through the Director-General's continued leadership, equitable health would become a reality.

The representative of the REPUBLIC OF KOREA, speaking on behalf of the Member States of the Western Pacific Region, warmly congratulated the Director-General on his nomination for a second term. He expressed appreciation for the Director-General's steadfast leadership of WHO during the COVID-19 pandemic and his stewardship of institutional change under the WHO transformation agenda. He also appreciated the Director-General's compassion, humanity and unwavering commitment to supporting the most vulnerable communities, as well as his strong advocacy to advance action on a range of issues, including universal health coverage and noncommunicable diseases. The Director-General's ongoing work to tackle antimicrobial resistance, infectious diseases and the health impacts of climate change was also welcome. He greatly appreciated the attention brought by the Director-General to the interests of small island developing States, especially those in the Pacific region. The Member States of the Region looked forward to continuing to work closely with the Director-General during his second term.

**The meeting rose at 13:10.**

## FOURTH MEETING

Tuesday 25 January 2022, at 14:00

Chair: Dr P. AMOTH (Kenya)

### 1. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 5 of the agenda (document EB150/5)

The CHAIR reminded the Board that the Programme, Budget and Administration Committee of the Executive Board had considered items on the agenda for the current session of the Board. The Board would be invited to consider the Committee's recommendations on each relevant agenda item as it came under discussion by the Board.

The representative of GRENADA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had supported the implementation of recommendations contained in the report of the Independent Expert Oversight Advisory Committee. It had encouraged the Secretariat to build on progress made in the areas of cybersecurity and data analytics and to report to the Board on matters including the benchmarking of the budgetary levels of enabling functions as a proportion of the overall budget across the United Nations system. It had also recommended that the Board should confirm its agreement with the proposed revised terms of reference of the Advisory Committee.

The Committee had welcomed the improved financing of the Programme budget 2020–2021 and the increased funding obtained from core voluntary contributions and thematic funds. It had recommended that the Secretariat should continue taking steps to improve the persistent uneven financing in support of certain programme budget results and across programmes, which was a concern, and submit a report analysing options for correcting the protracted inequitable distribution of resources across the three levels of the Organization. The Committee had recommended that the Secretariat should conduct consultations with Member States on the revision of the Programme budget 2022–2023 prior to the Seventy-fifth World Health Assembly and present more details on the costing, programmatic elements and analysis of possible efficiencies to generate savings. It had also recommended that the Board should adopt the draft resolution on extending the Thirteenth General Programme of Work, 2019–2023, to 2025. The Committee had noted the commitment of Member States to making progress on sustainable financing, building on the draft recommendations set out in the report of the Working Group on Sustainable Financing, and had recommended that the Board should consider extending the mandate of the working group, with a view to having it submit a report to the Seventy-fifth World Health Assembly. It had also recommended that the Board should adopt the draft resolutions on scale of assessments 2022–2023 and on the status of collection of assessed contributions. He also outlined the Committee's guidance concerning the prevention of sexual exploitation, abuse and harassment, the Organization-wide evaluation workplan for 2022–2023, the implementation of the Framework of Engagement with Non-State Actors and human resources.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed the increased funding obtained from core voluntary contributions and thematic funds for the financing and implementation of the Programme budget 2020–2021 and the fact that 80% of the funding distributed would be directed towards regions and countries. An equitable share of the US\$ 50 million included in the Programme budget 2022–2023 for reinforcing the prevention of and response to sexual exploitation, abuse and harassment, should be allocated to the African Region.

He supported the extension of the Thirteenth General Programme of Work, 2019–2023, to 2025 and of the mandate of the Working Group on Sustainable Financing. He also supported the proposed Organization-wide evaluation workplan for 2022–2023 and the proposed revised terms of reference of the Independent Expert Oversight Advisory Committee. He supported the efforts to improve geographical distribution and gender balance and to further invest in the mental health of the WHO workforce.

**The Board noted the report.**

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

##### **2. BUDGET AND FINANCE MATTERS:** Item 19 of the agenda

##### **Sustainable financing: report of the Working Group:** Item 19.3 of the agenda (document EB150/30)

The CHAIR OF THE WORKING GROUP ON SUSTAINABLE FINANCING said that the Working Group had held five meetings over the previous year with the aim of addressing the growing discrepancy between Member States' expectations and the financial resources available to WHO. After considering a number of elements, including the failure of previous attempts to ensure sustainable financing of WHO, possible re-prioritization of the base segment of the programme budget, and the proposal of the Independent Panel on Pandemic Preparedness and Response to finance 66% of the base segment through assessed contributions and the remainder through a replenishment mechanism, the Working Group had requested all Member States to submit proposals. Based on the responses received from 85 Member States, the Officers of the Working Group had developed specific recommendations concerning: flexible financing of the base segment; a replenishment mechanism; increasing assessed contributions to 50% of the base segment of the programme budget; strengthening governance, transparency, accountability, efficiency and compliance; creating a task group on budgetary, programmatic and financing governance; and the recovery of programme support costs. The recommendations had been considered as a package and the Working Group had reached consensus on several of them. It was in full agreement that the current funding model was unsustainable and was limiting WHO's ability to make an impact where it was most needed, and that any increases in sustainable funding must be accompanied by adequate governance reform. However, a lack of time had prevented the Working Group from reaching agreement on the proposal to fund 50% of the base segment of the programme budget through assessed contributions through a stepwise increase over three bienniums, with some Member States indicating that the approach was not ambitious enough and others considering that they were unable to agree on an increase in assessed contributions at the current time. The Working Group sought guidance from the Board. Member States remained committed to identifying a way forward in the knowledge that if they were unable to find a solution to WHO's chronic financing challenges in the wake of the coronavirus disease (COVID-19) pandemic, they might never be able to do so, and that the status quo in regard to the funding model was unacceptable and was putting at risk WHO's leading and coordinating role in the global health architecture.

The representative of GHANA, speaking on behalf of the Member States of the African Region, expressed appreciation for the insights provided to the Working Group by technical experts, review panels and other entities. Since the Working Group had been unable to reach a consensus on the recommendations due to time constraints, he expressed support for extending its mandate until May 2022. That would allow further time to: discuss the useful recommendations to achieve sustainable financing and strengthen governance, transparency, accountability, efficiency and compliance; consider the feasibility of a replenishment mechanism and strategies for seeking new funding sources in

developing countries; and for consultations among government departments. The African Region hoped to play a constructive role in building a consensus on the way forward.

The representative of FRANCE, 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 the Republic of Moldova aligned themselves with her statement. The Working Group had highlighted the imbalance and inefficiencies in the current financing system and the urgent need for ambitious reforms. WHO's dependence on voluntary and earmarked contributions was unacceptable and unsustainable when the Organization was expected to play a central coordinating role in health emergencies.

Member States should explore how the entire base segment could be fully flexibly financed, and consider an appropriate increase in assessed contributions. Any increase in assessed contributions must, however, be accompanied by a reform of budgeting methods and prioritization initiatives to ensure that WHO's essential functions were always funded. She expressed support for the establishment of a task group to strengthen WHO's budgetary governance that would present recommendations for long-term improvements to the Programme, Budget and Administration Committee at its thirty-seventh meeting.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that an increase in assessed contributions would enable WHO to continue to serve as the leading global health organization and the Secretariat to better support Member States. It would also help to ensure the integrity and independence of WHO's normative work, strengthen governance, and make it possible to sustain financing for critical priorities, such as people-centred primary care. An increase in assessed contributions would lead to predictable funding and enable the Region to address areas that were currently underfunded, such as noncommunicable diseases, emergency preparedness and mental health. It was therefore regrettable that the Working Group had not reached a consensus on the recommendations, in particular to fund 50% of the base budget segment through stepwise increases in assessed contributions from the biennium 2024–2025. She would therefore support extending the mandate of the Working Group until the Seventy-fifth World Health Assembly, and would welcome further consideration of a proposal to increase assessed contributions while better accommodating different national contexts. A subgroup should also be formed to develop a proposal to integrate the suggested replenishment model into the current funding mechanism.

The representative of SLOVENIA said that, although it was regrettable that the Working Group had not reached a consensus on the recommendations proposed, significant progress had been made in one year and her Government would support extending the mandate of the Working Group as proposed. Member States' expectations of WHO were not in line with the funding provided and that situation must be rectified. Moreover, the reliance on unpredictable and highly earmarked funding was leading to inefficiencies. However, optimizing and increasing voluntary contributions would not provide a sustainable solution. Increasing assessed contributions was the simplest way of ensuring predictable and flexible funding. Since investing in health had been proven to result in faster development, there were many opportunities for such action to pay off.

The representative of TUNISIA said that WHO must be sustainably funded if it was to take its rightful place within the global health architecture and continue to carry out its normative and technical work. The right balance must be struck between voluntary and assessed contributions, and between the level of a State's assessed contributions and its gross domestic product. He underscored the importance of transparency and independence with respect to WHO.

The representative of BOTSWANA said that, although it was regrettable that the Working Group had not reached a consensus on all recommendations, it had laid a solid foundation for ensuring that WHO was technically strong and well-resourced to fulfil its constitutional mandate in global health governance. His Government supported the recommendation concerning a stepwise increase in assessed contributions from the biennium 2024–2025. Donor countries should increase thematic funds and the



Secretariat should provide a report on options for a replenishment model. Noting that sustainable funding would help Member States to achieve the primary objectives enshrined in the Thirteenth General Programme of Work, 2019–2023, and the Programme budget 2022–2023, he supported the extension of the mandate of the Working Group until the Seventy-fifth World Health Assembly.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the broad engagement in the Working Group demonstrated the importance that all Member States attached to the issue of sustainable financing. There was a consensus on the need to secure WHO's financial future and address the current funding model, which was flawed and unsustainable. Some of the solutions discussed in the Working Group had been heard before, such as broadening the donor base, considering the role of programme support costs and improving the flexibility and predictability of voluntary donations, which her Government already sought to model in its own funding. Others, such as a possible replenishment mechanism, were new and she recognized the need for innovation. A significant increase in assessed contributions was, however, fundamental and should be accompanied by governance and budgetary reform and a continued focus on efficiency and value for money. The current funding model was impeding efficiency, not least through the extensive use of consultants and short-term contracts, and she would support the establishment of an action-focused task group to identify reform solutions. The draft recommendations put forward by the Officers of the Working Group had struck the right balance, and she expressed disappointment that the Working Group had run out of time to reach consensus on the assessed contribution increase. She would therefore support the proposal to extend the mandate of the Working Group, so that it could reach agreement on the recommendations and report to the Seventy-fifth World Health Assembly.

The representative of the RUSSIAN FEDERATION said that the Working Group had developed specific recommendations to strengthen WHO's financial base and increase its effectiveness in implementing the priorities set by Member States. He expressed the hope that the specific proposals put forward by Member States would be considered during the next phase of the Working Group. Any decision on increasing the level of assessed contributions must be made by consensus, alongside efforts to increase effectiveness, make further savings, optimize internal processes and structures and improve the quality of administrative and budgetary procedures across the entire budget process. Member States should be given the fullest possible information about planned expenditure, particularly for activities to be financed from assessed contributions. He supported extending the mandate of the Working Group.

The representative of PARAGUAY said that the COVID-19 pandemic had highlighted WHO's fragile and ineffective financing model, but had also forced States to undertake financial commitments to tackle the health situation. He recognized the need for a more flexible, predictable and independent financing model based on the principles of equity, efficiency, accountability and transparency. However, given the current socioeconomic situation caused by the pandemic, particularly for low- and middle-income countries, such as Paraguay, the proposal to increase assessed contributions to cover 50% of the base segment needed to be considered further, including by national funding institutions, to ensure that such a commitment could be met. Other variables also required particular attention, such as WHO's more efficient use and distribution of resources, the feasibility and impact of a replenishment fund, a decrease in voluntary, earmarked contributions or an increase in voluntary thematic contributions. The proposed stepwise increase in assessed contributions from the biennium 2024–2025 would result in an increase of around 128% for Paraguay, without taking into account the proposed proportional increase in the scale of assessment from 2023. His Government therefore supported extending the mandate of the Working Group until the Seventy-fifth World Health Assembly. He expressed the hope that Member States would be able to reach an agreement.

The representative of COLOMBIA, drawing attention to the recommendation that assessed contributions should be gradually increased to cover 50% of the base segment of the programme budget, said that his Government recognized the need for more adequate and sustainable financing of WHO, particularly in the context of the COVID-19 pandemic. Nevertheless, it was important to take into

consideration the impact of the pandemic on national governments, which were funding the COVID-19 response and contributing to the relevant work of WHO and its regional offices. Thus, many governments would currently be unable to shoulder a mandatory increase in their assessed contributions. Those Member States that had expressed support for the initiative and were in a position to do so might wish to consider making the proposed increase in their assessed contributions on a voluntary basis.

The representative of MADAGASCAR said that sustainable and diversified funding sources must be sought to enable WHO to play its role as global health leader, particularly as enhanced governance and transparency were priority areas in the Thirteenth General Programme of Work, 2019–2023. He urged the Working Group to reach a consensus on the proposal to fund 50% of the base segment through a stepwise increase in assessed contributions, taking into account the capacity of each State.

The representative of AUSTRIA, speaking on behalf of the Member States of the European Region with the exception of Bulgaria and Poland, said that the Region had taken important steps to address sustainable financing, including through the adoption of a resolution on that subject by the Regional Committee for Europe at its seventy-first session. Recognizing the willingness of Member States to find common ground, he said continued consideration should be given to options to improve the financial sustainability of WHO, including greater flexibility in the use of voluntary contributions. The Region continued to support a justified increase in assessed contributions based on Member States' capacities, which should go hand in hand with improvements in governance and budgetary management. It would support extending the mandate of the Working Group until the Seventy-fifth World Health Assembly and remained committed to reaching a consensus that served to strengthen WHO.

Speaking as the representative of Austria, he said that sustainable financing pertained to the very existence of WHO and had been under discussion for a long time. He expressed the hope that a consensus would be reached on improving the financial situation of WHO before the next session of the World Health Assembly.

The representative of ARGENTINA expressed concern that many Member States in the Region of the Americas were not currently in a position to commit to the proposed increased in assessed contributions, given the heavy economic toll of the COVID-19 pandemic. Her Government would continue to consider various financing alternatives and agreed to the extension of the mandate of the Working Group until May 2022.

The representative of SINGAPORE said that Member States must take the opportunity to resolve the long-standing problem of WHO's sustainable financing, which had been brought to a head by the COVID-19 pandemic. Despite differing views, there was consensus that WHO should receive more predictable and flexible funding. Although WHO should continue to explore ways to raise such funds through voluntary contributions, increasing assessed contributions was the only solution that was entirely within the control of Member States. There were also other issues to be addressed, including whether any increase in assessed contributions would take place in parallel with or after budgetary and governance reforms, and the proposed percentage of the increase. He joined the consensus on extending the mandate of the Working Group until the Seventy-fifth World Health Assembly and encouraged the Officers of the Working Group to ensure that Member States' concerns were taken into account in the revised recommendations.

The representative of TAJIKISTAN said that a lack of sustainable financing was preventing WHO from delivering results where they were most needed. An increase in assessed contributions would resolve the issue; although the economic context of Member States must also be taken into consideration, particularly those with small budgets and those that had been greatly affected by the COVID-19 pandemic. The proposal for a stepwise increase in assessed contributions over an agreed period of time should be discussed further, including with representatives of the financial sector. He supported extending the mandate of the Working Group until May 2022.

The representative of KENYA recognized WHO's essential role as the trusted partner of governments in promoting and protecting the health of their populations. Her Government fully supported calls to strengthen the independence and authority of WHO through predictable, equitable and sustainable financing, and a reduction in the overreliance on voluntary contributions. Expressing regret that the Working Group had not been able to reach consensus on the recommendations, she said that her Government supported a phased increase in assessed contributions and had already engaged in discussions with the relevant domestic agencies. The mandate of the Working Group should be extended until May 2022 and more specific terms of reference should be developed for analysing the current recommendations and identifying a way forward to improve the alignment, transparency, predictability and flexibility of WHO's finances.

The representative of JAPAN agreed with the consensus on extending the mandate of the Working Group to explore the middle ground on the outstanding issues. His Government was fully committed to participating actively in the Working Group. He suggested that informal dialogue among Member States and with the Secretariat, in parallel with the Working Group's discussions, may accelerate the process of seeking consensus. The Secretariat should urgently provide specific proposals concerning budgetary governance, including with regard to assessed and voluntary contributions. One practical approach would be to decide to allocate flexible funding mainly to health emergencies.

The representative of MALAYSIA said that the COVID-19 pandemic had been the catalyst to reform WHO's financing mechanism and ensure that a budgetary imbalance did not limit WHO's ability to successfully deliver the outcomes expected by Member States. His Government would support a stepwise increase in assessed contributions that took account of Member States' ability to pay. Such an approach should be accompanied by better budgetary transparency, governance reforms and more equitable budget allocation, including to underfunded programmes such as mental health. Innovative models, such as a replenishment mechanism, should also be considered but would probably not be a substitute for an increase in assessed contributions. He supported extending the mandate of the Working Group until the Seventy-fifth World Health Assembly, which should provide sufficient time to reach consensus.

The representative of the SYRIAN ARAB REPUBLIC said that WHO must be funded in a sustainable and flexible manner if it was to remain the lead organization in the area of global health and be able to respond to the needs of Member States, including in health emergencies. It was regrettable that the Working Group had been unable to reach consensus on the recommendations. Although her Government would support an increase in assessed contributions, account must be taken of the capacity of Member States to increase their contributions, particularly given the financial challenges that had been exacerbated by the COVID-19 pandemic.

The representative of BELGIUM,<sup>1</sup> noting that WHO must be able to respond flexibly and independently to global health challenges, said that his Government had consistently given flexible voluntary donations in addition to its assessed contributions. The persistent imbalance between flexible and earmarked contributions, however, was having a crippling effect on WHO's strategic and operational autonomy and a better balance must be struck to strengthen WHO and ensure its independence. It was regrettable that the Working Group had been unable to reach a consensus. However, there was clear support from all regions for the proposal to fund 50% of the base segment of the programme budget from assessed contributions. He also supported that proposal and was in favour of extending the mandate of the Working Group to facilitate further discussion.

The representative of NORWAY<sup>1</sup> recognized that WHO would be unable to meet its goals unless it received more flexible and predictable funding to ensure its independence and efficiency, and said that the proposed increase in assessed contributions was long overdue. With the provision of more

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

flexible funding, the Secretariat would be expected to prioritize enabling functions to ensure the optimal and transparent utilization of funds. As part of governance reform, the right balance should be struck in the division of labour between Member States and the Secretariat. His Government had substantially increased the flexibility of its voluntary contributions and would be providing fully flexible core resources to WHO for the current biennium, and he encouraged other Member States to do the same. It was regrettable that the Working Group had not reached a consensus on the recommendations and its mandate should be extended to allow for further discussion; the Working Group should report to the Seventy-fifth World Health Assembly.

The representative of BRAZIL<sup>1</sup> welcomed the opportunity, through the Working Group, to ensure that WHO was sustainably funded and to tackle integrated and complex issues associated with finance, governance and budgetary processes, although it was regrettable that the Working Group had not achieved consensus. Due consideration must be given to the views of all governments, and any decision to increase assessed contributions must be taken in a consensual and inclusive manner and should only be implemented after decisions had been made on efficiency gains, cost savings, reprioritization, transparency and budgeting processes. Noting that several governments were struggling with new waves of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), vaccine inequity and the socioeconomic impact of the COVID-19 pandemic, she emphasized that the widening gap between developed and developing economies should be a key component of any debate on financing.

The representative of SOUTH AFRICA,<sup>1</sup> noting that WHO had a much smaller budget than many national health agencies and also suffered from an imbalance between flexible, assessed contributions, and voluntary, earmarked contributions, said that WHO's funding should be commensurate with the demands placed on the Organization. The base segment of the programme budget should therefore be increased to enable WHO to fulfil its mandate as a leader in global health. It was regrettable that the Working Group had not been able to reach consensus, in particular on the proposal to increase assessed contributions to cover at least 50% of the base segment of the programme budget. The mandate of the Working Group should be extended until May 2022 to facilitate efforts to reach consensus.

The representative of AUSTRALIA<sup>1</sup> said that the sustainable, flexible and predictable funding of WHO must be increased to safeguard the Organization's independence, integrity and ability to fulfil its mandate. The Working Group had made substantial progress on the issue and had, most importantly, agreed that the status quo was not acceptable. His Government supported an ambitious increase in flexible funding for the base segment of the programme budget, which should be implemented through a phased approach in the light of the current challenging economic conditions. Any such increase should be based on the United Nations scale of assessments and be underpinned by governance reforms implemented in parallel. He supported extending the mandate of the Working Group until May 2022.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that the sustainable financing of WHO was clearly a priority for Member States, particularly in the context of pandemic prevention, preparedness and response. A holistic package of measures should be developed to improve areas such as governance, transparency, and cost-efficiency. Her Government asked for more information on current funding mechanisms, efficiencies and decision-making processes before considering an increase in assessed contributions. Recognizing the impact of increasing flexible voluntary contributions on achieving sustainable financing, she said that, since December 2021, her Government had provided US\$ 280 million in flexible voluntary funds to support WHO's role in the Global Humanitarian Response Plan for COVID-19.

The representative of NAMIBIA<sup>1</sup> noted the Working Group's finding that the current funding model was unsustainable and limited WHO's ability to make an impact where it was most needed, and said that there was a clear need to change the status quo. Despite the encouraging progress made, the

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

Working Group had not been able to reach a consensus on the complex and multidimensional issue of sustainable funding. He therefore supported extending the mandate of the Working Group with a view to submitting its recommendations to the Seventy-fifth World Health Assembly. The process of establishing a financially independent WHO should be Member State-led, transparent and inclusive.

The representative of THAILAND<sup>1</sup> said that his Government stood ready to support the recommendations of the Working Group. However, some Member States might find an increase in assessed contributions challenging given the impact of the COVID-19 pandemic; other possible approaches, such as a replenishment mechanism, should also be considered. Member States and international development partners should provide fully unearmarked voluntary contributions to WHO. In addition to considering the sustainability of funding, the Working Group should consider the adequacy of the budget, and the fair and equitable distribution and efficient use of resources. All sectors should work together to ensure the sustainable financing of WHO and he highlighted the opportunity presented by expanded collaboration with non-State actors.

The representative of SWEDEN<sup>1</sup> said that, although the Working Group had regrettably not been able to reach consensus on the well-balanced recommendations, it had significantly advanced the work to achieve more sustainable financing for WHO and its mandate should be extended. He strongly supported a reform of WHO's financing, including an increase in assessed contributions and in the proportion of unearmarked resources, to ensure that WHO was equipped to handle future challenges with integrity and independence and implement the priorities determined by Member States. A time frame should be set for ensuring that the base segment of the budget was fully unearmarked and for establishing a new replenishment process, and he said that continued efforts were required to strengthen governance and oversight. The WHO Health Emergencies Programme required sustainable funding, and an organized process should be put in place to increase and sustain flexible funding for the Contingency Fund for Emergencies.

The representative of the PHILIPPINES<sup>1</sup> expressed support for a gradual and equitable increase in assessed contributions to WHO from 2023 to 2029. Earmarked voluntary contributions made up most of WHO's funding, which greatly affected the Organization's flexibility and led to underfunded areas and inequitable financing of outcomes and priorities, and thereby justified the proposed increase in assessed contributions. Stringent monitoring mechanisms to guarantee increased transparency and accountability at all levels and country-centred priority setting should be established from the outset. Strengthened efforts would be required to safeguard resources for the most disadvantaged regions. Member States had a responsibility to ensure carefully considered budget prioritization, and to drive budgetary reforms. Her Government strongly supported extending the mandate of the Working Group and looked forward to robust discussions on a replenishment model and related governance matters.

The representative of ETHIOPIA<sup>1</sup> said that an increase in assessed contributions would help to fill critical gaps in financing and strengthen the independence of WHO. Due consideration should, however, be given to a government's ability to pay and to the economic impact of the COVID-19 pandemic. She expressed the hope that a consensus would be reached before the Seventy-fifth World Health Assembly.

The representative of MEXICO,<sup>1</sup> having welcomed the opportunity to strengthen the sustainable financing of WHO, said that there must be consensus on the way forward, and thus expressed support for extending the mandate of the Working Group until the Seventy-fifth World Health Assembly. A decision to increase assessed contributions should be taken only after all possible options had been explored, including a replenishment mechanism and models used by other United Nations entities that received large amounts of voluntary contributions. Efforts must also be made to strengthen transparency, prioritization and governance at all three levels of the Organization. There was a need to ensure

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

coherence within WHO, with other United Nations organizations and programmes, and with other forums such as the G7 and G20 in order to avoid duplication of work.

The representative of NEW ZEALAND<sup>1</sup> said that his Government was firmly committed to supporting progress on the issue of sustainable financing, including through an increase in assessed contributions, since an increase in predictable, consistent and flexible financing sourced through fair and equitable burden sharing would put WHO on a more secure financial footing and enhance its ability to deliver on the demands of Member States. Budget processes and governance should be reviewed to improve effectiveness, efficiency, transparency and accountability. He supported an extension of the mandate of the Working Group to discuss Member States' proposals. The work should, however, be finalized before the Seventy-fifth World Health Assembly.

The representative of POLAND<sup>1</sup> said that it was regrettable that agreement had not been reached on all the proposed recommendations. Further discussion on the important issue of WHO's finances should not, however, equate sustainable financing with an increase in assessed contributions, since that was only a temporary solution and would not respond to structural issues. He supported continuing the discussions within the Working Group, with a view to developing a comprehensive solution to ensure a stable future for WHO.

The representative of INDONESIA,<sup>1</sup> noting the absence of consensus in the Working Group on a proposed increase in assessed contributions, said that WHO should be able to achieve financial sustainability and independence through flexible and unearmarked funding. Efforts to strengthen the financial capacity of WHO should be implemented in a stepwise manner, taking into account financial challenges faced by Member States, including as a result of the pandemic. Work to enable sustainable financing should be undertaken in parallel with progress on governance, transparency and accountability, and proportionate funding at the regional level should be considered. He supported extending the mandate of the Working Group until the Seventy-fifth World Health Assembly.

The representative of BULGARIA<sup>1</sup> expressed general support for efforts to ensure that WHO was sustainably funded to carry out its functions in the field of global health security, especially in the context of the COVID-19 pandemic. Although he understood the need to ensure predictability and efficiency through flexible funding, an increase in assessed contributions must be fully justified in the light of the economic toll of the pandemic on countries. Furthermore, a decision to change the funding model should take into account the economic situations and fiscal constraints of Member States. Any increase in assessed contributions should be based on national capacities and be implemented in a stepwise manner.

The representative of the NETHERLANDS<sup>1</sup> said that there was clear agreement on the need for WHO to be sustainably financed. Flexible and predictable funding was essential for WHO to address the priorities set by Member States, but was not being assured because of the funding choices of non-State actors and, remarkably, Member States. It was regrettable that the Working Group had not been able to reach consensus, despite a common goal. In her Government's view, it was reasonable to increase the share of assessed contributions to 50% of the current base budget segment, corrected for inflation. Maintaining the current situation or increasing contributions from private donors would decrease the steering power of Member States, distract the Secretariat from its key mission, undermine the credibility of WHO and erode Member States' support. She supported extending the mandate of the Working Group until the Seventy-fifth World Health Assembly, at which a decision on sustainable financing for WHO should be presented. She would also welcome further clarity on issues and possible solutions in the area of governance and suggested that a Member State task group should be established to that end.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, and also on behalf of the Global Health Council, IntraHealth International, Inc., The

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

International Association of Lions Clubs, PATH, The Albert B. Sabin Vaccine Institute, Inc., The Save the Children Fund, the Task Force for Global Health, Inc., WaterAid International and Women Deliver, said that strengthening WHO was essential in order to achieve the triple billion targets. WHO should be sustainably and robustly financed with its core capabilities and normative functions covered by the base segment of the programme budget, and Member States should agree to increase the share of assessed contributions in the base segment to 50% by 2029. WHO should act urgently to increase its financing and ensure that it was more transparent, reliable and less earmarked. A sustainably financed WHO not subject to the political influence of its donors could better fulfil its role as the leading technical and normative body in the area of health. The Executive Board should also support the establishment of clearer, more strategic and transparent engagement with non-State actors and civil society organizations.

The CHAIR OF THE WORKING GROUP ON SUSTAINABLE FINANCING said that the rich discussion had shown the strong commitment of Member States to addressing the chronic challenge of sustainable financing and had also highlighted the support of non-State actors for that goal. It was clear that finding a solution remained a key priority in order to safeguard the independence and integrity of WHO and ensure its stable future as the lead global health agency. There was consensus on the need to act promptly and with the highest level of ambition, since the current funding model was unsustainable and unacceptable. However, a holistic package of measures was required since sustainable funding went hand in hand with governance reforms and the strengthening of transparency and accountability. A focus on only one element, such as an increase in assessed contributions, was not appropriate; other factors such as innovative financing, more flexibility, priority setting and efficiency gains must also be addressed. While strong support had been expressed for the extension of the Working Group's mandate, Member States must provide input and specific proposals to ensure that consensus could be reached and that WHO was enabled to assume its rightful position in global health governance. Account should be taken of specific national circumstances and challenges that all countries were facing because of the current crisis. The Officers of the Working Group stood ready to work with all members of the Working Group to reach a consensus in time for the Seventy-fifth World Health Assembly.

The REGIONAL DIRECTOR FOR AFRICA thanked Member States for their commitment to the important issue of sustainable financing and recalled the recommendation of the International Panel for Pandemic Preparedness and Response that assessed contributions should be increased to two thirds of the base budget. On the matter of equity, she said that Member States' assessed contributions were determined by the United Nations scale of assessment. WHO had adopted best practices, optimized budgetary controls and committed to a transformation agenda to ensure the fair distribution of funds. However, it was reliant on an increase in assessed contributions to 50% of the base segment of the budget in order to mainstream and institutionalize its initiatives and realize Member States' objectives, as enshrined in the general programmes of work and the programme budget. Such an increase would also promote flexibility and integration, reduce fragmentation of the Organization's work and ensure better value for money. Progress would be measured, monitored and reported to ensure the appropriate use of resources. The Regional Office was committed to continuing to improve transparency and accountability and would support the governance review process. It would encourage the engagement of Member States of the Region in the discussions of the Working Group. The COVID-19 pandemic had highlighted the interconnectedness of health determinants, interventions and outcomes, and she was mindful of the impact of the pandemic on national resources. She expressed the hope, however, that Member States would take the bold decision to increase assessed contributions, which would have a positive impact on the needs and priorities of citizens.

The REGIONAL DIRECTOR FOR THE WESTERN PACIFIC emphasized the importance of sustainable financing for WHO's work at the country level. The current funding system, driven by short-term highly earmarked funds, did not provide an enabling environment for the Secretariat to support Member States in the diverse Western Pacific Region with tailored solutions to challenges, including in strengthening their health systems and improving health outcomes as they developed economically and transitioned from traditional donor support. Increasing assessed contributions to

50% of the base segment of the budget would enable WHO to provide more effective support to all Member States in achieving their long-term health and development goals. Such an increase would have to be incremental, taking into consideration the difficulties that many Member States currently faced. Member States must work together to ensure that WHO remained relevant, at present and in the future.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the issue of sustainable financing for WHO was a matter of particular concern for the Eastern Mediterranean Region, where there were many complex emergencies. WHO required sustainable and flexible funding in order to meet Member States' expectations, support key public health priorities and address time sensitive humanitarian health needs. At its sixty-eighth session, the Regional Committee for the Eastern Mediterranean had expressed strong support for the recommendation for a substantial increase in flexible funds for the base segment of the programme budget through an increase in assessed contributions and additional mechanisms for flexible voluntary contributions. More flexible funding was also required for emergency preparedness, response and recovery. Member States' concerns had been addressed in the report of the Working Group and the burden of an increase would be shared among Member States in accordance with the United Nations scale of assessment. Member States should not miss the critical opportunity to make WHO stronger and more effective, and he appealed for their support to fund at least 50% of the base segment of the programme budget through assessed contributions, in order to provide fully flexible funding for the base segment and increased flexibility for emergency funds.

The DIRECTOR-GENERAL said that the current financing model was unsustainable and expressed the hope that the Working Group could maintain momentum and find solutions to that challenge. The Secretariat understood that greater accountability and transparency should go hand in hand with progress on sustainable financing. It was committed to building on the changes already made in that area, as recognized by the Multilateral Organisation Performance Assessment Network and the Independent Expert Oversight Advisory Committee. Those changes included the complete redesign of the programme budget process to make it more outcome focused; full visibility of funds received and their use through the innovative web portal, which met the International Aid Transparency Initiative Standard; an entirely new results framework developed with Member States; regular delivery stocktakes to review progress, challenges and opportunities, and set priorities; innovative web-based results reporting using the balanced scorecard developed with Member States to assess performance; and increased donor engagement. The Secretariat would welcome additional engagement with Member States.

The Secretariat welcomed the scrutiny of the Programme, Budget and Administration Committee. The funding from Member States was taxpayers' money and WHO understood the importance of good governance, reporting and transparency. The Secretariat would consider how existing processes could be used to further improve accountability and transparency, which would go hand in hand with the progress it hoped that Member States could make to improve the quality of WHO's financing. A stepwise increase in assessed contributions would change the funding landscape and help to make WHO a stronger organization. Irrespective of whether or not an agreement was reached to increase assessed contributions, the Secretariat was committed to further improving transparency and accountability and would appreciate specific advice from Member States in that regard.

The CHAIR took it that the Board wished to note the report contained in document EB150/30, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance contained in paragraph 35 of the Programme, Budget and Administration Committee report contained in document EB150/5, which included extending the mandate of the Working Group on Sustainable Financing with a view to having it report to the Seventy-fifth World Health Assembly through the Programme, Budget and Administration Committee at its thirty-sixth meeting.



**It was so decided.<sup>1</sup>**

**3. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD:** Item 4 of the agenda (document EB150/4)

The representative of the RUSSIAN FEDERATION commended the work of the WHO Regional Office for Europe in the year 2021, and welcomed the fact that it had regularly informed Member States on the activities of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and the Working Group on Sustainable Financing. The resolutions adopted by the Regional Committee, at its seventy-first session, on realizing the potential of primary health care, the European Immunization Agenda 2030 and the WHO European Framework for Action on Mental Health 2021–2025 were particularly timely. He welcomed the Regional Office's work on alcohol and tobacco consumption, including the SAFER initiative, and was confident that the experience gained through the implementation of alcohol control policies would help to reduce alcohol-attributable harms in countries of the Region, including the Russian Federation.

The representative of SLOVENIA expressed appreciation for the work of the WHO Regional Office for Europe. It welcomed the European Programme of Work 2020–2025 and its flagship initiatives. Research on behavioural and cultural factors affecting health would contribute to clearer, more actionable, targeted and tailored health policies and would also help to counteract misleading information, increase health literacy and empower people to make healthy choices. The support provided to her Government to assess various areas within the health sector had led to better bottom-up prioritization, enabling more focused technical support and collaboration among Member States with similar priorities. The Regional Office should share the lessons learned with other regions and Member States. She also commended the support provided to Member States in the Region to strengthen primary health care in the context of the COVID-19 recovery phase. She welcomed the establishment of the Pan-European Commission on Health and Sustainable Development, and said that Member States could draw on the conclusions of its report when investing in health systems development.

There was a strong focus in the European Region on equity in health, and the Regional Office was actively supporting the South-eastern Europe Health Network, and the small countries and healthy cities initiatives. Although every region was different, the COVID-19 pandemic had shown that they all faced similar challenges. WHO should promote the exchange of good practice and experience in order to improve the implementation of commitments agreed upon during governing body meetings.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA highlighted some of the areas of work covered by the Regional Committee for South-East Asia at its seventy-fourth session. In addition, the Regional Committee had endorsed the strategic framework of the South-East Asia regional vaccine action plan and had urged Member States to fully restore immunization services and vaccine-preventable disease surveillance. It had noted reports on WHO transformation, strengthening emergency preparedness and response and sustainable financing. Recognizing the increased distribution of available resources to country offices in the Programme budget 2020–2021, the Committee had underscored the need for predictable and sustainable financing for WHO and had engaged in positive deliberations on an incremental increase in assessed contributions. Having extended the action plan for the prevention and control of noncommunicable diseases in South-East Asia until 2030, the Committee had requested the development of a regional implementation road map for noncommunicable diseases, a regional action plan on oral health and a regional action plan on integrated, patient-centred eye care. It had also highlighted the need for new global mechanisms that enabled equitable access to pandemic products and facilitated technology transfer and voluntary licensing as critical priorities.

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<sup>1</sup> Decision EB150(2).

The REGIONAL DIRECTOR FOR THE AMERICAS said that, in addition to the achievements noted in the report, the fifty-ninth session of the PAHO Directing Council and the seventy-third session of the WHO Regional Committee for the Americas had adopted policies on one health to promote a comprehensive approach for addressing health threats at the human–animal–environment interface. The Regional Committee had also highlighted the importance of ensuring predictable and sustainable financing for WHO. While some support had been expressed for an increase in assessed contributions, the economic toll of the COVID-19 pandemic would make it challenging for some Member States to meet an increased financial obligation. The Committee recognized the need to strengthen emergency preparedness and response and WHO’s role as the leading global health authority to avoid further fragmentation in the global health architecture, to reinforce existing legal mechanisms and improve implementation of and compliance with the International Health Regulations (2005).

The REGIONAL DIRECTOR FOR EUROPE said that the Regional Committee for Europe at its seventy-first session had considered rethinking policy in the light of the pandemic. Keynote speakers had spoken about lessons learned from the pandemic and the effect on young people’s mental health, and advocated for routine immunization. The Chair of the Pan-European Commission on Health and Sustainable Development had outlined the Commission’s recommendations, the operationalization of which Member States would be exploring in the coming months. The Committee had also adopted a recommendation on sustainable financing, and he commended the work undertaken in that regard at the global and regional levels. He looked forward to ongoing collaboration with other regional directors, particularly in the context of the high-level meeting on health and migration to be held in Turkey in March 2022.

**The Board noted the report.**

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES**

**4. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (documents EB150/15 and EB150/16)

**Standing Committee on Pandemic and Emergency Preparedness and Response:** Item 15.2 of the agenda (document EB150/17)

The CHAIR drew attention to a draft decision on a standing committee on health emergency (pandemic) prevention, preparedness and response proposed by Austria, which was an alternative to the draft decision contained in Appendix 1 to document EB150/17 and read:

The Executive Board, having considered the report on a Standing Committee on Pandemic Emergency Preparedness and Response,<sup>1</sup> decided:

(OP1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, to establish a standing committee of limited membership, to be called the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response until the closure

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<sup>1</sup> Document EB150/17.

of the Health Assembly in May 2025, which will hold its first meeting at a date to be determined by the Board, following the adoption of its terms of reference by the Board;

(OP2) to request the Director-General:

- (a) to facilitate further informal consultations in an inclusive, transparent manner among Member States<sup>1</sup> to finalize the draft terms of reference of the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, taking into account the deliberations at the 150th Executive Board, with a view to submit the terms of reference for consideration by the 151st Executive Board in May 2022; and
- (b) to report on the functions and impact of the Standing Committee and present the results and possible recommendations based thereon for the consideration of the Executive Board at its 156th meeting in January 2025.

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

<b>Decision:</b> Standing Committee on Pandemic and Emergency Preparedness and Response
<b>A. Link to the approved Programme budget 2022–2023</b>
<p><b>1. Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:</b></p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform</p>
<p><b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b></p> <p>Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b></p> <p>46 months (March 2022 – December 2025).</p>
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<p><b>1. Total resource requirements to implement the decision, in US\$ millions:</b></p> <p>US\$ 1.10 million.</p>
<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>US\$ 0.55 million.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>Zero.</p>

<sup>1</sup> And, where applicable, regional economic integration organizations.

<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> US\$ 0.55 million.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b> Not applicable.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b>  – <b>Resources available to fund the decision in the current biennium:</b> US\$ 0.55 million.  – <b>Remaining financing gap in the current biennium:</b> Zero.  – <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Zero.

GPW 13: Thirteenth General Programme of Work, 2019–2023.

**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		
2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.44	0.44
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.55	0.55
2022–2023 additional resources	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2024–2025 resources to be planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.11
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.44	0.44
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.55	0.55
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR also drew attention to a draft decision on strengthening of the International Health Regulations (2005) through a process for revising the Regulations through potential amendments proposed by Albania, Australia, Canada, Colombia, India, Japan, Monaco, Montenegro, Norway, Peru, Republic of Korea, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay and Member States of the European Union, which read:

(PP1) The Executive Board, having considered the interim report of the Member States Working Group on Strengthening WHO Preparedness for and Response to Health Emergencies

(WGPR)<sup>1</sup> and the report of the Director-General on Strengthening WHO Preparedness for and Response to Health Emergencies;<sup>2</sup>

(PP2) Recognizing the critical importance of the International Health Regulations (IHR) (2005) in preventing, preparing for, and responding to health emergencies;

(PP3) Underscoring the importance of States Parties' implementation of and compliance with the IHR (2005), including regarding collaboration and international cooperation, and developing, maintaining and strengthening core capacities;

(PP4) Emphasizing the importance of solidarity and equitable access to and distribution of medical countermeasures in the context of health emergencies as well as strengthening the health and care workforce and addressing access concerns;

(PP5) Noting with concern the negative effects of discrimination, misinformation, disinformation and stigmatization on public health emergency prevention, preparedness and response, as well as unnecessary interference with international traffic and trade, and recognizing the need for strengthened coordination;

(PP6) Noting the recommendations aimed at strengthening implementation of, compliance with, and modernizing the IHR (2005) from the report of the Independent Panel for Pandemic Preparedness and Response,<sup>3</sup> the report of the Review Committee on the Functioning of the IHR (2005),<sup>4</sup> the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme,<sup>5</sup> and the Global Preparedness and Monitoring Board,<sup>6</sup> as well as recommendations from the Review Committee on the Role of the IHR (2005) in the Ebola Outbreak and Response,<sup>7</sup> the Ebola Interim Assessment Panel,<sup>8</sup> and the UN High-Level Panel on Global Responses to Health Crises;<sup>9</sup>

(PP7) Bearing in mind the importance of ensuring coherence, complementarity and communication between different processes that will run in parallel, including the process for developing the new instrument on pandemic prevention, preparedness and response and the ongoing work under resolution WHA74.7, and ensuring coordination between those processes in order to avoid creating an excessive burden on Member States.

(OP1) Noting the urgent need to further strengthen implementation of, and compliance with, the IHR (2005), and mindful that Member States face challenges, including inter alia, due to capacity constraints and insufficient global solidarity and collaboration, decided:

(OP1.1) To note that the WGPR will include, as part of its ongoing work, dedicated time to allow for discussions on strengthening of the IHR (2005), including through implementation, compliance and potential amendments.

(OP1.2) To urge Member States<sup>10</sup> to take all appropriate measures to consider potential amendments to the IHR (2005), with the understanding that this would not lead to reopening the entire instrument for renegotiation. Such amendments should be limited in scope and address specific and clearly identified issues, challenges, including equity, technological or other developments, or gaps that could not effectively be addressed

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<sup>1</sup> Document EB150/16.

<sup>2</sup> Document EB150/15.

<sup>3</sup> Document A74/INF./2.

<sup>4</sup> Document A74/9 Add.1.

<sup>5</sup> Document A74/16.

<sup>6</sup> 2019, 2020, and 2021 reports of the Global Preparedness and Monitoring Board (GPMB).

<sup>7</sup> Document A69/21.

<sup>8</sup> <https://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf>.

<sup>9</sup> Document A/70/723.

<sup>10</sup> And, where applicable, regional economic integration organizations.

otherwise but are critical to supporting effective implementation and compliance of the IHR (2005), and their universal application for the protection of all people of the world from the international spread of disease in an equitable manner.

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

<b>Decision:</b> Strengthening of the International Health Regulations (2005) through a process for revising the regulations through potential amendments
<b>A. Link to the approved Programme budget 2022–2023</b>
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:</b> 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b> One year.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<b>1. Total resource requirements to implement the decision, in US\$ millions:</b> US\$ 0.18 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 0.18 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Zero.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> Zero.
<b>4. Estimated resource requirements to be considered for the programme budgets of future bienniums, in US\$ millions:</b> Zero.
<b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b> – Resources available to fund the decision in the current biennium: US\$ 0.18 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		
2022–2023 resources already planned	Staff	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.15
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.18	0.18
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CO-CHAIRS OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES, speaking in turn to present the interim report of the Working Group set out in document EB150/16, said that, from the outset, the Working Group had agreed on the importance of strengthening WHO's role in health emergencies and a shared commitment to strengthening pandemic preparedness and response at the national, regional and global levels. With its work on assessing the benefits of developing a WHO convention, agreement or other international instrument having been successfully concluded, the Working Group was focusing on its mandate to consider the findings and recommendations from review panels and expert bodies and various actions for implementation. It would present its final report to the Seventy-fifth World Health Assembly.

A number of tools had been created to facilitate the Working Group's discussions, including the WHO Dashboard of COVID-19 recommendations, a public website that included recommendations concerning the COVID-19 pandemic, World Health Assembly resolutions on COVID-19 and earlier recommendations issued in relation to previous health emergencies; analytical papers prepared by the Secretariat to help Member States to understand areas of convergence and divergence among the various recommendations and proposed time frames for implementation; and the survey launched by the Officers of the Working Group to collect input from Member States, non-State actors and other relevant stakeholders on the recommendations, with a view to gaining an understanding of basic prioritization and feasibility and potential methods of implementation. While the survey was an important tool to help to guide discussions, the Working Group was led by Member States and would remain open to proposals for discussion.

Based on the discussions thus far, the following items had been highlighted as potential priority areas: equity; systems and tools, including strengthening the International Health Regulations (2005) and the One Health approach; leadership and governance; and finance. The Working Group would continue discussion on issues and recommendations, taking into account the results of the survey, prioritizing those recommendations not being addressed through other processes and avoiding overlap, in order to propose action for the WHO Secretariat, Member States, and non-State actors, as appropriate, on a range of issues including but not limited to: leadership and governance, strengthening of the Health Regulations, equity in pandemic preparedness and response, and strengthened health systems and financing. In coherence and complementarity with related processes, notably the Intergovernmental

Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response, established pursuant to decision SSA2(5) (2021), the Working Group would prioritize the recommendations for action and identify the mechanism for implementation, including the new international instrument to be developed pursuant to decision SSA2(5), the strengthening of the International Health Regulations (2005) for implementation and compliance, and existing tools and mechanisms available to WHO.

The Working Group sought the Board's guidance and views on how it could contribute to building Member State consensus through its final report to the Seventy-fifth World Health Assembly and on how its further work reviewing the recommendations could inform the work of the new Intergovernmental Negotiating Body and support Member State-led processes in WHO's governing bodies.

The Observer of PALESTINE expressed disappointment that, despite the agreement with the Secretariat to use the nomenclature for Palestine as provided for in resolution WHA53.13 (2000), Palestine had repeatedly been incorrectly classified which had impeded their ability to participate in certain meetings. Palestine called on the Secretariat to rectify such errors and ensure that it was correctly listed as a permanent non-Member State observer.

The representative of the OFFICE OF THE LEGAL COUNSEL recognized that the move from a two-stage to a one-stage registration process had caused some technical issues that it had not been possible to rectify before the start of the Board. She reassured all participants that the Secretariat was working very closely with all concerned to ensure that nomenclature issues were properly addressed in accordance with the policies of WHO.

**The meeting rose at 17:10.**



## **FIFTH MEETING**

**Wednesday, 26 January 2022, at 10:05**

**Chair:** Dr P. AMOTH (Kenya)

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

**PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (documents EB150/15 and EB150/16) (continued)

**Standing Committee on Pandemic and Emergency Preparedness and Response:** Item 15.2 of the agenda (document EB150/17) (continued)

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, if the Executive Board agreed in principle to revise the International Health Regulations (2005) during the current session, amendments could be discussed in detail at a future date. Topics highlighted by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response that would not require amendments to the text should also be discussed, in particular, strengthening the capacities of national IHR focal points. His Government supported the draft decision on the standing committee on health emergency (pandemic) prevention, preparedness and response and wished to be added to the list of sponsors. It also supported the request to the Director-General to produce a paper outlining the way in which it was envisaged that the proposed standing committee would interface with other aspects of the reformed global health architecture. The committee's capacity should not be limited to convening only in the event of a public health emergency of international concern but have the flexibility to respond to other international emergencies. He also supported the proposed dual role of providing advice to the Director-General on public health emergencies of international concern and guidance to the Board on developing policy proposals on emergency preparedness and response. The committee's role vis-à-vis the WHO Health Emergencies Programme should also be clarified. Discussions within the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should include tools and systems that had become essential to the response to the pandemic of coronavirus disease (COVID-19) and could be strengthened to underpin future pandemic response. The COVID-19 response had clearly demonstrated the value of clinical trials but had also highlighted weaknesses in the clinical trials ecosystem; inclusive, collaborative discussions were needed on the topic. His delegation would prepare a draft resolution aimed at enhancing capacities, international standards and processes relating to clinical trials for consideration at the Seventy-fifth World Health Assembly.

The representative of AUSTRIA said that it was necessary, while admittedly painful, for the Board to acknowledge its failure to live up to expectations during the COVID-19 pandemic crisis. The Board's inclusive membership, which enabled States large and small to participate on an equal footing, was a major asset. Should it fail to act, other international entities with less inclusive membership might step in. The establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response would provide a building block to improve the Board's governance

functions, creating a forum to discuss the implications of a declaration of a public health emergency of international concern and developing guidance on measures to improve preparedness and response during inter-pandemic periods. A decision to establish such a committee at the current session would send a political signal that the Board stood ready to strengthen its capacity to act, drawing on lessons learned from the pandemic.

The representative of JAPAN, commending the Secretariat's efforts to strengthen preparedness for and response to health emergencies through innovative initiatives, said that his Government would welcome additional updates on programmatic and governance initiatives. The balanced approach taken in the discussions in the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, which actively sought out Member States' different views, was praiseworthy. He appreciated the representative of Austria's passionate advocacy for the establishment of the standing committee on health emergency (pandemic) prevention, preparedness and response. Further dialogue on the committee's terms of reference should align with broader discussions on strengthening the International Health Regulations (2005), in order to avoid duplication.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> speaking on behalf of a number of Member States, said that the draft decision on strengthening of the International Health Regulations (2005) was aimed at removing obstacles to effective implementation through targeted amendments, in-depth discussion of which should take place within the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Equity, equitable access to medical countermeasures and the negative impact of misinformation and disinformation on health emergency prevention, preparedness and response were key issues. Updating the Regulations was critical to improve preparedness for and response to future pandemics. She expressed confidence in continued progress on WHO complementary work streams, including: targeted amendments to the Regulations; a full review of recommendations by the Working Group; the development of a new international instrument on pandemic preparedness and response by the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response; and governance improvements at WHO.

The representative of FRANCE, 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 Georgia, aligned themselves with her statement. The establishment of a process to develop a pandemic treaty was an important step. Potential relevant stakeholders and organizations should be enlisted to provide their input and expertise to ensure consistency in WHO's central coordinating role in global health. There was no need for a new health emergency body; rather, WHO must be strengthened by addressing the challenges highlighted by the COVID-19 pandemic. Transparency, inclusiveness and full access to the information needed to help Member States prevent, prepare for and respond to health emergencies were crucial. The updating of the International Health Regulations (2005) and the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response were important. The establishment of the committee should be discussed in the broader context of efforts to strengthen WHO health crisis governance. The proposal by the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response to establish a global health threats council could also be examined more closely. None of those ambitions could be fulfilled without adequate resources, however; consensus must be reached on the sustainable financing of WHO's base budget and options identified for funding the WHO Health Emergency Programme and the Contingency Fund for Emergencies. Discussions in the Working Group on Sustainable Financing must be integrated with ongoing work in other forums and include exploring options for establishing a new financing mechanism for preparedness and response.

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

The representative of INDIA said that the initiatives developed as initial responses to the COVID-19 pandemic should be aligned with the recommendations of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, with equity as a top priority. Praiseworthy initiatives such as the review of existing International Health Regulations (2005) assessment tools, the establishment of the Universal Health and Preparedness Review mechanism and the creation of the Global WHO Hub for Pandemic and Epidemic Intelligence and the WHO BioHub System should be carried forward through a consultative, Member State-driven process. Vaccine inequity had generated the need for an access and benefit-sharing framework for the sharing of pathogen genetic resources. His Government supported the draft decision on the standing committee on health emergency (pandemic) prevention, preparedness and response in principle, but further consultations with Member States would be needed before its adoption.

The representative of PARAGUAY said that, before adopting the draft decision on the standing committee on health emergency (pandemic) prevention, preparedness and response, the terms of reference must be discussed in depth to clarify whether it would add value, especially in light of its limited membership and implications for existing mechanisms. Discussions within the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies must take account of existing global initiatives to ensure complementarity. It must not overstep its mandate and should prioritize strategies aimed at ensuring equitable and timely access to medical countermeasures. Inequity was the biggest obstacle to ending the pandemic; any future mechanism or instrument would only succeed if it led to timely, equitable access to medical products and more technology transfer between developed and developing countries. Given their financial implications, prevention, preparedness and response measures must be based on the principle of common but differentiated responsibilities.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the review and updating of the International Health Regulations (2005) was a step in the right direction. Regional efforts to establish event-based and integrated surveillance and the establishment of the Global WHO Hub for Pandemic and Epidemic Intelligence were particularly praiseworthy. Member States in the Region required ongoing Secretariat support to develop disease control strategies and build national capacities for genome sequencing and pathogen-sharing through the WHO BioHub System. Initiatives such as the One Health High-Level Expert Panel, the Scientific Advisory Group for the Origins of Novel Pathogens, as well as the support provided by the Tripartite Plus to strengthen One Health capacities in the Region, were greatly appreciated. More effort should be focused on managing infodemics within overall efforts to improve risk communication and community engagement. Given the critical role of public health emergency operation centres in pandemic management, the network should be expanded and further strengthened. More should also be done to build emergency workforce capacities. The Region continued to face unprecedented humanitarian crises, and countries and settings affected by conflict and displacement remained in dire need of Secretariat support. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies could consider establishing regional platforms to facilitate the prioritization and implementation of recommendations from the review panels and expert bodies. Despite the proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response being a worthwhile initiative, further consultations were needed on its functions and deliverables.

The representative of ARGENTINA said that her Government supported strengthening implementation of and compliance with the International Health Regulations (2005) through targeted amendments; the draft decision should be the starting point for a consensus-based, transparent review that took account of Member States' needs. While the need for a global early warning system was undisputed, the Member State in which the emergency occurred must be consulted on all action to be taken. A framework was needed for the fair and equitable sharing of benefits derived from pathogens and genome data. Aspects of crucial importance to Member States in the Region of the Americas, including intellectual property rights, equitable sharing of benefits derived from genetic resources, consent of the State in which a health emergency occurred, and access to strategic supplies required

further discussion. The draft decision on establishing a standing committee on health emergency (pandemic) prevention, preparedness and response should be considered in the broader context of WHO reform and strengthening the International Health Regulations (2005) in order to clarify the functions and mandate of the different mechanisms before a decision was adopted.

The representative of the REPUBLIC OF KOREA said that WHO's goal of vaccinating more than 70% of the world population against COVID-19 by mid-2022 could only be reached if the development and manufacturing capacity of COVID-19 response tools, including vaccines, therapeutics and diagnostic kits, were strengthened globally. An effective surveillance tool was needed that collected, analysed and interpreted data systematically in order to improve preparation for and response to health emergencies. His Government therefore welcomed the launch of the WHO Hub for Pandemic and Epidemic Intelligence and the WHO BioHub System. The respective scopes of the Board, the proposed standing committee on health emergency (pandemic) prevention, preparedness and response and International Health Regulations (2005) emergency committees, as well as the standing committee's role during inter-pandemic periods must be clarified. Limiting the standing committee's membership to members of the Board should be discussed further.

The representative of DENMARK said that efforts to strengthen the International Health Regulations (2005) must align with and complement the negotiations on a new pandemic instrument. While potential targeted amendments could help to modernize and optimize the Regulations, the possible consequences of such amendments required further debate. The mandate and terms of reference of the proposed standing committee on health emergency (pandemic) prevention, preparedness and response and options for ensuring coherence with the negotiations of a new pandemic instrument must be considered in depth. Efforts to strengthen WHO preparedness and response to health emergencies must keep sight of the Organization's overall mandate, preserving its capacity to discharge its core functions. Given WHO's critical role in promoting resilient global health structures, Member States must do their utmost to ensure that the Organization was adequately financed and prepared to fulfil its role in preventing and responding to future health emergencies.

The representative of TUNISIA said that equitable, timely access to medical countermeasures and the removal of barriers to access was crucial. Support from the Secretariat to build local capacities for manufacturing essential medical products in emergency situations and promote technology transfer was also critical. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should look into issues such as research, innovation, local manufacturing capacities, technology transfer and flexibilities under the WTO Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). While his Government supported and welcomed the draft decision on the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response, the proposed committee's role vis-à-vis the Working Group and the Intergovernmental Negotiating Body should be clarified.

The representative of SLOVENIA said that, while the COVID-19 pandemic had revealed significant gaps in countries' preparedness and their capacity to respond to health emergencies, progress had been made and lessons learned. The Working Group on Strengthening WHO Preparedness and Response to Health Emergencies had yielded tangible results and its mandate should be continued. Both the Intergovernmental Negotiating Body and the Working Group must harness the power of collective knowledge and share best practices, and listen to a wide array of relevant stakeholders. Her Government welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of GHANA, speaking on behalf of the Member States of the African Region, supported the call for additional resources to help Member States to build the national core capacities required by the International Health Regulations (2005). Collaboration, partnerships and strong health systems played a critical role in effective emergency preparedness and response. Knowledge and

technology transfer to build local manufacturing capacities during health emergencies were crucial and should be reflected in future reports. It would also be useful to report on efforts to strengthen national health systems, facilitate equitable access to medical tools during health emergencies and promote compliance with and implementation of the International Health Regulations (2005). Future meetings of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, including thematic “deep dive” sessions, should be organized, bearing in mind the financial constraints of small delegations in order to enable full participation and promote consensus. Given the critical role that Member States could play in promoting coordination during health emergencies, the proposed standing committee on health emergency (pandemic) prevention, preparedness and response must be inclusive, transparent and informed by scientific and technical expertise. Its membership must reflect the diversity of Board membership, its terms of reference should be consistent with the Board’s Rules of Procedure, allowing for the participation of all interested Member States, and its role should be limited to that of a technical body. The Member States of the African Region would not support any proposal that would allow the committee to bypass the Board. Any politicization of scientific and technical matters associated with a declaration of a public health emergency of international concern must be avoided. The proposal must be discussed further before any decision on the establishment of such a committee was taken.

The representative of PERU said that any future pandemic instrument must have equity at its core and ensure universal access to medical countermeasures, including vaccines. Targeted amendments to the International Health Regulations (2005) were needed to enhance compliance, surveillance and early warning; his Government was grateful to the United States of America for its leadership in that regard. The proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response was also commendable, since it could enhance the capacity and efficiency of the Board and improve coordination with the Secretariat in the event of a global health emergency.

The representative of BANGLADESH said that the process to strengthen the International Health Regulations (2005) must be inclusive and transparent. The COVID-19 pandemic had been a major setback to progress towards achieving the target of one billion people better protected from health emergencies; implementation of the Thirteenth General Programme of Work, 2019–2023, must therefore be expedited and sufficiently funded. The persistent technology divide kept health systems fragmented. New technological solutions, such as the use of artificial intelligence and machine learning for early warning systems, were therefore greatly appreciated, and additional resources should be allocated to enhance disease surveillance capacities. A robust international cooperation framework should also be put in place to support developing countries in strengthening their health systems. A Member State-driven process was needed to negotiate a framework for access to and benefit-sharing from the sharing of human pathogens of pandemic potential under the auspices of the Convention on Biological Diversity. In parallel, the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should discuss issues linked to the WHO BioHub System, the Epidemic Intelligence from Open Sources initiative and the Public Health Emergency Operations Centre Network. WHO’s reliance on such mechanisms, which were not accountable to WHO governing bodies, was a matter of concern, because transparency and accountability were crucial. More informal, participatory discussions were needed to finalize the terms of reference of the proposed standing committee on health emergency (pandemic) prevention, preparedness and response; any decision on its establishment before substantive discussions had been concluded would be premature.

The representative of the RUSSIAN FEDERATION said that WHO must play a central coordinating role in the global response to health emergencies. Efforts to strengthen global preparedness and response should focus on pragmatic solutions to problems, strengthening national health and epidemiological systems, developing subregional and regional cooperation, and enhancing global cooperation. It was important to strengthen laboratory infrastructure; improve health and quarantine controls, imposing barriers against infection, not people or cargo; improve and expedite the preparation of diagnostic kits, medicines and vaccines; facilitate large-scale production; introduce genome sequencing more widely; harness the digital transformation for monitoring and forecasting of infectious

disease outbreaks; and deploy rapid response teams and mobile laboratories. More needed to be done to counter false and unreliable information, which undermined effective science-based measures and international cooperation in the fight against epidemic outbreaks. It was crucial to update the International Health Regulations (2005) to take account of the digital transformation and biotechnology developments. It was equally important to strengthen the role of national IHR focal points, laboratory infrastructure, and regional and global networks; expand Member State cooperation on implementation; and ensure the free movement of medical staff and technology when restrictions were in place. Any amendments to the Regulations should not, however, undermine State sovereignty. His Government rejected any proposals that would justify interference with Member States' internal affairs, including investigations carried out on the basis of rumours spread on social networks or uncorroborated information, and would not support any tools for external evaluation of domestic emergency preparedness and response capacities. The new pandemic instrument to be developed by the Intergovernmental Negotiating Body should not replace or duplicate existing mechanisms and agreements.

The representative of OMAN said that his Government had based its response to the COVID-19 pandemic on public health pillars such as governance, partnership, the fair distribution of vaccines, transparent dissemination of information and a whole-of-society approach. The pandemic provided an opportunity to strengthen health systems and harness innovation and technology. While endorsing the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, his Government supported calls for greater clarity on the committee's mandate and role, and the way in which it would support existing and future preparedness and response frameworks. WHO had shown great leadership during the pandemic and must continue to play a key role. Global partnerships for information exchange on public health emergencies were also crucial.

The representative of COLOMBIA said that the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should work closely with the Intergovernmental Negotiating Body to make maximum use of WHO's human and financial resources and Member State capacities in considering the large number of recommendations. In return, the Intergovernmental Negotiating Body should take account of the outcomes of the Working Group's discussions. Particular weight should be given to equity in developing tools and medical countermeasures and access to and manufacturing and distribution of health technologies. The International Health Regulations (2005) must remain the main instrument to prevent and respond to global public health emergencies, and negotiations on the instrument as a whole must be avoided. The proposed standing committee on health emergency (pandemic) prevention, preparedness and response must not affect the decision-making prerogative of the Board or the Director-General, the mandates of WHO's existing instruments and bodies, or the Organization's technical mandate. The objectives, scope and terms of reference of the proposed committee, as well as potential challenges in terms of representation, must be discussed to clarify how it would interact with WHO emergency committees, the Intergovernmental Negotiating Body, the Board itself, and other mechanisms.

The representative of MADAGASCAR said that the COVID-19 crisis had caught the world unawares and brought to light persistent structural inequalities, which had led to a global spread of infection. It had also shown that disinvestment in health and emergency preparedness could have a devastating effect on societies and economies. His Government welcomed the timely proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response. The proposed committee would benefit WHO's operations and strengthen the role of Member States in the examination of WHO preparedness and response policies and actions. It would also strengthen the guidance Member States provided to the Director-General.

The representative of TAJIKISTAN said that that his Government supported the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response, which

would help to strengthen the Board's oversight function and provide an opportunity to discuss and improve emergency preparedness.

The representative of KENYA, welcoming the timely proposal of the draft decision on a standing committee on health emergency (pandemic) prevention, preparedness and response, said that further discussions were needed so that Member States could reach a clear and common understanding on the functions and added value of the proposed committee. It should be open to all interested WHO Member States, in line with the principles of transparency and inclusivity underpinning WHO governing bodies. The committee's powers should be limited to those under the mandate of the Board and its rules of procedure should be modelled after those of the Programme, Budget and Administration Committee of the Executive Board, with decision-making powers resting with the Board. The terms of reference must clarify the lines of communication between the committee and WHO's management. All reports, guidance and recommendations issued by the committee must be channelled through the Board, rather than addressed directly to the Director-General.

The representative of TIMOR-LESTE said that his Government had long recognized the health threat posed by emerging and re-emerging diseases and natural and manmade disasters and had strengthened its preparedness and response capacities with support from the Secretariat and WHO's partners. Despite efforts to build capacities in preparedness and response to the COVID-19 pandemic, major gaps remained, and his country continued to rely on the Secretariat for much-appreciated technical support. His Government endorsed all recommendations aimed at strengthening the Organization's capacity for health emergency preparation, prevention and response.

The representative of BELARUS said that his Government had adopted a series of measures to strengthen health system resilience to future challenges, with an emphasis on increased domestic production of medical oxygen, development of infrastructure to enable the provision of health services during emergencies and local production of COVID-19 vaccines. His Government supported broad access to COVID-19 medical countermeasures, including through the medicines patent pool. The COVID-19 pandemic had revealed gaps in access to basic medical services and the capacity of countries to respond to health emergencies. Global cooperation, with mechanisms to strengthen the work and role of WHO, was crucial to build Member States' capacities in that regard. His Government supported establishing a standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of SINGAPORE said that, as the Intergovernmental Negotiating Body commenced its work, parallel efforts to strengthen the International Health Regulations (2005), including through targeted amendments, should continue. The process must be inclusive, transparent and consensus based to garner maximum support from States Parties for compliance and implementation. The COVID-19 pandemic had illustrated the crucial importance of investment in preparedness, especially in cities. Given high population densities and concentrated economic activity, the health of urban populations must be safeguarded against future pandemics. As a city State, Singapore was aware of the unique challenges for preparedness in urban areas, and had been cooperating with the Secretariat on the urban preparedness agenda even prior to the COVID-19 pandemic. His Government looked forward to working with like-minded Member States to strengthen collective resilience in urban settings against future outbreaks.

The representative of GUYANA said that the unprecedented human and economic loss resulting from the COVID-19 pandemic had been a reminder that pandemics remained an existential threat to humanity. Any new instrument must address global inequities in timely access to medicines, vaccines and diagnostic tools. His Government supported the draft decision on strengthening of the International Health Regulations (2005) and he looked forward to discussing further details. While the sharing of biological materials with epidemic or pandemic potential was important and the establishment of the WHO BioHub System commendable, the process must be transparent and inclusive, and the benefits

derived from genetic resources must be shared equally. The BioHub System must not be used for the benefit of the manufacturers that patented medicines, rather than granting equal access.

The representative of the SYRIAN ARAB REPUBLIC said that predictable and sustainable financing, especially for the WHO Health Emergencies Programme, was crucial to strengthen WHO's work in health emergencies. Although the Syrian Arab Republic was subject to economic blockades, the Government was doing its utmost to deliver basic health services and continue routine immunization. Despite its limited resources, it had rolled out COVID-19 vaccines even in territories that were not under government control. The country was experiencing a deep humanitarian crisis and his Government was grateful for the Secretariat's continued support. While supporting the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, his Government joined others in the call for further discussion on its terms of reference and composition.

The representative of FRANCE said that her Government agreed that the mandate and working methods of the proposed standing committee on health emergency (pandemic) prevention, preparedness and response should be clarified. Its establishment was, however, a crucial step towards strengthening the role of the Board in health emergencies; had such a body existed in early 2020, it could have lent decisive support to COVID-19 response efforts. The proposed committee would enhance Member State engagement and information-sharing between Member States and the format of its meetings should lead to proactive, transparent and real-time exchange between WHO members.

The representative of CHINA<sup>1</sup> welcomed the development of tools to help Member States to bridge capacity gaps and improve early detection, rapid response and evidence-based management. He called on Member States to improve their coordination and implementation of the International Health Regulations (2005) and implement the recommendations made by the International Health Regulations (2005) Emergency Committee for COVID-19. Given the lack of consensus on the establishment of the Universal Health and Preparedness Review, the benefits of such a mechanism should be scientifically proven and further consultations should be held with Member States. WHO's health emergency operations should be transparent and allow for greater Member State participation. His delegation agreed with the need for further discussion on the functions of the proposed standing committee on health emergency (pandemic) prevention, preparedness and response, which should be integrated into the wider debate on strengthening the Regulations. Any cooperation and pathogen-sharing must be consistent with relevant international instruments, including the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity.

The representative of NORWAY,<sup>1</sup> speaking on behalf of the Nordic and Baltic countries Denmark, Finland, Estonia, Iceland, Latvia, Lithuania, Norway and Sweden, said that the Member States of the group of countries did not support the proposal for a standing committee on health emergency (pandemic) prevention, preparedness and response to advise the Director-General in the event of a public health emergency of international concern. In such situations, the facts were often unclear and such an advisory function might create a dynamic where the Director-General felt compelled to await its conclusions before acting on advice from the emergency committee and WHO technical staff, causing delay. Assessment of the appropriate response should remain the prerogative of the Director-General. The Nordic and Baltic countries supported the timely provision of information to Member States upon declaration of a public health emergency of international concern, but the terms of reference of the proposed standing committee should be discussed in depth before deciding on its establishment.

The representative of CANADA<sup>1</sup> said that priority should be given to the recommendations of the independent review panels and expert bodies that supported existing global health tools and

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



institutions, including the International Health Regulations (2005). Work on targeted amendments to the Regulations, complemented by financial, operational and policy measures to strengthen compliance and implementation, should proceed expeditiously within the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. At the same time, a new pandemic accord must fill the gaps identified and support more robust global health engagement among political, civil society and private sector leaders, based on cross-sectoral action, a One Health approach and equity. To ensure that Member States had sufficient financial and technical capacity for pandemic preparedness and response, backstopped by a robust accountability framework, the engagement of stakeholders across the health landscape at the national level was crucial. She would welcome updated information on the Universal Health and Preparedness Review, the WHO BioHub System and the WHO Hub for Pandemic and Epidemic Intelligence. She supported the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response, provided that it operated transparently and did not duplicate existing mechanisms. Her Government stood ready to continue discussions on the committee's terms of reference and wished to be added to the list of sponsors of the draft decision.

The representative of MONACO<sup>1</sup> said that the careful review by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies of the recommendations made by the independent review panels would play a fundamental role in efforts to strengthen the global health architecture. The analysis should take account of the time frame and implementation of recommendations through existing WHO tools and mechanisms, International Health Regulations (2005) strengthening, and a future pandemic instrument. Particular emphasis should be placed on strengthening the Regulations through implementation of the draft decision proposed to that effect. She welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response and called for its terms of reference to be clarified as soon as possible.

The representative of the PHILIPPINES,<sup>1</sup> expressing support for initiatives that would ensure an effective response mechanism in health emergencies, noted the value of a unified platform that would streamline information and facilitate faster targeted response efforts. Working together to align responses through a multisectoral and multidisciplinary approach would ensure that any response was organized and effective. The ongoing COVID-19 pandemic had shown the importance of managing resources, information and service providers, and of documenting the lessons learned with particular regard to preparedness. She welcomed the Universal Health and Preparedness Review, in which her Government was committed to participating. Any amendments proposed to the International Health Regulations (2005) should address the growing concerns about misinformation and stigmatization during pandemic response. She supported establishing a standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of SWEDEN<sup>1</sup> said that the development of a new treaty on pandemic preparedness and response, combined with strengthened implementation of and compliance with the International Health Regulations (2005), including potential targeted amendments, would help to create a more robust and equitable global health system, underpinned by a One Health approach. To that end, more sustainable and flexible financing was needed. It was also important to improve data sharing, collection and analysis and review early warning systems. While welcoming the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, her Government was mindful of the need not to politicize proceedings and create new silos within WHO and would welcome further discussion on the proposed committee's terms of reference.

The representative of GERMANY<sup>1</sup> said that WHO should be at the centre of global health emergency preparedness; its strong voice had been crucial in the current crisis. The current process of reshaping global health governance, especially with regard to pandemic preparedness and response, provided an ideal opportunity to further enhance that role. The global health architecture must be more efficient, better coordinated and less fragmented, without duplication and with clearer mandates, more

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

effective multilateral inclusiveness, and a strong WHO as the lead agency. The Organization must use the unique opportunity to get global health governance right, taking the lead in shaping and strengthening the global health architecture, and developing concrete plans and proposals to be discussed by the Board at a future session.

The representative of MEXICO<sup>1</sup> said that strengthening the national core capacities required by the International Health Regulations (2005) must be a priority. In that connection, his Government supported the establishment of the Universal Health Preparedness Review mechanism to identify gaps and promote accountability and high-level political commitment. In terms of detection, the new preparedness and response framework must harness new technologies and include a mechanism for global health information-sharing. The establishment of the WHO Hub for Pandemic and Epidemic Intelligence was commendable in that regard. His Government supported the idea of training and building a pool of national and regional staff for rapid deployment in the event of an emergency, coordinated through WHO. There were good practice examples of such deployment during the current crisis that could be emulated and expanded.

The representative of BELGIUM<sup>1</sup> said that many of the initiatives referred to in the report on strengthening WHO preparedness for and response to health emergencies, while important for strengthening the global health architecture, came at a risk. Many seemed to be driven by a bottom-up planning approach and it was unclear where they would fit in a consistent whole managed effectively by WHO. Increased sustainable financing would be critical. Her Government supported the proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response and wished to be added to the list of sponsors of the draft decision. In her country, discussions had commenced on the implications of the transition to endemic COVID-19 for testing, quarantine, booster vaccinations, public health and social distancing measures; WHO's guidance in that regard would be greatly appreciated.

The representative of COSTA RICA<sup>1</sup> said that the draft decision on strengthening the International Health Regulations (2005) promoted the necessary dialogue between WHO's Member States and civil society to identify solutions to current global health challenges. Strengthening the Regulations was crucial to build political will and positively influence the development of an international instrument on pandemic prevention, preparedness and response. The negotiations taking place in the Intergovernmental Negotiating Body and the discussions on potential targeted amendments to the Regulations in the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should therefore be interlinked.

The representative of SPAIN<sup>1</sup> said that WHO played a critical role in global preparedness and response to public health emergencies and in building Member States' capacities. Her Government participated actively in the work on enhancing global preparedness for future public health threats at the local, regional and global levels under the strong leadership of WHO and supported the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response. The activities of the proposed committee should be coordinated with WHO's existing instruments and mechanisms.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> said that, while she welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, she had some concerns regarding the draft decision submitted by Austria and the proposed terms of reference. As a specialized agency of the United Nations, WHO must abide by the principles of accountability, independence and impartiality and provide an enabling environment for the equal and fair participation of Member States. It must preserve its central role in health emergency governance and matters relating to the implementation of International Health Regulations (2005) without

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

delegating any of its functions to a secondary structure. The International Health Regulations (2005) Emergency Committee for COVID-19 had proven its effectiveness in supporting a public health response. She did not support any proposal that meant changing the Rules of Procedure of the Executive Board, although she remained open to dialogue leading to agreements in which all WHO Member States participated on an equal footing. Her Government wished to be added to the list of sponsors of the draft decision on strengthening the International Health Regulations (2005).

The representative of BRAZIL<sup>1</sup> said that all processes aimed at enhancing the effectiveness of WHO's response to health emergencies, including the negotiation of a pandemic instrument, should draw on the technical work conducted under existing mandates. While supporting the general direction of the Secretariat's efforts in that regard, his Government was concerned about the suggested link between lack of timely access to high quality pathogen specimens and the fair and equitable deployment of vaccines and diagnostics. Persistent global inequalities were due to other types of barriers, most of which were economic or related to trade. His Government appreciated the proposed way forward to strengthen the International Health Regulations (2005). However, the proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response should be discussed further, especially given the lack of clarity regarding its role and composition.

The representative of SOUTH AFRICA,<sup>1</sup> noting the general consensus on the importance of strengthening WHO's role in health emergencies and the shared commitment to strengthening pandemic preparedness and response at the national, regional and global levels, said that his Government welcomed the proposed prioritization of the recommendations issued by the independent review panels and expert groups on the basis of the survey launched by the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. The proposal regarding targeted amendments to the International Health Regulations (2005) must nevertheless be approached with caution to avoid reopening the entire instrument for negotiation and losing hard-won gains. Meeting times should be coordinated to enable the participation of all Member States in the Intergovernmental Negotiating Body and the Working Group.

The representative of NAMIBIA<sup>1</sup> said that he appreciated efforts to strengthen WHO preparedness and response, including through the Access to COVID-19 Tools (ACT) Accelerator, and wished to learn more about the way in which the WHO BioHub System would accelerate research and innovation in low-income countries. Compliance with the International Health Regulations (2005) required capacities to detect and respond to emergencies or public health threats. His Government had therefore conducted a joint external evaluation and had developed a multisectoral national action plan for health security in 2020. The Regulations remained the key legal instrument of the global health architecture; its weaknesses resided in challenges relating to implementation. The draft decision on strengthening the Regulations and the attendant discussions would be useful in that regard. While he welcomed the timely proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, further discussions were needed to address concerns regarding transparency and inclusiveness.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> noting that all review panels had recognized the slow global response in the early days of the COVID-19 pandemic, said that the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response would be a sensible way to enhance the Board's capacities in the event of a global health crisis. Such a committee, or a formal task team, should be established by the Board at its 151st session. Member States should dedicate time, resources and efforts to improving WHO governance to enable sustained progress in the various complementary work streams.

The representative of PAKISTAN<sup>1</sup> said that the COVID-19 pandemic had highlighted global health security gaps and the need for more effective responses and enhanced collaboration in line with national needs. It had also demonstrated the need for greater investment in pandemic preparedness,

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

detection and response mechanisms, including the national core capacities required by the International Health Regulations (2005). Although the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response was commendable, its terms of reference should be considered carefully to avoid duplication with existing mechanisms and frameworks.

The representative of AUSTRALIA<sup>1</sup> said that the establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response would be an important step and his Government wished to join the list of sponsors of the draft decision. The proposed committee should enable in-depth discussions on governance issues relating to the WHO Health Emergencies Programme and report to the Board in the same manner as the Programme, Budget and Administration Committee. It must not encroach on the technical advisory and leadership functions of the Director-General and International Health Regulations (2005) emergency committees. Its terms of reference should set forth the financial implications, identify ways to support membership, for example by decoupling representation from Board membership, and be subject to evaluation and adjustment at an appropriate time.

The representative of GUATEMALA<sup>1</sup> said that the International Health Regulations (2005) should be strengthened through adequate and sustainable mechanisms and resources. Emphasis must be placed on protecting vulnerable populations and people living in remote communities. Her Government saw targeted amendments as the most appropriate way forward and wished to be added to the list of sponsors of the draft decision. She expressed gratitude for the collective efforts of the international community and paid tribute to the Government of the Republic of China (Taiwan)<sup>2</sup> for its crucial work in containing and combating the pandemic, which highlighted the importance of its participation in WHO meetings.

The representative of URUGUAY,<sup>1</sup> welcoming efforts to respond to the COVID-19 pandemic and make the global health architecture fit for future public health events, expressed appreciation for the multisectoral, multilevel, inter-agency nature of those efforts and the incorporation in them of a One Health approach. It was also encouraging to note the attention afforded to addressing the disruption in global medical supply chains and international trade and travel, the impact of which was felt both in the area of health and in national, regional and global economies. More in-depth discussion was needed on how the proposed standing committee on health emergency (pandemic) prevention, preparedness and response would strengthen the Board and lead to a more rapid and coordinated response. Nonetheless, her Government supported the related draft decision, and the draft decision on strengthening the International Health Regulations (2005), which would help to improve the global response to current and future health emergencies.

The representative of INDONESIA<sup>1</sup> said that equity was crucial to improving the global response to health emergencies. With regard to the recommendations of the independent review panels and expert groups, there was a need for further discussion on strengthening surveillance capacities, multilateral cooperation, empowerment of local production through technology transfer, and the equitable sharing of benefits derived from pathogen genetic sequence data. Her Government stood ready to discuss the scope of potential targeted amendments to the International Health Regulations (2005), which should address the need to strengthen the national core capacities required by the Regulations, placing equity at the centre. The proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response should be explored further; such a body must be inclusive and transparent and enable the timely sharing of information to inform decision-making.

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

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

The representative of HONDURAS<sup>1</sup> said that it had been frustrating to note over the past few months how noble, inclusive and non-discriminatory initiatives such as the International Health Regulations (2005) had clashed with political realities that perpetuated exclusion. Accessibility and cooperation had been restricted or blocked, revealing an inequality that was inconsistent with the purposes and guiding principles of the Charter of the United Nations. His country had nevertheless benefited from the generous support of some countries, for which his Government was immensely grateful, but Member States must strive to make that exception the rule, strengthening WHO through equal participation. Doing so required a paradigm shift towards working for the benefit of humanity. WHO must be imaginative and include key contributors and stakeholders in global efforts to improve health security, promoting full cooperation between peoples and nations. The fragility of human health required global cooperation and Taiwan<sup>1</sup> should participate in all WHO meetings, activities and mechanisms as an observer. He supported the proposal to revise the International Health Regulations (2005) through targeted amendments.

The representative of JAMAICA<sup>1</sup> said that concerted action by Member States to address the challenges arising in the context of the COVID-19 pandemic must prioritize equity and the strengthening of the International Health Regulations (2005) through targeted amendments. The process of developing a new international instrument on pandemics should be guided by the principles of consensus, equity, solidarity, inclusivity, transparency and respect for national sovereignty. The new instrument should address issues relating to capacity-building, strengthening of the core capacities required by the International Health Regulations (2005), and cooperation. The work of the Intergovernmental Negotiating Body should complement the discussions in the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies and take account of the human resource and capacity constraints of smaller delegations. His Government looked forward to further discussion of the terms of reference of the proposed standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of THAILAND<sup>1</sup> said that the future direction of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies should be visionary, bold, strategic, operational, forward-looking and time-efficient. The Working Group should take account of the needs of Member States, especially in defining the scope of targeted amendments to the International Health Regulations (2005) and reviewing the lessons learned from the Universal Health and Preparedness Review. Further discussion was needed on the financing of pandemic prevention, the post-recovery phase and health systems strengthening, both in the Working Group and the Intergovernmental Negotiating Body. The Working Group should set a clear time frame to ensure its work was efficient and expeditious. While welcoming the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response in principle, he agreed that further discussion was needed to safeguard transparency, avoid duplication and make the proposed committee results-oriented and acceptable to all.

The representative of LEBANON<sup>1</sup> welcomed the proposal to review and update the International Health Regulations (2005) with a view to strengthening the core capacities required by the Regulations in order to bolster the global response to health emergencies. Sustainable financing, bearing in mind the financial capacity of each Member State, was crucial. Support from the Secretariat was critical to building national genome sequencing capacities and sharing pathogens through the WHO BioHub System. Continued assistance in mobilizing resources for national action plans for health security was also important. The unprecedented national crisis in her country had not spared its health system; priority should be given to supporting vulnerable countries that were disproportionately affected by emergencies through long-term, stable support that went beyond immediate emergency relief.

The representative of SWITZERLAND<sup>1</sup> said that Member States must ensure that WHO had sufficient capacity to prevent, prepare for and respond to global health emergencies. Her Government

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

supported the proposal to strengthen the International Health Regulations (2005) through targeted amendments without reopening the entire instrument for negotiation and wished to be added to the list of sponsors of the draft decision. In its future work, the Board must be consistent and avoid duplication with parallel processes, especially the Intergovernmental Negotiating Body. Her Government supported the draft decision on establishing a standing committee on health emergency (pandemic) prevention, preparedness and response and wished to be added to the list of sponsors.

The representative of HAITI<sup>1</sup> said that international cooperation and solidarity were crucial to global health security. He supported the proposal to use coordination and collaboration platforms to harness national preparedness and response capacities. Taiwan<sup>1</sup> had demonstrated excellent management of the current health crisis and could, via such platforms, make an important contribution to global efforts to control the COVID-19 pandemic. The country should also be allowed to participate in the World Health Assembly. The current health crisis was a reminder that all people on the planet were inherently linked and solidarity was needed more than ever.

The representative of the MARSHALL ISLANDS<sup>1</sup> said that, as the world moved into the third year of the COVID-19 pandemic, the global distribution of vaccines, growing awareness and medical breakthroughs might herald in a new dawn. More than ever, people's health must be prioritized above all other considerations. Owing to strong and protracted containment measures, the Marshall Islands remained one of the few countries without local transmission of COVID-19. The future WHO convention, agreement or instrument on pandemic preparedness and response would be the cornerstone of building back a healthier global community. Viruses knew no borders and all countries must be allowed to contribute to post-pandemic recovery and collaborate for a healthier, safer future. The response of the Republic of China (Taiwan)<sup>1</sup> to the COVID-19 pandemic had been among the most effective in the world and it should be allowed to engage constructively in all relevant WHO meetings and mechanisms, including the Seventy-fifth World Health Assembly.

The representative of NIGERIA<sup>2</sup> said that her Government welcomed the calls for more emphasis on scaling up the national core capacities required under the International Health Regulations (2005). Nigeria had started to produce its own COVID-19 vaccine and planned to use local manufacturing capacities to produce other pharmaceutical products essential to maintaining and building public health security. Future reports should highlight the work carried out in her country and other developing countries and the Secretariat should support local capacity-building around the world. It should also facilitate access to vaccines in those countries unable to produce their own, ensuring equity in distribution, and support broader efforts to increase health security in Africa and elsewhere.

### **The meeting rose at 13:10.**

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

## SIXTH MEETING

Wednesday, 26 January 2022, at 14:05

**Chair:** Dr P. AMOTH (Kenya)  
**later:** Ms C. MORETTI (Argentina)

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

#### **1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 15.1 of the agenda (documents EB150/15 and EB150/16) (continued)

**Standing Committee on Pandemic and Emergency Preparedness and Response:** Item 15.2 of the agenda (document EB150/17) (continued)

The representative of NORWAY<sup>1</sup> said that the coronavirus disease (COVID-19) pandemic had clearly shown the importance of well-functioning and efficient systems to prevent and respond to health threats and had demonstrated the need for predictability, transparency and cooperation; she therefore welcomed the decision taken at the Second special session of the World Health Assembly to establish the Intergovernmental Negotiating Body to Strengthen Pandemic Prevention, Preparedness and Response. Member States must demonstrate that they were willing to submit to a legally binding comprehensive system for preparedness and response. Any such instrument should complement the International Health Regulations (2005), and the planned process to update those Regulations should aim to secure clear and updated standards for information sharing and cooperation, and should clearly state the responsibilities of all parties.

The representative of KAZAKHSTAN<sup>1</sup> said that her Government was striving to maintain access to quality health care services despite the significant diversion of resources to its COVID-19 pandemic response and expressed support for the global target of 70% COVID-19 immunization coverage by mid-2022. Effective health emergency preparedness and response could only be achieved by working together; she therefore expressed support for continuing efforts to strengthen cooperation with all Member States in that regard.

The representative of FIJI<sup>1</sup> said that the importance of preparedness could not be overemphasized; his Government was therefore looking forward to the planned work to update the International Health Regulations (2005) and to develop a new pandemic treaty. Supporting the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, he commended the progress made thus far, but noted that its terms of reference had yet to be finalized.

The representative of SLOVAKIA<sup>1</sup> reiterated her Government's support for the proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and

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

response, which would improve Member States' oversight of WHO's work on health emergencies and reduce the lag between recommendations being issued and their implementation. Her Government wished to be added to the list of sponsors of the draft decision on the proposed standing committee.

The representative of SOUTH AFRICA<sup>1</sup> welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response. The COVID-19 pandemic had demonstrated the importance of including all Member States in any such mechanism, the work of which should be based on scientific and technical advice. Given the potential overlap with the work of the emergency committees convened by the Director-General to determine whether an event constituted a public health emergency of international concern, she asked the Secretariat to provide clarification on the different remits of those bodies prior to the establishment of the proposed standing committee, to ensure that their objectives and terms of reference would be distinct from one another. The decision on whether to establish a standing committee should be left to the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA<sup>1</sup> said that the COVID-19 pandemic had revealed the fragility of the International Health Regulations (2005) and she expressed support for a targeted amendment that would address the gaps in that instrument. Member States must work together to develop new approaches and actions to strengthen the rapid and coordinated response to the spread of diseases of international concern, in line with WHO's guidance and informed by intergovernmental consultations. Any amendment proposed to the International Health Regulations (2005) should take into account the diverse contexts of States Parties, including the impact of conflict, climate change, natural disasters and economic blockades, all of which created barriers to effective public health emergency preparedness and response and to the implementation of health interventions. She welcomed the bilateral support provided to her Government during the COVID-19 pandemic and recognized efforts made by organizations in the United Nations system in that regard. Member States must be supported in their fight against COVID-19 and WHO's immunization strategy must be implemented if the global target of 70% COVID-19 immunization coverage by mid-2022 was to be met. Her Government supported the adoption of any draft decision that contributed to the goal of health for all.

The representative of AUSTRIA welcomed the general support for the proposed establishment of a standing committee on health emergency (pandemic) prevention, preparedness and response. He highlighted that the draft decision contained a provision for further discussion on its terms of reference, which he agreed must clearly define the role of the standing committee in order to differentiate its remit from that of the emergency committees convened under the International Health Regulations (2005). The Director-General's ability to declare a public health emergency of international concern by convening an emergency committee was a function mandated under the International Health Regulations (2005) and would be unaffected by the establishment of a new standing committee, which would be a subcommittee of the Board and would only begin to act once a public health emergency of international concern had been declared.

Regarding the added value of the proposed standing committee, he reiterated the benefit of having a structured and transparent procedure to initiate consultations on potential action that could be required following the declaration of a public health emergency of international concern. Such action could include convening a special session of the Board or the Health Assembly; however, it was impossible to predict the exact nature of such action as every threat would be different.

In response to concerns regarding closed meetings, he reassured the Board that the terms of reference would be aligned with the Rules of Procedure of the Executive Board and any remaining references to closed meetings in the draft terms of reference would be deleted. The standing committee would operate in a similar way to other Board subcommittees, with all Member States invited to participate and a limited number of members of the standing committee having the right to vote. He

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



reminded the Board that the notion that recommendations issued by the standing committee could bypass the Board had already been deleted from the draft terms of reference. Moreover, any recommendations issued by the standing committee on improving preparedness and response would be submitted to the Board for its approval. The goal of the standing committee would be to improve oversight of health emergency preparedness and response by ensuring a transparent flow of information from the Secretariat to Member States within 24 hours of the declaration of a public health emergency. He encouraged Member States to support the draft decision on the proposed standing committee.

The Observer of the HOLY SEE said that the international community must adopt decisions that prioritized equity and solidarity, with particular regard to the sharing of diagnostic tools, vaccines and medicines, to ensure that all people could access safe, effective and affordable medical care.

The Observer of PALESTINE noted the importance of WHO's coordinating role in responding to health emergencies and welcomed the transparency, inclusiveness, equity and solidarity that had characterized the informal consultations. He encouraged WHO to continue to support efforts to strengthen emergency response capacities among Palestinian health professionals.

The representative of IOM welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response. IOM would remain a committed partner of WHO in advocating for universal health coverage in health emergencies, including for migrants. Recent data collected by IOM showed that several migrant groups still lacked access to COVID-19 vaccines in at least 45 countries. Capacities to address migration should be strengthened in line with the International Health Regulations (2005), and all preparedness and response initiatives must take migrants into account and follow a whole-of-society and whole-of-government approach. She highlighted the IOM's Health, Border and Mobility Management Framework, which provided a strategic approach for the prevention and detection of and response to communicable diseases and could prove a useful tool in the work of the proposed standing committee.

The representative of the UNITED NATIONS HUMAN SETTLEMENTS PROGRAMME (UN-Habitat) said that it was clear that city governments and local authorities had made a critical contribution to the response to the COVID-19 pandemic and other health emergencies. Following the signature of a memorandum of understanding between her organization and WHO in October 2021, and in the context of the development of the new pandemic treaty, UN-Habitat would engage with city governments and local authorities to strengthen emergency preparedness and ensure that urban planning and public health standards were upheld.

The representative of ITU said that digital technologies had proven essential during the COVID-19 pandemic. ITU would continue to work with WHO to harness those technologies, including through the development of international standards and best practices for telehealth, the use of artificial intelligence and digital vaccination certificates.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the protection of breastfeeding must be included in work on emergency preparedness and response. Furthermore, in order to combat disinformation and the exploitation of fear during health emergencies, WHO should strengthen its safeguards against conflicts of interest in emergency situations and help governments to stop the commercial sector from influencing national policy and undermining WHO advice, in particular regarding breastfeeding and sustainable food production.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had illustrated the failure of the universal health coverage model of health care. Equity should be the priority when responding to health emergencies, including with regard to medical product research, innovation and

production capacity-building and technology transfer. Member States should negotiate a transparent framework for sharing biological materials and genetic sequence information; the WHO BioHub System was not a credible mechanism, as it was led by the Secretariat and included private sector participation without any proper mandate from WHO's governing bodies.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the global effort to deliver the first billion doses of COVID-19 vaccine through the COVID-19 Vaccine Global Access (COVAX) Facility would not have been possible without unprecedented collaboration among all stakeholders. However, more needed to be done to address vaccine administration bottlenecks and to ensure the more equitable allocation of vaccines. His organization was committed to working with all stakeholders in that regard.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, recognized the need for a global workforce to respond to health emergencies but said that national health systems also needed a nursing workforce in order to function. The COVID-19 pandemic had precipitated a global crisis in the health workforce; her organization was therefore calling for a global action plan to address the situation, which should include commitments to safe working environments, staffing levels and workloads, involvement in decision-making, mental health services and equitable compensation.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, said that any preparedness plans should include policies for the prevention of obesity and other noncommunicable diseases, which were risk factors for increased morbidity and mortality from COVID-19. Promoting such policies would strengthen populations' resilience to future health threats. The Board should ensure that care for people living with noncommunicable diseases would not be disrupted in an emergency and that the health workforce was trained to treat vulnerable populations in a culturally sensitive and non-stigmatizing way.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, highlighted WHO's central and unique role in the response to health threats, which should be further strengthened. WHO must consider the recommendations issued by the independent panels that were reviewing its COVID-19 response. Efforts should be made to improve global coordination; increase sustainable financing; invest in more effective surveillance; address drivers of pathogen emergence; promote an all-of-society approach to pandemic prevention, preparedness and response; and establish a new standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the negotiation of a new pandemic treaty would not resolve the current COVID-19 pandemic but should ensure a comprehensive response in the future. It would be important to learn from the failures of the COVID-19 response and create a better global framework for cooperation, which should envisage transparency obligations, the sharing of rights and know-how regarding government-funded technologies, mandatory intellectual property exceptions and standards for funding research and development. The funding and management of clinical trials and regulatory pathways should also be reformed.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that public health emergencies affected the provision of essential sexual and reproductive health services, with serious consequences. She called on Member States to ensure the continuation of essential health services in emergency situations, to integrate sexual and reproductive health care into preparedness and response planning at all levels, and to secure funding for humanitarian programming to avoid the reduction of critical services.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to engage young people, including the WHO Youth Council, in the process of developing a new pandemic preparedness and response mechanism; to build resilient health systems in order to combat public health threats, including misinformation; and to strengthen vaccine coverage through mass education strategies and the development of policies aligned with international human rights law.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that there was a need to prioritize and invest in strong health systems that could deliver essential services while responding to public health emergencies. She welcomed the integration of health systems and community engagement in preparedness initiatives, and looked forward to continued dialogue between civil society organizations and Member States under the framework of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Member States should build on pandemic prevention, preparedness and response systems rather than undermining or duplicating existing systems.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Intergovernmental Negotiating Body must ensure equity in access to health technologies in future pandemics. He highlighted the benefits of sharing knowledge and data in efforts to prepare for health emergencies.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR and on behalf of the International Alliance of Patients' Organizations and the Thalassaemia International Federation, said that many patients with inherited blood and bleeding disorders had reported disrupted access to treatment as a result of the COVID-19 pandemic. Member States should introduce public health surveillance tools in national health systems in order to facilitate data sharing and eliminate avoidable harm in health care. She invited Member States to promote policies that aligned with the global patient safety action plan 2021–2030.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed the emphasis on the importance of equity, particularly in accessing medical countermeasures. Her organization had recently negotiated licences on two new antiviral medicines for COVID-19, providing access to more affordable generic medicines in some 100 countries, and was supporting WHO's efforts to establish COVID-19 messenger RNA vaccine technology transfer hubs in order to expand local manufacturing capacity in low- and middle-income countries. It would continue to contribute its expertise to the work on pandemic preparedness and response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, supported efforts to strengthen pandemic preparedness and response, in particular the work of the Access to COVID-19 Tools (ACT) Accelerator, which provided equitable access to diagnostics, therapeutics and vaccines. Health professionals should be involved in the planning and implementation of policies in that regard. It was unacceptable that many health professionals remained unvaccinated and at risk from COVID-19; she therefore urged Member States to increase their support for global vaccine equity.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, said that a healthy and protected workforce would be critical to pandemic preparedness and response. She called for urgent investment in health systems to improve working conditions and combat workforce shortages, both in the global health emergency workforce and in the health workforce as a whole.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the disproportionate impact of the COVID-19 pandemic on those living with

dementia, a consequence of the global lack of preparedness in health care systems. Pandemic preparedness and response activities should include provisions to ensure continued access to diagnostic and support services during future public health emergencies.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIR, urged WHO to involve paediatric societies in the implementation of programmes relating to displaced children; prioritize early detection, rapid risk assessment and clear communication in health emergency response; provide information and training on nutrition, infectious diseases, vaccination, mental health and issues arising in school environments; promote compliance with the United Nations Convention on the Rights of the Child; draw attention to the impact of disasters on children; and support public health programmes for mental, physical and psychosocial issues resulting from health emergencies and pandemics.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, said that health emergency response should include rehabilitation from infectious diseases such as COVID-19 and the continued provision of essential rehabilitation services. WHO should develop technical resources and capacity to strengthen rehabilitation and should include rehabilitation on the provisional agenda of the Seventy-sixth World Health Assembly.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, encouraged Member States to include palliative care alongside therapeutics, diagnostics and vaccines in the new pandemic treaty or any other health emergency response mechanism in line with paragraph 7(7) of resolution WHA73.1 (2020) on the COVID-19 response. Including such language would help to ensure that funding would be made available and that partnerships could be developed with civil society to strengthen palliative care.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that a key objective of the new pandemic treaty should be prompt, equitable, and affordable access to medical products. It should also include a mechanism to trigger a mandatory open licensing regime following the declaration of a public health emergency of international concern. Countries with robust primary health care systems and adequate health workforces had been better equipped to maintain access to essential health services during the COVID-19 pandemic. He urged Member States to prioritize funding for universal health coverage, including health care personnel, which would in turn strengthen health emergency preparedness and response.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, urged WHO to consider expanding the global field epidemiology workforce in order to better detect and respond to disease outbreaks and other health emergencies. He drew the Board's attention to a report published by his organization that could help countries to build epidemiological capacities and ensure global health security.

The CO-CHAIR OF THE WORKING GROUP ON STRENGTHENING WHO PREPAREDNESS AND RESPONSE TO HEALTH EMERGENCIES welcomed the guidance from Member States on prioritizing the future work of the Working Group, including with regard to strengthening the International Health Regulations (2005), data sharing, surveillance capacity and early warning systems; promoting regulation in those areas; and improving the provision of information on clinical trials. She noted the emphasis on equity as an underlying principle and an outcome of the work to strengthen preparedness and response, which should include equitable and timely access to and distribution of medical countermeasures.

The Working Group would analyse the results of its recent survey, an exercise that would enable it to determine whether recommendations could be linked to any existing mechanisms or technical work, discuss how to strengthen such mechanisms or revitalize overlooked or underutilized frameworks, and

identify recommendations that were not being addressed through other processes. She assured the Board that the Working Group would continue to ensure coherence and complementarity with other work streams, initiatives and bodies. The Working Group aimed to submit a set of recommendations to the Seventy-fifth World Health Assembly in May 2022.

The REGIONAL DIRECTOR FOR AFRICA said that the COVID-19 pandemic had highlighted the need for robust country capacity to prevent, prepare for, detect and respond to public health emergencies. Several Member States had noted that gaps remained in the implementation of the International Health Regulations (2005). The WHO Regional Office for Africa would support Member States in the Region to participate in the Intergovernmental Negotiating Body and other relevant mechanisms to render fit for purpose the global health governance architecture, with a strong WHO at the centre. She highlighted the call from countries in the Region for less-developed countries to receive additional support to respond to outbreaks before they could become pandemics.

Strengthening the capacity of Member States would mitigate the impact of future public health threats on populations and economies. The Regional Office was preparing to launch three flagship projects to that end: promoting resilience of systems for emergencies; transforming African surveillance systems; and strengthening and utilizing response groups for emergencies. The goal was to train 200 000 experts to build a regional health emergency workforce, including 3000 elite experts for rapid deployment following the notification of a health emergency. While it was an ambitious target, that vision should be integrated into national capacity-building efforts, in line with the recommendation from the Independent Panel for Pandemic Preparedness and Response to transform global emergency preparedness and response and build a system that would be coordinated, connected, fast-moving, accountable, just and equitable.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that strengthening health emergency preparedness and response had long been a priority in her Region and welcomed the analysis of recommendations and priority areas of work set out in the report of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Member States in the Region had acknowledged the importance of the International Health Regulations (2005) as well as the need to strengthen them through targeted amendments and complement them with a new international instrument. Equitable access to and distribution of medical countermeasures and technology transfer to increase local manufacturing capacity would be critical to ending the COVID-19 pandemic and preparing for and preventing future pandemics. Information sharing on outbreaks should also be streamlined through the WHO Hub for Pandemic and Epidemic Intelligence. She called for global solidarity in the provision of flexible, predictable and sustainable investment in primary health care-oriented health systems and in the strengthening of pandemic preparedness and response.

The ASSISTANT DIRECTOR-GENERAL (Emergency Preparedness and International Health Regulations) said that the Secretariat remained committed to supporting Member States in ongoing efforts to strengthen health emergency preparedness and response and would collate their views regarding the elements to be included in the new instrument to share them with the Intergovernmental Negotiating Body. The Secretariat had launched the WHO Dashboard of COVID-19 related recommendations in mid-2021, which had received positive feedback from Member States, and had also provided support to the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies in the launch of its survey. The Secretariat was ready to support work to strengthen the International Health Regulations (2005) and other Member State initiatives, including the proposal to enhance capacities and international standards and processes relating to clinical trials.

Responding to requests for updates on initiatives launched by the Secretariat to reinforce the global response to the ongoing COVID-19 pandemic, he said that 15 Member States had volunteered to participate in the pilot phase of the Universal Health and Preparedness Review, a voluntary peer review mechanism designed to promote international cooperation. The first review had been conducted in the Central African Republic, and a briefing was planned to share the lessons learned from that process. The aim was to conduct a total of six pilot reviews of one Member State from each WHO region prior to the

Seventy-fifth World Health Assembly. Another initiative, the WHO BioHub System, aimed to offer a functional, voluntary, trusted and readily scalable system to enable the rapid sharing of biological materials with epidemic or pandemic potential, in order to increase the availability of health information and medical countermeasures during outbreaks. Eleven Member States had joined the BioHub System, alongside other actors. Finally, the WHO Hub for Pandemic and Epidemic Intelligence had been established to help Member States to generate, analyse and utilize data in order to facilitate better decision-making on epidemic and pandemic threats. The Hub would bring together key global, regional and local actors to build a global data ecosystem to connect data from different sources, develop robust analytical tools and improve the timely and effective use of data.

The DIRECTOR-GENERAL welcomed the commitment to strengthening WHO and its central role in pandemic prevention, preparedness and response, and commended the various initiatives in that regard that had been proposed or were in progress. The proposed standing committee on health emergency (pandemic) prevention, preparedness and response would quickly add value and would not undermine any existing procedures. It would be beneficial to the Organization as a whole for the Secretariat and WHO's governance structures to have more opportunities for engagement, on the understanding that a clear explanation of the role and responsibilities of each body was provided. Establishing a standing committee while the COVID-19 pandemic was ongoing would enable the Secretariat and the Board to test any new procedures to ensure that best practices would be implemented in future emergencies. He acknowledged that some elements of the proposal were yet to be finalized, but encouraged Member States to recognize the urgency of the situation and the potential immediate benefit that could be harvested from the work of the proposed standing committee.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/15, EB150/16 and EB150/17.

**The Board noted the reports.**

The CHAIR invited the Board to adopt the draft decision on strengthening of the International Health Regulations (2005) through a process for revising the Regulations through potential amendments.

**The decision was adopted.<sup>1</sup>**

The CHAIR invited the Board to adopt the draft decision on the standing committee on health emergency (pandemic) prevention, preparedness and response.

The representative of PARAGUAY welcomed the proposal to establish a standing committee on health emergency (pandemic) prevention, preparedness and response, but said that there were elements of the proposal that her Government did not support, including the creation of a permanent committee with limited membership. The terms of reference of the proposed standing committee should be negotiated during the intersessional period to clarify the outstanding questions and define the added value of the committee; the draft decision could then be considered at the next session of the Board.

(For continuation of the discussion and adoption of a decision, see the summary record of the tenth meeting, section 3.)

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<sup>1</sup> Decision EB150(3).

**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE****2. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES:** Item 7 of the agenda (documents EB150/7, EB150/7 Add.1 and EB150/7 Add.2)

**(a) Draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030**

**(d) Draft recommendations on how to strengthen the design and implementation of policies, including those for resilient health systems and health services and infrastructure, to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies**

**(f) Progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health**

**(j) Draft workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases**

The CHAIR drew the Board's attention to the report and its annexes contained in documents EB150/7 and EB150/7 Add.1. Following discussion of the report, the Board would consider the draft decision contained in paragraph 7 of document EB150/7. The financial and administrative implications of the draft decision were contained in document EB150/7 Add.2.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, recommended the submission to the Seventy-fifth World Health Assembly of the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The draft implementation road map 2023–2030 and associated recommendations would support Member States in their efforts to reorient and accelerate their national action plans in order to meet the nine voluntary global targets on noncommunicable diseases and target 3.4 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The number of emerging health threats and humanitarian emergencies meant that there was a need for a new, broader and more effective approach to address the needs of people living with noncommunicable diseases in humanitarian emergencies. He welcomed the guidance and recommendations provided on establishing a better response for those groups as part of emergency preparedness and response.

He commended the progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health, with particular regard to national policy, legislation, regulatory and fiscal measures, and strong and inclusive health systems. The global targets on noncommunicable diseases would be achievable if all Member States prioritized and implemented effective action and strategies; likewise, focus and resources must be allocated to implementing and monitoring the comprehensive mental health action plan 2013–2030. WHO and its partners should adapt to regional contexts the activities, expected outcomes and performance measures set out in the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the COVID-19 pandemic had highlighted the importance of basic public health measures and strong health systems in the prevention and control of noncommunicable diseases and had provided an opportunity to build back better and integrate noncommunicable diseases into primary health care.

In order to address the alarming increase in the prevalence of diabetes in the Region, the Framework for action on diabetes prevention and control in the WHO Eastern Mediterranean Region had been adopted to provide countries with strategic interventions and indicators in the areas of governance, prevention, management, and surveillance and research. All policies on diabetes must be aligned with actions to reduce obesity and other factors contributing to noncommunicable diseases. He noted the Global Diabetes Compact and the targets to be achieved by 2030, and said that the Regional Office had developed additional tools relating to the treatment of noncommunicable diseases at primary health care facilities.

The intersection between the epidemic of noncommunicable diseases and the COVID-19 pandemic had further highlighted the vulnerability of people living with noncommunicable diseases. The pandemic had also revealed weaknesses in health systems and the need to better maintain and strengthen services for the prevention and control of noncommunicable diseases as part of basic health services.

The representative of FRANCE, 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 Georgia, aligned themselves with her statement. Welcoming the guidance on the implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, she said that challenges related to noncommunicable diseases and mental health required urgent action, sustained awareness, financing and the mobilization of stakeholders, facilitated by the Global Coordination Mechanism. The Pan-European Mental Health Coalition, a flagship initiative of the WHO Regional Office for Europe, would contribute to implementation of the comprehensive mental health action plan 2013–2030. The growing prevalence and heavy burden of noncommunicable diseases called for a Health in All Policies approach that addressed the socioeconomic aspects of illness and health equity. The draft implementation road map 2023–2030 was a good basis for that work but should further consider the effects of climate change and other environmental factors.

The impact of the COVID-19 pandemic on the prevention and treatment of noncommunicable diseases was regrettable. To reduce the resulting health inequities and improve pandemic preparedness, Member States should scale up the prevention and control of noncommunicable diseases and prioritize health promotion, patient centred education and high-quality early detection, diagnosis and treatment. Primary health care and social services were key elements of the prevention and control of noncommunicable diseases, and activities in that regard should be science based and implemented through a lifestyle approach in the context of each Member State. Multisectoral approaches to emergency preparedness and response should include noncommunicable diseases, in order to preserve essential health care delivery in emergencies.

Mental illness represented a growing burden of disease, exacerbated vulnerabilities among those affected and constituted one of the most neglected areas of public health. Mental health services should be reorganized and oriented towards care in the community on the basis of the needs and priorities in each country in order to ensure the highest attainable standard of mental health. Furthermore, digital environments had become a determinant of health and should be better regulated. She called on the Secretariat to place mental health on the provisional agendas of future sessions of the Executive Board as a stand-alone item and to consult Member States on how to reorganize reporting on noncommunicable diseases.

The representative of JAPAN welcomed the draft recommendations relating to noncommunicable diseases in humanitarian crises. His Government was committed to promoting universal health coverage to ensure that no person living with noncommunicable diseases would be left behind, including during health emergencies. He outlined the steps taken in his country to improve access to mental health services and said that his Government would contribute to the development of a regional framework for the future of mental health in the Western Pacific Region.



The representative of MALAYSIA noted the unusual inclusion of many topics under one item of the agenda. He welcomed the draft implementation road map 2023–2030, to which his Government would align its national strategic plans and policies. The prevention and control of noncommunicable diseases required a whole-of-nation approach with multistakeholder collaboration, as exemplified in his Government's existing Health in All Policies approach to its new national health agenda. Following the impact of restrictions on public life implemented in response to the COVID-19 pandemic, there was a need for constructive engagement with the general public and community empowerment in order to secure support for national agendas on the prevention and control of noncommunicable diseases. Digital tools should be used to enhance primary health care and to diagnose and treat noncommunicable diseases, and his Government was considering how to repurpose digital applications used in its COVID-19 response to that end.

He expressed support for the recommendations and strategies relating to diabetes, obesity, oral health, cervical cancer and epilepsy and other neurological disorders, and welcomed the progress made in the promotion of mental health, a topic that should be included on the provisional agendas of future sessions of the Executive Board as a stand-alone item. Highlighting the negative impact of tobacco on noncommunicable diseases, he outlined the efforts under way in countries of the Western Pacific Region to outlaw the sale of tobacco and other smoking products to anyone born after 2005.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that mental health remained one of the most neglected areas of health, despite representing a growing burden of disease. National COVID-19 response measures had exacerbated existing issues in the provision of mental health and psychosocial services in many countries. Mental health should be urgently addressed by adopting a holistic and multitargeted approach to prevent mental disorders and promote mental health care, including by integrating it into primary health care. The momentum created by increased political and societal awareness of mental health should be harnessed for greater investment in such an approach, which would also contribute to a more sustainable economy. Member States should address the linkages between mental disorders, their comorbidities and risk factors; eliminate stigmatization and discrimination; and raise the standard of care, prevention, treatment and rehabilitation of mental disorders to that of physical illness. WHO should emphasize the importance of preventing the consequences of poor mental health throughout the life course, especially among children, adolescents and vulnerable groups.

The representative of PERU said that reporting on progress made in the promotion of mental health would draw more attention to the topic within the global health agenda and called for mental health to be considered as a stand-alone item on the provisional agendas of future sessions of the Board. She expressed concern regarding the low public health expenditure on mental health, especially given the impact of the COVID-19 pandemic. Mental health care should be prioritized and integrated into community health services. She outlined the community and human rights based approach to mental health taken in her country, including in the context of the COVID-19 pandemic, and welcomed the Secretariat's recognition of measures implemented in her Region and the attainment of regional targets in the area of mental health.

The representative of ARGENTINA welcomed the draft implementation road map 2023–2030. She outlined the Health in All Policies approach adopted by her Government to prevent noncommunicable diseases and their risk factors, which included activities to promote standards for healthy educational and working environments and an initiative to improve food labelling that had been adopted by six countries in the Region of the Americas. Noting the impact of the COVID-19 pandemic on mental health, she said that mental health should be recognized as a cross-cutting area of work, and the focus shifted from tackling mental illness to ensuring resources to protect and promote health. She supported the draft decision.

The representative of KENYA expressed support for urgent measures to accelerate progress on the prevention and control of noncommunicable diseases, particularly in the light of the disruption to health services caused by the COVID-19 pandemic. He supported the draft implementation road map 2023–2030, which would guide Member States' efforts to meet global targets and Sustainable Development Goal target 3.4 on noncommunicable diseases, and the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025. The activities envisaged in those instruments should be adapted to regional and country contexts on the basis of data collected by national monitoring and surveillance systems, which should receive support in generating that data. Political support would be required to sustain a whole-of-government and whole-of-society approach to the prevention and control of noncommunicable diseases and to secure investment in building resilient health systems; developing and updating policies on and strengthening national monitoring and surveillance of noncommunicable diseases and their risk factors; and providing health services and infrastructure to treat noncommunicable diseases, including palliative care and mental health.

He also expressed appreciation for the Global Diabetes Compact, the United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health – which was an innovative approach to mobilizing development financing to combat noncommunicable diseases in low- and middle-income countries – and the Global Coordination Mechanism, which would accelerate implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030.

The representative of BANGLADESH agreed that Member States should adapt approaches to meeting the nine voluntary global targets and Sustainable Development Goal targets on noncommunicable diseases to their national contexts. Evaluation of progress towards those targets should also include the probability of premature death from noncommunicable diseases. Implementation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 could be improved by strengthening the capacity of health systems to address noncommunicable diseases through primary health care and universal health coverage; enhancing investment in surveillance and monitoring of noncommunicable diseases; promoting healthy lifestyles; and engaging non-State actors in multisectoral and multistakeholder collaboration at the national and subnational levels. He expressed concern that no Member State was on track to achieve all nine voluntary global targets on noncommunicable diseases, and that the number of deaths from noncommunicable diseases had increased in the previous two decades. He asked the Secretariat to explain why there was a variation in the statistics on mortality resulting from noncommunicable diseases among countries with different levels of income.

The number of people who had experienced a mental health disorder and the resulting impact on economic productivity were alarming. Public expenditure on mental health should be increased and the Secretariat should provide more technical support in the area, including by training primary health care providers in mental health care, particularly in developing countries.

The representative of INDIA encouraged Member States, international partners and the Secretariat to implement all actions recommended in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030, and outlined activities carried out in his country in that regard. He noted the importance of trained health workers in delivering interventions on noncommunicable diseases and said that his Government was ready to share its experience with other Member States. While his Government actively supported the use of digital interventions to provide health care services and enhance surveillance, he emphasized that data must be handled with care. The Secretariat should provide guidance on issues relating to data interoperability, security and credentials, including vaccination credentials, and provide more information about the use of the WHO Innovation Scaling Framework in that regard.

The representative of the RUSSIAN FEDERATION highlighted the impact of the COVID-19 pandemic on noncommunicable diseases, especially mental health. As a result, mental health should be

added to the global agenda on noncommunicable diseases as a risk factor, as should air pollution. Expressing support for the draft implementation road map 2023–2030, he said that the activities contained therein should be adapted to national contexts, and the most effective and feasible measures prioritized in order to combat noncommunicable diseases and strengthen the reporting of data on risk factors. Experts from his country had been collaborating with the WHO Regional Office for Europe on the prevention and control of noncommunicable diseases and were ready to contribute to such work in other Member States. He expressed support for the draft workplan of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025, which would facilitate the exchange of information and experiences between Member States and non-State actors.

The representative of SLOVENIA said that noncommunicable diseases still represented the greatest global burden of disease and the situation had worsened as a result of the COVID-19 pandemic. Member States should invest in health promotion and the primary prevention, early detection and effective treatment of noncommunicable diseases and their risk factors in order to obtain the best results. She outlined the measures implemented in her country in that regard at the primary health care and community levels. However, investment in the prevention and control of noncommunicable diseases remained low, and it was difficult for Member States to implement the WHO best buys and other recommended interventions as a result of aggressive industry lobbying. Governments should not have to decide between business opportunities and health; she therefore urged the Secretariat to support Member States in developing lines of reasoning to enable them to advocate successfully for the WHO best buys. She welcomed the inclusion of references to air pollution and mental health in the draft implementation road map 2023–2030 and the holistic approach taken to the prevention and control of noncommunicable diseases, and called for the Secretariat to consider different ways of reporting and presenting information on specific noncommunicable diseases and their risk factors to ensure that each would receive the attention that they deserved.

The representative of TUNISIA welcomed the recommendations and strategic directions contained in the draft implementation road map 2023–2030 and called for the prioritization of effective interventions at the national level. He outlined the progress made in his country with regard to the prevention and control of noncommunicable diseases, highlighting in particular his Government's efforts to update its national strategy and action plans. He expressed support for the draft decision.

The representative of PARAGUAY welcomed the draft implementation road map 2023–2030 as well as the recommendations on improving the resilience of health systems and developing tools to strengthen Member States' efforts to prevent and control noncommunicable diseases, particularly in the context of the COVID-19 pandemic. She outlined a variety of measures adopted in her country in that regard, highlighting in particular the implementation of telehealth and mental health interventions, and emphasized the impact of the pandemic on mental health, especially among health care personnel.

The representative of COLOMBIA expressed support for the draft implementation road map 2023–2030, which should be adapted to take into account national contexts. He welcomed the continued emphasis on tackling noncommunicable diseases by promoting healthy lifestyles, despite the difficulty in implementing that approach, and called for the development of instruments that could be sustainably and effectively adapted for use in communities. The recommendations and measures proposed in the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 should be implemented quickly in order to make progress towards the measurable targets prior to the midpoint evaluation of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030.

He highlighted the fact that mental health was one of the areas of health that had been worst affected by the COVID-19 pandemic and outlined the activities carried out in his country to address that situation. WHO should lead global efforts to develop new approaches to mental health, paying special attention to domestic violence prevention, mental health in ethnic minority communities, support for

health care personnel, suicide prevention, discrimination and harassment and harm reduction in the use of psychoactive substances.

The representative of the REPUBLIC OF KOREA said that the COVID-19 pandemic had seriously disrupted the implementation of Member States' action plans on noncommunicable diseases as resources had been diverted to the COVID-19 response. More effective strategies were required to maintain essential health care services during health emergencies and to make health systems resilient, and she encouraged Member States to share their best policies in that regard. She described a number of interventions carried out in her country to provide mental health support to those affected by COVID-19 and called for the development of policies to improve mental health and monitor the impact of the pandemic on mental health and relevant services. She asked WHO's regional offices to collate and share the mental health promotion strategies being implemented by Member States in the context of the COVID-19 response.

The representative of AUSTRIA noted WHO's timely efforts to address the global challenges of the prevention and control of noncommunicable diseases and the promotion of mental health, especially as the COVID-19 pandemic had revealed weaknesses in the management of noncommunicable diseases. He emphasized the importance of strengthening analogue and digital health literacy to address health inequities and maintain public trust in health care and said that his Government had invested heavily in activities in that regard.

The representative of TAJIKISTAN recognized the challenges that still faced Member States in their efforts to reduce mortality resulting from noncommunicable diseases. National programmes should be adjusted in order to regain the progress towards global targets on noncommunicable diseases that had been lost during the COVID-19 pandemic. Efforts to attain those targets would require the involvement of all stakeholders, including other international organizations and the private sector. He supported all of the recommendations on the prevention and control of noncommunicable diseases, including those aimed at improving mental health.

The representative of GUYANA expressed support for the draft implementation road map 2023–2030, the proposed five global diabetes coverage targets and the transition to the “5 x 5 NCD agenda” in the fight against noncommunicable diseases. He outlined his Government's strategy for the prevention and control of noncommunicable diseases, which was being expanded to address the challenges caused by the long-term effects of COVID-19, and he called on WHO to provide leadership in that regard. He encouraged Member States to prioritize the attainment of the nine voluntary global targets and Sustainable Development Goal target 3.4 on noncommunicable diseases. His Government had been working with WHO/PAHO on the surveillance of noncommunicable diseases and looked forward to further collaboration in the area of mental health.

The representative of the PHILIPPINES<sup>1</sup> highlighted the initiatives undertaken in her country in line with the draft implementation road map 2023–2030 and the comprehensive mental health action plan 2013–2030, noting in particular that her Government had received support from the Secretariat to train primary health care workers in the provision of mental health services. It would be important to assess the actions currently carried out by countries towards the achievement of the nine voluntary global targets and Sustainable Development Goal target 3.4 on noncommunicable diseases in order to determine further action to be taken. She expressed support for sustainable financing, which would help the Secretariat better support Member States to ensure the subnational procurement of commodities for the prevention and control of noncommunicable diseases; improve national monitoring and surveillance systems for noncommunicable diseases and their risk factors; and enhance scientific research on the epidemiology of noncommunicable diseases.

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

The representative of NORWAY<sup>1</sup> said that the growing global burden of noncommunicable diseases was putting pressure on health systems, particularly in low-income countries, and the agreed targets were far from being met. She supported the draft implementation road map 2023–2030 and said that air pollution and mental health should be fully integrated into all activities set out therein. Information on the preparations for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, to be held in 2025, should be included in the draft implementation road map 2023–2030 prior to its submission to the Seventy-fifth World Health Assembly. Member States should incorporate the prevention, detection, treatment and rehabilitation of noncommunicable diseases, including mental health disorders, into national COVID-19 response plans and should ensure that humanitarian emergency preparedness and response plans provided for access to medicines and supplies for those services. She invited donors to join her Government's efforts to combat noncommunicable diseases in developing countries.

The representative of CANADA<sup>1</sup> expressed support for a multisectoral approach to the prevention and control of noncommunicable diseases that prioritized the strengthening of comprehensive, resilient and gender-responsive health systems and promotion of mental health and well-being. She agreed that mental health should be included as a stand-alone item on the agenda of future meetings of the governing bodies. She welcomed WHO's ongoing work to strengthen policies and programming on noncommunicable diseases and the recommendations for their integration in humanitarian emergencies. Her Government would continue to support the Organization's efforts to mitigate the disruption of essential health services during emergencies. She commended the focused approach of the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 and said that interventions that went beyond health systems and risk factors requiring multisectoral interventions should receive further attention in that work. WHO should continue to work with global organizations that were developing evidence to support the prevention and control of noncommunicable diseases, and should strengthen its capacity to develop and disseminate evidence-based and impact-oriented guidance to support Member States in the delivery of equitable and quality health services.

The representative of JAMAICA,<sup>1</sup> recognizing the progress made in achieving the global targets for the prevention and control of noncommunicable diseases, noted that mortality resulting from noncommunicable diseases was still increasing. Furthermore, the COVID-19 pandemic had disrupted activities to prevent and control noncommunicable diseases and their risk factors, particularly in humanitarian emergencies. Such activities should therefore receive investment and be included in an all-hazards approach to emergency preparedness and response. He commended the Secretariat for developing initiatives for the promotion of mental health as well as the best buys and other interventions for noncommunicable diseases. Welcoming the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 and the performance measures included therein, he said that Member States should revise the workplan regularly to ensure that it remained fit for purpose and should share best practices. He urged the Secretariat to provide technical guidelines, technological applications and tools and increased financial support to enhance national interventions. He supported the draft decision.

The representative of INDONESIA<sup>1</sup> said that policy and strategic changes as well as closer coordination at the international level were required to meet the global targets relating to the prevention and control of noncommunicable diseases by 2030 and she described some of the measures taken by her Government to address noncommunicable diseases. An accessible platform should be created for the Global Coordination Mechanism, which should include people living with noncommunicable diseases, improve coordination and facilitate the sharing of best practices among Member States. Her Government welcomed the reports on progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the

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

period 2020–2030 and on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health. The Secretariat should expedite implementation of the activities envisaged therein.

The representative of ISRAEL<sup>1</sup> thanked the Secretariat for ensuring that the important topic of mental health was at the forefront of the discussion on noncommunicable diseases.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> sought assurances that the unusual format of the document and draft decision, which covered several topics, would not prevent intersessional discussions. Her Government welcomed the three strategic directions for the draft implementation road map 2023–2030 and appreciated the focus on research and innovation and the recommendation on the provision by WHO of additional guidance and tools to examine progress. Multistakeholder collaboration would be critical, and people living with noncommunicable diseases should be engaged in the design of policies, programmes and services. She called for a more robust response to air pollution in the draft implementation road map 2023–2030 and requested further information on plans to extend the targets in the Global Monitoring Framework for noncommunicable diseases to 2030. Given the profound impact of the COVID-19 pandemic on the availability of mental health services, greater focus was needed on expanding the coverage of services for mental health and substance use disorders via telehealth. She welcomed the priority areas in the draft workplan of the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 and the inclusion of specific performance measures on advancing equity in prevention and control efforts.

The representative of ESWATINI<sup>1</sup> noted with concern the slow progress in addressing noncommunicable diseases at the global level. His Government was committed to improving the prevention and management of noncommunicable diseases in line with the draft implementation road map 2023–2030. He outlined some of the actions being taken by his Government to address noncommunicable diseases, particularly among people living with HIV/AIDS, and highlighted the support that his country was receiving from Taiwan,<sup>2</sup> which had demonstrated its expertise in global health issues and should not be excluded from global health conversations within WHO. He urged the Secretariat to provide support to Member States in conducting important surveys such as the WHO STEPwise Approach to NCD Risk Factor Surveillance. He supported the draft decision.

The representative of MEXICO<sup>1</sup> said that the draft implementation road map 2023–2030 would accelerate progress towards the achievement of target 3.4 of the Sustainable Development Goals. He welcomed the updated information on cost-effective interventions, the web-based simulation tool for the prioritization of interventions and the WHO UHC Compendium, WHO's repository of global interventions of universal health coverage. The lack of substantive progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health was a cause of concern and his Government remained committed to achieving the nine voluntary global targets. It had developed a mental health strategy in the context of the COVID-19 pandemic and would be interested in sharing experience in that regard with other countries. He welcomed the harmonization of action to tackle noncommunicable diseases, since measures to address the social, economic, commercial and environmental determinants of health would be essential in reducing the prevalence of such diseases.

The representative of EGYPT<sup>1</sup> said that, from the very outset of the COVID-19 pandemic, her Government had been supported by WHO through the provision of scientific data, equipment, digital technologies and therapeutics, highlighting in particular how that support had helped her Government to address the issues of mental health and drug abuse in her country. She thanked the Secretariat for its

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

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

invaluable work and called on the international community to pool its efforts for the prevention and control of noncommunicable diseases.

The representative of BRAZIL<sup>1</sup> outlined measures taken by her Government to tackle noncommunicable diseases, including the development of a strategic action plan. The COVID-19 pandemic had highlighted the importance of including noncommunicable diseases in pandemic preparedness and response initiatives, and had demonstrated the need to strengthen health systems, particularly at the primary health care level. Given the direct impact of the social, economic and environmental determinants of health on noncommunicable diseases and their risk factors, multisectoral collaboration was required. Her Government remained committed to universal health coverage, including access to safe, effective, quality and affordable essential medicines and vaccines for all.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> welcomed WHO's efforts to assess the progress achieved in the prevention and control of noncommunicable diseases and expressed support for the draft implementation road map 2023–2030 and the proposed recommendations to strengthen and monitor the global response. The proposed action to bolster the promotion of mental health and well-being and to support the global response to issues associated with alcohol consumption was also welcome. With respect to tobacco use, she supported the proposals to increase the cost-effectiveness and feasibility of interventions. The issue of mental health should be considered as a stand-alone agenda item. Her Government was committed to strengthening measures to prevent and control noncommunicable diseases with a view to achieving the health-related targets of the Sustainable Development Goals and supported the draft decision.

The representative of MONACO<sup>1</sup> welcomed the progress achieved since the implementation of the comprehensive mental health action plan and the Secretariat's efforts to respond to the COVID-19 pandemic, which continued to have a significant impact on mental health. She outlined the measures implemented by her Government to address mental health throughout the life course, including through the promotion of mental well-being, early detection and prevention of psychological conditions, and access to coordinated care pathways.

The representative of SPAIN<sup>1</sup> called on Member States to consider the issue of transplantation in the treatment of patients with noncommunicable diseases. The possible development of a global action plan on transplantation and the creation of a mechanism to provide the related financial and technical support to low-income countries should be submitted for consideration by the Seventy-fifth World Health Assembly. Noting that the COVID-19 pandemic had underscored the need for further action to address mental health issues, she outlined the measures adopted by her Government in that regard. She welcomed the recent initiative of the WHO Regional Office for Europe to promote and increase the visibility of mental health.

The representative of THAILAND<sup>1</sup> encouraged Member States, donors and partners to participate in and contribute to the United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health. It was essential to include mental health in universal health coverage, with a focus on community-based approaches. The Secretariat should continuously measure progress and provide relevant technical support to Member States. She urged Member States to adhere to the updated comprehensive mental health action plan 2013–2030 and utilize WHO initiatives to strengthen accessibility to and quality of mental health services at the country level. The Global Coordination Mechanism should provide best practices and share knowledge on engagement with other sectors. Prevention and control of noncommunicable diseases must be integrated into health emergency preparedness and response.

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

The representative of CHINA<sup>1</sup> said that the draft implementation road map 2023–2030 would guide Member States in accelerating progress in that area and towards the achievement of the Sustainable Development Goals. He welcomed guidance to help countries continue conducting surveys on the prevention and control of noncommunicable diseases in emergencies and the active role played by the Global Coordination Mechanism. Greater attention should be paid to the issue of mental health and the psychological impact of the COVID-19 pandemic.

The representative of URUGUAY<sup>1</sup> welcomed the tools to tackle noncommunicable diseases, the burden of which was increasing as a result of the COVID-19 pandemic. She appreciated the potential global diabetes coverage targets and the proposed targets for the prevention and treatment of obesity. She called on the Secretariat to provide clear guidance to Member States on the prevention of conflicts of interest in the development of public policies. Support should also be provided to help Member States, especially low- and middle-income countries, obtain the necessary resources to establish surveillance systems for noncommunicable diseases. Her Government stood ready to share its experience and lessons learned in the prevention and control of noncommunicable diseases through the Global Coordination Mechanism, and looked forward to the contribution of academic institutions, scientific bodies and civil society organizations to advance the measures set out in the various action plans.

The representative of FIJI<sup>1</sup> said that the heavy burden of noncommunicable diseases and their social and economic consequences in his country, and in the Pacific islands generally, had been exacerbated by the COVID-19 pandemic. Discussions at the Small Island Developing States Summit for Health, in June 2021, had underlined the threat posed by noncommunicable diseases, and he expressed support for WHO's efforts to address mental health in his region and for the draft implementation road map 2023–2030 and its proposed recommendations. He recognized the need for a multisectoral approach among all stakeholders and called for their inclusion in future discussions in order to ensure effective implementation of the road map. Although much remained to be done, the road map represented a critical step forward. He looked forward to its implementation and to improved synergies between regional and country offices and donor partners.

The representative of SOUTH AFRICA<sup>1</sup> welcomed the draft implementation road map 2023–2030. Outlining the measures taken by her Government to address the challenges impacting the effective prevention and control of noncommunicable diseases in South Africa, she expressed appreciation for the tools developed by the Secretariat to advance such work. Efforts to increase access to affordable medicines and technologies for noncommunicable diseases were also welcome, especially insulin and related delivery and monitoring medical devices. She strongly endorsed the convening of platforms to provide support to Member States. She supported the draft decision.

The representative of BAHRAIN<sup>1</sup> expressed support for the draft decision and the proposed recommendations on the prevention and control of noncommunicable diseases and the strengthening of mental health services. She welcomed the support and guidance provided by the Secretariat, which had helped her Government to implement a range of initiatives to combat noncommunicable diseases and strengthen both the national health system and primary health care. She also welcomed the draft implementation road map 2023–2030.

The representative of IRAQ<sup>1</sup> welcomed the draft implementation road map 2023–2030. She described the measures taken by her Government to address noncommunicable diseases, including action to provide affordable health care. She appreciated the proposed recommendations to strengthen health systems, services and infrastructure and to monitor diabetes response. Noting the impact of the COVID-19 pandemic on essential services, she expressed support for the proposed recommendations

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on the COVID-19 related and all-hazards emergency preparedness and response approach to noncommunicable diseases.

The representative of ECUADOR<sup>1</sup> welcomed the Organization's efforts to take action to achieve the aims set out in the political declaration and the focus on enhancing the understanding of the epidemiology of chronic noncommunicable diseases, which was essential for strategic decision-making at the country level. The draft implementation road map 2023–2030 must be developed as a technical product that integrated all WHO recommended interventions and technical packages for the prevention and control of noncommunicable diseases. To achieve the best results, the draft road map must be tailored to the country context. He strongly recommended the adoption of the draft road map by the Health Assembly at its Seventy-fifth session.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> outlined the measures taken by her Government to respond to the growing burden of noncommunicable diseases. She welcomed the support provided by organizations of the United Nations system, in particular WHO, as well as by international and local stakeholders to minimize the main risk factors for such diseases. Her Government fully supported the political declaration and the Global Diabetes Compact and its targets. She called on the Secretariat to continue providing support to Member States to address the increasing burden of noncommunicable diseases.

The representative of NEW ZEALAND<sup>1</sup> expressed concern that progress in addressing noncommunicable diseases had slowed due to the COVID-19 pandemic; her Government remained committed to supporting Pacific island countries in scaling up their prevention and management. Primary care services and community initiatives to detect and manage noncommunicable diseases must be strengthened. Improving mental health and well-being outcomes remained a priority for her Government. Destigmatization of mental health conditions and increased access to culturally appropriate mental health care at the community level were important next steps. Although COVID-19 would continue to influence the global health agenda in the year 2022, the ongoing health challenges presented by noncommunicable diseases must not be forgotten.

The representative of NIGERIA<sup>1</sup> endorsed the draft implementation road map 2023–2030 and encouraged WHO to finalize it before the end of the year 2022. She expressed support for the recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to prevent and control their risk factors in humanitarian emergencies. She asked the Secretariat to provide support to her country and other Member States to develop policies and plans to achieve universal health coverage, including in humanitarian settings, and to develop and implement coordination mechanisms for the prevention and control of noncommunicable diseases. She welcomed the draft workplan for the Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025.

WHO should engage with the private sector where relevant, rather than through direct participation in the WHO-led United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases. The Secretariat and Member States should define the specific elements of international pooled procurement mechanisms for diabetes medicines. In that context, she supported the promotion of convergence and the harmonization of regulatory requirements for diabetes medicines and the facilitation of access to biosimilar products. References to research and development should take into account equity and access, and should incentivize innovation models with waived intellectual property rights, and the use of flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). WHO's role in the prevention and control of noncommunicable diseases should be further strengthened.

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

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA<sup>1</sup> described the action taken by her Government to address noncommunicable diseases. Progress achieved at the national level had been undermined, however, by the coercive unilateral measures in force against her Government. Sustainable health systems required cooperation and respect for the integrity, sovereignty and independence of Member States, and the cessation of coercive unilateral measures that prevented legitimate governments from increasing universal access to health and advancing towards the achievement of the Sustainable Development Goals. She welcomed efforts to get back on track with the prevention and control of noncommunicable diseases through new international management and cooperation strategies centred on universal access to health.

The Observer of PALESTINE said that the burden of noncommunicable diseases among the Palestinian populations had its roots in the occupation and malnutrition and had been exacerbated by the COVID-19 pandemic. The centre for noncommunicable diseases played an important role in raising awareness of those diseases and reducing the related mortality rate, which was higher than the rate of deaths from other causes. He reiterated the importance of strengthening collaboration with WHO, particularly in the occupied Palestinian territory, to build the capacities of health institutions, prevent and control noncommunicable diseases and bolster programmes to address mental health issues.

The representative of IAEA said that her organization collaborated closely with WHO on global cancer initiatives, including through the dissemination of WHO/IAEA guidance, joint postal dose audits and calibration activities to ensure that cancer patients received the correct dose of radiation. IAEA had conducted several international surveys to assess the impact of the COVID-19 pandemic on the treatment of noncommunicable diseases. Ways of further strengthening the partnership between WHO and IAEA on addressing noncommunicable diseases were being explored.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, called for continued patient access to essential cancer and palliative care medicines and services that were affordable and did not compete with resources for health emergencies. To measure progress towards the achievement of target 3.4 of Sustainable Development Goal 3, Member States should provide annual data on the impact of their interventions on reducing the burden of cancer.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, urged Member States to include specific wording and recommendations on people living with dementia in the draft recommendations on how to strengthen the design and implementation of policies to treat people living with noncommunicable diseases and to adopt those recommendations. People living with dementia had been disproportionately impacted by the COVID-19 pandemic and were frequently left behind in humanitarian emergencies. Publicly available safeguarding and protection policies and emergency response mechanisms often failed to explicitly mention those living with dementia, despite their vulnerability.

The representative of CORPORATE ACCOUNTABILITY, speaking at the invitation of the CHAIR, said that multibillion dollar transnational food, beverage, alcohol and tobacco companies had exploited the changing times brought by the COVID-19 pandemic to further consolidate their power and capitalize on economic vulnerabilities in low- and middle-income countries. WHO must therefore immediately protect the development and implementation of its policies from conflicts of interest with industries that represented harmful products. Such industries should not be consulted when setting public health policy. She urged WHO to create a comprehensive corporate accountability framework to protect its work, especially in relation to noncommunicable diseases and obesity.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that a medicine's inclusion in the WHO Model List of Essential Medicines could

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influence whether costs were reimbursed, particularly in lower-income countries. He therefore urged the Executive Board to support the establishment of a standing working group for the WHO Model List of Essential Medicines to provide advice on pricing in order to tackle the issues of affordability and accessibility.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had underscored the urgent need for global multisectoral action on public health issues. He urged WHO to establish mechanisms to ensure comprehensive cross-sectoral collaboration, including with civil society and youth organizations. Investment in the health workforce was needed to train a generation of health advocates that were able to successfully and efficiently tackle noncommunicable diseases, both individually and through policy.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that public health messages were useless if they were undermined by disinformation, such as predatory marketing of ultra-processed products for babies. She called on WHO to update the best buys for noncommunicable diseases, with a focus on protection and prevention. The promotion of breastfeeding could backfire and open the door to exploitation by large corporations; appropriate legislation was therefore needed. Public health policy decisions must be free from the influence of corporations. WHO should urgently correct and strengthen its policy on conflicts of interest.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, said that people living with chronic kidney disease were highly vulnerable in humanitarian emergencies due to the disruption of essential life-saving treatment. He therefore urged WHO to incorporate kidney disease, including the associated medicines, diagnostics and treatment, into noncommunicable disease emergency preparedness and response plans. Increased investment in such plans was needed to ensure the delivery of high quality, essential services for people living with kidney disease.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, highlighted the need for an approach to prevention and control that emphasized health and care across the lifespan. Women and their health care professionals must be empowered to identify and jointly create lifelong prevention strategies. His Federation would support the Secretariat and Member States to develop and implement clinical guidance that followed a life course approach to women's health.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses played an important role in tackling noncommunicable diseases, including through health promotion, screening, diagnosis, treatment and rehabilitation. She encouraged Member States to fully mobilize the expertise of nurses to tackle the epidemic of noncommunicable diseases by optimizing their role in primary health care and ensuring a more rational distribution of roles within team-based care approaches. That would require the protection, resourcing and fair remuneration of nurses. She strongly agreed that mental health should be discussed as a separate issue.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, welcomed the draft implementation road map 2023–2030, in particular the reference therein to the meaningful engagement of people with lived experience of noncommunicable diseases, and the need for and widespread lack of access to palliative care. She called on WHO to support a community-based public health approach to palliative care to improve people's experience when faced with death and bereavement and to address mental health issues and the possible increase in alcohol consumption among those caring for loved ones with a noncommunicable disease.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, noted with concern the deterioration in noncommunicable disease care services owing to the COVID-19 pandemic and the concomitant increase in mortality, morbidity and mental health issues. An increased focus on digital health solutions, personalized health care, precision medicine and genomics was necessary to improve health care for noncommunicable diseases. She called for the application of the global patient safety action plan 2021–2030 and the use of patient engagement pathways in medicine regulation and health technology assessment.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, welcomed recent recommendations to explore voluntary licensing for innovative medicines for noncommunicable diseases, including key small molecules and biotherapeutics, in order to facilitate access to safe, effective and affordable essential medicines in low- and middle-income countries. She reaffirmed her organization's commitment to working with the Secretariat and Member States to improve the availability and affordability of essential medicines for noncommunicable diseases.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on Member States to implement effective national regulation of the junk food industry. Highlighting the need to address the economic drivers of noncommunicable diseases, she expressed concern at the inclusion of corporate entities in decision-making. Engagement with civil society organizations should be diverse and not limited to patient groups. The Global Coordination Mechanism must address cross-cutting issues that impacted the control of those diseases. Health systems strengthening should integrate universal health coverage and comprehensive primary health care with referral mechanisms and continuity of care.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, welcomed the focus on the meaningful involvement of people living with noncommunicable diseases in the development of services. Efforts to tackle noncommunicable diseases were vital to improve epidemic and emergency preparedness and response and must be integrated into primary health care and universal health coverage packages. She called on the Secretariat and Member States to develop better indicators for noncommunicable diseases and rectify key gaps in existing global targets. Her organization would support WHO to develop guidance on avoiding conflicts of interest with health-harming industries.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, commended the development of the draft implementation road map 2023–2030. Oral health must be acknowledged as a core element of the agenda on noncommunicable diseases, and reflected as such in the road map, alongside mental health, neurology, air pollution, and eye, ear and hearing care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation, expressed support for the draft decision and called for concerted efforts to keep noncommunicable diseases at the top of the global health agenda. Weak health systems and inadequate investment in prevention and control were hampering the ability to deal with health crises. She welcomed WHO's ongoing work to tackle noncommunicable diseases and highlighted the important role of the private sector in addressing gaps in response.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that health professionals played a key role in advancing efforts to tackle noncommunicable diseases, including by educating people on risk factors, performing risk assessments and screening, and supporting the integration of services. She expressed support for the draft

implementation road map 2023–2030 and urged Member States and the Secretariat to work closely with health professionals in its application.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, highlighted the important role of rehabilitation in reducing the consequences of noncommunicable diseases. She called on Member States to: embed rehabilitation in the draft implementation road map 2023–2030; integrate rehabilitation into all levels of the health system, including home- and community-based services; and place rehabilitation on the agenda of the Health Assembly.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on the Secretariat and Member States to work with community pharmacists to monitor progress and trends in noncommunicable diseases and their risk factors by facilitating pharmacy-based screening programmes and supporting the role of pharmacists as educators and health promoters. Member States should also take concrete action to regulate the marketing, advertising and sale of alcoholic beverages, tobacco and unhealthy food products, and re-evaluate and revise their related taxation policies.

#### **Ms Moretti took the Chair.**

The REGIONAL DIRECTOR FOR EUROPE, highlighting the role of digital technologies in addressing the burden of noncommunicable diseases, said that the European Programme of Work, 2020–2025, prioritized empowerment through digital health as one its flagship initiatives. In December 2021, the WHO Regional Office for Europe and the Health Ministry of the Russian Federation had jointly hosted a conference to share examples of innovative digital technologies to tackle noncommunicable diseases, advance digital solutions and acknowledge the importance of digital environments as a determinant of health. The conference had underlined the importance of accelerating interregional cooperation. Development of a road map on digital solutions to address noncommunicable diseases was under way and a regional digital health action plan would be presented to the Regional Committee for Europe at its seventy-second session later in 2022.

The Regional Office for Europe was taking the lead in the development and piloting of new tools to address digital marketing, including a tool to monitor the marketing of unhealthy foods. The COVID-19 pandemic had demonstrated the gains that could be made through digital tools and interregional collaboration. Those lessons should be applied to the fight against noncommunicable diseases, with insights and developments shared and amplified across all regions.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), thanking Member States for their support for the draft implementation road map 2023–2030, said that their guidance would be taken on board in its finalization. The road map would focus on helping countries to develop their own road maps based on updated global guidance and best practices. Suggestions for advocacy on noncommunicable diseases in other sectors, such as a policy on healthy food, had also been taken into account. He congratulated the Government of Argentina for establishing an ambitious food nutrition labelling scheme.

The road map would be aligned with the “5 x 5 NCD agenda” and a Health in All Policies approach. Suggestions to integrate a community-based and people-centred approach, as well as a whole-of-government and whole-of-society approach, would also be taken on board in the development of the road map and its related tools. Implementation of the road map would be based on the country context.

The provision of support to build national capacity to address industry interference would be taken into consideration in the development of technical products and tools. With regard to noncommunicable disease services in humanitarian settings, the Secretariat had scaled up support for Member States experiencing acute and protracted emergencies prior to and during the COVID-19 pandemic, including through the development and deployment of the WHO noncommunicable diseases kit. In terms of

normative work, efforts were under way, through the Global Health Cluster COVID-19 Task Team and the WHO Health Emergencies Programme, to define a minimum set of evidence-based services that were operationally feasible in humanitarian settings for health clusters and health cluster partners to promote, use and progressively guarantee.

The Secretariat was addressing the call to build more resilient health systems to mitigate the impact of the COVID-19 pandemic and other emergencies and to ensure that noncommunicable diseases and mental health were an integral part of emergency preparedness and response. To address the challenge of access to medicines for noncommunicable diseases and mental health, the Secretariat would continue to implement policies and tools, including prequalification, which would be expanded to include additional diseases. Efforts would also be made to strengthen the health workforce and improve access to technologies for noncommunicable diseases.

The global situation with regard to mental health remained challenging and progress was limited. In addition to advocacy, further efforts and resources were needed to increase the visibility of and prioritize mental health. The possible inclusion of mental health as a stand-alone item on the provisional agendas of future sessions of the governing bodies would be determined by Member States. The Secretariat stood ready to support the preparations and follow-up to the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases.

The DEPUTY DIRECTOR-GENERAL, thanking Member States for their guidance, support and commitment, said that the Secretariat had taken note of their recommendations. Progress in the prevention and management of noncommunicable diseases must be accelerated in order to meet the related targets before the year 2030. The most recent pulse survey assessing the level of disruption to essential health services during the COVID-19 pandemic and the *Tracking Universal Health Coverage: 2021 Global Monitoring Report* had clearly indicated the magnitude of the problem. It was therefore crucial to implement both the strategic directions identified in the draft implementation road map 2023–2030 and the recommendations to strengthen the resilience of health systems. Noncommunicable diseases must be integrated into the health system approach, with full integration at the primary health care level. Universal health coverage and financial protection were crucial to those efforts.

Noncommunicable diseases had become a development challenge and had therefore been placed at the centre of both the agenda of the Executive Board and the Director-General's vision for the next five years. At the country level, development plans must be integrated with action to address noncommunicable diseases.

She thanked Member States for highlighting the importance of addressing mental health and the lack of progress achieved to date. The Secretariat would continue its advocacy work to increase the attention given to mental health at the global level, including through publication of a world mental health report prior to the Seventy-fifth World Health Assembly, and would continue to work with Member States at the country level. The suggestion to include mental health as a stand-alone item on the provisional agendas of future sessions of the governing bodies had been taken on board.

The Global Coordination Mechanism would greatly contribute to advancing progress in relation to objective 2 of the global action plan for the prevention and control of noncommunicable diseases on strengthening national capacity, leadership, governance and multisectoral action and partnerships to accelerate both the multisectoral and multistakeholder response at the country level and the comprehensive country response. Those efforts would go hand in hand with the work being carried out with the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and the United Nations Multi-Partner Trust Fund to Catalyze Country Action for Non-communicable Diseases and Mental Health.

Implementation of the road map at the country level would take into account both the “5 x 5 NCD agenda” and the country context. It was crucial to integrate the mental health agenda with efforts to build resilient health systems towards universal health coverage. The Secretariat had recently published a position paper on resilient health systems which would be taken forward in collaboration with the regions. It would also work to ensure that primary health care towards universal health coverage was linked with work in humanitarian settings. The Secretariat had also noted and would act on Member States’ comments on a range of issues, including the need to elaborate on the link between climate change and the noncommunicable disease agenda and to scale up work on the occupational determinants of noncommunicable diseases.

**The meeting rose at 19:15.**

## SEVENTH MEETING

Thursday, 27 January 2022, at 10:00

Chair: Dr P. AMOTH (Kenya)

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

**POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES:** Item 7 of the agenda (documents EB150/7, EB150/7 Add.1 and EB150/7 Add.2) (continued)

- (b) **Draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets**
- (c) **Draft global strategy on oral health**
- (e) **Progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and in the achievement of its associated goals and targets for the period 2020–2030**
- (i) **Draft recommendations for the prevention and management of obesity over the life course, including potential targets**

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region was one of those most affected by the alarming increase in diabetes. To try to address the problem, a regional framework on diabetes prevention and control had been adopted by the Regional Committee of the Eastern Mediterranean at its sixty-eighth session. Diabetes responses must be scaled up and policies and efforts to address diabetes should be consistent and aligned with measures to combat other noncommunicable disease risk factors.

Oral health care was rarely included in primary health care, leading to higher costs for patients and, since oral health care professionals tended to be concentrated in urban areas, inequities in service provision. The Regional Office was involved in developing a global action plan on oral health and would continue to support Member States through its innovative online oral health course, launched on the WHO open learning platform, entitled “Promoting oral health in primary health care settings”.

He welcomed the report in Annex 5 of document EB150/7 on progress in the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030. A situational analysis had been carried out in the Region to determine the current burden and capacity to achieve the global targets. A cervical cancer monitoring tool had also been developed, together with advocacy materials to raise awareness of the disease.

The prevalence of obesity and overweight had increased across the Region in recent decades and steps were being taken to scale up action, including educating people about healthy diets, creating healthier food environments, especially in schools, and implementing legislation to eliminate industrially produced trans-fats and reduce salt and sugar in food and beverages.



The representative of SINGAPORE said that her Government supported the draft recommendations to strengthen and monitor diabetes responses at the national level and agreed that a multisectoral approach coordinated at the national ministry level was crucial in tackling the disease. She outlined some of the strategies developed to address diabetes in her country, including encouraging physical activity and healthy eating habits from a young age, introducing mandatory nutrition labels and advertising prohibitions on pre-packaged food and beverages, and making screening more affordable and accessible. Singapore's experience had highlighted the importance of encouraging people to take responsibility for their own health and of whole-of-society involvement to sustain national efforts and make progress in tackling diabetes.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, thanked WHO for its continued efforts to overcome some of the barriers to the availability of insulin and related medicines and health technologies. WHO and its partners should support: data collection and analysis for action on noncommunicable diseases, including diabetes, with a focus on low- and middle-income countries; strengthening health system capacities and infrastructure, including service integration at the primary care level, supply management and local production of insulin, in particular in lower income countries; continuity of essential health care services, in particular early diagnosis, treatment of noncommunicable diseases, including diabetes, in the context of the coronavirus disease (COVID-19) pandemic. He supported the adoption of the draft recommendations, including the five proposed global diabetes targets.

The high proportion of people in the Region suffering from oral diseases that disproportionately affected lower socioeconomic populations was a concern. He therefore welcomed the draft global strategy on oral health and the development of a global action plan and was pleased that WHO would consider the classification of noma within the road map for neglected tropical diseases 2021–2030. Oral health should be integrated into noncommunicable diseases, universal health coverage, neglected tropical diseases and environmental health throughout the life course. Flexible and adaptable new standardized technologies and methods should be developed, as well as good community and facility-based oral health services.

The African Region was also disproportionately affected by cervical cancer and the human papillomavirus vaccination programme had been severely disrupted by the COVID-19 pandemic. He made an urgent call for: investment in the development of facilities in low- and middle-income countries to promote access to medical devices and technologies for the management of cancer and other noncommunicable diseases; international and regional collaboration and support for research and measures to foster greater transparency in the licensing of intellectual property rights; and expansion of WHO's lists of prequalified products to improve availability of medicines for cancer and other noncommunicable diseases.

The representative of FRANCE, 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 Georgia, aligned themselves with her statement. Welcoming the setting of ambitious targets to better detect and manage diabetes, she emphasized that strategies to address diabetes and improve oral health must pay critical attention to health promotion and in particular to the prevention of overweight and obesity and the adoption of a healthy diet. The development and appropriate implementation of diabetes and obesity prevention and management policies were crucial, as was a holistic approach, ensuring that noncommunicable disease management, determinants and risk factors, including oral health, were addressed together. The recommendations on obesity should be complemented by an acceleration plan clarifying how the Secretariat would support Member States in implementing the recommendations based on individual country needs and priorities and the reporting format.

The European Union and its Member States welcomed the fact that the draft global strategy on oral health supported and promoted the urgent move from treatment-focused services to a preventive approach. The integration of oral health care in primary health care services was key to the success of

an oral health strategy and to addressing oral diseases and oral cancer worldwide. Moreover, central leadership and a surveillance and monitoring framework for tracking progress with clear measurable targets would be crucial to the success of the draft global strategy.

Welcoming the report on progress in the implementation of the global strategy to accelerate the elimination of cervical cancer, she stressed the need for universal access to quality, affordable and comprehensive sexual and reproductive health information, including comprehensive sexuality education and health care services. The European Union and its Member States also remained committed to ensuring access to condoms as a multipurpose prevention technology, and to the ramping up of human papillomavirus vaccine production to enable the world to vaccinate boys as well as girls, with a view to achieving herd immunity. Human papillomavirus was a major risk factor in oral cancers globally. Access to cervical cancer testing and treatment was therefore important and WHO should provide further support to countries through its regional and country offices.

The representative of the REPUBLIC OF KOREA, expressing support for the draft recommendations for the prevention and management of obesity, said that the proposed targets would serve well in the development of obesity prevention programmes. COVID-19 had added to the rise in obesity and new policies designed to reduce obesity were therefore needed. In addition, efforts should be made to develop a cooperative partnership with the food industry and provide it with incentives rather than merely expecting it to comply with regulations. The double burden of obesity and underweight was prevalent in low- and middle-income countries and consideration should be given to providing customized policy recommendations for those countries.

The representative of COLOMBIA said that the strategies and targets contained in the global strategy to accelerate the elimination of cervical cancer were in line with those developed by her Government for domestic implementation. She called for technical support to help to boost the uptake of the human papillomavirus vaccine, as confidence in the vaccine had dwindled in her country and provided details of the measures her Government intended to take.

The representative of JAPAN supported the adoption of the draft recommendations on diabetes and obesity and the draft global strategy on oral health. His Government was committed to promoting health across the life course and he outlined some of the measures taken by his Government on oral health. Steps were being taken to encourage the uptake of the human papillomavirus vaccine, including by offering free catch-up vaccinations for those who had missed out during the suspension of that vaccine. The Western Pacific Region had taken the lead in ensuring good health among children and adolescents with a specific focus on promoting healthy lives in schools, including by endorsing the regional framework on nurturing resilient and healthy future generations in 2021. His Government would continue to support regional activities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND called on Member States to engage in further joint action to address the global burden of obesity and achieve better health worldwide. Reducing obesity levels and health disparities constituted a key priority for his Government and he outlined some measures being taken to that end. The COVID-19 pandemic had, however, increased the scale of the challenge, and a stronger accountability framework was required, not only for government action and achievements but, importantly, for action taken by other stakeholders, such as the food industry. His Government would be leading a WHO/Europe sugar and calorie reduction network to be launched in April 2022, which would provide a forum for countries to share lessons learned, identify and address barriers and assist industry in its efforts to make food and drink healthier. It looked forward to hosting the first network summit.

The representative of BANGLADESH said that it was a matter of concern that one in two people with diabetes was unaware of their condition and he urged governments to raise public awareness about the disease and its management. WHO should encourage civil society to: increase awareness of the dangers of tobacco smoking; provide enhanced support to low-income countries to strengthen primary

health care for the early detection and management of diabetes; and assist developing countries in creating a useful health database. Welcoming the draft recommendations on reducing obesity, he requested the Secretariat to support countries by: incorporating the prevention and management of obesity into primary health care; adopting policies in line with the 2016 report of the Commission on Ending Childhood Obesity to ensure that children grew appropriately and developed healthy habits; regulating the marketing of food and beverages that were high in salt and sugar and controlling electronic media advertising; launching a campaign to prevent and manage overweight and obesity for people in all age groups; and calling on WHO and its Member States to continue to pursue results-oriented efforts in the area of obesity.

The representative of the UNITED ARAB EMIRATES said that her Government's firm commitment to preventing and controlling noncommunicable diseases was evident in its launch and implementation of a series of action plans, which she outlined. Diabetes was considered a major public health problem in her country, and its prevention and control were a national priority. She supported the World Health Assembly resolution on the global strategy to accelerate the elimination of cervical cancer. The surge in gynaecological cancers, including cervical cancer, in her country had led the Government to take proactive steps to reduce incidence rates by introducing a national cervical cancer screening programme integrated into the primary health care system and human papillomavirus testing for women aged 30 years and over. It had introduced human papillomavirus vaccination a decade ago and vaccine uptake was high.

The representative of MADAGASCAR said that the COVID-19 pandemic had shown that noncommunicable diseases increased the risk of mortality for persons suffering from infectious diseases. Conversely, the pandemic had led to the better detection of those at risk, including persons with diabetes. Continuity of service provision, systematic screening and the early treatment of diabetes would help to reduce the burden of noncommunicable diseases on national health systems. Oral diseases constituted a major public health problem in his country, in particular among poor and isolated communities with limited access to dental care. He supported the draft global strategy on oral health and the development of a global action plan by 2023. His Government had introduced cervical cancer screening programmes, but called for further investment in the development of new methods, tools and therapeutics and support in establishing electronic systems and conducting research to identify factors for developing the disease that were specific to communities.

The representative of the SYRIAN ARAB REPUBLIC detailed the strategy for the prevention, early detection and treatment of cervical cancer in her country. Services were free of charge but did not include the human papillomavirus vaccine, owing to its cost, the fact that it did not cover all strains of cervical cancer and the low prevalence of the disease in the Syrian Arab Republic. A cervical cancer awareness campaign was held every January and the second and third targets of the global strategy to accelerate the elimination of cervical cancer had been incorporated into the Government's national strategy for women's, children's and adolescents' health for 2021–2025.

The representative of KENYA expressed regret that, despite the global strides in tackling diabetes, services remained inequitable and insulin and associated health technologies for diagnosis and management remained unaffordable for many patients in low- and middle-income countries. Her Government recommended the adoption of the draft global strategy on oral health by the Seventy-fifth World Health Assembly and looked forward to involvement in the subsequent development of a global action plan. The Board should prioritize the development of a framework to phase out the use of amalgam and other dental-related waste in oral health services, in line with the Minamata Convention on Mercury and to ensure environmental sustainability.

The representative of GRENADA said that the ongoing COVID-19 pandemic posed challenges to efforts to address noncommunicable diseases in the region. Strengthening noncommunicable disease programmes was therefore critical in order to develop practical national responses that would contribute

towards implementation of the 2030 Agenda for Sustainable Development, including target 3.4 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Her Government aligned itself with Annexes 1, 2 and 3 of document EB150/7, recognizing the importance of risk factor prevention and control in addressing noncommunicable diseases, and fully supported the implementation road map 2023–2030 for the global action plan. Furthermore, her Government endorsed subitem (g) on the draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage.

The representative of the RUSSIAN FEDERATION said that the COVID-19 pandemic had highlighted the need for immediate action by Member States to make progress in achieving the health-related Sustainable Development Goals. Diabetes was a major cause of disability and a timely and appropriate response was essential. He highlighted the importance of implementing resolution WHA74.4 (2021) on reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes and expressed the hope that Member States would, with the assistance of the Secretariat, be able to achieve the targets set out in the draft recommendations in Annex 2 to document EB150/7. His Government supported the draft global strategy on oral health. It emphasized the importance of implementing the global strategy to accelerate the elimination of cervical cancer, which required a comprehensive set of measures, including vaccination, screening and treatment. Regarding the prevention and management of obesity over the life course, it was important to include economic measures in the draft recommendations, for example introducing taxes on foods of poor nutritional value.

The representative of MALAYSIA supported the recommendations to strengthen diabetes prevention and control within national noncommunicable disease programmes and agreed that diabetes could serve as a tracer condition to ascertain the national response to noncommunicable diseases. Although the proposed targets might be out of reach for health care systems in low-resource settings, a pragmatic approach must be taken. His Government also supported the draft global strategy on oral health and was taking steps to integrate oral health care into its health care system. The global strategy to accelerate the elimination of cervical cancer was welcome and he outlined several measures being taken to achieve elimination by 2030. His Government supported the draft recommendations for the prevention and management of obesity over the life course and would align them with its own policy to combat obesity in Malaysia.

The representative of PERU supported the draft recommendations for the prevention and management of obesity across the life course and emphasized that technical and financial support from the WHO Secretariat and PAHO would be essential for their effective implementation in the Region of the Americas. He outlined legislative measures and other initiatives taken by his Government to promote healthy eating and physical activity, monitor and control food and beverage advertising, and set up surveillance systems for nutrition, overweight and obesity, especially in children and adolescents.

The representative of OMAN detailed initiatives taken by her Government to address the high priority issue of noncommunicable diseases, including establishing a multisectoral national committee; working with partners to strengthen legislative, regulatory and financial measures to reduce the main risk factors for noncommunicable diseases, including mental health; and introducing taxation on sugar-sweetened beverages, tobacco products and energy drinks and conducting physical activity awareness-raising campaigns. She welcomed the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 set out in Annex 1 of document EB150/7 as an appropriate means to strengthen and accelerate efforts to achieve the Sustainable Development Goals. She also welcomed the nine other annexes to the document; her Government would submit minor comments on all of them in writing. There was no unified solution to addressing noncommunicable diseases, owing to differences in countries' social, economic and cultural contexts. Nevertheless, joint regional and global action was important. She strongly supported the draft decision and recommended its adoption.

The representative of MONACO<sup>1</sup> welcomed the global strategy to accelerate the elimination of cervical cancer and gave details of measures taken by her Government, including on human papillomavirus vaccination and screening programmes. While the vaccination programme was primarily aimed at young girls, it was also applicable to males, who were just as likely to transmit the virus. During European Immunization Week 2021, her Government had focused on promoting the vaccination of boys against human papillomavirus, with events held to raise awareness among the male population about the disease, how the virus was transmitted, and how to receive the vaccine in Monaco.

The representative of the PHILIPPINES<sup>1</sup> said that her Government fully supported addressing diabetes as a public health problem, as it was one of the leading causes of mortality in the Philippines. Primary care level interventions to reduce risk factors and ensure continuous access to quality treatment and care were vital to save lives. Her Government therefore supported the WHO's prequalification programme for insulin and was taking steps to improve oral health among the population. It supported the global strategy to accelerate the elimination of cervical cancer and was pilot testing the WHO's new recommendations on cervical cancer screening guidelines. Her Government was also intensifying efforts to develop a comprehensive draft national policy on addressing overweight and obesity.

The representative of NORWAY<sup>1</sup> supported the draft recommendations to address diabetes prevention and control, welcomed the diabetes coverage targets and would support the strengthening of diabetes monitoring. Her Government would welcome a global transparent price-reporting mechanism for insulin and other medicines and health products to treat diabetes. Obesity must be addressed with a holistic and multisectoral approach, in order to reduce the increasing burden of noncommunicable diseases. The global rise in childhood obesity was a particular concern and her Government strongly urged governments and other stakeholders to focus on prevention, including addressing the commercial determinants of obesity. Collaboration among Member States would be required, for example in addressing the marketing of healthy food and beverages to children. She drew attention to the importance of physical activity in all age groups and of emphasizing the importance of implementing in full the recommendations of WHO's global action plan on physical activity 2018–2030.

The representative of JAMAICA<sup>1</sup> said that diabetes remained a global challenge and people living with the disease faced obstacles in accessing appropriate services, including essential medicines and devices. He therefore encouraged the Secretariat and international partners to continue supporting countries in their diabetes responses and in achieving the ambitious global coverage targets. The latter should be complemented by better alignment with the noncommunicable disease global monitoring framework and a robust monitoring system to track progress and challenges. The adoption of the draft strategy on oral health was critical to achieving universal health coverage. His Government was grateful for the Secretariat's support for countries in implementing the global strategy to accelerate the elimination of cervical cancer and took note of progress made. More assistance was needed to provide screening and imaging services. He recommended prioritizing certain strategies to enhance the capacity of health systems to prevent and manage obesity, including increasing the number of health professionals and their knowledge base.

The representative of INDONESIA<sup>1</sup> outlined measures being implemented by her Government on the prevention and management of obesity over the life course, including a strategy to address malnutrition. Noting the recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, including potential targets, her Government requested the Secretariat to continue promoting better access to basic technologies to manage diabetes, including affordable insulin.

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

The representative of NAMIBIA<sup>1</sup> said that the ambitious targets and implementation plans detailed in document EB150/7 illustrated the high level of commitment to the prevention and control of noncommunicable diseases. His Government was carrying out various activities related to the prevention, early detection, management and control of noncommunicable diseases, including diabetes, oral health conditions and cervical cancer. He supported the draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes, as well as the draft global strategy on oral health. Although human papillomavirus vaccination had been integrated into Namibia's 2018 national guidelines for cervical cancer prevention and control, the vaccine was not yet available in the public health sector due to financial constraints. He therefore called on the Secretariat to help to address challenges related to procurement of the vaccine. His Government noted the progress made in implementing the global strategy to accelerate the elimination of cervical cancer and was committed to aligning the strategy with its universal health coverage policies.

The representative of THAILAND<sup>1</sup> said that her Government had serious concerns about the ambitious and challenging proposed global diabetes coverage targets, which could not be achieved without effective universal health coverage, lifestyle management and efforts to address the commercial determinants of health. She strongly supported the targets on reducing the intake of free sugars for all age groups and on strengthening regulations on the advertising of unhealthy foods and beverages to children. While acknowledging the role and contribution of nutrition professionals, she expressed concern about the flexibility of the target on increasing the nutrition professional density to a minimum of 10/100 000 population. Most, if not all, low- and middle-income countries had limited capacity to increase nutrition professionals, and she requested clarification of the definition of the term nutrition professional. She supported the adoption of the draft strategy on oral health.

The representative of SPAIN<sup>1</sup> supported the draft recommendations for the prevention and management of obesity over the life course. Obesity was a risk factor for many of the noncommunicable diseases that caused most of the burden of disease and mortality and also disproportionately affected persons in lower socioeconomic groups, and its prevention was therefore crucial. She emphasized the importance of addressing the social determinants of health and equity, starting from childhood and adolescence. Her Government had developed a range of national strategies to promote obesity prevention, which were aligned with international recommendations, including those of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

The representative of AUSTRALIA<sup>1</sup> said that a collaborative, coordinated and multisectoral approach should be taken in preventing and managing obesity in order to create long-term and multi-generational shifts. He noted that Annex 9 had a limited focus on priority groups, notably in ensuring that food-based dietary guidelines were tailored, country appropriate and accessible. Demographic factors should be included in monitoring and evaluation data collection. Greater emphasis was needed on reducing stigmatization and discrimination when developing obesity prevention campaigns and in the context of education and the training of health care professionals. The definition of adolescents in the first obesity outcome target should be further clarified. He expressed appreciation for the Secretariat's work on cervical cancer and noted the significant developments domestically in Australia, such as improved access to cervical screening tools, and the key achievements by the WHO globally, such as the expansion of human papillomavirus vaccine availability.

The representative of CHINA<sup>1</sup> agreed that progress in some areas was insufficient, for example in the prevention and management of diabetes and obesity, and shared the concerns expressed regarding oral health. She noted the draft recommendations to strengthen and monitor diabetes responses and for the prevention and management of obesity over the life course, although the proposed five global coverage targets for diabetes in Annex 2 were too high and too difficult to achieve. The Secretariat

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should organize in-depth discussions on the issue, including to consider recent development trends and indicators with a view to setting achievable global coverage targets.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> underscored the importance of unified global efforts to address the burden of oral disease and recommended the adoption of the draft global strategy on oral health. If implemented, the strategy would help to address the current inequalities in oral health services in her country. Her Government was committed to increasing access to quality oral health services. Its fifth health sector strategic plan envisaged the provision of oral health services in around 50% of health centres, which would in turn increase the number of primary health care facilities in the country with oral health services.

The representative of BRAZIL<sup>1</sup> said that the increasing prevalence of obesity was an important factor contributing to the development of other noncommunicable diseases. It was therefore crucial to implement multisectoral strategies to promote healthy lifestyles, prevent excess weight gain and provide early diagnosis and adequate care for overweight people. Promoting the health, food and nutrition security of children and adolescents was particularly important, including by encouraging breastfeeding, healthy eating and physical activity, and tackling malnutrition, especially among the most vulnerable groups. Her Government had developed strategies to reinforce self-care in oral health in school settings and its oral health policy included a water fluoridation programme. It had also developed strategies to eliminate cervical cancer. She emphasized the need to guarantee affordable access to insulin; in Brazil, insulin products were provided free of charge.

The representative of SLOVAKIA<sup>1</sup> said that her Government supported a common approach to addressing noncommunicable diseases in line with the triple billion targets, universal health coverage and the Sustainable Development Goals, while focusing on the most high-risk and vulnerable groups. The commitment of WHO to supporting and working with partners to achieve the goals of the global strategy to accelerate the elimination of cervical cancer was welcome, particularly given the impact of COVID-19 on progress in that regard. The readiness of health systems, the safety and effectiveness of new technologies and evidence-based guidelines were pivotal to success in reducing cervical cancer incidence and mortality. A better understanding of how to ensure the sustainability and implementation of programmes globally and nationally was also important. Vaccination against human papillomavirus and innovations in diagnostics, including the use of artificial intelligence, community outreach and health education, were needed to achieve elimination targets. Paediatric, hereditary and rare cancer diseases should be included in WHO's Global Initiative for Child Cancer, which her Government was co-piloting. She welcomed the creation of a global platform for access to childhood cancer medicines by WHO and the St. Jude Children's Research Hospital, which would be the first of its kind and serve as a model for other noncommunicable diseases.

The representative of NIGERIA<sup>1</sup> emphasized the urgent need to work towards the identified targets highlighted in paragraph 4 of Annex 5 to document EB150/7, which would help to eliminate cervical cancer by the end of the century. Her Government reiterated its call for 17 November to be designated as "World Cervical Cancer Elimination Day". She supported the call for Member States to scale up efforts to ensure achievement of the WHO 90-70-90 targets and emphasized the need for further support for Member States to that end.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, and also on behalf of World Cancer Research Fund International and the International Diabetes Federation, welcomed the draft recommendations on obesity and encouraged Member States to request that WHO should make obesity a strategic priority and develop a comprehensive global action plan on

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obesity. She urged support for the adoption of the draft recommendations and the proposed targets by the Seventy-fifth World Health Assembly.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, welcomed WHO's strategy to eliminate cervical cancer. Her organization supported efforts to ensure access to comprehensive cervical cancer prevention, including training providers, equipping facilities to provide screening and treatment, as well as advocacy for human papillomavirus vaccine availability. She urged WHO to accelerate mobilization and commitment among all stakeholders.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, and on behalf of Movendi International, called on Member States to: include cervical cancer as part of an integrated package of essential services in pandemic response and recovery plans to put countries back on track to achieve the WHO 90-70-90 targets; recognize and support the work of civil society organizations, including cancer patients, in elimination efforts; work with partners to reduce the stigma associated with human papillomavirus and cervical cancer to promote the uptake of services; and invest in data collection to track screening and outcomes, link women to treatment and capture treatment outcomes.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that his organization welcomed WHO's global strategy to accelerate the elimination of cervical cancer. He urged Member States to invest in professional and community education, sustainable prevention strategies and coordination of implementation to ensure access to cervical cancer screening programmes and human papillomavirus vaccination.

The representative of the MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, urged WHO to ensure that its recommendations on diabetes provided bolder, clearer and more discrete statements on access to medicines (particularly insulin), integrated approaches to noncommunicable diseases and the interdependence of diabetes with other social issues. It also urged WHO to take urgent action to endorse a more scientific nutrient-profiling approach instead of dubious, industry-led, fragmented food regulations. WHO must re-assert its role in the Codex Alimentarius Commission to safeguard the policy space for food regulation. It should discontinue siloed approaches to noncommunicable diseases, which had failed to deliver the expected results.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, welcomed the inclusion of a strategic objective on health workforce in the draft global strategy on oral health. Poor oral health should be further emphasized as a risk factor for noncommunicable diseases. WHO must correctly classify national dental associations and other health professional bodies as independent, not-for-profit organizations committed to promoting oral health, and not as private sector organizations. She urged WHO to reconsider the prevalence of cleft lip and/or palate and reflect their many risk factors, including alcohol, certain chemicals and medications, and poor nutrition during pregnancy. Clefts should be presented as severe conditions with high infant mortality rates without access to surgery.

The representative of the INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH, speaking at the invitation of the CHAIR, applauded the draft global strategy on oral health and said that, while human papillomavirus was correctly noted in Annex 3 to document EB150/7 as a risk factor for oropharyngeal cancers, there was no vaccination strategy for girls and boys. Strategic objective 6 on oral health research agendas should be expanded to include research into the biological mechanisms of oral diseases to design more effective preventive interventions and treatments. The global strategy on



oral health must also be firmly integrated into the implementation of the global action plan for noncommunicable disease prevention and control.

The DEPUTY DIRECTOR-GENERAL, thanking delegations for their valuable guidance, comments and support, said that the issues raised would be extremely helpful for finalizing work for the World Health Assembly and for implementation. All the topics raised would be fully integrated into the Secretariat's work in the future.

The DIRECTOR (Noncommunicable Diseases) thanked delegations for their engagement and for recognizing the relationship between COVID-19, diabetes and oral health, and the need to strengthen their prevention and management in primary health care and universal health coverage and include them in the preparedness and equity agendas. She also thanked them for acknowledging the huge impact of those public health conditions. Regarding the draft global strategy on oral health, she welcomed the comments on its relevance to noncommunicable diseases, neglected tropical diseases, primary health care and universal health coverage. Regarding diabetes, the Secretariat noted the comments on the importance of the strong links between health promotion and prevention, and of including diabetes in primary health care. She welcomed the comment that diabetes should be seen as a tracer condition to test the health system's ability to detect early and effectively manage and prevent noncommunicable diseases. She congratulated the Regional Committee for the East Mediterranean on its decision to adopt a regional framework on diabetes prevention and control. With regard to the concerns about proposed targets, the Secretariat saw them as ambitious but achievable and would, of course, take into consideration the context and capacity of national health systems. The proposed targets had been based on data from Member States using the specific methodology developed. Existing targets relating to tobacco, alcohol, healthy diets and physical activity would, of course, remain and would complement the targets on coverage and treatment.

The SPECIAL ADVISER TO THE DIRECTOR-GENERAL (Strategic Priorities) thanked Member States for their input on cervical cancer; the Secretariat had noted all of the issues raised concerning the support that Member States required in specific areas such as diagnostics, improving the supply of human papillomavirus vaccines and promoting North–South collaboration. Despite the huge impact of the COVID-19 pandemic, progress had been seen: seven countries had introduced the human papillomavirus vaccine and WHO had prequalified a fourth such vaccine in 2021, which would improve supply and also have an impact on market prices. Implementation research was ongoing into high performance tests for screening and treatment; some countries had already introduced human papillomavirus DNA detection and others were also looking at different modalities to treat pre-cancerous lesions. The Secretariat welcomed the progress made thus far and was committed to continuing to improve its support for country-level implementation, working with IAEA, IARC and many other partners.

The DIRECTOR (Nutrition and Food Safety) said that the Secretariat was ready to develop an acceleration plan, in consultation with Member States, linked to the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the Global Diabetes Compact, with an adequate accountability framework. The Secretariat would also support the acceleration of policy adoption by developing guidelines for the marketing of food for children, fiscal policies, food in schools, and on the management of obesity in children and adolescents, accompanied by practical “how to” guides. In addition, it was developing a service delivery framework for the prevention and management of obesity and looking at diagnostic criteria in addition to the body mass index. Benchmarks would also be established for sugar reduction, based on Member States' experiences. The Secretariat welcomed the new sugar and calorie reduction network led by the United Kingdom of Great Britain and Northern Ireland. For clarification, the term “nutritional professional” meant a person trained to pursue a professional career in nutrition, described in most countries as a “dietician” or “nutritionist”; and adolescents were considered to be between 10 and 19 years of age.

The DEPUTY DIRECTOR-GENERAL said that the global prevalence of diabetes was on the rise and had doubled over the past 30 years; that trend would continue unless urgent action was taken. Currently, one in two people needing insulin did not receive it and she thanked Member States for their support in advancing the recommendations to scale up WHO's response. Oral health had been overlooked for far too long and its rightful place had to be restored on the global health agenda, integrated into the noncommunicable disease and health system agendas, with investment in prevention, treatment and financial protection. The global oral health status report would be released before the forthcoming World Health Assembly to promote the item. The Secretariat had taken swift action in a number of areas following the adoption of the global strategy to accelerate the elimination of cervical cancer. As a result, and thanks to the commitment of Member States, there were some encouraging signs. While the proportion of girls with access to the human papillomavirus vaccine globally had fallen from 15% to 13%, several more countries had managed to introduce such vaccines into their national immunization schedules. The prequalification of the fourth human papillomavirus vaccine would hopefully increase supply and reduce prices. Innovations such as self-sampling had also been seen, which increased screening options for women. Obesity was a huge public health concern and was one of the factors hindering progress in healthy populations. At the Nutrition for Growth Summit, WHO had committed to action over the coming five years and was ready to develop an acceleration plan aligned with action on noncommunicable diseases, and to conduct strategic policy dialogues with the Director-General in selected countries, integrating obesity into its work on diabetes.

**(g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage**

**(h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority**

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the Secretariat's work on the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 in support of universal health coverage. The Director-General should focus on identifying priority areas for possible interventions and strengthening the capacity for service delivery, robust data collection and research. There was also a need to focus on integrating the management of neurological disorders into existing programmes; adopt a multisectoral approach to their integration into national policies, plans and legislation; and build the capacities of care workers and integrate self-care at multiple levels.

Over 200 health conditions were linked to harmful alcohol use and the impact of the COVID-19 pandemic on levels and patterns of alcohol consumption and related harm worldwide were subject to ongoing assessment. Addressing the scope and magnitude of health and social problems caused by the harmful use of alcohol called for coordinated actions and whole-of-government and whole-of-society approaches with the appropriate engagement of relevant non-State actors.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia and Albania and the European Free Trade Association country Iceland aligned themselves with her statement. The harmful use of alcohol was an important risk factor for noncommunicable diseases and other health and social issues and a priority prevention area in Europe's Beating Cancer Plan. She welcomed the inclusion in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority of plans to increase capacity-building efforts and technical support for Member States on best buys policies, including on taxation and marketing. She noted the proposed measures in the draft action plan (2022–2030) for economic operators in alcohol production and trade, including possible regular dialogues with the industry on its role in reducing the harmful use of alcohol, while ensuring the prevention of undue influence and/or conflicts of interest when developing alcohol policy options. The Secretariat should develop a stand-alone document to provide guidance to Member States on engaging

with the alcohol industry. WHO must maintain its focus on science- and evidence-based policy measures.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that his statement was supported by the Faroe Islands as a new Associate Member of WHO. The Nordic and Baltic countries strongly supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, since the harmful use of alcohol should be recognized as a high-priority public health challenge, especially with regard to protecting children and adolescents. Multisectoral action, a recognition that different stakeholders could play a constructive role and an equity-based approach were required to achieve the bold targets in the draft action plan, and WHO's focus on science- and evidence-based policy measures should be maintained. The Nordic and Baltic countries appreciated that the draft action plan provided the flexibility for each country to decide the extent to which they wished to implement the proposed actions and how to do so. The draft action plan could provide important leverage for low- and middle-income countries in their work with a public health-oriented alcohol policy.

The representative of MALAYSIA, endorsing the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 in support of universal health coverage outlined measures taken by his Government to prioritize national action on epilepsy and neurological disorders. He emphasized the importance of identifying treatment gaps in epilepsy in order to guide resource allocation and to avoid marginalizing certain populations in need of health care treatment. His Government proposed replacing the term “neurological disorders” with “epilepsy and other neurological disorders” in each of the 10 targets in the draft intersectoral global action plan.

The representative of KENYA, speaking on behalf of the Member States of the African Region, noted with concern that implementation of the global strategy to reduce the harmful use of alcohol had been uneven across and within WHO regions and countries since its endorsement by the Sixty-third World Health Assembly in May 2010. It was therefore hoped that the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority would address implementation challenges, particularly in supporting countries to develop and implement effective national alcohol policies. The Member States of the African Region welcomed the sharpened focus of the draft action plan and supported its adoption, recommending that the Director-General should report biennially to the Health Assembly on its implementation. They looked forward to receiving support, especially in addressing alcohol-related challenges specific to the Region.

It was a matter of concern that the African Region accounted for 85% of the global burden of epilepsy. The Member States of the Region supported the adoption of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Key challenges in the Region included the lack of management guidelines and financing for neurological disorders and a shortage of staff and medication. Member States of the Region therefore supported the proposed strategic approaches to improve access to care and treatment for people living with neurological disorders, prevent new cases and promote brain health and development across the life course. WHO and its partners should support implementation of the priority actions at all levels, particularly context-specific actions at the local level. Member States should allocate resources to support implementation of the draft intersectoral global action plan, including capacity-building at the local level, and enable health systems to manage epilepsy at all levels of care.

The representative of COLOMBIA welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and recommended its adoption. He outlined steps being taken by his Government to tackle the harmful use of alcohol and reduce consumption, which were focused particularly on children and adolescents. There was a need to strengthen aspects of the draft action plan on how to improve relationships with the alcohol production industry, and more specific details should be included on implementation in each of the six

action areas. Continued efforts were required to monitor progress made at the national, regional and global levels.

The representative of the REPUBLIC OF KOREA said that his Government strongly supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. He detailed actions taken by the Government to address the harmful use of alcohol, which had been developed based on the SAFER initiative and were aligned with the equity-based approach underlined in the draft action plan. The Government's measures focused on promoting policies on enforcing and strengthening restrictions on alcohol advertising and availability. However, despite those efforts, there had been growing demand to relax regulations on online alcohol sales, which was a trend that had emerged in many countries during the COVID-19 pandemic. That was posing a challenge to strengthening restrictions on alcohol availability and should be reflected in the draft action plan.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government was committed to supporting all people living with neurological conditions and recognized the merits of coordinated approaches. It was developing a number of strategies, including a cross-government strategy on acquired brain injury and a stand-alone dementia strategy, which placed emphasis on ensuring that the voices of the people directly affected were heard. Her Government welcomed the amendments made to the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, in particular amending global target 1.1 from a 20% reduction per capita consumption to at least 20% relative reduction in the harmful use of alcohol; and the proposed measures for economic operators in alcohol production and trade, especially regarding the substitution of higher-alcohol products with no- or lower-alcohol alternatives. She detailed some of the action taken by her Government to tackle alcohol-related harms. Her Government could accept the draft action plan as it currently stood, and she encouraged other Board members to follow suit.

The representative of ARGENTINA said that the harmful use of alcohol remained a serious public health problem in her country. Her Government welcomed the specific approach taken in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority to reduce the impact of the harmful use of alcohol on vulnerable sectors of the population, especially young people. The inclusion in the document of a gender perspective and plans to provide technical support for addressing and preventing violence related to the harmful use of alcohol, including violence against women, children and the elderly, were also welcome. It was positive that the global strategy to reduce the harmful use of alcohol recognized the challenges faced by governments in seeking to protect public health without affecting other goals such as compliance with international trade agreements. She therefore supported the adoption of the draft action plan.

The representative of TUNISIA said that the draft intersectoral global action plan on epilepsy and other neurological disorders was essential and should take into account the underlying social and economic determinants of health. His Government supported and participated in ongoing global efforts to tackle the economic and public health burden associated with epilepsy and other neurological disorders. Noting the prevalence of epilepsy and other neurological disorders, in particular among children and adolescents in his country, he gave details of the range of measures in place to tackle and treat them.

The representative of JAPAN welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and its focus on promoting the human rights of persons with epilepsy and addressing stigmatization and discrimination. Having outlined some of the initiatives taken by her Government to address the problem of alcohol-related harm, she said that multisectoral coordination, which was a guiding principle of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol, was essential and should be enhanced

by the Secretariat through effective communication with Member States. Drinking at home, which could result in higher alcohol consumption and adverse health outcomes, had become more popular during the COVID-19 pandemic. Her Government requested that the Secretariat should look into the impact of alcohol during health crises.

The representative of SLOVENIA said that alcohol remained the only widely-used psychoactive and dependence-producing substance that was not controlled by an international legally binding instrument. Noting with regret the continued lack of consensus among Member States on the need for such an instrument, she said that a feasibility study could provide useful insight for further discussion on the matter. She welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and supported its adoption; it should empower all three levels of the Organization to provide the best advice and support to Member States in their efforts to reduce the harmful use of alcohol. Technical support in implementing the best buys policies and guidance on safeguarding alcohol policy-making processes from industry interference would be needed. In order to achieve the target of a 20% reduction in the harmful use of alcohol by 2030, the draft action plan should include bolder goals and action, the SAFER initiative should be strengthened to provide concrete support to Member States, and the global governance of alcohol policy should be improved by bringing back global and regional alcohol policy focal point networks. A global leaders group for alcohol policy could be established and a global ministerial conference on alcohol policy organized. Those actions would ensure that alcohol policy remained high on the political agenda as an important public health priority.

The representative of the RUSSIAN FEDERATION, expressing support for the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, said that her Government had consistently supported strengthening the fight against noncommunicable diseases and brain disorders over the past decade. She highlighted the importance of therapeutics in that regard. Strategic objective 5 on strengthening the public health approach to epilepsy must be retained and epilepsy should be included in all targets and objectives. Her Government stood ready to contribute actively to the further development of the draft intersectoral global action plan and to its implementation. Her Government also welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, the adoption and implementation of which would be an important step forward in protecting public health worldwide. In her country, reducing the harmful use of alcohol was a top public health priority and she outlined some of the measures her Government was taking to that end.

The representative of OMAN said that epilepsy should remain a core pillar of any intersectoral global action plan on neurological disorders 2022–2031. Action to address inclusion gaps and the unacceptable treatment of people with epilepsy had been declared a public health imperative by WHO, and it was therefore important that the second draft of the intersectoral global action plan should maintain a specific objective focused on epilepsy. Accordingly, strategic objective 5 on strengthening the public health approach to epilepsy should be retained with a strong target for increased service coverage. The second target should specifically address stigmatization and discriminatory legislation. Epilepsy should be included in all targets and objectives and, for consistency with resolution WHA73.10 (2020), the phrase “epilepsy and other neurological disorders” should be used throughout the document instead of “neurological disorders”. More work was needed to identify priority action areas and possible intervention to strengthen the capacity for service delivery, robust data collection and research in countries, especially in the Eastern Mediterranean Region.

The representative of BELGIUM,<sup>1</sup> welcoming the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, said that alcohol was a major risk factor for noncommunicable diseases and must remain at the top of national

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

global health agendas. She noted that the draft action plan included engagement with economic operators. Since potential conflicts of interest could compromise the effectiveness or relevance of public health policies, transparency was paramount when dealing with private stakeholders. The Framework of Engagement with Non-State Actors must be strictly followed, especially when WHO interacted with the alcohol industry on public health issues. At the national level, public health policy development and implementation should be protected from undue interference. Therefore, her Government echoed the request for the Secretariat to develop a stand-alone document with specific guidance for Member States engaging with the alcohol industry in developing public health policies.

The representative of ISRAEL<sup>1</sup> said that his Government endorsed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which set out an ambitious vision, clear objectives, and a well-rounded approach to address neurological disorders and promote brain health. Emphasizing the need to provide quality rehabilitation services for people with neurological disorders and the importance of early rehabilitation after traumatic brain injury or illness, he requested that the Secretariat should prioritize work on rehabilitation, which was often under-resourced and remained inaccessible or unaffordable to many people worldwide. Such action would improve the quality of life of people living with neurological disorders.

The representative of THAILAND<sup>1</sup> said that alcohol was the only major psychoactive substance not governed by an international legally binding instrument and that there was no safe level of use. In order to tackle the harmful use of alcohol, the focus must be on effective interventions such as the SAFER initiative, and she underscored the importance of WHO's role in assessing and strengthening Member States' institutional capacity to implement that initiative. The alcohol industry had a clear conflict of interest in any public health effort to prevent alcohol-related harms. Governments must protect alcohol policies from the vested interests of the alcohol industry. Collaboration between departments and at all levels, from global to national, should be promoted. Turning to epilepsy, she said that women with epilepsy were particularly vulnerable to stigmatization and they, and their families, should be provided with counselling and adequate information, including about pregnancy, childbirth and lactation.

The representative of NORWAY<sup>1</sup> expressed support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Her Government's comprehensive public health-oriented alcohol policy, which included the regulatory measures considered most effective in limiting alcohol use, had resulted in one of the lowest levels of alcohol consumption in the European Region. She therefore supported measures such as the SAFER initiative to improve Member States' ability to implement effective and evidence-based policy measures to control alcohol, reduce harmful use and overall consumption. She supported the proposal for the Secretariat to develop a stand-alone document to provide guidance for Member States when engaging with the alcohol industry. Such a document must seek to advance and protect public health interests and help Member States to avoid conflicts of interest when engaging with different stakeholders.

The representative of INDONESIA<sup>1</sup> said that her Government had developed national food labelling regulations, including for alcohol labelling, as well as guidelines for alcohol industry stakeholders. The regulations were in line with the draft action plan (2022–2030) on the harmful use of alcohol as a public health priority. Account should be taken of Member States' existing regulations and practices, as well as the work of other multilateral cooperation platforms, in further developing and implementing the recommendations of the draft action plan.

The representative of the PHILIPPINES<sup>1</sup> said that she fully supported the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. Epilepsy should be made a core pillar of the global action plan and be included in all targets and objectives by using the phrase

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

“epilepsy and other neurological disorders”. Ambitious targets should be set for reducing the epilepsy treatment gap and addressing stigmatization and discrimination. The draft intersectoral global action plan would encourage the promulgation of domestic legislation and its implementation. She also supported the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and outlined steps taken by her Government to reduce alcohol consumption.

The representative of CHINA<sup>1</sup> endorsed the statements of previous speakers, in particular the statement made by the representative of the Russian Federation. She supported the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which would be a step forward towards achieving universal health coverage.

The representative of CANADA<sup>1</sup> agreed that the global strategy to reduce the harmful use of alcohol remained relevant but its implementation had been slow and therefore supported the renewed call for active engagement in the reduction of alcohol-related health and social harms. Her Government appreciated the effort to consolidate reporting on the broad subject of noncommunicable diseases, as requested in decision WHA72(11) (2019), and the interrelated nature of many of the issues, however it was challenging to adequately consider the implications of the extensive documentation presented, particularly when considering the adoption of new strategies, action plans and sets of recommendations rather than just noting progress reports. As underscored by previous speakers earlier in the discussion, the management of the agenda item for future governing body meetings should be reassessed to ensure meaningful discussions and a reasonable approach for all, including Member States, non-State actors and the Secretariat.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that he welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and encouraged further efforts to address the growing global burden and treatment gaps. The final draft of the intersectoral global action plan should also cover co-occurring conditions, especially those involving mental health. The plan’s emphasis on addressing health workforce issues was welcome. His Government recognized the significant health, economic and social burdens attributable to the harmful use of alcohol and the need for practical, evidence-based preliminary interventions. He supported many of the potential action areas proposed in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which should serve as a menu of options. However, some concerns and questions remained, which would be communicated to the Secretariat separately. The draft action plan should be further refined to ensure that the proposed actions were appropriately aligned with the expertise and mandates of Member States, the Secretariat and other stakeholders.

The representative of BRAZIL<sup>1</sup> said that the harmful use of alcohol was a growing global issue that generated high costs for health systems. Outlining some measures taken by her Government, she said that proposed elements in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority were in line with many domestic measures already in place in her country. However, her Government would like more time to analyse the proposed measures and the amendments made to the latest version of the draft action plan. She supported the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, with the aim of ensuring access to quality care and a better quality of life, education and health. Action at the national level must be incorporated into primary and specialized care, including access to proper diagnostics, control and treatments supported by science-based guidelines.

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

The representative of ECUADOR,<sup>1</sup> expressing support for the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, said that the draft action plan could be even more ambitious. It did not adequately highlight the damage caused by alcohol consumption irrespective of the quantity consumed, and accorded a role to the alcohol industry that might prove to be inappropriate, especially with respect to interaction with WHO. It had become clear in recent years that Member States must go further in their efforts to reduce alcohol consumption if they were to meet the targets set, including with regard to per capita consumption. It was therefore essential to establish follow-up mechanisms to assess progress made in implementing the draft action plan. His Government was fully committed to working with all stakeholders to implement concrete measures to regulate the alcohol industry, and extending to the draft action plan the lessons learned from implementing the Framework Convention on Tobacco Control at the regional and global levels.

**The meeting rose at 13:00.**

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



## **EIGHTH MEETING**

**Thursday, 27 January 2022, at 14:05**

**Chair:** Dr P. AMOTH (Kenya)

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

**1. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES:** Item 7 of the agenda (documents EB150/7, EB150/7 Add.1 and EB150/7 Add.2) (continued)

**(g) Draft intersectoral global action plan on epilepsy and other neurological disorders in support of universal health coverage** (continued)

**(h) Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority** (continued)

The representative of URUGUAY<sup>1</sup> welcomed the ambitious but necessary measures proposed in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Despite evidence of the health and economic benefits of policies to regulate alcohol consumption, there were still barriers to their implementation. Highlighting the impact of the coronavirus disease (COVID-19) pandemic and new technologies on alcohol consumption, particularly among children and adolescents, she called on the Secretariat to support Member States in communicating the risks associated with alcohol consumption and ensure consistent messaging in all documentation. There was a need for clear guidelines on how to identify and handle conflicts of interest relating to the use of alcohol and the Secretariat should work with Member States to identify financing mechanisms for the surveillance of noncommunicable diseases.

The representative of NAMIBIA,<sup>1</sup> recognizing the targets contained in the global strategy to reduce the harmful use of alcohol, highlighted the importance of that global strategy as the only framework for reducing deaths and disabilities caused by alcohol consumption. He encouraged the Secretariat to continue to address any challenges impeding the implementation of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The representative of AUSTRALIA<sup>1</sup> welcomed Member States' commitments to addressing the global impact of noncommunicable diseases. He expressed support for the whole-of-government, whole-of-society and multisectoral approaches to reducing the harmful use of alcohol in the global strategy to reduce the harmful use of alcohol, and welcomed the draft action plan (2022–2030) for its implementation. He noted that global efforts were envisaged to support and complement national policy measures. The inclusion of relevant and measurable global targets and indicators, aligned with the 2030

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

Agenda for Sustainable Development and global monitoring frameworks for noncommunicable diseases, would facilitate the evaluation of the implementation of the global strategy.

He also supported the vision of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

The representative of MEXICO<sup>1</sup> acknowledged the efforts made to ensure that the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority reflected all the opinions shared during the consultation process and supported its adoption. He reiterated that Member States were responsible for designing and implementing policies that were appropriate to their national context, with the support of the Secretariat.

The representative of JAMAICA<sup>1</sup> supported the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Highlighting that harmful alcohol consumption was more prevalent among men than women, he outlined some of the steps being taken in his country to combat that practice.

Noting that more than 50% of those living with epilepsy in Latin America and the Caribbean did not receive any kind of care, he welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, which would strengthen local health systems, integrate appropriate interventions at all levels of care, and reduce discrimination and stigmatization.

The representative of SOUTH AFRICA<sup>1</sup> said that the global burden of disease attributed to alcohol consumption remained unacceptably high and welcomed the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, which would also facilitate the attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Alcohol had a negative impact on health systems, which had been evidenced during the COVID-19 pandemic by an increase in gender-based violence and road accidents. Member States should address the availability, advertising and pricing of alcohol. She supported the draft action plan and noted the inclusion of measures to be implemented by Member States and key stakeholders, with support from the Secretariat.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders (2022–2030). Neurological disorders, including dementia, were under-researched, despite the high burden of the disease and its mortality rate. She encouraged Member States to adopt the draft intersectoral global action plan, which should complement efforts to implement the global action plan on the public health response to dementia 2017–2025.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIR, welcomed the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031, the consultation process for its development, and targets 5.1 and 5.2 on epilepsy services and addressing discrimination, in particular. The inclusion of the phrase “epilepsy and other neurological disorders” in all 10 global targets of the draft intersectoral global action plan would bring it into line with resolution WHA73.10 (2020).

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIR, called on Member States to support the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and endorse strategic objective 5, in order to close the treatment gap for epilepsy and protect the human rights of a stigmatized community. Investment in epilepsy services could yield high returns within a decade by building on existing infrastructure, scaling-up existing interventions and engaging with people with lived experience.

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

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, noted that any level of alcohol consumption could lead to loss of healthy life and that, contrary to public belief, no reliable correlation had been found between a moderate alcohol consumption and a lower risk of heart disease. To counter the deadly impact of alcohol, her organization recommended stronger restrictions on availability, drink-driving countermeasures, better access to screening and treatment, enforcement of advertising bans, increased prices through excise taxes, intersectoral policies to discourage alcohol uptake, a uniform minimum legal drinking age and mandatory health warnings on labels.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR and on behalf of FDI World Dental Federation, called on Member States and the Secretariat to provide resources to implement the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, review its implementation biannually, launch an inter-agency initiative for public health alcohol taxes and tackle cross-border alcohol marketing. Elements of the draft action plan were causes for concern, including the role of the alcohol industry, the concept of “harmful use of alcohol” and the dialogue between WHO and the alcohol industry, since they could hamper the action needed to protect people from the harm caused by the industry. The inclusion of ambitious targets and the focus on best buys and improvements to alcohol policy infrastructure at all levels were welcome.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, noted the incorporation of suggestions made by non-State actors in the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031. The adoption of the draft intersectoral global action plan would promote access to care and treatment for people living with neurological disorders and the prevention of such disorders.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and on behalf of the Union for International Cancer Control, said that, while the ambitious targets of the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority were commendable, the role of the alcohol industry in every action area and the misuse of the term “harmful use of alcohol” were causes of concern. She called on Member States and the Secretariat to provide resources for the draft action plan’s implementation that were commensurate with the health, social and economic harm caused by alcohol, review implementation biannually at governing body sessions, launch an inter-agency initiative on public health-oriented alcohol taxes and develop approaches to tackle cross-border marketing of alcohol.

The DEPUTY DIRECTOR-GENERAL noted that the COVID-19 pandemic had highlighted the burden of neurological disorders and that health systems had struggled to cope. The draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 presented a comprehensive approach to investment in the prevention, treatment and rehabilitation of neurological disorders. She counted on the support of Member States in that regard. The burden of disease attributed to alcohol was unacceptably high and action to reduce the harm of alcohol must be accelerated, as envisaged in the draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority.

The DIRECTOR (Mental Health and Substance Use), thanking Member States and non-State actors for their comments, said that she had noted the need to support the implementation of the draft intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 and for an integrated and multisectoral approach throughout the life course. The lack of financing, workforce, medicines and clinical guidance to manage neurological disorders had also been noted; the Secretariat would provide technical guidance on the matter in the future. Detailed guidance would be provided on monitoring for each target of the draft intersectoral global action plan, in order to capture information about different neurological conditions. The Secretariat would promote a continuum-of-care approach

to support brain health, address risk factors, strengthen rehabilitation services and address the treatment gap, while involving people with lived experience, including carers and families.

Given that alcohol was a complex issue that required a multisectoral approach, she expressed appreciation for Member States' participation in the consultation process for the development of the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority and their efforts to remain within the boundaries of the global strategy to reduce the harmful use of alcohol. The disruption caused by the COVID-19 pandemic to services for substance use disorders and harmful drinking was well documented, although a comprehensive assessment of the impact of COVID-19 on the harmful use of alcohol and programme responses had not yet been undertaken. The request for the development of a document that would assist Member States in their interaction with the alcohol industry had been noted, as had the proposal to strengthen governance through a network of national focal points and a ministerial conference, which would require commitment and cooperation from Member States. She acknowledged the need to tailor WHO's activities to national circumstances. Technical packages, such as the one for the SAFER initiative, were intended to facilitate interventions and target countries' realities and challenges.

The DIRECTOR-GENERAL noted that people with noncommunicable diseases were more susceptible to developing severe COVID-19, and that, among essential health services, those for noncommunicable diseases and mental health had been the most commonly disrupted by the pandemic. A stronger focus on noncommunicable diseases was needed in pandemic preparedness and response, and the health workforce, access to medication and technology needed to be strengthened, while primary health care and universal health coverage for noncommunicable diseases should be scaled up. In a context of rising rates of diabetes and obesity, and continued tobacco use and air pollution, mistrust of proposals to increase taxes on alcohol and sugar-sweetened beverages was reaching fever pitch. The provision of health care for noncommunicable diseases was inadequate, the marketing of products deleterious to the health of children continued and target 3.4 of the Sustainable Development Goals was far from being attained. It was time to act.

The challenges faced were, at heart, the result of a failure to prioritize budgetary allocations and implement best buys to address noncommunicable diseases and mental health. The adoption of the draft decision on the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases would represent a clear commitment to address the challenges of noncommunicable diseases and mental health based on a new-found solidarity, with the support of the draft implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030. The poorest countries needed more support than ever; noncommunicable diseases and mental health were the areas for which technical support was most frequently requested by Member States. The draft implementation road map would mobilize governments, civil society organizations, people living with noncommunicable diseases and mental health conditions and the private sector. Work on mental health and psychosocial support in countries affected by humanitarian disasters would be intensified. With a view to the next high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, which would take place in 2025, the role of WHO would be strengthened through its Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases and the WHO-led United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases.

Lopsided investment was leading to a lopsided recovery from the COVID-19 pandemic. Health inequities and the difference in the risk of premature death between high- and low-income countries were becoming systemic because they were a structural feature of official development assistance and the product of a system that undermined policy coherence between economic interests, trade and the prevention and control of noncommunicable diseases. Low-income countries could not make trade-offs when developing their national responses to the Sustainable Development Goals without access to technical support. Bilateral donors that did not include noncommunicable diseases in their international development policies were starving low-income countries of international finance for such work at the national level. He encouraged all bilateral donors to make themselves accountable and transparent, and

to follow the example set by the Government of Norway. International investment in noncommunicable diseases through official development assistance needed to be increased.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/7 and EB150/7 Add.1.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB150/7, the financial and administrative implications of which were contained in document EB150/7 Add.2.

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

2. **THE GLOBAL HEALTH SECTOR STRATEGIES ON, RESPECTIVELY, HIV, VIRAL HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS:** Item 8 of the agenda (documents EB150/8 and EB150/8 Add.1)

**GLOBAL STRATEGY FOR TUBERCULOSIS RESEARCH AND INNOVATION:** Item 9 of the agenda (documents EB150/9)

**ROAD MAP FOR NEGLECTED TROPICAL DISEASES 2021–2030:** Item 10 of the agenda (document EB150/10)

The CHAIR drew attention to the draft resolution on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, contained in paragraph 23 of document EB150/8, the financial and administrative implications of which were contained in document EB150/8 Add.1.

The representative of MALAYSIA expressed support for the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. Lack of access to affordable and quality medicines was a common barrier to progress, including for upper-middle-income countries, which were neither poor nor rich enough to gain rapid access to essential yet expensive medicines. In 2021, his Government had been the first to grant conditional approval of a new combination treatment for chronic hepatitis C that had been developed through South-South cooperation. A voluntary licensing agreement had been negotiated in November 2020 to provide greater access to a base regimen for people living with HIV; that innovative model should continue to facilitate access to affordable medicines for upper-middle-income countries.

He supported the implementation of the global strategy for tuberculosis research and innovation, and noted the need for further engagement with health product developers, pharmaceutical companies and biotechnology to expand the latest tools to tackle tuberculosis. The risks to progress towards the elimination of tuberculosis posed by the COVID-19 pandemic called for innovative solutions to address the clinical, social and economic determinants of the disease. His Government would continue to provide funds to non-State actors to tackle HIV, viral hepatitis, sexually transmitted infections and tuberculosis.

Although activities under the road map for neglected tropical diseases 2021–2030 had been affected by the COVID-19 pandemic, adherence to strict health protocols during interaction with communities had allowed efforts to continue. The goal of eliminating neglected tropical diseases required innovation in public health interventions, effective treatment and vaccines and diagnostic tools

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<sup>1</sup> Decision EB150(4).

that were available at the point of care. The use of technology to educate and empower the public on health should be optimized. In the absence of an effective vaccine for dengue, elimination efforts would depend on innovative diagnostic tools and vector control methods, such as the forecasting system developed through an independent research programme in partnership with UNDP and WHO. All Member States, especially low- and middle-income countries, should support efforts to eliminate neglected tropical diseases as a matter of priority, particularly given the potential for vector-borne and zoonotic diseases to spread beyond borders.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region and noting the negative impact of the COVID-19 pandemic on all three areas of work under discussion, said that HIV remained a major public health problem. In 2021, sub-Saharan Africa had been home to two thirds of those living with HIV. Viral hepatitis had severe consequences for human life and the global economy. Tackling sexually transmitted infections should be a global priority due to their impact on the sexual and reproductive health of young people, who constituted a key demographic in Africa. The African Region supported the aims and the adoption of the draft global health sector strategies, noting in particular the five strategic directions that would provide a basis for defining the priority measures for Member States and the Secretariat.

Despite a lack of financing, particularly in low-income countries, great efforts had been made to implement the global strategy and targets for tuberculosis prevention, care and control after 2015, known as the End TB Strategy. He invited partners to finance more research on HIV and tuberculosis co-infection and effective management of multidrug-resistant tuberculosis.

Although neglected tropical diseases presented a heavy burden for the population of Africa, progress was being made and trypanosomiasis was on course for elimination. The One Health approach must be used to strengthen health systems and encourage the collection of reference data to prevent and control priority public health risks at the human–animal–environment interface. The African Region took note of the road map for neglected tropical diseases and the related report by the Director-General.

The representative of FRANCE, 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 Georgia aligned themselves with her statement. The COVID-19 pandemic had demonstrated the need to combat infectious diseases by strengthening health systems and addressing access barriers for vulnerable and high-risk populations, including by tackling criminalization, stigmatization and barriers related to human rights and gender. She noted the integrated and comprehensive approach set out in the draft global health sector strategies and the references to social and structural determinants of health, including mental health. The inclusive process for the development of those draft strategies was commendable, as were the references to the UNAIDS Global AIDS Strategy 2021–2026, the strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. It was a concern that most global health targets for 2020 had been missed; progress would require a person-centred and integrated approach that was evidence based with a focus on prevention, universal health coverage and full integration of activities in primary health care. The specific needs of populations left behind should be targeted, alongside the use of digital innovations, health worker training, access to comprehensive sexual and reproductive health information and education, and efforts to combat all types of discrimination.

She noted that tuberculosis was a leading cause of death and that failing to reinvigorate the End TB Strategy would risk another tuberculosis crisis. WHO's efforts to adapt that Strategy at the country level and through international collaboration were appreciated. She called on Member States to step up efforts to meet the funding target for research and development set out in the political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis and emphasized the importance of working with the Global Fund and Gavi, the Vaccine Alliance, to bring the fight against AIDS, tuberculosis and malaria back on track.

She commended the Secretariat's continued work on neglected tropical diseases throughout the COVID-19 pandemic. Best practices for neglected tropical diseases could prove useful to tackling COVID-19, since delivery systems were often based within health systems and underpinned measures such as awareness-raising and contact tracing. The integration of surveillance, vector control, water sanitation and hygiene programmes and veterinary services within a One Health approach was crucial. She called for the continued allocation of financial and human resources to neglected tropical diseases, including for research and development.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the consolidated approach taken to the draft global health sector strategies for the period 2022–2030. The Eastern Mediterranean Region faced a growing HIV epidemic, hepatitis responses were nascent in most countries and sexually transmitted infections remained a neglected domain. Member States in the Region supported the proposed activities and emphasized the importance of focusing on high-risk groups and key populations, and the use of innovative tools and approaches. The integration of activities into primary health care, the improvement of cross-programmatic efficiencies and the inclusion of HIV, hepatitis and sexually transmitted infections in the universal health coverage essential benefit package were commendable. Nonetheless, some of the language used in the draft global health sector strategies was a cause for concern, particularly with regard to comprehensive sexuality education and gender diversity. Although the emphasis in the draft strategies on decision-making at the country level was appreciated, such terminology was not supported in the Region. Given the importance of the draft strategies, the Region's endorsement of the draft resolution was based on the understanding that the Secretariat would remove such terminology from the final drafts and keep the Region informed of progress prior to the Seventy-fifth World Health Assembly.

National capacities for research and innovation were key to ending tuberculosis in the Region. All Member States of the Eastern Mediterranean Region had benefited in 2020 and 2021 from WHO training courses that had included a focus on research and innovation. The intensification of such activities would contribute to the accelerated action needed. Greater efforts to take stock of progress and analyse programmatic bottle necks would help Member States to prepare for the 2023 high-level meeting of the General Assembly on tuberculosis.

She outlined the progress achieved in the Region on combating neglected tropical diseases, including the submission of a dossier to validate the elimination of trachoma in Saudi Arabia.

The representative of JAPAN welcomed the medical and social interventions included in the draft global health sector strategies, and the inclusion in those draft strategies of UNAIDS activities. He asked how the Secretariat would ensure that WHO projects and those of UNAIDS were complementary and avoided duplication in financial and human resources. The suppression of tuberculosis diagnosis and treatment rates by the COVID-19 pandemic was a cause of concern. New diagnostic tests and therapeutics were needed to end tuberculosis; further investment should be promoted in that regard. His Government supported efforts to end tuberculosis at the national and global levels, including through the provision of diagnostic equipment and medicines. The progress made in addressing neglected tropical diseases, despite the interruption of activities due to the COVID-19 pandemic, was welcome. To ensure that no one was left behind, interventions for neglected tropical diseases needed to remain accessible during the pandemic, and WHO should play a leading role in that work.

The representative of the REPUBLIC OF KOREA expressed support for the draft global health sector strategies, the road map for neglected tropical diseases and the global strategy for tuberculosis research and innovation and welcomed WHO's ongoing efforts to eliminate infectious diseases, despite the challenges caused by the COVID-19 pandemic. In particular, high-level leadership was needed to demonstrate a strong commitment to the recovery of essential tuberculosis services. His Government would continue to provide financial support and technical advice for global efforts to end tuberculosis.

The representative of KENYA said that he welcomed the draft global health sector strategies as part of global efforts to achieve target 3.3 of the Sustainable Development Goals and the aspirational goal of ending epidemics and advancing universal health coverage, primary health care and health security. He noted with concern the impact of the COVID-19 pandemic on national indicators for tuberculosis and the underfunding of tuberculosis research and development, which would, in turn, affect the acceleration of progress towards the global tuberculosis targets using technological breakthroughs and innovations. Despite the disruption caused by the COVID-19 pandemic, his Government had made progress in tackling neglected tropical diseases. To support global and regional work in that area, WHO should accelerate efforts to mobilize additional resources, in order to sustain the implementation of activities under the road map for neglected tropical diseases. Action to mitigate the effects of the COVID-19 pandemic should be prioritized.

The representative of INDIA agreed with the assessment in the report on the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections that the full benefits of available tools and technologies were not being realized and that many populations were being left behind while structural barriers to accelerating progress persisted. With regard to the draft global health sector strategies and the achievement of the Sustainable Development Goals, and based on experience in his country, he advised the scaling up a differentiated prevention and care package, the provision of multi-month dispensary of medicines, a focus on retention in care and viral suppression, and the implementation of new combination prevention approaches and strategies with integrated information management for better patient care and supply chain management. Expressing support for the FIND. TREAT. ALL #ENDTB flagship initiative and WHO's role in providing guidance and sharing lessons learned on innovation to address emerging challenges in tuberculosis prevention and care, he described the measures taken to tackle tuberculosis in his country.

The representative of ARGENTINA said that, as part of an effective response to HIV, viral hepatitis, sexually transmitted infections and tuberculosis, access to health care for all and policies that targeted particularly vulnerable population groups would help to reduce stigmatization and discrimination. Action to reduce inequality and inequities in society by focusing on individuals and communities was needed to end the HIV epidemic by 2030. Finance should be mobilized to ensure effective action in all countries, which would involve promoting gender equality, ensuring the right to bodily autonomy, empowering women and girls, guaranteeing sexual and reproductive rights and assessing the impact of the COVID-19 pandemic on efforts to tackle HIV. Lessons should be learned from that recent pandemic in order to better tackle future health emergencies.

The progress made so far in implementing the road map for neglected tropical diseases was welcome. Much remained to be done, however, and she highlighted the impact of Chagas disease and leprosy on public health in the Region, detailing the measures taken in her country in that regard and to mitigate the impact of the COVID-19 pandemic. She urged all Member States to join her in supporting the draft resolution.

The representative of the RUSSIAN FEDERATION said that the draft global health sector strategies would help Member States to achieve the Sustainable Development Goals, and it was therefore important to take a transparent and consensus-based approach to the development of the draft text. The draft contained a number of terms on which there was not agreement or consensus, including on comprehensive sexuality education for children, which was a phrase used in technical guidance that was not an internationally agreed document. A number of expressions called on governments to go beyond the mandate of WHO and were not appropriate in international documents. A healthy lifestyle, responsible sexual behaviour and traditional family values were crucial to preventing HIV, viral hepatitis and sexually transmitted infections. The Secretariat should continue to work on the draft strategies in order to achieve a balanced document that was acceptable to all countries. The draft decision should be revised to include a proposal to revise the draft strategies and discuss them further in preparation for their consideration at the Seventy-fifth World Health Assembly.



He welcomed the report on the global strategy for tuberculosis research and innovation and the draft resolution on the global health sector strategies, noting the work of the Secretariat, and the Director-General in particular, to support Member States as part of their activities on tuberculosis. His Government stood ready to participate in preparation for the 2023 high-level meeting of the General Assembly on tuberculosis, since joint efforts were needed to uphold and further gains made in tackling the disease.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that he endorsed a strong focus in all three of the areas of work under discussion on inclusion, support for diverse populations and comprehensive sexual and reproductive health and rights. His Government would continue to be a leading donor for global health. Strong health systems were the foundation of health and well-being for all and critical to tackling infectious diseases. The impact of the COVID-19 pandemic on efforts to tackle HIV, viral hepatitis, sexually transmitted infections, tuberculosis and neglected tropical diseases was a cause of concern. The links between tuberculosis deaths and antimicrobial resistance should be a priority for all. The leadership shown by the Director-General and WHO was welcome, particularly on efforts to mitigate the effects of the COVID-19 pandemic and get back on track to achieve the goals set out to help tackle those diseases.

Despite success in treating HIV in recent decades, prevention efforts were lacking and restrictions on human rights hampered the response in many corners of the world. He welcomed the draft global health sector strategies and their focus on inequalities, in line with the Global AIDS Strategy 2021–2026 and the 2021 Political Declaration on HIV and AIDS, and the person-centred approach that included action on discrimination and stigmatization.

He welcomed progress made on implementation of the global strategy for tuberculosis research and innovation, but noted the continued shortfall in funding. His Government reiterated the call to restore essential tuberculosis services and mobilize more domestic and international resources for the fight against tuberculosis, and looked forward to working with WHO and other partners to ensure the success of the high-level meeting of the General Assembly on tuberculosis in 2023. Work to mitigate the impact of the COVID-19 pandemic on neglected tropical disease services was appreciated and he expressed support for the road map for neglected tropical diseases 2021–2030 and its emphasis on the integration of such services within national health systems.

The representative of PARAGUAY supported the draft resolution. Implementation of the draft global health sector strategies would build on existing achievements, such as the impact of antiretroviral therapy, and help consolidate national prevention, diagnosis, treatment and surveillance efforts. He detailed national efforts to combat tuberculosis, highlighting action to reduce mortality resulting from that disease through legislation that provided for integrated prevention and care measures for people diagnosed with tuberculosis, including social protection. Resources would be allocated from the State budget to support implementation of the law. Moreover, efforts to combat neglected tropical diseases should be integrated into basic essential health services, and governments should improve the surveillance of all infectious diseases. Those initiatives would require a comprehensive and multidisciplinary approach across all sectors of government and society at all levels.

The representative of GRENADA welcomed progress on the elimination of neglected tropical diseases, which demonstrated that control of those infectious diseases was achievable. However, the most difficult challenge still lay ahead: maintaining and furthering gains to reach elimination, which would require determination and sustained political will and financial support. Innovative research was needed, and governments' goals and actions should be combined with the knowledge and skills of academics and non-State actors. In keeping with Sustainable Development Goal 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development), his Government had partnered with academia and a WHO collaborating centre to boost disease elimination programmes. Education, although often an overlooked element of control and elimination programmes, had been essential to the success of the programme to eliminate soil-transmitted helminths in his country.

The representative of COLOMBIA said that, in order to reach the goals of the draft global health sector strategies, further action and instruments were needed to promote equal access to screening tests and treatments, at a reasonable cost, in all regions of the world. Work to destigmatize HIV, viral hepatitis and sexually transmitted infections, in line with strategic directions 1, 2 and 4 of the draft global health sector strategies, should continue. Member States should improve their monitoring and evaluation of the implementation of the draft global health sector strategies by adding specific national and subnational indicators that would complement the general indicators in the document. While significant progress had been made in the global approach to sexually transmitted infections, much work remained to be done, and WHO should promote a coordinated, comprehensive and innovative approach to that work.

The representative of OMAN said that he echoed the concern already expressed about the use in documents of phrases that did not serve any purpose and were culturally sensitive, and urged the Secretariat to revise the draft global health sector strategies to take those concerns into account. Although an aim of the draft global health sector strategies was to reduce stigmatization and discrimination, the categorization of individuals would have the opposite effect. Clinicians sought to provide quality health care, regardless of an individual's race, background, beliefs, sexual orientation or ethnicity. The emphasis placed on tuberculosis by Member States was appreciated, and more should and could be done to prevent deaths from the disease. He looked forward to the 2023 high-level meeting of the General Assembly on tuberculosis.

The representative of TUNISIA welcomed the draft global health sector strategies, highlighting the focus on health systems, the process of developing the draft text and the vision, objectives, targets and strategic directions set out therein. The emphasis on community action, risk reduction and the adaptation of general strategies to national circumstances was appreciated. Detailing the national approach to HIV and sexually transmitted infections, he expressed support for the adoption of the draft resolution. The Secretariat should support Member States to strengthen their health systems and implement the draft global health sector strategies.

The representative of BELARUS noted that efforts to provide quality medical care to people living with HIV/AIDS and access to preventive measures and treatment for all population groups were bearing fruit. The impact of the COVID-19 pandemic at every level was clear and had required the adaptation of prevention and treatment programmes for HIV/AIDS in order to maintain the progress made. He endorsed the remarks made concerning the use in the draft global health sector strategies of concepts on which consensus had not been reached and which were not appropriate in United Nations documents.

The representative of BOTSWANA, taking note of key achievements in addressing HIV, expressed concern at the failure to achieve global health targets for 2020 related to HIV, viral hepatitis and sexually transmitted infections. He supported the strategic directions and drivers of progress set out in the draft global health sector strategies. He expressed support for the recommendations contained in the three reports under discussion. Endorsing the two-year reporting interval proposed for the draft global health sector strategies, he requested the Secretariat to support their implementation.

The representative of SPAIN<sup>1</sup> expressed support for the adoption of the draft global health sector strategies, and the way that the three areas of work had been integrated. She was pleased to note that plans to tackle stigmatization and discrimination were central to the draft global health sector strategies, recognizing their importance in ensuring inclusivity for all people and leaving no one behind. Over the previous decades, and during the COVID-19 pandemic in particular, it had become clear that health care responses and health systems should take into account populations' needs without stigmatization or

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discrimination, especially the needs of the most vulnerable groups. The COVID-19 pandemic had further highlighted the importance of that issue.

The representative of INDONESIA<sup>1</sup> said that she supported the five strategic directions set out in the draft global health sector strategies. With a view to successful implementation, however, the Secretariat must recognize that the situation was different in each country, and refrain from employing concepts on which there was not consensus. Although the COVID-19 pandemic had pushed back efforts to control tuberculosis by at least eight years, progress made under the global strategy for tuberculosis research and innovation in building research capacity and promoting high-quality information exchange should be applauded. Tuberculosis research and innovation needed to be prioritized as a means of supporting Member States and in order to end tuberculosis by 2030. Despite progress towards the goal of eliminating neglected tropical diseases by 2030, the impact of the COVID-19 pandemic on services remained a cause for concern, alongside difficulty accessing cases in remote locations and limited resources. The renewed efforts of all Member States were needed to keep the road map for neglected tropical diseases on track and ensure that services for those diseases remained part of basic health care.

The representative of URUGUAY<sup>1</sup> detailed the efforts taken in her country to tackle HIV and prevent its vertical transmission, highlighting the importance of good surveillance and monitoring, including of antimicrobial resistance, as a basis for action to tackle infectious diseases. She noted the possibility of using mechanisms and procedures for other diseases to improve the diagnosis and care of people living with HIV.

The representative of JAMAICA<sup>1</sup> noted with concern that, despite progress in the three areas of work under discussion, the global response was not on track and important targets had been missed. Detailing some of the efforts made in his country to end the AIDS epidemic by 2030, he highlighted the collection of quality disaggregated data and awareness-raising. The COVID-19 pandemic had slowed progress towards the tuberculosis milestones and targets, and implementation of the road map for neglected tropical diseases. New technology and comprehensive strategies would be needed to reverse that impact.

The representative of CHINA,<sup>1</sup> noting the importance of the diseases under discussion and providing details of successful national disease control efforts, suggested that the Secretariat should take the current situation of Member States into consideration, further improve the draft global health sector strategies, and increase Member States' access to essential medicines to leverage global expertise. He expressed support for international research and exchange on tuberculosis and for efforts towards attaining the 2030 targets for neglected tropical diseases.

The representative of the PHILIPPINES<sup>1</sup> fully supported the draft global health sector strategies. The five strategic directions were timely and relevant. Health promotion, disease prevention and intersectoral action should be encouraged. Specific indicators and action points were needed to promote healthy sexual behaviours and mitigate or eliminate commercial factors such as transactional sexual behaviour. Tuberculosis and neglected tropical disease services must be integrated in COVID-19 response activities. She detailed the action taken in her country to pursue tuberculosis research in diagnostics and treatment.

The representative of NAMIBIA<sup>1</sup> expressed support for the multisectoral approach that underpinned the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, and was pleased to note that those draft strategies were aligned with and built on other high-level commitments on tackling HIV/AIDS. Effectively reducing inequalities would be key to winning the fight against HIV and other sexually transmitted infections and would encompass strategies to prioritize access to education and health services for key populations, including young

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women and girls. He welcomed the global strategy for tuberculosis research and innovation, noting that the biggest challenge to tuberculosis research in his country was inadequate domestic funding. High-level political will and the commitment of national governments were crucial to the implementation of that global strategy and the draft global health sector strategies.

The representative of EGYPT<sup>1</sup> said that he recognized the importance of the draft global health sector strategies to eliminating the threats to public health addressed therein and commended the Organization's efforts in that area. His Government remained keen to cooperate and support those efforts. He wished to raise concerns, however, regarding some of the terminology used in the draft strategies; certain terms did not enjoy consensus or reflect the common position of all Member States. Those terms should be changed and removed from the draft text prior to the adoption of the draft strategies.

The representative of THAILAND<sup>1</sup> said that the draft global health sector strategies should highlight action for a multi-partner, whole-of-society approach. As the current chair of the UNAIDS Programme Coordinating Board, his Government was committed to accelerating action to end the AIDS epidemic and tackle stigmatization and discrimination. The increase in tuberculosis deaths and drop in new tuberculosis diagnoses during the COVID-19 pandemic, and the fact that funding for tuberculosis services was below the set target, were signals that the momentum needed to eliminate the disease was waning. Urgent action was needed, based on multisectoral cooperation and a high-level commitment to mitigation measures. Member States should intensify tuberculosis research and take an innovative integrated care approach. Tuberculosis services were important to the recovery of essential health services. Real-time polymerase chain reaction tests should be used to increase early detection of the disease, especially among high-risk populations.

The representative of GERMANY<sup>1</sup> welcomed the substantial achievements made in the fight against neglected tropical diseases, but noted that the COVID-19 pandemic had demonstrated the fragility of those achievements. She called for continued sustainable financing of neglected tropical disease activities, particularly when case numbers were low, so as to successfully pursue elimination and eradication goals. Closure of the gap in accurate diagnostic tools and the use of tests and treatment would be key to sustained elimination and a One Health approach would be indispensable.

Multisectoral gender-transformative and human rights-based approaches were essential to the work of the draft global health sector strategies and included efforts to address criminalization and punitive legal frameworks that hindered the full implementation of evidence-based interventions, such as harm reduction for people who used drugs and access to sexual and reproductive health and rights for all, including young people and lesbian, gay, bisexual, transgender, queer and intersex people. The monitoring framework and indicators, including community monitoring approaches, were particularly appreciated. The draft global health sector strategies should also contribute to the overall strengthening of health systems. Recalling the inclusive and participatory manner in which those draft strategies had been developed, he urged certain Member States to reconsider their reservations and adopt the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> said that, given the unacceptably high morbidity and mortality associated with HIV, viral hepatitis and sexually transmitted infections, global, regional and national responses needed to be reviewed. The strategic combining of disease-specific and shared approaches, including through the use of primary health care platforms, and the opportunity to leverage synergies across the three disease areas and other diseases and health issues were welcome. In resource-limited countries, partnerships and investment in epidemic control were not equitably shared between the three diseases and integrated work was often lacking. She called on bilateral and multilateral partners to increase their support in that regard.

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The continued high morbidity and mortality associated with tuberculosis called for increased momentum to end the disease. Health commodities were critical to implementation of the global strategy for tuberculosis research and innovation. She called on the international community to strengthen support in that area and to provide an intellectual property rights waiver and support the alignment of national policies and legislation to promote the local production of medicine and laboratory commodities. Partners should continue to support innovation and research on vaccines, diagnostics, prevention and treatment in order to speed up efforts to end tuberculosis.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that the prioritization of key populations, including women, children and adolescents, in the draft global health sector strategies was appreciated, since those populations were at disproportionately higher risk of HIV and sexually transmitted infections. The emphasis on gender, equity and human rights, and advancing sexual and reproductive health was also welcome, since the risks of acquiring HIV, viral hepatitis or other sexually transmitted infections were closely linked to gender norms. She supported the strong emphasis in the draft global health sector strategies on data capture and the use of subgeographies and subpopulations in order to assess whether those who were hardest to reach had access to services. To fully implement the draft strategies, sexual and reproductive health services, including screening, testing and treatment, and hepatitis B and human papillomavirus vaccination must be made accessible within well-functioning primary health care systems.

Tuberculosis should continue to be prioritized in national health programmes and research should be supported to prevent and reduce gaps in tuberculosis detection and treatment, including through the development of new medicines, diagnostics and vaccines and their effective deployment to reach the global targets for tuberculosis. Efforts to ensure the continued delivery of neglected tropical disease services and make progress on the road map for neglected tropical diseases 2021–2030, in the context of the challenges presented by the COVID-19 pandemic and climate change, were appreciated.

The representative of BAHRAIN<sup>1</sup> said that the draft global health sector strategies would complement the progress already made to combat those diseases and infections and set out a clear path to overcome shortcomings in existing approaches, with a view to achieving the Sustainable Development Goals. She supported the draft resolution. Nonetheless, it was important to use terminology that was respectful of the law and situation in all countries.

The representative of BRAZIL<sup>1</sup> welcomed the integration of the three draft global health sector strategies and highlighted the importance of improving disease surveillance and strengthening primary health care and universal health coverage to tackle those infectious diseases. She supported the recommendations to adopt the draft global health sector strategies and request implementation progress reports at the Seventy-fifth World Health Assembly. Reaffirming her Government's commitment to eliminating tuberculosis by 2035, she looked forward to the high-level meeting of the General Assembly on tuberculosis in 2023. Welcoming the road map for neglected tropical diseases, she highlighted the burden of both Chagas disease and leprosy in her country.

The representative of PAKISTAN<sup>1</sup> expressed his serious reservations about the language used in the draft global health sector strategies with respect to sexual orientation and gender identity. Those concepts remained controversial and were neither consensual nor grounded in any internationally agreed normative framework. Their insertion in the report contravened the consensus-based status of the Organization. He called on the Secretariat to refrain from using dubious language and giving preference to certain interpretations or attitudes in WHO documents.

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The representative of SLOVAKIA<sup>1</sup> acknowledged the impact of the COVID-19 pandemic on progress to address tuberculosis and neglected tropical diseases, and efforts to leave no one behind and achieve the Sustainable Development Goals. Increased migration meant that tuberculosis could not be eliminated in any country unless it was eliminated worldwide. Efforts by WHO to present best practices and champion success in tackling tuberculosis, in order to encourage Member States to take further action, were welcome, although it was equally important to learn from bad experiences and design preventive measures to avoid their repetition. He commended WHO's action to address misinformation.

The representative of PORTUGAL<sup>1</sup> said that the fight against HIV, viral hepatitis and sexually transmitted infections required an appropriate focus on those disease areas at the global, regional, and country levels, through joint work and a people-centred public health approach. He noted with concern that most of the global health targets for 2020 related to those disease areas had been missed. Strategies to fast-track the achievement of objectives were commendable, including the integration of efforts in primary health care, the targeting of the population's specific needs, the use of digital innovations, training of health professionals, comprehensive sexual and reproductive health education and the fight against discrimination. Data generation was crucial to monitoring action and informing public decision-making, as was engagement with community associations and civil society.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> expressed his Government's concern that there was a lack of consensus among Member States on some of the words and phrases used in the draft global health sector strategies, such as the terms "comprehensive sexuality education" and "gender identity". The draft strategies should be aligned with national regulations and guidelines. He called for further consultation with Member States to reach consensus on the language used and urged the Secretariat to revise the terminology contained in the final draft of the strategies so as to ensure their implementation.

The representative of UNAIDS expressed support for the draft global health sector strategies, their focus on three cross-cutting drivers and their full alignment with the Global AIDS Strategy 2021–2026 and the Political Declaration on HIV and AIDS. The proposed biennial reporting schedule and opportunity to align reporting with the Global AIDS Strategy and the Unified Budget, Results and Accountability Framework were welcome, alongside the focus in the draft strategies on person-centred, context-responsive integrated approaches and community-led service delivery and accountability. She supported urgent action and investment in tuberculosis research and innovation, particularly since tuberculosis remained the leading cause of death among people living with HIV.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, noted that the budgets available for tuberculosis research and development comprised less than half of the estimated requirement. The lack of new medicines, vaccines or tests for tuberculosis highlighted the failure of the incentive model based on intellectually property rights. The report on the global strategy for tuberculosis research and development lacked an assessment of the barriers to accessing treatments posed by the intellectual property and trade regime. Despite taxpayers providing the bulk of funding for research, tuberculosis medicines remained unaffordable due to excessive profit margins.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted that voluntary licensing based on public health-oriented terms and conditions served as a key mechanism to reduce prices and accelerate access to WHO-recommended treatments for HIV and viral hepatitis, as it had done in lower-middle-income and some upper-middle-income countries. Voluntary technology sharing and generic competition would also expand access to new products.

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The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, noted that the main challenges to tackling the epidemics of HIV and sexually transmitted infections – social stigmatization and lack of comprehensive sexual education – had remained unchanged for decades and required collective efforts, including accelerated action on vaccines and access to testing and treatment. WHO should involve young people in strategic global health partnerships and national policy implementation in order to benefit from their unique perspective.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, highlighted three key objectives for the elimination of hepatitis: a focus on health equity that would prioritize strategies for lower-middle-income countries and barriers to care such as stigmatization; accountability through national planning that involved all appropriate stakeholders and strengthened data collection; the grasping of opportunities, such as championing lessons learned by Member States, including from the COVID-19 pandemic.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, expressed support for the draft global health sector strategies and noted that one critical area where efforts lagged behind was the integration of work on HIV with rights-based sexual and reproductive health services. Integration would help reduce co-morbidities such as reproductive cancers, uneven progress on universal health coverage and the gendered impact of COVID-19 on people living with HIV. Those areas should be prioritized when implementing the draft global health sector strategies.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed, in particular, the inclusion of specific cancer impact indicators in the draft global health sector strategies. She urged Member States to integrate hepatitis B and human papillomavirus vaccines into national vaccination schedules, support civil society organizations to reduce the stigmatization around human papillomavirus and other infections, tackle vaccine misinformation, and implement catch up strategies for vaccination programmes that had been disrupted by the COVID-19 pandemic.

The representative of WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIR, said that the draft global health sector strategies would be vital to holding governments accountable for their commitments to eliminate viral hepatitis. Elimination would require the concerted efforts of all stakeholders and the active involvement of civil society and the affected community, backed by political will. Low- and middle-income countries often had the highest disease burden and could not reach elimination alone. The global health and donor community must do more to support national efforts and efforts for viral hepatitis elimination must be integrated in health systems.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that, to reverse the impact of the COVID-19 pandemic, avert preventable deaths and make progress towards the Sustainable Development Goals, WHO and its Member States should invest in the pipeline for new tuberculosis tools, address unmet need in translational research, and support capacity-building and implementation research to boost national tuberculosis programmes. Another area of focus should be regulatory and manufacturing pathways to facilitate prequalification and regulatory approval of in-vitro diagnostics for neglected tropical diseases.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, said that optimum sexual health had a positive impact on many aspects of life, including women's reproductive health and well-being. Since sexually transmitted infections remained a global public health challenge, early diagnosis was essential. He called on Member States to invest in relevant programmes for vaccination, testing and prevention.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, noted that, given the impact of the COVID-19 pandemic, support was needed to recover progress towards the milestones set out in the road map for neglected and tropical diseases. Marginalized persons, including persons with disabilities, were disproportionately affected by both the COVID-19 pandemic and neglected tropical diseases and should be included in the planning and delivery of neglected tropical disease programmes to ensure that barriers to care were identified and addressed. A number of areas of the road map had not been mentioned in the related report; reporting should cover all areas highlighted for action. She encouraged the Board to consider how to mitigate the effects of COVID-19 when discussing implementation of the road map.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the draft global health sector strategies were particularly timely for the Region of the Americas, since Member States had been escalating efforts to fight against HIV/AIDS. Approximately 65% of those who had been diagnosed with HIV in Latin America and the Caribbean were following a treatment regimen and eight countries had received validation of the elimination of mother-to-child transmission of HIV and syphilis transmission. There was still a long way to go, however, with a steady rate of new HIV infections in Latin America and the diagnosis of only 20% of those infected with hepatitis B and C viruses. The benefits of HIV prevention measures needed to be scaled up, treatment should be optimized for all people living with HIV, and more people should receive pre- and post-exposure prophylaxis. Governments in the Region should raise public awareness of viral hepatitis and expand access to testing and treatment in tandem with the PAHO Strategic Fund. Lessons must be learned from previous experiences and health systems leveraged with a focus on the use of primary health care platforms to deliver essential services through integrated approaches, even while the fight against the COVID-19 pandemic continued. The promotion of community-led services and action on stigmatization and discrimination would be essential components of success. The draft global health sector strategies must be implemented to put an end to HIV, viral hepatitis and sexually transmitted infections.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that ending tuberculosis and eliminating neglected tropical diseases were among the eight flagship priorities for the Region, which accounted for 43% of new global tuberculosis cases in 2020 and more than half of the world's tuberculosis deaths. The Region also had the highest burden of neglected tropical diseases, with at least one neglected tropical disease endemic in each of its Member States. The COVID-19 pandemic had compounded the situation by halting and even reversing years of progress. A regional strategic plan to tackle tuberculosis had been endorsed in October 2021 and scientific and translational research and innovation were a regional priority. Five key areas of work were: operationalizing country initiatives at the highest possible political level; increasing budgetary and human resource allocations; ensuring the highest attainable standards of rights-based, stigmatization-free, quality, person-centred care; mainstreaming social and financial protection alongside tuberculosis care services; and boosting multipronged science-led action to galvanize all stakeholders.

Congratulating those Member States that had eliminated at least one neglected tropical disease, she noted the increased regional commitment to eliminating neglected tropical diseases since the launch of the related road map, with a focus on accelerating progress towards universal health coverage and ensuring equitable access to clean water, sanitation, education and information. A regional consultation on research and innovation was facilitating the development of new tools to control and eliminate neglected tropical diseases. Four priority areas of work were: cooperating with Member States and partners to accelerate the last mile of elimination of visceral leishmaniasis; accelerating control and elimination through a holistic and multisectoral approach; providing Member States with key technical resources to strengthen health system and programmatic capacity; and developing a dashboard for neglected tropical diseases to monitor elimination and enhance the strategic use of data for action and resource mobilization.

The DEPUTY DIRECTOR-GENERAL said that the disruption to physical health care services caused by the COVID-19 pandemic was a major concern worldwide. Every effort was being made to



support Member States in restarting disrupted programmes. The draft global health sector strategies represented a major innovation for WHO in terms of their focus on individual diseases alongside the sustainability of the strategies and the benefit of leveraging of synergies across the health sector. During 2021, WHO had held the position of chair of the UNAIDS Committee of Cosponsoring Organizations and had therefore been provided with a unique opportunity to align its health sector strategy with the Global AIDS Strategy 2021–2026. The strategies were complementary, and free any of duplication.

Research and innovation were essential to driving progress on combating tuberculosis. The latest WHO guidelines reflected the progress achieved but acknowledged the need for further work, including better diagnostics and treatment regimens and more effective vaccines. The lack of financial resources was the greatest obstacle to the development and uptake of new tools. Although progress on addressing neglected tropical diseases had been disrupted by the COVID-19 pandemic, the road map on neglected tropical diseases offered tools to help to overcome that challenge.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases), responding to the comments made and concerns raised, said that he welcomed the statements made in support of adopting the draft global health sector strategies at the Seventy-fifth World Health Assembly, and appreciated the work and support of non-State actors. While many Member States had welcomed the structure and contents of the draft global health sector strategies and their focus on integration in primary health care and addressing stigmatization and discrimination, he recognized the need for those draft strategies to address unfinished business and, in some regions, increasing rates of HIV, viral hepatitis and sexually transmitted infections. The request to amend terminology related to sexuality and comprehensive sexuality education had been noted. A final round of written submissions would be opened for a two-week period following the closure of the 150th session of the Executive Board, and the Secretariat would remain at Member States' disposal for bilateral meetings. An information session for Member States on the final draft would be held prior to the Seventy-fifth World Health Assembly. He encouraged the Board to adopt the draft resolution, on the understanding that the remaining concerns about the text would be addressed in the final draft of the global health sector strategies. Collaborative work with UNAIDS was guided by an accountability framework with clearly defined roles and responsibilities. WHO worked closely with UNAIDS in a number of areas and a number of positions were co-hosted, including in the South-East Asia and Western Pacific Regions, to ensure that WHO was a strong partner in work to bring an end to AIDS as a public health threat.

Despite the setbacks caused by the COVID-19 pandemic, he welcomed the achievements of Member States in addressing tuberculosis. The challenges to improving access to the benefits of research were complex and multidimensional. WHO was supporting affordable access to new tuberculosis medicines and diagnostics in collaboration with a range of international partners. Observing that socioeconomic barriers limited both access to health services and the impact of treatment, he noted the measures taken in Paraguay to provide socioeconomic support to people living with tuberculosis. The Secretariat was supporting Member States to address the key determinants of tuberculosis, implement a multisectoral accountability framework and prepare for the high-level meeting of the General Assembly on tuberculosis in 2023. In addition, it was developing a framework to address tuberculosis and guidance on social protection for people living with tuberculosis and their families.

He applauded efforts to sustain essential health services for neglected tropical diseases during the pandemic. More needed to be done to ensure that prevention, treatment, surveillance and monitoring continued, in order to make progress on the milestones set out in the road map for neglected tropical diseases. Services for those diseases should be a priority in all endemic areas as a key contribution to universal health coverage and integrated local and national health systems, including through a One Health approach. Interventions for COVID-19 provided an opportunity to reach out to individuals, families and communities affected by neglected tropical diseases. The continued allocation of human and financial resources at the global, regional and country levels to community outreach platforms that were tackling COVID-19 would be crucial to the continuation of such services. Political attention and support were needed at the highest level. The Secretariat was drafting a research and development blueprint for neglected tropical diseases, and a number of Member States and research organizations

were committed to developing innovative and affordable medicines and diagnostic tools for those diseases.

The DIRECTOR-GENERAL assured Member States that the terminology issue would be addressed.

The CHAIR invited the Board to adopt the draft resolution contained in document EB150/8.

The representative of the RUSSIAN FEDERATION said that, while he appreciated the clarifications and assurances provided with regard to the terminology to be used in the draft global health sector strategies, it would be expedient to reflect those assurances in the draft resolution. He proposed that the wording of the draft resolution should be amended to note that work on the document must be continued and that the final draft of the global health sector strategies should be presented for further consideration by the Health Assembly.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendment to the operative paragraph of the draft resolution contained in paragraph 23 of document EB150/8, which would read:

“DECIDES that informal consultations will continue prior to the Seventy-fifth World Health Assembly on the draft global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections, with a view to submitting to the Seventy-fifth World Health Assembly the following resolution for adoption:”.

The representative of the RUSSIAN FEDERATION supported the proposed amendment.

**The draft resolution, as amended, was adopted.<sup>1</sup>**

**The Board noted the reports.**

**3. IMMUNIZATION AGENDA 2030:** Item 11 of the agenda (document EB150/11)

**INFECTION PREVENTION AND CONTROL:** Item 12 of the agenda  
(document EB150/12)

**GLOBAL ROAD MAP ON DEFEATING MENINGITIS BY 2030:** Item 13 of the agenda  
(document EB150/13)

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, said that the Region had a long history of immunization, which included success and failure, and he expressed the Region’s support for the implementation of the Immunization Agenda 2030. Collaboration between Member States and partners should be strengthened to improve vaccine equity and to promote development and address the immunization losses caused by the COVID-19 pandemic. To implement the Immunization Agenda 2030, the African Region would combine its past experiences with new technologies and innovations in the areas of immunization and education.

He highlighted the importance of infection prevention and control in ensuring long-lasting health security at all levels and managing health crises. In that regard, collaboration was essential. Infectious diseases presented a major challenge to achieving the Sustainable Development Goals and undermined efforts to provide universal health coverage, particularly in low-income countries. New strategies and

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<sup>1</sup> Resolution EB150.R3.

frameworks, with the accompanying legal frameworks, would ensure infection prevention and control, and guarantee the safety of health care personnel and patients. The Secretariat should continue to develop its work on combating antimicrobial resistance and infections contracted in health care settings.

He reiterated the importance of implementing the global road map on defeating meningitis by 2030, as many challenges remained in combating that disease. He urged Member States to integrate specific efforts to defeat meningitis into public health programmes and to ensure that mechanisms to coordinate actions and ensure political support for that work were in place.

The representative of FRANCE, 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 Georgia aligned themselves with her statement. Infection prevention and control were essential to mitigate the harmful effects of communicable diseases. The COVID-19 pandemic and antimicrobial resistance had highlighted the need to strengthen and invest in appropriate measures at the national and global levels. Adequately qualified personnel, up-to-date infection prevention and control guidelines, disinfectant availability, personal protective equipment, appropriate waste management in health care settings and applied antimicrobial stewardship programmes were central pillars of effective infection prevention and control programmes. Immunization was also crucial. Surveillance and data collection needed to improve in line with the Global Antimicrobial Resistance and Use Surveillance System. Infection prevention had been identified as a priority in the Global Patient Safety Action Plan 2021–2030, and initiatives to mitigate infections and antimicrobial resistance in health care settings should be a focus of that work. Infection prevention and control should also be a key element of emergency preparedness and response and health systems strengthening. Multisectoral action across political and technical fields was crucial, and antimicrobial stewardship should be strengthened as part of the core capacities required by the International Health Regulations (2005). Preventing common infections would reduce the burden on health care staff and health systems. Weak infection prevention and control disproportionately affected vulnerable groups and those in low-income countries. National guidelines needed to be better implemented and national budgets should be allocated to ensure that infection prevention and control programmes were sustainable. A comprehensive approach to infection prevention and control at the global level would improve progress in all countries.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Eastern Mediterranean Region, expressed the hope that the Region's COVID-19 vaccine roll-out would lead to a broader, life-course immunization perspective that was consistent with the Immunization Agenda 2030. The Eastern Mediterranean Regional Technical Advisory Group on Immunization had discussed a draft road map to develop a regional framework and operational plan for achieving the Immunization Agenda 2030, which would be submitted to the Regional Committee for the Eastern Mediterranean for endorsement.

The global road map on defeating meningitis by 2030 was of particular value in the Region because it would improve the situation of migrants and refugees and the safety of the Hajj pilgrimage. She asked the Secretariat to clarify the terms of reference of the proposed strategic support group to support the implementation of the global road map, in order to determine its added value. She welcomed the proposed use of the primary health care levers of the operational framework for primary health care for action on meningitis, which would complement strategies to achieve universal health coverage at the primary health care level.

She was pleased to note that the Secretariat's proposed priorities, strategies and interventions on infection prevention and control aligned with the Region's activities. Not all of the countries in the Region had national infection prevention and control programmes or guidelines, which was a problem that needed to be addressed. Moreover, the proposed strategies and interventions should be adapted for implementation in countries experiencing conflicts and other challenges. For low-income countries, basic infrastructure, water, sanitation and hygiene, and minimal infection prevention and control requirements were key to improving infection prevention and control.

The representative of COLOMBIA said that it was important to strengthen routine immunization in areas where the COVID-19 pandemic had weakened vaccination coverage. The pandemic had demonstrated the value and limits of multilateralism. To make progress on the impact goal indicators of the Immunization Agenda 2030, WHO needed to foster global discussions on and support for strengthening the local, decentralized production of vaccines in Member States, and a section should be dedicated to that issue in the Director-General's next report on the Immunization Agenda 2030. With regard to infection prevention and control, his Government was working with the European Union, PAHO, FAO and OIE on a project to tackle antimicrobial resistance through a One Health approach. Under the leadership of WHO, Member States should step up their efforts to provide the general public with better information about antimicrobials that were available over the counter; provide training for health care personnel that prescribed antimicrobials; and ensure more detailed surveillance of antimicrobial resistance at the local level.

The representative of MALAYSIA, noting the progress made in the implementation of the Immunization Agenda 2030, said that immunization was one of the most cost-effective public health measures in the prevention and control of severe infectious diseases. In that regard, it was important to maintain an uninterrupted and adequate supply of affordable vaccines and to ensure that vaccines against COVID-19 and other diseases received equal attention and commitment. Even a small shortage could lead to increased morbidity and mortality rates among vulnerable people. She commended WHO's role in spearheading the global response to infection prevention and control and expressed strong support for WHO's initiatives in that regard. She commended the efforts of WHO and its global health partners in preventing meningitis and noted the importance of vaccination in that regard.

The representative of SINGAPORE said that infection prevention and control were critical in combating health care-associated infections. Although COVID-19 remained a concern, antimicrobial resistance continued to pose a significant threat. The scale and significance of the challenge were global, and an immediate response was necessary. Infection prevention and control, alongside other core capacities required by the International Health Regulations (2005), were a cornerstone of health system resilience. It was in the interest of all Member States to pursue and implement a global strategy on infection prevention and control. Noting strategy 3.3 of the Global Patient Safety Action Plan 2021–2030, she urged Member States to adhere to that action plan and implement the related recommendations. Infection prevention and control should be a central pillar of global preparedness and response efforts in relation to infectious diseases.

The representative of TIMOR-LESTE said that infection prevention and control was central to his Government's response to the COVID-19 pandemic and noted the guidance and support provided by the Regional Director for South-East Asia, regional health teams and WHO's country office in that regard. He called on WHO to develop a global strategy for infection prevention and control to support Member States and said that he would be prepared to discuss that issue at a side event during the Seventy-fifth World Health Assembly.

The representative of TAJIKISTAN noted the negative impact of the COVID-19 pandemic on the implementation of the Immunization Agenda 2030 and the overall reduction in vaccination coverage, particularly among young children. Recommendations to support Member States and develop national strategies were timely. Monitoring and reporting would facilitate the introduction of national vaccination programmes to improve the situation. The proposed next steps were welcome, particularly sustained action to combat COVID-19 through strengthened national vaccination systems and vaccine delivery infrastructure, improved data systems and disease surveillance surveys.

With regard to antimicrobial resistance and hospital-acquired infections, the COVID-19 pandemic had demonstrated the importance of infection prevention and control measures to support the health service and ensure patient and staff safety. Strong infection prevention and control programmes were the key to ensuring adequate outbreak preparedness and response and preventing health

emergencies. Additional financing was a particular priority for infection prevention and control, as were training for specialists and the development of national programmes.

The representative of TUNISIA said that her Government was committed to implementing the Immunization Agenda 2030 and achieving its goals. Outlining the measures taken by her Government in the area of immunization, particularly in the light of the COVID-19 pandemic, she said that further work was needed to reduce morbidity and mortality from vaccine-preventable diseases and facilitate access to both new and existing vaccines.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that infection prevention and control were central to pandemic preparedness and global health security planning and that functional infection prevention and control programmes were needed at the facility, local and national levels. Underscoring the link between infection prevention and control and antimicrobial resistance, he expressed appreciation for the ongoing efforts of the Secretariat, Member States and international organizations in that regard. He supported greater access to clean water and sanitation globally and welcomed the inclusion of infection prevention and control in the annual self-assessment of core capacities required by the International Health Regulations (2005). It was important to maintain public awareness of the importance of infection prevention and control and educate the general public and professional bodies on the lessons learned from the pandemic. He was committed to working with other Member States and all international partners to continue raising such awareness, which would be a priority in his Government's approach to tackling antimicrobial resistance.

The representative of BANGLADESH, acknowledging that COVID-19 vaccine roll-outs would continue to be the top priority, said that it was critically important to revert to pre-pandemic levels of momentum with regard to immunization in order to meet the Sustainable Development Goals. He expressed concern about the increase in the number of zero-dose children, the rise in outbreaks of circulating vaccine-derived poliovirus and the regression in immunization indicators. The regression was a result of inherent weaknesses in health systems as well as the COVID-19 pandemic. Immunization for all was the first step towards ensuring better health for all. He urged WHO to allocate more resources to advance progress towards the Immunization Agenda 2030 goals; support developing countries in improving vaccination coverage; and step up immunization campaigns at the country level.

The representative of ARGENTINA noted the progress made in the implementation of the Immunization Agenda 2030 despite the difficult circumstances caused by the pandemic. Vaccines saved millions of lives and were one of the most cost-effective health measures available. As such, it was essential to continue assessing the progress made towards the Immunization Agenda 2030 goals in order to take corrective measures where needed and mitigate the negative impacts of the pandemic on immunization.

The representative of the REPUBLIC OF KOREA said that it was important to implement infection prevention and control measures in medical and community settings in order to reduce health care-associated infections and tackle antimicrobial resistance. Her Government would continue to cooperate with the Secretariat to establish effective prevention and response frameworks in that regard.

COVID-19 had delayed progress on immunization, and efforts by the Secretariat and Member States to achieve the Immunization Agenda 2030 impact goals were timely and necessary. Particular attention should be paid to impact goals 1.1, 1.3 and 2.1.

To defeat meningitis by 2030, fast antibiotic treatment and testing were needed in primary health care settings. Education and promotional activities would be critical, particularly concerning recognition of the early symptoms of meningitis. Relevant guidelines should therefore be prepared for primary health care personnel and their diagnostic capabilities bolstered. Her Government was committed to ensuring the effective implementation of the global road map on defeating meningitis by 2030.

The representative of the RUSSIAN FEDERATION said that the regression in immunization indicators was a cause for concern and called for Member States to take appropriate measures to organize vaccination campaigns, including campaigns to address the COVID-19 pandemic. Continued commitment was needed to strengthen global, regional and national mechanisms for planning, monitoring and evaluation, reporting, communications and work on the ground with different population groups. She recognized the need for regional and national strategies that were harmonized with the Immunization Agenda 2030 Framework for Action.

Efforts to develop the operational workplan to implement the global road map on defeating meningitis by 2030 were welcome. Work on regional implementation frameworks, the monitoring and evaluation plan and the business case were also appreciated. Particular attention should be paid to strengthening primary health care, including boosting meningitis prevention, diagnosis, treatment and care by increasing service coverage and access to essential medicines. She supported the coordination of global and regional implementation of the global road map through the WHO Technical Taskforce, and expressed the willingness of Russian experts to participate in that work and in the proposed strategic support group. Communication activities aimed at promoting preventive measures would be an important focus for those groups.

The representative of INDIA, noting the regression in many immunization indicators as a result of the COVID-19 pandemic, said that it was essential to bridge the gap between manufacturers, local suppliers and end consumers and to ensure cooperation among regulators. It was also necessary to ensure regular interaction between clinical medical services, logistics providers and procurement agencies to ensure the equitable distribution of vaccines and medical supplies. Scaled-up manufacturing capacity and scientific developments and interventions meant that India could contribute significantly to the global management of the COVID-19 pandemic, including by supplying vaccines through the COVID-19 Vaccine Global Access (COVAX) Facility. There was an urgent need to reduce inequity in access to vaccines, diagnostics and therapeutics, particularly through tax waivers. He remained committed to achieving global vaccination targets and supporting other countries in manufacturing and rolling out vaccines.

The representative of JAPAN expressed concern that the current stagnation in vaccination could lead to an increase in disease outbreaks. She called on the Secretariat to support Member States in catching up on vaccinations, expanding education on vaccination and ensuring vaccine equity. It was important to make sure that vaccination programmes could continue to operate when health systems were under strain.

She welcomed the global road map on defeating meningitis by 2030. However, due to a lack of diagnostic and early detection capacities, integration of the meningitis response into primary health care would be a challenge. She called on the Secretariat to support countries in strengthening laboratory capacities and in promoting the development and dissemination of health innovations, including rapid diagnostic tests.

The COVID-19 pandemic had highlighted the importance of infection prevention and control at the global and local levels. However, many health facilities lacked the necessary built environment to support infection prevention and control, which could have a negative impact on both health care workers and patients. In addition to providing technical guidance, it was vital to provide support in strengthening hospital governance in order to ensure effective implementation of and compliance with infection prevention and control programmes.

Addressing antimicrobial resistance was important. The One Health initiative for Asia and the Pacific launched by her Government had established working groups on surveillance systems and laboratory networks, medical service management, access and regulation of antimicrobial agents, and research and development. Her Government would continue to work with WHO and the Tripartite Joint Secretariat on antimicrobial resistance to promote infection prevention and control and tackle antimicrobial resistance worldwide.

The representative of OMAN said that the COVID-19 and other pandemics had underscored the need for pandemic preparedness and health system strengthening. Noting the challenges and opportunities in infection prevention and control, he was committed to cooperating with WHO and other partners in that regard. More Member States needed to develop national infection prevention and control strategies, and the lack of effective surveillance and monitoring should be addressed. He expressed hope that the priorities set out in the report would help to improve implementation of infection prevention and control programmes and address antimicrobial resistance at the local, national, regional and global levels. It was also important to strengthen the technical assistance provided to Member States regarding antimicrobial resistance. Strengthening infection prevention and control systems would help to enhance health security, build health care workers' capacities and ensure progress was made towards the Sustainable Development Goals.

The representative of KENYA said that his Government was working with WHO, UNICEF, Gavi, the Vaccine Alliance, and other international partners to ensure the timely procurement and distribution of all vaccines. He outlined the measures taken by his Government to increase vaccination coverage, coordinate and implement infection prevention and control and defeat meningitis.

The representative of the SYRIAN ARAB REPUBLIC said that vaccination was at the core of primary health care and one of the most cost-effective health investments. Providing universal health coverage, ending serious disease and tackling morbidity and mortality were not possible without effective vaccination campaigns. Highlighting the impact of conflict, terrorism and the COVID-19 pandemic on national vaccination campaigns, she noted the work carried out alongside international teams to ensure vaccinations continued in her country. A framework agreement with Gavi, the Vaccine Alliance, had been signed, and she supported Gavi campaigns to reach children who had missed vaccinations. She also expressed support for the goals of the Immunization Agenda 2030 and reiterated the importance of ensuring that all countries had access to vaccines. Embargoes that limited countries' access to vaccines should be stopped; such unilateral measures against the Syrian Arab Republic had hindered the implementation of national vaccination campaigns.

The representative of DENMARK noted that the development of safe and effective COVID-19 vaccines was an unprecedented achievement, but that shortages in vaccine stockpiles and inequities in global distribution had hindered global pandemic control. The COVID-19 pandemic had affected supply chains and health services, setting back global coverage for most other vaccines. The highest possible vaccine uptake was essential to achieve universal health coverage, control epidemics and reduce mortality and morbidity from vaccine-preventable diseases. The COVID-19 vaccine roll-out had demonstrated the importance of addressing inequalities in vaccine coverage and maintaining trust in science and health authorities. The momentum established during the pandemic should help prioritize immunization programmes to counteract unequal global vaccination coverage. Better accessibility and vaccine delivery infrastructure, as well as access to evidence-based information to counter disinformation, would enhance immunization programmes.

The lessons of the COVID-19 pandemic should be used in the fight against antimicrobial resistance, which was a leading threat to global health. Effective antibiotics were critical to the treatment of infection and their loss would be devastating. Since resistant bacteria did not respect borders and international cooperation was needed to tackle antimicrobial resistance, his Government had helped to set up the International Centre for Antimicrobial Resistance Solutions which, together with WHO, identified local solutions to antimicrobial resistance and infections in medical facilities. He invited Member States to support the International Centre for Antimicrobial Resistance Solutions.

The representative of BOTSWANA said that he endorsed the implementation of the Immunization Agenda 2030, and welcomed the related report, and supported the Addis Declaration on Immunization. Immunization was one of the most effective interventions in public health and key to ensuring universal health coverage. His Government continued to invest in the introduction of new

vaccines, despite the costs of their procurement, and had joined global efforts to accelerate the production and deployment of COVID-19 vaccines.

The representative of ANGOLA,<sup>1</sup> noting the decrease in vaccination coverage and the increase in zero-dose children, welcomed the seven strategic priorities of the Immunization Agenda 2030. The focus on the indicators used to assess vaccination coverage at different life stages and the strategic framework developed within the national immunization strategy initiative were particularly notable.

The representative of the PHILIPPINES<sup>1</sup> said that she supported the prevention of communicable diseases, including meningitis, through implementation of the Immunization Agenda 2030. The COVID-19 pandemic had underscored the importance of infection prevention and control. Along with immunization, infection prevention and control were essential to mitigating the emergence and spread of infections and to reducing the use of antimicrobial agents. The COVID-19 pandemic had also highlighted the limited public health workforce available to deliver priority health action. The incorporation of financing and delivery through primary care and universal health care insurance could enhance the participation of the private health sector, and thereby ensure equitable access to safe and quality health facilities and services during and beyond the COVID-19 pandemic.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> said that she supported the creation of a strategic support group to assist WHO and its partners to better achieve the objectives of the global road map on defeating meningitis by 2030. It was vital to integrate meningitis into universal health coverage and primary health care. She supported primary health care measures focused on prevention and treatment.

**The meeting rose at 19:00.**

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



## NINTH MEETING

Friday, 28 January 2022, at 09:00

Chair: Dr P. AMOTH (Kenya)

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

**1. IMMUNIZATION AGENDA 2030:** Item 11 of the agenda (document EB150/11) (continued)

**INFECTION PREVENTION AND CONTROL:** Item 12 of the agenda (document EB150/12) (continued)

**GLOBAL ROAD MAP ON DEFEATING MENINGITIS BY 2030:** Item 13 of the agenda (document EB150/13) (continued)

The representative of NORWAY,<sup>1</sup> expressing deep concern at the prolonged negative impact of the pandemic of coronavirus disease (COVID-19) on childhood morbidity and mortality, urged Member States to protect routine immunization and expressed support for initiatives to integrate routine immunization into national health systems. Additional support at the country level was crucial in responding to the pandemic and minimizing the duplication of resources from routine immunization and other health efforts. Her Government supported the Access to COVID-19 Tools (ACT) Accelerator, including the COVID-19 Vaccine Global Access (COVAX) Facility. It was important to ensure good monitoring systems for disease outbreaks and to integrate immunization into primary health services. Vaccination campaigns must be swiftly implemented to reduce the backlog created by the pandemic.

The representative of MEXICO,<sup>1</sup> expressing concern at the regression in immunization indicators, said that lessons learned from COVID-19 vaccination campaigns, along with new surveillance resources, infrastructure and information systems, should be harnessed to regain lost ground. The Secretariat should therefore support country-by-country analysis of strengths and weaknesses in the area of immunization and continue promoting dialogue and cooperation among Member States concerning best practices. Member States should start integrating COVID-19 vaccination into routine immunization programmes, ensuring universal access for all population groups, in order to standardize immunization and improve efficiency. Backing efforts to achieve global COVID-19 vaccination in 2022, his Government would continue to work bilaterally and regionally, including through the COVAX Facility, to ensure timely and equitable access to vaccines.

The representative of NAMIBIA,<sup>1</sup> noting the regression in immunization indicators, said that the Secretariat should continue building on previous successes in immunization to renew progress towards the goals of the Immunization Agenda 2030. He welcomed the global road map on defeating meningitis by 2030 and commended the roll-out of the meningococcal A conjugate vaccine in the African meningitis belt. While access to antibiotics was essential for treating bacterial meningitis, good

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

antibiotic stewardship was also needed to limit antimicrobial resistance. He supported the proposed strategic support group to promote meningitis on the global public health agenda.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> highlighting the importance of safe and effective vaccines in reducing morbidity and mortality, said that the rise in the number of zero-dose children as a result of the COVID-19 pandemic was a concern. Stronger collaboration was needed to maintain current vaccination programmes and renew progress towards the Immunization Agenda 2030 impact goals. Efforts to build confidence and trust in safe and effective vaccines for both COVID-19 and routine immunization must continue.

The pandemic had demonstrated that a robust and resilient health care system must include functional infection prevention and control programmes at the national, subnational and facility levels, to ensure patient and provider safety and biosafety, and combat emerging infections and antimicrobial resistance. Engagement with communities and marginalized and at-risk populations was also important in minimizing and preventing predictable and avoidable harm. Plans must be made to effectively transition investment in COVID-19-related infection prevention and control into long-term capacity gains.

Her Government was committed to working with partners to strengthen meningitis prevention and control in order to improve surveillance, enhance access to safe, effective, affordable and high-quality vaccines, and ensure timely diagnosis and optimal clinical and therapeutic management.

The representative of CANADA<sup>1</sup> said that COVID-19 had highlighted the importance of sustained efforts to support equitable access to vaccines, including by addressing health system bottlenecks that impacted scale-up and delivery. Expressing deep concern about countries' limited capacities to carry out routine immunization campaigns while responding to the pandemic and rolling out COVID-19 vaccines, she encouraged Member States to integrate the Immunization Agenda 2030 recommendations into national immunization strategies and leverage the COVID-19 vaccine roll-out to further integrate immunization into other health promotion services. Barriers to immunization, including those concerning gender, must be addressed to reach zero-dose and under-immunized populations, and sustained community trust in vaccines must be built through science and research, community engagement and effective regulations.

Recognizing the need to strengthen infection prevention and control programmes and address antimicrobial resistance, especially in low- and middle-income countries, she highlighted the differentiated and gendered impacts of infection prevention and control measures, especially on maternal, child and newborn health, and the importance of water, sanitation and hygiene, particularly in health care settings.

The representative of ECUADOR,<sup>1</sup> describing action taken under the national immunization strategy, said that his Government was committed to achieving the Immunization Agenda 2030 goals.

The representative of THAILAND,<sup>1</sup> expressing concern at the decline in global vaccination coverage, said that it was essential to integrate immunization programmes into primary health care and universal health coverage. The Secretariat must support Member States in building resilient health systems, with stronger, sustainably financed primary health care to ensure an adequate health workforce and infrastructure. His Government strongly supported the inclusion of immunization coverage as an indicator in the Universal Health and Preparedness Review. Affordable and equitable distribution of meningitis vaccines in the most affected countries would improve coverage and reduce the incidence of the disease. Infection prevention and control programmes were crucial to patient and health worker safety and antimicrobial resistance prevention and should be implemented comprehensively based on local priorities and resource availability, underpinned by guaranteed budgets and expert staff.

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

The representative of SPAIN<sup>1</sup> drew attention to the impact of antimicrobial resistance on hospital-acquired infections. Multisectoral policies, research and prevention programmes were needed to reduce and better control infections caused by antibiotic-resistant bacteria. Her Government was committed to vaccinating the population, and routine and seasonal vaccination rates in her country remained high.

The representative of CHINA<sup>1</sup> said that her Government had increased funding for immunization programmes, improved related legislation and established effective multisectoral coordination mechanisms. On infection prevention and control in health facilities, regulations, systems, infrastructure and trained staff were being improved continuously, especially in the light of the COVID-19 pandemic.

The representative of BRAZIL<sup>1</sup> said that strengthening primary health care and ensuring access to health services were the key to expanding vaccination coverage and ensuring adequate health emergency preparedness and response. Her Government was committed to the implementation of the Immunization Agenda 2030 and the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its immunization target, and had been working with PAHO to expand immunization and increase production capacities at the local and regional levels.

Discussions on antimicrobial resistance must be firmly guided by science and risk assessments, and infection prevention and control played a key role in emergency prevention and response. Noting that many communities still lacked access to effective meningitis vaccines, she stressed that extensive immunization was a global public good and supported the establishment of a strategic support group to strengthen policies to defeat the disease.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Immunization Agenda 2030 failed to draw on the lessons learned from inequity in COVID-19 vaccination coverage and urged Member States to address inequities in health system design, which were compounded by unfair vaccine markets. With regard to infection prevention and control, key issues concerning less regulated health care settings had not been addressed, neither had the role of unionization in empowering health care workers to raise concerns about protocols and their implementation. Member States needed to highlight the importance of adequate staffing in infection prevention and control and implement legislation on staff-to-patient ratios.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the Secretariat and Member States should reverse the decline in global vaccination coverage and strengthen the fight against infectious diseases by investing in mass education; evaluating strategies and implementation yearly; coordinating effectively with stakeholders through the One Health approach; and meaningfully engaging young people in relevant national and local programmes.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses must be actively involved in regional and national operational planning, monitoring and evaluation, ownership and accountability mechanisms, and communications and advocacy strategies, in order to achieve the Immunization Agenda 2030 goals. The 70% global COVID-19 vaccination target would not be achieved unless immediate collective action was taken to vaccinate the health workforce and address gross inequities in vaccine access.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, noted the lack of national infection prevention and control programmes, especially in low-income countries. He called on Member States to involve pharmacists in the design and implementation of such programmes and to equitably share related

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

resources with low-income countries. Furthermore, the Secretariat should provide relevant infection prevention and control training for young professionals.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIR, said that national and facility infection prevention and control programmes, with water, sanitation and hygiene as a core component, were vital. It was also essential to urgently scale up investment in related key activities; strengthen and integrate monitoring systems; and work across sectors and ministries to drive coordination, joint accountability, financing and governance.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that WHO should invest in the full spectrum of research and development to achieve the goals of the Immunization Agenda 2030. Member States should also implement strong national action plans on antimicrobial resistance that included water, sanitation and hygiene, disability-inclusive health, and infection prevention and control targets and financing, underpinned by strong coordination, joint accountability and governance.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that infection prevention and control efforts must go beyond facility-based, medicalized measures and address social determinants of health and the commodification of medical care. It was vital to address socioeconomic disparities; ensure effective surveillance and interventions by expanding community-based primary care; fulfil health workers' rights; scale up state-owned research and development and the local production of pharmaceuticals; and make full use of the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).

The DEPUTY DIRECTOR-GENERAL said that, in line with Member States' requests, the Immunization Agenda 2030 focused strongly on equity with a view to reaching zero-dose children, and urgent action was needed to accelerate progress towards the goals of the Agenda. Given the setbacks caused by the COVID-19 pandemic, the current focus on infection prevention and control must be leveraged and immunization must be integrated into primary health care to achieve universal health coverage and the Sustainable Development Goals. Good progress had been made on implementing the global road map on defeating meningitis by 2030. The road map's strong, innovative focus on support and care for people affected by meningitis would be a powerful lever in improving access to disability support. Moreover, the Immunization Agenda 2030 provided a powerful framework for tackling vaccine-preventable diseases like meningitis. The pandemic had created a unique opportunity to strengthen infection prevention and control, and water, sanitation and hygiene. Vigorous efforts must be made in those areas to save lives, build community trust and save money.

The DIRECTOR (Immunization, Vaccines and Biologicals) thanked Member States for their strong support for the implementation of both the Immunization Agenda 2030 and the global road map on defeating meningitis by 2030. She confirmed that the terms of reference for the proposed strategy support group would be circulated for Member States' input, with a view to establishing the group in the first quarter of 2022 and holding the first meeting in the second quarter, when the business case for the global road map would be launched. She confirmed that the Director-General's next report on the Immunization Agenda 2030 would include more information on support for strengthening vaccine production.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) acknowledged the need to address significant challenges in governance and accountability at the country level as a priority; integrate infection prevention and control into health systems strengthening, universal health coverage and primary health care; and, most importantly, implement costed, budgeted and equitable infection prevention and control programmes at all levels. She encouraged Member States to use the WHO global infection prevention and control portal and provide the Secretariat with feedback on the portal's value

and ways to improve it. The revised joint external evaluation and annual self-assessment reporting tools under the International Health Regulations (2005) included a new stand-alone section on infection prevention and control. The joint external evaluation indicators for antimicrobial resistance had been revised to better align with the annual tripartite antimicrobial resistance country self-assessment survey, and now included a new indicator on infection prevention and control with a view to reducing multidrug-resistant organisms in health care facilities, and human health had been separated from animal health and agriculture in the related indicator on optimizing antimicrobial use in order to provide better information to Member States.

In view of the high burden of bloodstream infections in low- and middle-income countries, the Secretariat would pilot a national survey on the prevalence of resistant pathogens causing bloodstream infections, including those from the antimicrobial resistance indicator of the Sustainable Development Goals, to provide Member States with better information concerning that burden and necessary interventions, specifically in relation to laboratory strengthening, implementation of infection prevention and control and proper antimicrobial use. The Secretariat had rolled out an antimicrobial stewardship toolkit and policy guidance in all official languages and would support Member States with planned implementation and monitoring. She strongly welcomed the requests to develop a global infection prevention and control strategy to address lagging progress on implementation and monitoring.

The DIRECTOR-GENERAL said that the decline in global vaccination coverage as a result of the pandemic sounded an alarm. Thanks to new technologies and global cooperation, COVID-19 vaccines had been developed and deployed at extraordinary speed the preceding year and remained critical for infection control. He thanked Member States and entities that had supported and contributed to the COVAX Facility but urged them to step up their efforts to advance equitable access to vaccines. It was essential to harness the world's focus on infectious diseases and close glaring inequities in vaccine access to ensure that the COVID-19 response strengthened, rather than undermined, critical life-saving immunization programmes. Renewed efforts were needed to meet the goals of the Immunization Agenda 2030.

To defeat meningitis by 2030, prevention, early diagnosis and treatment activities must be integrated into primary health care in order to enhance health security and ensure much improved care and support for persons with meningitis-associated disabilities.

Infection prevention and control was vital to maintain health facility safety and community trust. While Member States' efforts to dramatically increase infection prevention and control capacities during the COVID-19 pandemic were commendable, infections and antimicrobial resistance acquired in health and care settings remained a global burden that the international community must commit to resolving through long-term health systems strengthening. The Secretariat stood ready to develop a global infection prevention and control strategy, in close consultation with Member States, and to support its implementation.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/11, EB150/12 and EB150/13.

**The Board noted the reports.**

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)**2. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)

**WHO's work in health emergencies:** Item 15.3 of the agenda (document EB150/18)

**Influenza preparedness:** Item 15.4 of the agenda (document EB150/19)

**Global Health for Peace Initiative:** Item 15.5 of the agenda (documents EB150/20)

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region carried a heavy burden as a result of ongoing health emergencies and noted the significant progress made at all stages of the health emergency management process. Despite clear progress in monitoring under the International Health Regulations (2005), greater emergency preparedness, as measured by the monitoring and evaluation of core capacities required by the Regulations, would not improve the effectiveness of national responses to pandemics. He looked forward to learning of the outcomes of the pilot project of the new Universal Health and Preparedness Review and encouraged the Secretariat to work to better align and coordinate national action plans on health security, emergency response, pandemic preparedness and specific diseases. Welcoming the new WHO Hub for Pandemic and Epidemic Intelligence as an important step forward, he urged the Secretariat to more effectively monitor WHO's response to humanitarian crises, and to consider applying the Region's response monitoring framework in other regions. Moreover, the Secretariat should fully implement the Global Health for Peace Initiative, which was particularly important for the Region, and improve monitoring of WHO's country-level contributions to peace. Implementation would require extensive conflict analysis and health diplomacy capacities and must do no harm, be practical and focus on the country level; experiences should be documented and lessons learned from them.

The Secretariat's efforts to implement the Global Influenza Strategy 2019–2030 were appreciated. He welcomed the proposed expansion of the Global Influenza Surveillance and Response System to include other respiratory viruses with epidemic and pandemic potential and the Secretariat's consideration of the inclusion of seasonal influenza in the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits. The Secretariat should accelerate the collection of data and study them thoroughly when planning pandemic preparedness and draw lessons from the COVID-19 pandemic; involve Member States and other stakeholders in expanding and strengthening sequencing capacities, in particular in countries with complex emergency situations; promote the exchange of genomic sequencing data; leverage the COVID-19 vaccination campaign to mobilize global efforts to improve seasonal influenza vaccine production; and ensure equitable distribution of vaccines to low- and middle-income countries and their access to antiviral agents for seasonal influenza outbreaks.

The representative of KENYA, speaking on behalf of the Member States of the African Region, emphasized the need, particularly in the Region, for robust surveillance and response mechanisms and resilient health systems to prevent and respond to public health emergencies and ensure service continuity. Appreciative of the support provided by the Secretariat to strengthen Member States' assessment of and reporting on national health emergency preparedness capacities, he agreed that gaps remained in the implementation of the International Health Regulations (2005), and that more effective multisectoral and multidisciplinary collaboration on preparedness and response was required at the global, regional and national levels.

Opaque trade practices, intellectual property barriers, a lack of technology transfer and inadequate global and regional production and supply were greater barriers to the rapid development and equitable deployment of safe and effective diagnostics and vaccines than the lack of timely access to high-quality pathogen specimens and genomic sequencing data. The Secretariat should therefore reconsider the

model being trialled under the WHO BioHub System to ensure inbuilt access and benefit-sharing mechanisms, consistent with the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity (Nagoya Protocol) and other international legal frameworks. Recognizing the need for a strong WHO to coordinate the global response to health emergencies, he supported the continued development of WHO's Public Health Emergency Operation Centre Network and of the necessary supportive infrastructure at country level.

Peace was a structural determinant of health, and the Global Health for Peace Initiative could contribute to resilience and trust at the community level and between populations and governments. He supported the related draft decision and requested the Secretariat to report regularly on the Initiative's progress.

The representative of FRANCE, 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 and Georgia, aligned themselves with his statement. He expressed support for the continued monitoring and reporting of attacks on health care facilities in order to ensure the safety of health workers and patients. He called for the increased visibility of WHO's normative and operational work in humanitarian emergencies, and better linkages between health emergency preparedness and response systems, governance and funding.

The Member States of the European Union wished to be added to the list of sponsors of the draft decision on the Global Health for Peace Initiative and called for the unimpeded flow of life-saving medical supplies in all regions where WHO was intervening. The Secretariat should mainstream the Initiative in its programmes in order to benefit from the untapped possibilities of the health–peace nexus in health; continue providing support to health facilities in conflict-affected settings; promote compliance with international humanitarian law; strengthen partnerships with other organizations to foster a comprehensive approach to such situations and share best practices; engage with non-State actors and local communities; involve women in decision-making to strengthen response and resilience; and continue to strengthen health systems and access to health care, paying particular attention to mental health and psychosocial support and sexual and gender-based violence.

The WHO Global Influenza Surveillance and Response System and the OpenWHO platform had played an important role in the COVID-19 response, and the use of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework) funds to increase Member States' virus monitoring capacities and enable simultaneous monitoring of influenza and COVID-19 was commendable. Sample and benefit-sharing in emergency situations must be based on a pragmatic model without the need for negotiations that would delay access to urgently needed health technology. The PIP Framework was one such model and could be considered in connection with the WHO BioHub. He requested the Secretariat to continue reporting on influenza virus-sharing trends within the WHO Global Influenza Surveillance and Response System and propose solutions to address any disruptions in virus-sharing; regularly report on new molecular biology technologies to be considered when preparing for an influenza pandemic; and provide an assessment of the practical, administrative and financial implications for Member States of the proposed expansion of the WHO Global Influenza Surveillance and Response System for consideration at the Seventy-fifth World Health Assembly.

The representative of OMAN, thanking the Government of Switzerland, the Secretariat and Member States for their support and engagement regarding the Global Health for Peace Initiative and underscoring the inseparable ties between health and peace, said that the Initiative sought to use health to reduce tension and build peace, especially in fragile and conflict-affected settings, and was aligned with the Thirteenth General Programme of Work, 2019–2023, and the triple billion targets. He looked forward to the adoption of the draft decision and to further discussion of the issue at the Seventy-fifth World Health Assembly.

The representative of COLOMBIA, stressing the need to protect medical services in complex and humanitarian emergencies in order to safeguard social rights and health, said that the Secretariat should provide greater technical support in order to build local capacities to ensure community resilience and long-lasting preparedness for future emergencies. Welcoming the draft decision on the Global Health for Peace Initiative, he looked forward to working closely with the Organization to generate evidence on the impact of Health for Peace projects and develop a road map for the Initiative. He called on the Secretariat to provide support in structuring and implementing more Health for Peace projects in his country, since such projects contributed to the fulfilment of his Government's commitments under the 2016 peace agreement.

The representative of the REPUBLIC OF KOREA said that influenza surveillance and response capacity-building had had a positive impact on COVID-19-related response plans, data-sharing and expedited vaccine approvals. Outlining her Government's work on influenza surveillance and virus sharing, she highlighted the importance of legal frameworks in establishing national pandemic influenza preparedness plans and expressed support for the proposed expansion of the WHO Global Influenza Surveillance and Response System.

The representative of MALAYSIA commended WHO's efforts to mobilize resources and facilitate international coordination to respond to public health emergencies worldwide. He described national capacity and action taken in his country to prepare for and respond to infectious disease outbreaks and thanked the WHO country office for its guidance and support on emergency risk communications and community engagement activities. The pandemic had highlighted the close linkage between urban health emergency preparedness and health security. The Framework for Strengthening Health Emergency Preparedness in Cities and Urban Settings would facilitate coordination among policy-makers and stakeholders to strengthen emergency preparedness in urban areas. Partnerships, such as a potential WHO platform for city-to-city cooperation on urban health emergency preparedness under the Global Strategic Preparedness Network, were vital to ensure the Framework's success. The proposed expansion of the WHO Global Influenza Surveillance and Response System would strengthen the timely sharing of influenza and other respiratory viruses to contain and minimize the impact of future pandemics. Expressing support for the draft decision on the Global Health for Peace Initiative, he highlighted the importance of mental health, psychosocial support and partnerships and multisectoral collaboration during humanitarian emergencies.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that frequent mutations of the influenza virus posed a constant public health threat and required constant preparedness. In the Region, the District Health Information Software 2 Tracker was used to collect and analyse data from sentinel influenza surveillance, and surveillance of severe acute respiratory infections and respiratory syncytial viruses was prioritized. Laboratory activities had been strengthened by building the capacities of staff involved in COVID-19 diagnosis.

Political will, effective collaboration and continued epidemiological and biological surveillance, including detection of both influenza virus and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), were essential to prevent and combat influenza and other respiratory viruses. It was crucial to establish national legal frameworks for virus sharing, use influenza virus surveillance data in real time, and strengthen the capacities of national laboratories to detect influenza and other respiratory viruses.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the report on WHO's work in health emergencies highlighted the importance of robust funding for the WHO Health Emergencies Programme and its continued development and strengthening in line with the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Inclusivity in WHO's governance was also essential, given the global impact of health emergencies.



The tried and tested systems for pandemic influenza provided a crucial foundation for a truly global solution to strengthen health systems and protect against future pandemics. It was essential to create integrated surveillance mechanisms and effective early warning and response systems, and maintain high levels of transparency and global communication. Moreover, viruses and information must be shared in an efficient and timely manner to support influenza vaccine production capacities. Improved global capacity and capabilities were necessary to develop and implement any standardized WHO approach to tackling respiratory viruses. The effective running of and international participation in the WHO Global Influenza Surveillance and Response System and PIP Framework were vital.

The representative of JAPAN, noting the importance of broad information collection, including from open sources, in rapidly addressing potential health emergencies, thanked the Secretariat for its tireless work to ensure information sharing among national IHR Focal Points and through the Epidemic Intelligence from Open Sources initiative and the surveillance and evaluation of emerging SARS-CoV-2 variants. He looked forward to the Secretariat's assessment of the measures that had appeared effective in countries where infections by the Omicron variant of SARS-CoV-2 (B.1.1.529) were peaking. In addressing international health issues, it was important not to create a geographical vacuum by preventing a specific region from attending the Health Assembly as an observer.

Vaccine equity was key to achieving global vaccination targets and ending the acute phase of the pandemic. It was necessary to allocate funds evenly across all phases of vaccine distribution and delivery, including the cold chain; strengthen national vaccination capacities; finalize vaccine distribution plans well in advance; and provide accurate information about vaccines to hard-to-reach groups through community engagement. The Secretariat should continue to verify vaccines that were safe for use in children, so that countries with younger populations could achieve the 70% global COVID-19 vaccination target. It should also carefully consider how to convey the benefits of vaccination to young people. Future WHO guidance should be tailored to each country's unique situation and adjusted to facilitate co-existence with COVID-19, to ensure access to essential health services in emergencies.

The representative of the RUSSIAN FEDERATION, noting that his Government had not objected to the inclusion of the Global Health for Peace Initiative on the Board's agenda, said that the consultations prior to the Initiative's launch had been limited to representatives of 24 countries and partners. As the governing bodies had not previously considered the Health for Peace approach, a broad discussion on the merits of the Initiative should be held at the Seventy-fifth World Health Assembly, to allow all Member States to understand its aims and objectives and make an informed decision on how to move forward in that regard. It was important to hold transparent and inclusive consultations with Member States, as provided for in the draft decision.

His Government consistently opposed the politicization of WHO's activities, and efforts to strengthen health systems – which were a key factor in maintaining peace – should build trust between countries, not create new divisions. That would be particularly important in the context of the forthcoming work towards a new international instrument on pandemic preparedness and response. Moreover, WHO must strictly follow its mandate and not encroach on those of other bodies and specialized organizations within the United Nations system.

The representative of SINGAPORE said that, although he supported the proposed expansion of the WHO Global Influenza Surveillance and Response System, influenza should remain its primary focus. The usefulness of the System in the COVID-19 response was well documented; any expansion should have clearly defined public health objectives and should not create a parallel system for surveillance and sample collection, which would be burdensome.

Concerning influenza preparedness, national access and benefit-sharing requirements should not inhibit the timely sharing of seasonal influenza virus data and samples, which should be free and publicly available. The sharing of such global public goods needed to be considered within a wider conversation about their financing. The recommendation of the G20 High Level Independent Panel on Financing the

Global Commons for Pandemic Preparedness and Response to establish a global health threats fund was an equitable solution that fundamentally tackled the underfinancing of global public goods in pandemic preparedness and response.

The representative of ARGENTINA, although supportive of WHO's global COVID-19 vaccination strategy, expressed concern about the inequity that had characterized the global COVID-19 response. National scientific and regulatory capacities and local production of health products and technologies should be bolstered to address that inequity. Initiatives to support technology transfer and vaccine production would help to enhance Member States' access to COVID-19 tools.

Reaffirming her Government's support for the Global Influenza Strategy 2019–2030, she said that the framework for influenza and COVID-19 surveillance and response needed to include equitable benefit sharing and pathogen exchange, as well as the exchange of epidemiological, clinical and genomic sequencing data, in accordance with the Nagoya Protocol and the Convention on Biological Diversity. Sharing the benefits derived from using pathogens and their genomic sequences would improve developing countries' access to new treatments, diagnostic tests and vaccines. She asked how the proposed expansion of the WHO Global Influenza Surveillance and Response System would complement existing initiatives, such as the WHO BioHub. Any such initiatives must be considered as part of an intergovernmental process to facilitate transparent and in-depth discussion among Member States and ensure fair and equitable participation.

The representative of UNITED ARAB EMIRATES, endorsing the draft decision on the Global Health for Peace Initiative, said that WHO must use its current position to better serve those most in need, especially in conflict-affected regions. Through the Initiative, his Government looked forward to the advancement of peacebuilding and the prioritization of the health, safety and well-being of health workers and patients, with a strong focus on holding the perpetrators of violence accountable.

The representative of GHANA said that equitable access to COVID-19 vaccines and other tools was crucial in achieving the 70% global COVID-19 vaccination target by mid-2022 and effectively containing the pandemic. Stronger national commitments and financial support were needed to bolster national emergency preparedness capacities, sustain health workforce capacities and transform surveillance and laboratory systems to ensure rapid detection.

Endorsing the draft decision on the Global Health for Peace Initiative, he expressed the hope that further work on the Initiative would contribute to the achievement of the triple billion targets.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and on behalf of IntraHealth International, Inc., The Albert B. Sabin Vaccine Institute, Inc., The Save the Children Fund, The Task Force for Global Health, Inc., the United Nations Foundation Inc., WaterAid International, Women Deliver, Inc., World Vision International and The Worldwide Hospice Palliative Care Alliance, commended WHO's inclusiveness, transparency and willingness to act equitably and the Organization's recent efforts in health security and preparedness. Further efforts should be made to: ensure that the Access to COVID-19 Tools (ACT) Accelerator was fully funded, and distribute COVID-19 vaccines equitably to reach the global COVID-19 vaccination target by mid-2022; sustainably finance WHO and its emergency response capacities; bolster national health security action plans; ensure the continuity of essential health services; address the gendered impact of health emergencies; prepare for the infectious disease impact of climate and other environmental changes; and invest in health workforce strengthening.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR and on behalf of the International Federation on Ageing, International Physicians for the Prevention of Nuclear War, The International League of Dermatological Societies and the World Federation of Occupational Therapists, said that efforts should be made to ensure equitable access to COVID-19 vaccines, including through patent waivers, knowledge sharing and technology transfer, at no cost to the end-consumer; adopt a WHO convention, agreement or other

international instrument on pandemic prevention, preparedness and response that strengthened health systems, provided a regularly updated definition of COVID-19 and ensured investment in education and decent working conditions for health workers; recognize COVID-19 as a syndemic; and promote the right to development in order to create a fairer political and economic system. He urged the Board to recommend that the Health Assembly should request that the next United Nations General Assembly should hold a high-level meeting on complex determination and an integral and collaborative response to the COVID-19 syndemic.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients' Organizations, the International Council of Nurses, the International Diabetes Federation, the International Society of Nephrology, the World Hypertension League, the World Organization of Family Doctors, the World Stroke Organization and the International Pharmaceutical Students' Federation, said that Member States should prioritize ongoing prevention, screening and treatment for circulatory conditions in national COVID-19 response and recovery plans; allocate resources and develop policies to tackle noncommunicable disease risk factors; integrate data collection and monitoring related to noncommunicable diseases into pandemic preparedness and response measures; strengthen primary health care and invest in family medicine to ensure equitable access to essential health services; and formalize those actions in a WHO convention, agreement or international instrument on pandemic preparedness.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> recognizing the challenges of emergency response, said that WHO must prioritize the prevention of and response to sexual exploitation, abuse and harassment in all emergencies. The update to WHO's emergency response framework in relation to that issue was encouraging.

Accelerating vaccine uptake and demand, by strengthening vaccine confidence and tackling misinformation and disinformation, was critical to achieving global COVID-19 vaccination targets, as well as to future emergency responses and to ongoing efforts to combat vaccine-preventable diseases. The efforts and support of Taiwan<sup>2</sup> in the COVID-19 response were appreciated, and WHO should fully include all partners, including Taiwan,<sup>2</sup> in global health emergency responses.

While she supported the draft decision on the Global Health for Peace Initiative, it was regrettable that the text failed to incorporate human rights, the third core pillar of the Charter of the United Nations, as WHO had an important role to play in that respect. She stressed the importance of continuing to prioritize global influenza preparedness and share samples.

The representative of CHINA,<sup>1</sup> noting that current channels for sharing and using seasonal influenza virus strains operated smoothly, said that his Government supported the continued strengthening of global influenza surveillance and encouraged efforts to develop high quality, safe, effective and affordable seasonal influenza vaccines. Stronger international cooperation was needed to ensure equitable and timely access to pandemic influenza vaccines, diagnostic tools, treatments and other benefits, in particular for developing countries. Benefit-sharing arrangements should be properly addressed before the Board considered expanding the WHO Global Influenza Surveillance and Response System to include other respiratory viruses with epidemic and pandemic potential.

The representative of the PHILIPPINES,<sup>1</sup> welcoming the One Health field epidemiology core competencies and curriculum guidelines, said that the incorporation of lessons learned from the COVID-19 pandemic into annual self-assessment and reporting and joint external evaluations would bolster the core capacities required by the International Health Regulations (2005).

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

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

While she was appreciative of the timely issuance of recommendations by the WHO's Strategic Advisory Group of Experts on Immunization on all aspects of the COVID-19 response, she wished to underscore WHO's central role in ensuring equitable access to COVID-19 vaccines and other tools, in addition to the support from the COVAX Facility. There was also a need for licensing agreements to ensure access to COVID-19 therapeutics.

Her Government supported the holistic approach to the proposed expansion of the WHO Global Influenza Surveillance and Response System and the proposed integrated, end-to-end approach to sentinel surveillance of influenza and SARS-CoV-2, which would strengthen existing surveillance systems to detect the emergence of new virus strains at subnational levels. She expressed support for the draft decision on the Global Health for Peace Initiative.

The representative of FINLAND<sup>1</sup> said that cross-sectoral cooperation and a strong WHO Health Emergencies Programme, supported by adequate funding and accountability functions, were essential. Her Government looked forward to discussing the Independent Oversight and Advisory Committee's recommendations in the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies. Preparedness was built during normal times and embedded in permanent structures, with the ability to scale up and repurpose resources, accompanied by monitoring and evaluation. Her Government was pleased to work with the Secretariat on boosting women's role in health security and on health security in urban settings. She supported the draft decision on the Global Health for Peace Initiative.

The representative of TURKEY<sup>1</sup> said that the lessons learned from the COVID-19 pandemic should act as guidance in upholding the principles of equity and solidarity. Noting the major impact of conflicts and other emergencies on access to health care and on already stressed health systems, she commended WHO's tireless emergency response work. Her Government supported a more empowered, robust WHO at the core of the multilateral health architecture and the strengthening of its health emergency mandate. Her Government wished to be added to the list of sponsors of the draft decision on the Global Health for Peace Initiative.

The representative of INDONESIA<sup>1</sup> said that her Government supported the Universal Health and Preparedness Review as a beneficial mechanism for building trust among Member States and checking health system preparedness and resilience. The Secretariat should improve communications with Member States to promote understanding of, and support for, initiatives while also being mindful of the need for rapid action. She welcomed support from the Partnership Contribution Preparedness Funds, which had enabled the COVID-19 response to benefit from the lessons learned from global influenza preparedness planning. Member States' awareness of the need for prompt and systematic sharing and usage of influenza viruses must be increased. Further discussions were needed on the development of a road map for the Global Health for Peace Initiative and on the proposed expanded Global Influenza Surveillance and Response System, to ensure transparency, equitable access and benefit sharing in accordance with the Convention on Biological Diversity and the Nagoya Protocol.

The representative of BAHRAIN<sup>1</sup> said that inequitable access to health care services, as well as conflicts and emergencies, posed a major obstacle to achieving national, regional and global health goals. The WHO Constitution and the Ottawa Charter for Health Promotion provided a foundation, but initiatives were needed to translate those commitments into practical action. She therefore supported the draft decision on the Global Health for Peace Initiative.

The representative of NORWAY,<sup>1</sup> highlighting her Government's consistent support for the critically undercapitalized Contingency Fund for Emergencies, urged Member States to contribute to ensure that WHO had flexible and predictable financing for effective humanitarian action. She sought clarification of how complex emergency operations and long-term technical and normative work could

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

benefit from stronger integration. Continued attacks against humanitarian health workers and health institutions indicated disrespect for, and weak implementation of, international humanitarian law. The Secretariat should therefore continue to mainstream conflict sensitivity and peace responsiveness in its programming.

A system including influenza and other respiratory pathogens should be built to improve future preparedness, without weakening the well-functioning Global Influenza Surveillance and Response System network. Moreover, surveillance reports should include various respiratory pathogens, including in non-pandemic periods, to increase knowledge of those in circulation and their burden on health services. She emphasized that effective COVID-19 vaccines had highlighted the possibilities that could be explored for seasonal and pandemic influenza.

The representative of SWITZERLAND<sup>1</sup> said that the Global Health for Peace Initiative underscored the commitment to supporting peace through health in fragile contexts, with a need for a multilateral approach to a universal health protection architecture with a central role for WHO in responding to health emergencies. The pandemic had made clear the importance of a common understanding and shared values in health diplomacy. The Initiative must give WHO a strong health protection mandate and a clearly defined peace mandate. The consensual text finalized during consultations was a promising first step, and her Government looked forward to further constructive and productive engagement on the Initiative.

The representative of THAILAND<sup>1</sup> said that the Secretariat should issue health emergency guidance based on the epidemiological evidence and information on the pandemic situation available at the time, as waiting for a complete review might delay a response. It should also develop a reliable global platform and network to tackle the infodemic, and increase investment in improving the efficiency of WHO's public health emergency response system through a flexible structure and sustainable resources. The distribution of essential medical products, including vaccines, must be expedited during the pandemic, which required shared whole-of-government political commitment and public and private partnerships to ensure cross-sectoral coordination. As a long-standing advocate of a comprehensive approach to peacebuilding, his Government looked forward to collaboration on the Global Health for Peace Initiative.

The representative of CANADA<sup>1</sup> said that the report on WHO's work in health emergencies should have more clearly identified the key successes and challenges for the WHO Health Emergencies Programme and addressed the Independent Oversight and Advisory Committee's observations and recommendations. She enquired about the Programme's key recommendations in the evaluation of WHO's response in the Syrian Arab Republic and how those were being addressed. The upcoming Global Health Cluster evaluation in 2022–2023 was also welcome. She welcomed the establishment of the Gender Working Group to support a gender mainstreaming strategy across the Programme; greater health security collaboration; the work of WHO's Biosecurity and Health Security Interface; and the work on a One Health preparedness plan to coordinate key stakeholders and facilitate the prevention and timely resolution of zoonotic disease outbreaks. Her Government condemned attacks against health workers; it supported WHO's efforts to document incidents and would continue to follow how collected data was utilized to ensure improved safety.

The representative of the NETHERLANDS,<sup>1</sup> underscoring the psychological impact of the pandemic on young people, urged WHO to include a focus on mental health, as well as physical health, in its approach to strengthening preparedness for, and response to, health emergencies, in particular through prevention, early identification and evidence-based guidance for students dealing with high levels of stress and loneliness.

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

The representative of BRAZIL<sup>1</sup> said that the COVID-19 pandemic had highlighted the need to bolster national capacities to prevent, prepare for and respond to pandemics and to address health emergencies, including in conflict settings. The Global Influenza Strategy 2019–2030 was a catalyst in that process. The Secretariat should support initiatives for the local production of strategic medicines in order to expand production and supply capacities, especially in a pandemic.

As to the proposed expansion of the Global Influenza Surveillance and Response System, he highlighted the need to: continuously improve existing national epidemiological laboratory surveillance networks; clarify access and benefit-sharing arrangements arising from the shared biological material and genetic sequencing data; and seek solutions for the rapid, systematic and timely sharing of data on influenza viruses.

Although the proposal on the Global Health for Peace Initiative was welcome, the international community must avoid securitization of the global health agenda. Any related formal initiatives and projects should be carried out within WHO's mandate, in meaningful and comprehensive consultation with Member States, other organizations in the United Nations system and other relevant international organizations.

The representative of COSTA RICA,<sup>1</sup> noting the importance of the link between health and peace, as well as the various aspects of the concept of health and the link with the concepts of humanitarian aid, development and peace, confirmed her Government's support for the draft decision on the Global Health for Peace Initiative.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> said that, while her Government supported the proposed expansion of the Global Influenza Surveillance and Response System, it noted the concern about inequities in virus and benefit sharing, including a lack of clear guidelines. It also noted that the PIP Framework only covered virus and benefit sharing for viruses with pandemic potential, providing no clarity on the sharing of benefits by Member States that shared seasonal influenza samples with the WHO collaborating centres. The situation should be resolved immediately to provide additional transparency, equity, priority and consistency in pathogen-sharing practices and to increase the global capacity for pathogen genomic sequencing and analysis.

The representative of ETHIOPIA,<sup>1</sup> highlighting actions taken by her Government to address the significant burden on the health system caused by the COVID-19 pandemic and the conflict in northern Ethiopia, said that the report on WHO's work in health emergencies failed to recognize those efforts. WHO's technical, financial and logistic support to strengthen the COVID-19 response and other health emergencies in her country, including its role as a health cluster coordinator, was critical. Furthermore, her Government failed to understand the report's focus on the Tigray region while overlooking the massive destruction of health infrastructure in the Amhara and Afar regions, only referring to them because the conflict had recently spilled over into those areas. She urged the Secretariat to comply with the requests to the Director-General in resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and update the Surveillance System for Attacks on Health Care, to alert the global community to the severity and magnitude of the current public health emergency in the different parts of her country in order to mobilize the necessary support. The Secretariat should work closely with her Government in the overall response and use official data so as to avoid confusion and misinformation.

The representative of AUSTRALIA,<sup>1</sup> recognizing the WHO Health Emergencies Programme's extraordinary work over a sustained period of enormous pressure, paid tribute to Dr Peter Salama, two years on from his death, and to health workers who had died in the field, and emphasized the importance of inclusivity in efforts to end the COVID-19 pandemic. Her Government had comments to make on a number of matters but, in the interests of time, would convey those separately to the Secretariat.

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

The representative of SOUTH AFRICA<sup>1</sup> praised the Secretariat's continued commitment to doing more with limited resources towards health emergency preparedness and response at all levels of the Organization. Global inequity in vaccine sharing was fuelling the pandemic. Her Government called for urgent action to redress inequitable access to health care, vaccines and other COVID-19 control tools, and to boost surveillance and genomic testing and sequencing capacity globally. Vaccine donations were helping many developing countries to improve their vaccine coverage. However, vaccine manufacturers must be able to prioritize the COVAX Facility, which was being undermined by advanced procurement for excess and booster doses in a few developed countries. Moreover, it was vital to increase local and regional manufacturing capacity through the sharing of information, know-how and technology; to have an urgent outcome on the TRIPS Agreement waiver to remove intellectual property barriers to scale up production; and to increase financing for the ACT-accelerator, including the COVAX Facility.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> said that the PIP Framework had helped to strengthen surveillance and response capacities in the Region of the Americas. Supportive of the proposed expansion of the Global Influenza Surveillance and Response System, her Government would continue to collaborate through the PIP Framework to strengthen surveillance, ensure a timely response in the event of an influenza pandemic and share influenza viruses through genomic sequencing. She welcomed the Global Health for Peace Initiative and requested that her country be added to the list of sponsors of the draft decision.

The representative of PORTUGAL<sup>1</sup> said that the flexible funding provided through the Contingency Fund for Emergencies had been crucial for WHO's rapid response to health emergencies over the previous two years. The Secretariat had carried out commendable work in developing the Universal Health and Preparedness Review mechanism, which would be an excellent tool for the collective improvement of global core capacities required by the International Health Regulations (2005). The mechanism, which was being piloted in his country, would help Member States to scale up preparedness and share policies, technical expertise and best practices, and would allow transparent, rigorous self and peer evaluation of national capacities. Inclusivity was fundamental to the success of that exercise.

The representative of SPAIN<sup>1</sup> said that WHO's declaration of an influenza pandemic, as a critical trigger for response, needed clear processes and requirements that were consistent with the International Health Regulations (2005). Outlining national measures to prevent and control seasonal influenza, she said that her Government wished to leverage the SARS-CoV-2 network for genetic sequencing and data sharing by extending it to influenza surveillance.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that WHO should increase whole genome sequencing and analytic capabilities in national laboratories and on rapid data-sharing platforms; work with partners to support countries in assessing the value of their influenza vaccination programmes in national COVID-19 responses and provide guidance on the affordable and sustainable expansion of programmes; and promote investment in influenza and adult vaccination programmes.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that WHO should involve youth organizations in designing and implementing influenza action plans, to ensure better preparedness for future influenza and similar issues, and use pharmacists to increase the accessibility and distribution of influenza vaccines.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that a negotiated framework for access and benefit

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

sharing that included seasonal and other human pathogens of pandemic potential and sequence information was urgently needed, especially as seasonal flu viruses were not covered by the PIP Framework. The strengthening of public health systems and national and regional investment to ensure equitable access to influenza vaccines were crucial for pandemic preparedness. The proposed expansion of the Global Influenza Surveillance and Response System duplicated the WHO BioHub System and raised questions about the efficacy of the PIP Framework.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed concern that generic manufacturers were signing voluntary Standard Material Transfer Agreements 2 under the PIP Framework, when such agreements were mandatory for other companies to access pandemic virus samples. That could create a gap in access to antivirals in the event of a pandemic. She also reiterated her organization's concern about benefit-sharing legislation hindering access to physical influenza samples. Expanding the PIP Framework would not address such issues and could weaken it by forcing its reopening.

The representative of SAUDI ARABIA<sup>1</sup> said that her Government was committed to building resilient, responsive, inclusive, sustainable health systems to achieve universal health coverage and provided free COVID-19 treatment for all in her country, regardless of their status. She requested that her country should be added to the list of sponsors of the draft decision on the Global Health for Peace Initiative and looked forward to supporting the Initiative's work.

The Observer of PALESTINE, thanking the Governments of Oman and Switzerland for their work on the draft decision on the Global Health for Peace Initiative, asked to be included in the list of sponsors.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that the Global Health for Peace Initiative had been launched in the Region in 2019, in partnership with the governments of Oman and Switzerland, to raise awareness of the critical role of the health sector in peacebuilding and global health security, develop national and regional capacities in negotiation and conflict analysis, and build consensus among governments in the Region and beyond. The Initiative had benefited from the knowledge and experience of WHO regions facing similar issues of conflict, displacement and migration, and recognized the importance of fostering peace at all levels to promote inter-community dialogue and build social cohesion and trust, thereby helping WHO to fulfil its mandate of promoting health and well-being.

As a major influencer of peace, health should always be a neutral, apolitical, superordinate goal. That, coupled with WHO's neutrality and previous experience, provided a strong basis for developing conflict-sensitive and peace-responsive health programmes. The work proposed in the Global Health for Peace Initiative was a vital paradigm shift that would enable WHO to take a more active role in addressing conflict – a major determinant of health – and build community resilience, by contributing to peacebuilding and sustainable development with equity, inclusiveness and participation as guiding principles.

The REGIONAL DIRECTOR FOR EUROPE said that, in view of the frozen conflicts and acute and chronic crises in his Region, the Global Health for Peace Initiative provided a welcome opportunity to strengthen links between health, social cohesion and peace through the convening power of public health. Over the past two years, the Regional Office had broadened its support for peacebuilding and humanitarian health efforts in conflict areas and interventions for refugees, migrants and evacuees in the Region and was working inter-regionally to link countries of origin, transit and destination. The Regional Office worked closely with subregional networks and would hold a high-level meeting on health and migration in March 2022 to expand cooperation in the mainstreaming of health and peace

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



approaches, recognizing conflict as a main push factor, in order to leverage health for greater equity and social stability and cohesion.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) welcomed Member States' comments on the need to strengthen the WHO Health Emergencies Programme and the Contingency Fund for Epidemics, and to boost sustainable financing for the Programme and WHO's emergency functions more broadly, which would ensure that the Organization could respond to emergencies as one. Reflecting on comments regarding the importance of communities, communications, risk communication, and the damage done by the infodemic, he recognized the need to put communities at the centre and to build from there: epidemics, pandemics and emergencies began and ended in communities. Too often, global solutions were crafted that were trickled down to the front line, but they would be of no use unless countries could deliver them to citizens.

Member States had expressed a commitment to renewing WHO's principles as a humanitarian and health organization and had highlighted the importance of: surveillance and the sharing of data, sequences and samples; strengthening the clinical and the public health workforce; infrastructure, such as emergency operations centres and laboratories; the enhancement of tools, such as the Epidemic Intelligence from Open Sources initiative and the Global Influenza Surveillance and Response System; integration of disease programmes to leverage the benefits of working across diseases and programmes; equity and trust; addressing obstacles to delivering emergency responses, and attacks against health care facilities; lack of access and supplies; and the link between health and peace.

The Secretariat thanked the Government of the United Kingdom of Great Britain and Northern Ireland for its leadership within the G7 to strengthen international pandemic surveillance and would work closely with that group, the G20 and other emerging multilateral and international initiatives. WHO must remain at the centre of the global architecture for international pandemic surveillance and response.

The ASSISTANT DIRECTOR-GENERAL (Emergency Response), thanking the Governments of Oman and Switzerland for their leadership in the Global Health for Peace Initiative, said that, although the Initiative was non-political, political decisions had an impact on security and health. Security was an essential determinant for health which, in turn, could act as a bridge to peace. Much could be learned in that regard from Colombia and other countries with experience in using health for peacebuilding. In addition, access to the United Nations Peacebuilding Fund would be increasingly important for the Initiative and had recently been negotiated for Burkina Faso. Global concepts needed to be translated into implementation at the local level through community ownership and involvement from the outset and in the planning of humanitarian responses. A multisectoral approach was needed, taking into account humanitarian principles, human rights and the rights to health and peace, and working closely with communities and promoting the role of women. He welcomed the increase in reporting by Member States of attacks against health care facilities, which would help the Secretariat to take a much more comprehensive approach to the problem.

Mental health was a critical pillar in the COVID-19 response and was included in the incident management system. Given the growing needs in that area, in the light of the pandemic, WHO would continue to invest through its partners, to ensure that mental health and social support became a much more proactive and preventive pillar.

The DIRECTOR (Biosecurity and Health Security Interface), expressing appreciation for the continued support for the Global Influenza Surveillance and Response System from Member States and industry via the PIP Framework Partnership Contribution, said that the network had been an invaluable asset in the frontline COVID-19 response and would continue to evolve to remain relevant in a changing world. The feedback on its expansion to include other respiratory viruses with epidemic and pandemic potential was welcome. The Secretariat would continue to consult with all stakeholders in a measured and transparent manner.

The rapid sharing of influenza viruses was vital for access to up-to-date risk assessment and other outbreak response tools, especially as the increasing disruptions to virus-sharing threatened the ability

of the Global Influenza Surveillance and Response System to develop safe and effective influenza vaccine. Calling on Member States to continue timely virus-sharing through the System, she said that the WHO Global Influenza Programme was always available to provide support, including for shipments, and respond to any concerns. As requested by the representative of France on behalf of the Member States of the European Union, the Secretariat was developing potential solutions, with the support of the PIP Framework, to address systemic problems, including access and benefit-sharing.

The WHO Global Influenza Strategy 2019–2030 was aimed at achieving better global tools and stronger country capacities by 2030. To support that outcome, the Secretariat was using the lessons learned from the pandemic to see how influenza-specific capacities could support global efforts to improve preparedness and response to respiratory pathogens and looked forward to further consultation with Member States and stakeholders in that regard.

The ASSISTANT DIRECTOR-GENERAL (Health Emergency Intelligence and Surveillance Systems in the Emergencies Programme) acknowledged Member States' comments on the need to strengthen surveillance using both traditional and innovative methods; requests for the Secretariat to facilitate the sharing of information, data and pathogens to enable effective risk and vulnerability assessments; and feedback on a One Health approach for a stronger workforce and on the focus on benefit sharing and greater inclusivity in WHO's work.

The new WHO Hub for Pandemic and Epidemic Intelligence, established with the support of the Government of Germany and embedded in the new division of the WHO Health Emergencies Programme, would address three urgent needs that had been raised by Member States: the building of a global ecosystem to connect data from different sources and which were necessary to understand and respond to pandemic and epidemic risks; support for the development of robust analytical tools and making those widely available to Member States and regional public health institutions; and more timely and effective use of data and analytical insights for effective decision-making and policy-making. The new division would work closely with colleagues in the Emergency Preparedness and Emergency Response divisions to ensure effective collective action.

The CHAIR took it that the Board was ready to note the reports contained in documents EB150/18, EB150/19 and EB150/20.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on the Global Health for Peace Initiative.

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

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<sup>1</sup> Decision EB150(5).

### 3. **POLIOMYELITIS:** Item 16 of the agenda

**Poliomyelitis eradication:** Item 16.1 of the agenda (document EB150/21)

**Polio transition planning and polio post-certification:** Item 16.2 of the agenda (document EB150/22)

The representative of RWANDA, speaking on behalf of the Member States of the African Region, noted with great satisfaction that five of WHO's six regions had been independently certified as free of all wild polioviruses. He called for an effective and sustainable response to address circulating vaccine-derived poliovirus in 14 non-endemic countries in three regions, including advocating prioritization of the novel oral polio vaccine type 2 for the Region from the global stockpile.

Given the impact of the COVID-19 pandemic on global eradication efforts, special attention should be paid to building resilient health systems to mitigate the risk of resurgence. Member States should call for continued financial support for the full implementation of the Global Polio Eradication Initiative's activities in his Region, and the adequate and consistent availability of poliovirus vaccine for routine immunization. The Secretariat should work with priority countries to revise and implement national polio transition plans within the context of COVID-19 in order to sustain the gains made in polio eradication and immunization and strengthen emergency preparedness, detection and response to capacities.

Expressing satisfaction that 91% of the planned deliverables of the 2020–2021 Joint Corporate Workplan had been completed or had progressed, he encouraged a strong focus on effective surveillance, coordinated planning, action and monitoring, resource mobilization, strategic communication, gradual polio workforce integration and high-level advocacy. He looked forward to the Board's guidance on mitigating programmatic risks in countries transitioning out of the Global Polio Eradication Initiative.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed cautious optimism at progress made in stopping wild poliovirus transmission in Afghanistan and Pakistan. She expressed concern, however, at the ongoing humanitarian crisis in Afghanistan and its impact on the health system, which would adversely affect polio eradication. The new outbreak of circulating vaccine-derived poliovirus type 2 in Yemen was also of concern. Unimpeded access to allow vaccination of children everywhere was essential. The Member States of the Region had pledged to intensify their efforts through the Regional Subcommittee on Polio Eradication and Outbreaks to support Afghanistan and Pakistan in stopping wild poliovirus transmission; improve child immunity and surveillance to stop vaccine-derived poliovirus outbreaks; mobilize domestic funds and fast track preparations in other countries of the Region to ensure rapid responses to future outbreaks; and commit to the Global Polio Eradication Initiative Strategy 2022–2026.

She urged Member States to support solutions for sustainable funding of Afghanistan's health system; commit to a successful polio transition; and prioritize funding for the full implementation of polio transition activities that safeguarded the continuation of polio-essential functions, improved immunization coverage and strengthened emergency response capacity. She appreciated the Director-General's commitment to ensuring polio transition funding through the programme budget, and the Regional Director's efforts to support transition activities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, noting the fragile progress made in eradicating wild poliovirus, said that all countries must ensure that every child was vaccinated. Supportive of the inclusion of polio functions in the proposed programme budget, she welcomed the fact that they would be financed for 2022. She was keen to understand how the Secretariat would continue to monitor poliomyelitis indicators in transition countries to ensure strong surveillance and detection. The Global Polio Eradication Initiative and WHO needed to work with partners and continue to strengthen the relationship with Gavi, the Vaccine Alliance, to ensure a sustainable transition and support strong, resilient national health systems, with a strong focus on advocacy for domestic resources.

The representative of the RUSSIAN FEDERATION said that, although novel oral polio vaccine type 2 was effective against circulating vaccine-derived poliovirus type 2, further studies were needed, particularly into safety, as incorrect use or use in certain countries could entail risks. Moreover, the suitability of novel oral polio vaccine type 2 and bivalent and trivalent oral polio vaccines for mass immunization campaigns in different countries should be carefully considered. Her Government emphasized the need for international collaboration on an effective global surveillance and response mechanism. Regarding the cessation of oral polio vaccine use, further studies should be conducted into the genetic stability of the proposed new types of vaccine. The effectiveness and safety of all polio vaccines must be guaranteed for the country of use, to prevent disruption in vaccination campaigns and consequent new outbreaks. Efforts to build countries' technical capacity to develop national vaccination campaigns and appropriate poliovirus surveillance should continue.

The representative of MALAYSIA said that, with the reopening of international borders and economies in the wake of the COVID-19 pandemic, it was crucial to strengthen poliovirus surveillance; engage with hard-to-reach populations through partnerships and civil society to close immunity gaps; achieve and sustain optimal vaccination coverage in all areas, especially among high-risk and vulnerable populations; and maintain systematically high routine immunization coverage at subnational levels to minimize new poliovirus introduction. The experience of novel oral polio vaccine type 2 usage should also be reported and shared with other Member States. Noting the update on the implementation of the political commitment to accelerating national polio transition plans and ensuring the financial sustainability of transitioned functions was also crucial. Priority countries should use the lessons learned from the mobilization of polio staff for the COVID-19 vaccination roll-out when revising their national polio transition plans, incorporating achievable target capacities and aligning them with national programmatic and technical priorities. They should also share their experiences of implementing national polio transition plans.

The representative of INDIA said that his country was at high risk of importation because wild poliovirus type 1 was endemic in two neighbouring countries and there were outbreaks of circulating vaccine-derived poliovirus type 2 elsewhere. Given the high number of reported cases of those two strains, the Global Polio Eradication Initiative should continue to provide funding for polio eradication efforts in all countries, including for his Government's National Polio Surveillance Project, in order to sustain the gains made in polio eradication and immunization programmes.

The representative of COLOMBIA said that the COVID-19 pandemic had led to a significant decrease in polio vaccination coverage, jeopardizing gains made thus far. Member States must immediately step up their joint efforts to increase vaccination coverage and prevent the resurgence of wild poliovirus in countries that had been free of the virus for three decades. Highlighting measures taken by his Government to detect and contain poliovirus outbreaks, he called for greater political will and prioritization in the global development agenda in order to turn strategies into action and eradicate poliomyelitis.

The representative of MADAGASCAR said that the COVID-19 pandemic had severely disrupted his Government's implementation of polio eradication strategies, leading to a resurgence in the transmission of vaccine-derived poliovirus, including cases of acute flaccid paralysis. His Government had taken steps to address the situation and would strengthen surveillance for acute flaccid paralysis, reduce missed vaccination opportunities and increase routine vaccination, including reaching zero-dose and under-immunized children. He requested the Secretariat and WHO's partners to support polio eradication efforts and increase funding for the Global Polio Eradication Initiative's activities.

The representative of the REPUBLIC OF KOREA, commending WHO's continued contribution to polio eradication efforts despite the COVID-19 pandemic, said that investment in the development of more innovative and effective vaccines should be promoted, with comprehensive support provided for faster diagnosis, emergency response, immunization and post-certification preparedness. With the

ongoing risk of a poliovirus resurgence, risk analysis activities, which had been scaled back during the pandemic, must be stepped up. She also called on the international community to provide support to try to ensure that vaccines were offered to all children.

The representative of BOTSWANA, expressing support for the recommendations contained in the Director-General's report on poliomyelitis eradication, outlined some of the priority interventions implemented by his Government for the certification of polio eradication and the subsequent maintenance of polio-free status, including strengthening surveillance for acute flaccid paralysis; conducting risk assessments of laboratories with potential infectious materials; developing mitigation plans; and improving outbreak preparedness and response.

The representative of the SYRIAN ARAB REPUBLIC, highlighting the persistence of poliomyelitis in Afghanistan and Pakistan, urged Member States to maintain strong immunity levels through high vaccination coverage and a robust surveillance system for rapid poliovirus detection and response. She outlined measures taken by her Government to prevent poliovirus outbreaks, including its commitment to vaccinate all children in all Syrian territories, regardless of their nationality, using bivalent and novel oral polio vaccines, as well as surveillance and community outreach activities.

The representative of OMAN said that measures taken by her Government on polio eradication, transition and post-certification included withdrawing the type 2 component of oral polio vaccines and introducing bivalent oral polio vaccines; maintaining high routine immunization coverage; implementing WHO's various standards and indicators and national and global strategies on polio eradication; conducting surveillance and polio simulation exercises; not keeping stocks of wild poliovirus in any health facility in the country; and strengthening epidemiological monitoring and electronic reporting in the health sector.

The representative of the PHILIPPINES,<sup>1</sup> highlighting steps taken to eradicate poliomyelitis in her country, said that the Polio Eradication Strategy 2022–2026 was underpinned by advocacy activities to generate the political will to create an environment that enabled access to available polio eradication tools and technology, especially in areas with humanitarian emergencies and where health was politicized. Countries should ensure the efficient use of resources, including by integrating surveillance systems, using appropriate health infrastructures and expanding enterovirus testing capacity to serve routine diagnostics for patient management.

The representative of MONACO<sup>1</sup> said that the dramatic reduction in cases of wild and circulating vaccine-derived poliovirus and the resumption of vaccination campaigns had only been possible because of the extraordinary mobilization of staff and volunteers in the field, who were mostly women, often working in situations of high insecurity. Her Government supported the integration of polio eradication programmes into other programmes, with a view to achieving greater overall immunization coverage and a sustainable transition of polio eradication programmes and resources to other programmes and national health systems. The Secretariat should continue to move the transition strategy forward within the framework of existing governance structures and focus its joint efforts with the Member States and partners on achieving the strategy's objectives.

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

The representative of PAKISTAN<sup>1</sup> said that, although there had been exceptional progress on eradicating wild and circulating vaccine-derived poliovirus in his country, recent positive environmental samples of wild poliovirus indicated a high risk of resurgence. His Government was taking measures to address the situation and other gaps in programme performance, including by prioritizing the provision of high quality oral polio vaccines and strengthening surveillance and response in view of the current risk of increasing cross-border circulation of poliovirus with Afghanistan.

(For continuation of the discussion, see the summary records of the tenth meeting, section 2.)

**The meeting rose at 13:05.**

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

## TENTH MEETING

Friday, 28. January 2022, at 14:05

**Chair:** Dr P. AMOTH (Kenya)  
**later:** Ms C. MORETTI (Argentina)

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

#### **1. MANAGEMENT MATTERS:** Item 20 of the agenda

**Prevention of sexual exploitation, abuse and harassment:** Item 20.1 of the agenda (documents EB150/33, EB150/33 Add.1 and EB150/34)

The CHAIR drew attention to the reports contained in documents EB150/33 and EB150/34. In addition, a draft decision on a temporary exception to Financial Rule XII had recently been circulated and was contained in document EB150/33 Add.1.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME, introducing the report of the Committee's Subcommittee for the Prevention and Response to Sexual Exploitation, Abuse and Harassment, recalled the events and rationale underlying the Subcommittee's mandate, namely the allegations of sexual exploitation, abuse and harassment during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo, and the ambition to review WHO's prevention of and response to such conduct, in order to bring it into line with global best practice. Following a thorough review, the Subcommittee had recommended that WHO should take immediate action in five priority areas.

Progress had already been made in priority area 2, through the establishment of a Survivor Assistance Fund and dedicated core capacity in the Secretariat to coordinate the work on prevention of and response to sexual exploitation and abuse and sexual harassment. Investigations into allegations of sexual exploitation, abuse and harassment should be handled differently from other investigations conducted by the Office of Internal Oversight Services Investigation Unit. The Head of Investigations tasked with investigating such allegations should report directly to the Director-General and the Executive Board. In terms of investment, priority area 3 – the allocation of an extra US\$ 50 million for prevention and response to sexual exploitation, abuse and harassment in the Programme budget 2022–2023 – was commendable and should be built upon to enhance WHO's overall accountability and business integrity functions. In order to enable WHO to continue to serve as a provider of last resort in fragile contexts, the flexible portion of the budget must be increased to close the gap between Member States' expectations and the Organization's performance.

The Organization was called upon to develop and implement a context-specific risk management strategy for the prevention of and response to sexual exploitation, abuse and harassment in field operations. Since WHO had become increasingly operational in humanitarian and other field settings and was currently responding to 80 graded emergencies, periodic risk assessments should be made for sexual exploitation, abuse and harassment, and community and local resources should be mapped, in order to identify trusted partners in prevention and response. Under priority area 5, an emphasis on culture change and a renewed commitment to WHO values would be crucial to building a culture of equity, diversity and transparency.

WHO had been the only agency involved in the tenth Ebola virus disease outbreak response that had opted for an independent commission and an external firm to investigate the linked allegations of sexual exploitation and abuse. The actions outlined in the WHO Management Response Plan were commendable, although full implementation would take time, and the integration of the Subcommittee's recommendations in that plan was appreciated. The Organization's senior leadership team must work together in order for WHO to be a leader in the prevention of and response to sexual exploitation, abuse and harassment. The Independent Oversight and Advisory Committee would continue to monitor WHO's work on sexual exploitation, abuse and harassment and would report to the Seventy-fifth World Health Assembly.

The DIRECTOR-GENERAL said that the prevention of and response to sexual exploitation, abuse and harassment was a top priority for him, personally, and for the Organization. The incorporation in the WHO Management Response Plan of the Subcommittee's recommendations would enhance its impact as a living, transparent document that was intended to promote accountability. Member States would receive quarterly updates on progress made and challenges encountered, in addition to the updates provided at governing body meetings. Over the previous six months, much progress had been made through the introduction of new policies and dedicated structures; investment in staff positions across the three levels of the Organization; scaling-up of safeguards in communities; and support for victims and survivors. Cooperation with the United Nations and humanitarian systems had been intensified. All current WHO staff members had been vetted through the United Nations "ClearCheck" screening database and data were being collected to enable the screening of non-staff members of the workforce. Reporting systems and investigation capacities had been strengthened and streamlined to address underreporting; the increase in the number of reported allegations indicated that the reporting system had improved. Currently, the unit was investigating 12 allegations of sexual exploitation and abuse and 25 allegations of sexual harassment. In 2022, efforts would focus on shifting to a victim- and survivor-centred approach, ensuring that all staff members were held accountable and were trained, and the continued reform of structures, systems and cultures. A three-year Organization-wide strategy on tackling sexual exploitation, abuse and sexual harassment for the period 2023–2025 would be developed under the WHO Management Response Plan.

Under the leadership of the new Head of Investigations, significant progress had been made in the investigation of allegations of sexual exploitation, abuse and sexual harassment. In order to enhance the effectiveness of that work further, it was proposed that the Head of Investigations should be granted the same type of access and authority currently granted to the Director of the Office of Internal Oversight Services and that the investigative functions should be split: the Head of Investigations would lead all investigations into sexual exploitation, abuse and sexual harassment, while all other investigations would remain under the overall responsibility of the Director of the Office of Internal Oversight Services. That would require the Board to approve a temporary exception to Financial Rule XII. The measure was intended to take immediate and temporary effect.

The Organization must invest core funding in its work on sexual exploitation, abuse and harassment. Member States' support for an increase in the 2022–2023 core budget for that purpose was greatly appreciated. Prevention of and response to sexual exploitation, abuse and harassment was a shared responsibility, which started with WHO getting its own house in order. Close cooperation with the Inter-Agency Standing Committee, and strong support from Member States, especially those in which WHO carried out country operations, were crucial.

The representative of TUNISIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Secretariat's transparency was highly appreciated. The reports of sexual exploitation and abuse of some of the most vulnerable people in the world were deeply disturbing. Structural change was needed to preserve human dignity and prevent re-victimization. WHO must strive to create an environment conducive to effective prevention of sexual exploitation, abuse and harassment, apply a zero-tolerance policy on the ground and bring about broad culture change within the Organization and among stakeholders and partners. Data from the United Nations ClearCheck screening database should be shared widely, including with suppliers and non-State actors, and gender equality



must be mainstreamed across programmes and recruitment processes. Culture change would not happen overnight, it required training and capacity-building at all levels of the Organization and beyond. It was therefore encouraging to note that additional resources had been allocated for work in that area in the Programme budget 2022–2023. Member States looked forward to regular updates on progress.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, said that respect for human dignity was paramount and should translate into zero tolerance of sexual exploitation, abuse and harassment across WHO's programmes and activities. The Organization had taken measures to address existing challenges and the appointment of dedicated core capacity within the Secretariat to coordinate work on the prevention of and response to sexual exploitation, abuse and harassment was a commendable step. The Member States of the Region were grateful for the important work carried out by the Independent Commission established to investigate allegations of sexual exploitation and abuse during the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo, which had provided important input for the development of the WHO Management Response Plan. The Organization should further intensify preventive action at all levels.

In response to the Independent Commission's short-term recommendations, the zero-tolerance approach had yielded significant benefits for the Region and would provide a basis for action, pending the adoption of a relevant strategy for the period 2023–2025. Sustainable prevention of and response to sexual exploitation, abuse and harassment required both material and psychosocial support for victims and survivors, and consideration of its root causes. Member States must step up their efforts to preserve human dignity; take a zero-tolerance approach to sexual exploitation, abuse and harassment across policies, programmes and projects; facilitate access to quality victim support services; develop local expertise; and implement the WHO Management Response Plan, including by allocating the necessary resources.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilisation and association process and potential candidate Bosnia and Herzegovina, and Georgia aligned themselves with the statement. Zero tolerance for inaction in preventing, responding to and following up on alleged cases of sexual exploitation and abuse was critical. Sexual misconduct was not limited to a particular organization or country. It was a global societal problem that had an impact on the lives of victims and survivors and exposed the misuse of power and a lack of systems, support, transparency and accountability, undermining staff morale and trust in institutions. Robust, long-term strategies and mechanisms and an organizational culture of accountability were needed. The implementation of a victim- and survivor-centred approach across all levels of WHO should encompass adequate victim and survivor support, an accountability framework, training and capacity-building, and the reform of internal work culture, structures, policies, processes and practices. Both the proposed development of a long-term strategy for the period 2023–2025 under the WHO Management Response Plan and the action taken by the Organization to implement the short-term recommendations of the Independent Commission were commendable. It would be useful to learn about the outcomes of the audit of the Secretariat's case management and the review of WHO's relevant policies and procedures, and how those outcomes would be used to further strengthen WHO's mechanisms and standard operating procedures.

The systematic use of the ClearCheck screening database was welcome. The mandate of the Office of Internal Oversight Services should be strengthened further and WHO should consider adhering to the OECD Development Assistance Committee Recommendation on Ending Sexual Exploitation, Abuse, and Harassment in Development Co-operation and Humanitarian Assistance: Key Pillars of Prevention and Response. In order to strengthen a coordinated, victim- and survivor-centred system-wide response, all WHO strategies and mechanisms should be aligned with relevant United Nations protocols and the Inter-Agency Standing Committee's core principles and minimum operating standards. Increased cooperation with United Nations agencies and other stakeholders in delivering support to victims and survivors, raising awareness, and training staff members would also be beneficial. The steps taken to build capacity and allocate funding to bring about institutional changes were

commendable; that momentum should be sustained, including through continued updating of long-term strategies. While it was discouraging to learn of three new allegations of sexual abuse by WHO staff members deployed in three African countries, the transparency demonstrated by the Director-General and his team was praiseworthy. The receipt of complaints of sexual misconduct were proof that the reporting system was working.

With regard to Director-General's request relating to the powers of the Head of Investigations, Member States should be given more time to consider the draft decision. The Secretariat should clarify the implications of that measure and the reasons for its late submission.

The representative of DENMARK said that a strict policy of zero tolerance for sexual exploitation, abuse and harassment, and inaction against it, must be applied at all levels of the Organization. A victim-centred approach in responding to allegations of sexual misconduct was crucial. He welcomed the steps taken in recent months, including the implementation of the WHO Management Response Plan. WHO must regain and retain the trust of the communities it served.

The representative of the REPUBLIC OF KOREA said that it was encouraging to note the comprehensive measures taken by WHO to improve prevention of and response to sexual exploitation, abuse and harassment, but that the issue required renewed attention across all levels of the Organization. The five priority areas identified in the Subcommittee's report were highly relevant and action should be taken without delay. A victim- and survivor-centred approach, zero tolerance for sexual misconduct, and high-level commitment were critical, and the Organization must be provided with the necessary human and financial resources for the task. Inter-organizational efforts should leverage all available tools within the United Nations system and beyond. WHO should sustain heightened attention to the matter and enable continuous oversight and review by the Independent Oversight and Advisory Committee and Member States.

The representative of AUSTRIA said that he supported the temporary exception to Financial Rule XII, in order to equip the Head of Investigations with the necessary tools to work effectively and streamline processes.

The representative of SLOVENIA said that her Government attached the utmost importance to the issue of sexual exploitation and abuse and expected the same from the international organizations of which it was a member. WHO's commitment to zero tolerance for sexual exploitation, abuse and harassment, and for inaction against it, and the measures taken thus far were commendable. At the same time, more needed to be done to align with and learn from others. The recent experience of WHO should encourage all members of the United Nations family to align their procedures in a system-wide joint front against sexual abuse and harassment. Adequate funding was critical to building institutional capacity to safeguard WHO's community-based programmes and response operations. An agreed percentage of the overall budget for emergency and humanitarian operations should be allocated to the prevention of and response to sexual misconduct. Sexual exploitation and abuse intersected with abuses of power, power imbalances, a culture of silence and lack of integrity. It could occur anywhere, and sustained efforts were needed to build an organizational culture that promoted compliance and good ethics, including by implementing the recommendations of the Subcommittee at the earliest opportunity.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking on behalf of Albania, Argentina, Australia, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, Fiji, Indonesia, Israel, Japan, Mexico, Monaco, Montenegro, New Zealand, Norway, Paraguay, Peru, the Philippines, the Republic of Korea, Singapore, South Africa, Switzerland, Thailand, the United States of America and the Member States of the European Union, commended the progress made by WHO in tackling sexual exploitation, abuse and harassment and its acknowledgement that more needed to be done. It was gratifying to note the constructive dialogue at WHO's governing body meetings. Senior management engagement should be sustained, and a policy of zero tolerance for

inaction should be applied. The five priority areas identified by the Subcommittee should be integrated not only into the WHO Management Response Plan, but also into the Independent Oversight and Advisory Committee's monitoring framework. WHO's capacity to manage the specific risks of working in humanitarian contexts had not kept pace with the expansion of its work in such settings. Accelerated strengthening of WHO's workforce, capacity-building, the establishment of effective complaints mechanisms and improved gender balance in emergency operations were therefore crucial. The Organization's work on sexual exploitation, abuse and harassment must be guided by a victim- and survivor-centred approach. Support must be tailored: complaints must be handled safely and appropriately, and perpetrators must be held accountable. Sufficient capacity to prevent sexual misconduct, process and evaluate complaints, and support victims and survivors was needed at all levels. Investigative systems should promote transparency and due process to build trust, and Member States should be updated regularly on the processes put in place.

A safe, equitable and inclusive working environment for all staff members was paramount. Sexual exploitation, abuse and harassment were rooted in power imbalances and gender inequalities that gave rise to unacceptable behaviour across the spectrum of misconduct. They undermined the important work carried out by WHO and must be addressed through harmonized action at all levels. Current inter-agency collaboration on sexual exploitation, abuse and harassment was encouraging, but should be expanded, including by cooperating with the United Nations Office of the Victims' Rights Advocate and the United Nations Special Coordinator on Improving the United Nations Response to Sexual Exploitation and Abuse. United Nations bodies and global health agencies should cooperate and learn from each other to ensure system-wide coherence in the prevention of and response to sexual exploitation, abuse and harassment.

The representative of MALAYSIA said that WHO must take a strong stance against sexual exploitation, abuse and harassment perpetrated by people in positions of power. Victims and survivors must be placed at the heart of prevention efforts. Survivors' courage in coming forward had not been in vain, it had brought about reforms to strengthen WHO's procedures and practices and improve the protection of vulnerable populations from all forms of sexual misconduct. Implementation of the WHO Management Reform Plan should enable the transition to a victim- and survivor-centred approach that mainstreamed the rights of at-risk populations across WHO's policies and operations. Learning and awareness-raising were crucial to preventing sexual exploitation, abuse and harassment, but WHO must go beyond policies and hold perpetrators accountable. Staff background checks, pre-deployment counselling and training on the prevention, identification and response to sexual misconduct should be the rule. Systems for staff safety, confidential reporting mechanisms and mental health services for victims must be put in place in emergency settings. The prevention of and response to sexual exploitation, abuse and harassment was a shared responsibility that required long-term, sustained, multisectoral action aimed at organizational culture change.

The representative of PERU commended the measures taken by WHO in response to the report of the Independent Commission, including support, protection and justice for victims, action to address shortcomings among WHO staff members, and enhanced prevention and response to sexual exploitation, abuse and harassment. The Organization must strive to meet the highest standards in combating harassment and abuse. Zero tolerance of violations of human dignity must translate into the establishment of procedures to report acts of sexual abuse and harassment, adequate victim support and the promotion of a culture of transparency and accountability within the Organization.

The representative of CHINA<sup>1</sup> expressed appreciation for WHO's efforts to prevent and respond to sexual exploitation, abuse and harassment. However, transparency and accountability were a cause of concern; the Secretariat should further clarify how it could report on progress made and action taken both within and outside the Organization, as well as how tasks would be divided across all three levels. The new positions being created at the three levels of the Organization and within the WHO Health

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

Emergencies Programme must fully reflect the diversity of staff and functions and be harmonized across operations. The need for such posts must be fully justified and should be regulated by a coordination mechanism. The Secretariat should respond to the issues raised by the Independent Commission, propose practical measures and report to Member States, all in a timely manner.

The representative of SOUTH AFRICA<sup>1</sup> commended the progress made in building WHO's capacity to tackle sexual exploitation, abuse and harassment, and the involvement of senior management in tackling the issue. Given the psychological impact of sexual exploitation, abuse and harassment on victims, the shift to a victim- and survivor-centred approach was well received. Adequate psychosocial support services and perpetrator accountability were crucial.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, despite encouraging progress, broader organizational reform was needed to translate WHO's vision for the prevention of and response to sexual exploitation, abuse and harassment into results on the ground. Awareness-raising, training and capacity-building were essential, but insufficient. Sustained investment was needed in evidence-driven, survivor-centred interventions, risk communication and response protocols. Essential functions such as investigations must be performed by properly trained staff. While prevention was crucial, it was equally important to encourage reporting of sexual misconduct, respond promptly and appropriately, and deliver victim-centred support. Further progress would also require the review of policies, reporting lines and investigations, and accountability for perpetrators and managers who had failed to respond appropriately to allegations. WHO should share the outcome and recommendations of all reviews and audits of the Organization's response, compliance and accountability functions. The Head of Investigations should update Member States on follow-up investigations into the allegations of sexual exploitation and abuse linked to the Ebola outbreak response and share the investigation report confidentially with Member States. Clarity on roles and expectations and whistle-blower protection was also critical.

The representative of ISRAEL,<sup>1</sup> conveying sympathy and respect for the victims and survivors who had come forward to give testimony of sexual exploitation, abuse and harassment committed by WHO staff members, said that the incidents must serve as a wake-up call for WHO to reform its policies and processes as a matter of urgency. It was encouraging to note WHO's efforts to strengthen institutional capacity and bring about the organizational change required to prevent sexual exploitation, abuse and harassment and respond effectively to it. The establishment of the Independent Commission, the creation of the Sexual Exploitation and Abuse and Sexual Harassment Prevention and Response Task Team, the development of the WHO Management Response Plan, and the increase in funding for work on sexual exploitation, abuse and harassment were commendable. Collaboration with other bodies in the United Nations system should be stepped up; the current critical juncture provided an opportunity for WHO to lead by example. Member States should be updated regularly on progress.

The representative of NORWAY<sup>1</sup> said that the role played by the Director-General entailed great responsibility, such as the establishment of an organizational culture that promoted good ethics. The Organization's senior management must live up to that responsibility and hold itself to the highest ethical standards. The Organization needed safe, accessible and confidential reporting mechanisms and sound procedures for investigating misconduct by its leadership. Integrity, accountability and oversight functions must be enhanced at all three levels of the Organization. The Office of Internal Oversight Services must be granted unhindered access to all relevant information and staff members for the investigations into the allegations of sexual misconduct by WHO personnel in the Democratic Republic of the Congo, and should report in parallel to the Independent Oversight and Advisory Committee in

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

order to ensure maximum independence. Any changes to the Organization's financial rules and regulations should take account of the need for due process.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME said that the Committee was grateful for Member States' insightful comments, their support for the Subcommittee's recommendations, and their call for improved structures, policies and capacities to prevent and respond to sexual exploitation, abuse and harassment and to rebuild trust within WHO and the communities it served. The gains made under the strong leadership of the Director-General must be supported through meaningful culture change. An organizational culture in which the sexual exploitation, abuse and harassment of beneficiaries took place was also a working environment in which such conduct was accepted. Efforts must therefore focus on building a culture of equity, diversity and transparency. The Committee supported the proposal for a clear mandate and direct reporting lines for the Head of Investigations relating to sexual exploitation, abuse and harassment. It also endorsed the proposed split of those investigative functions from other investigations conducted by the Office of Internal Oversight Services. Expedient, victim- and survivor-centred follow-up to reported allegations remained crucial.

Clarity on accountability and lines of responsibility was critical to WHO's ability to perform its functions in emergency management and the prevention of and response to sexual exploitation, abuse and harassment. Since the Organization was increasingly operational in crisis settings, the risk of such incidents was growing. Adequate structures, policies and resources to respond to those risks must therefore be put in place without delay. Highlighting the Subcommittee's proposal to provide the names of identified, proven perpetrators to the ClearCheck screening database, in order to block offenders from any form of future employment across the United Nations system, she called for consideration of the possibility of extending that function to non-State actors. WHO must be accountable to the communities it served, Member States, non-State actors supporting its operations, and its own staff members. Many WHO staff members served communities with dedication and bravery in often complex and insecure operational environments. Under the WHO Health Emergencies Programme, the Organization had made remarkable progress in managing health emergencies. The drive for better prevention of and response to sexual exploitation, abuse and harassment should be led by WHO's staff members, partners and Member States. The Committee would continue to monitor that work and advise the Director-General within the scope of its mandate.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that sexual exploitation, abuse and harassment were an affront to WHO's core values and responsibility. Sexual misconduct was most likely to occur in vulnerable settings and prevention required investment in robust systems, the building trust and awareness, and culture change. The Member States in the Region were strengthening measures in emergency and humanitarian settings to establish harmonized structures for zero tolerance of any abuse of authority, harassment, sexual harassment or abusive conduct. WHO must give priority to a comprehensive victim- and survivor-centred approach; due diligence when engaging with partners and non-State actors; an increase in the proportion of female staff members; consistent use of the ClearCheck screening database; training for WHO staff members, partners and community partners; an accelerated response to allegations and prompt investigations; investment in the psychosocial well-being of staff members; and ensuring a respectful workplace. Member States must support the Organization in its efforts and take a zero-tolerance approach to abuse of authority and sexual misconduct.

The REGIONAL DIRECTOR FOR EUROPE said that he had been deeply moved by the report of the Independent Commission. Implementation of the Commission's recommendations required a comprehensive response at all levels of the Organization. At the WHO Regional Office for Europe, all necessary measures would be taken to prevent, detect and tackle sexual exploitation, abuse and harassment, both in the community and in the workplace. Short-term initiatives had been introduced that were aimed at building capacity and promoting awareness across the workforce to reduce risk and ensure incident reporting. All staff members were being trained in the prevention, detection and reporting of

sexual abuse and harassment and an interim focal point for sexual exploitation and abuse reporting had been nominated. Processes had been put in place to enable action on reported incidents and a regional zero-tolerance campaign would be launched in February 2022. The Regional Office was also developing specific measures for sites or services within the WHO European Region that presented a greater potential risk. The Region had aligned its priorities with the implementation of the WHO Management Response Plan as part of the shared commitment to a zero-tolerance approach within and beyond the Organization.

The DIRECTOR (Prevention and Response to Sexual Exploitation, Abuse and Harassment) said that Member States' request for WHO to adopt a meaningful victim- and survivor-centred approach across policies and structures, and the call for organizational culture change, had been well noted. Efforts would be stepped up. Note had also been taken of Member States' support for strengthening investigative functions and the call for a safe, accessible and fair complaints mechanism. Acknowledging the crucial need for further action, she said that progress was expected to accelerate in 2022. All recommendations made by the Independent Oversight and Advisory Committee's Subcommittee would be integrated into the WHO Management Response Plan and the Committee would continue to monitor and guide WHO's efforts. With regard to the request for the Organization to integrate prevailing standards in its work, she reassured Member States that the Secretariat learned from and worked closely with the United Nations humanitarian system in that regard. The Organization's senior leadership team and staff members would sustain their engagement across its three levels, with priority given to the development of a framework to clarify roles, responsibilities and accountability. Member States could play a crucial role in raising awareness, training local staff members, and implementing sexual exploitation, abuse and harassment prevention and response programmes on the ground. The Secretariat was committed to transparency and looked forward to continued engagement with Member States.

The HEAD OF INVESTIGATIONS said that particular emphasis was being placed on responding quickly and fairly to any allegations of sexual exploitation, abuse and harassment. Capacities were continuously scaled up to meet that need and the team coordinated with other functions to ensure action was taken where investigations might not be warranted. To ensure accountability, her team aimed to resolve or refer investigations within 120 days. Member States' concern about transparency had been well noted. Information on investigations and reports of the Office of Internal Oversight Services would be shared wherever possible and appropriate.

The DIRECTOR-GENERAL said that, from the start, transparency and accountability had been the overriding concern in WHO's handling of the allegations of sexual exploitation and abuse linked to the Ebola virus disease outbreak response. WHO had been the first United Nations organization to commission an independent inquiry, placing transparency at the heart of its actions, and would sustain that approach. In order for accountability and transparency to take root, broad staff engagement, training, and open discussion of the issues at stake were crucial. Culture change was not generated by discussion and training alone, it also required action. WHO had terminated seven WHO personnel, provided 14 names to the ClearCheck database while investigation was ongoing, and had delivered support to victims and survivors. The implementation plan for the WHO Management Response Plan had been developed in close consultation with staff members, Member States and external stakeholders. The Organization would do its utmost to build a better culture and affect significant change.

The Secretariat would continue to share all relevant information with Member States and the Independent Oversight and Advisory Committee. It would also share all information required for investigations and grant unhindered access to investigators, including by signing agreements with Member States.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/33 and EB150/34.

**The Board noted the reports.**

The DIRECTOR-GENERAL said that, while the Head of Investigations had been granted most of the necessary powers already, the Board would need to grant the authority to sign her reports. The measure would require a temporary exception to be made to Financial Rule XII, which could only be conferred by the Board.

The representative of GHANA said that Member States should be given more time to consider the draft decision. While there was broad support for action, a decision to grant exceptions from the Financial Rules required proper consultation.

The representative of FRANCE said that the issue should be given priority. Member States were applying pressure on the Secretariat to take appropriate action and should give it the tools to implement the new policies. It would nevertheless be useful to obtain further clarification on the proposed time frame for the exception.

The representative of the RUSSIAN FEDERATION said that he shared the concerns expressed by the representatives of Ghana and France. It was unclear why the issue had not been addressed by the Programme, Budget and Administration Committee of the Executive Board.

The representative of the OFFICE OF THE LEGAL COUNSEL said that it was indeed the prerogative of the Programme, Budget and Administration Committee to discuss amendments to the Financial Rules, followed by endorsement by the Board. The draft decision before the Board did not, however, constitute an amendment to the Rules, but instead a temporary exception to enable appropriate implementation of the WHO Management Response Plan. It was a minor change to extend an authority that was already granted to the Office of Internal Oversight Services, to which the Head of Investigations belonged.

The need for such a measure had transpired only recently, which was why the issue had not been addressed by the Programme, Budget and Administration Committee and the official document containing the draft decision had not been prepared further in advance.

The CO-CHAIR OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME reiterated that the Committee supported the proposed split of investigative functions within the Office of Internal Oversight Services and expressed support for the granting of equal access and authority to the Director of the Office of Internal Oversight Services and the Head of Investigations. The measure should be temporary and should be reassessed in due course.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that, while he appreciated that others might require time for consultation, he supported the proposed temporary exception to Financial Rule XII for the duration of the current investigations.

The CHAIR suggested that consideration of the item should be suspended.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the eleventh meeting, section 3).

**PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES** (continued)**2. POLIOMYELITIS:** Item 16 of the agenda (continued)

**Polio eradication:** Item 16.1 of the agenda (document EB150/21) (continued from the ninth meeting, section 3)

**Polio transition planning and polio post-certification:** Item 16.2 of the agenda (document EB150/22) (continued from the ninth meeting, section 3)

The representative of BELGIUM<sup>1</sup> said that his Government had put in place a comprehensive legal framework for the containment of type 2 polioviruses, which was fully in line with the GAP III Containment Certification Scheme. There were, however, some outstanding questions relating to the certification of poliovirus-essential facilities and the status given by WHO to national audit and certification processes. It was unclear whether final responsibility for the composition of audit teams rested with Member States or WHO. Clarification was needed to ensure effective, reliable, cost-effective and transparent certification of poliovirus-essential facilities and might best be discussed bilaterally, possibly together with other Member States concerned. A compromise could be for WHO to issue auditor qualification to experienced inspectors without their prior participation in auditor qualification audits.

The representative of CHINA<sup>1</sup> described recent updates to the national poliomyelitis immunization programme and poliovirus containment strategy in his country, as well as his Government's swift response to the discovery of circulating vaccine-derived poliovirus in 2021. He supported WHO's efforts towards the global eradication of poliomyelitis and expressed the hope that the Organization would continue to strengthen Member State coordination to reduce the global spread of wild poliovirus. The Secretariat should increase support for countries with poliomyelitis risk and take swifter and more effective action in priority areas to accelerate progress towards global eradication.

The representative of GERMANY<sup>1</sup> expressed condolences at the death of a police officer who had been providing security to poliomyelitis vaccination workers in Peshawar, Pakistan. The situation in Afghanistan and other countries affected by poliomyelitis outbreaks and the delay in outbreak response and lack of quality vaccination campaigns in the African Region were matters of concern. While he looked forward to the roll-out of the new Polio Eradication Strategy 2022–2026 and its impact on integration, monitoring and evaluation and gender equality, the potential for budget constraints to undermine implementation was a cause of concern. WHO's commitment to sustaining gains and moving forward on transition was commendable. Transition must be coordinated and transparent to ensure the integration of poliomyelitis assets into national and global systems without disrupting essential functions. The two-phased approach to transition in the African Region was welcome, since it would facilitate differentiated support for countries. Given the lack of secure funding from WHO's base budget, transparent risk assessment and communication between partners were paramount. Insecure funding was not limited to polio eradication, it had been a challenge for WHO's programme implementation for years and limited the Organization's ability to deliver. Securing stable, sustainable funding for WHO's core activities, including poliomyelitis eradication, was crucial and he looked forward to receiving the report of the Polio Transition Independent Monitoring Board.

The representative of CANADA<sup>1</sup> said that poliomyelitis eradication and transition had reached a critical juncture; country-level ownership, a well-coordinated approach and dialogue between Member States and partners were needed for sustained progress. While the decline in cases of poliomyelitis due

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



to wild poliovirus in Afghanistan and Pakistan in 2021 gave reason for cautious optimism, intensified efforts were needed to address persisting challenges, including the high number of missed children, and halt transmission. Continuous circulation of vaccine-derived poliovirus had exposed gaps in the quality of essential immunization programmes, weaknesses in outbreak management, and slow and inconsistent outbreak detection and response. Polio programmes must be integrated with primary health care and essential immunization programmes, including to address the backsliding on childhood immunization coverage. A risk-based approach should be taken to transition, which required good communication and joint planning. Continued support from the Global Polio Eradication Initiative would be essential to maintain a robust, effective monitoring, surveillance and response framework. Poliomyelitis eradication would not be possible without integrated, gender-responsive programming. Efforts to implement the Gender Equality Strategy 2019–2023 must be stepped up.

The representative of SPAIN<sup>1</sup> said that, although his country had long been certified as polio-free and the risk of transmission was low, a recent case of imported vaccine-derived poliovirus type 2 had underscored the importance of maintaining and strengthening surveillance to enable early detection and response. It was equally important to sustain high levels of vaccination coverage to support the global drive for polio eradication. He supported the implementation of the Strategic Action Plan on Polio Transition (2018–2023) and its adaptation in the context of the coronavirus disease (COVID-19) pandemic, and urged Member States to maintain strong surveillance networks.

The representative of AUSTRALIA<sup>1</sup> said that the success of the 2021 polio eradication campaign in Afghanistan was praiseworthy and expressed respect for the frontline health workers who delivered poliomyelitis vaccinations despite security and operational challenges. She welcomed the progress made in integrating polio-related activities into broader immunization and health systems. While balancing transition and polio eradication efforts was challenging, particularly given the Global Polio Eradication Initiative's budgetary constraints, the footprint of the polio programme was significant and cross-programming presented opportunities to optimize the workforce and strengthen immunization and vaccine programmes. Her Government would welcome further updates on transition, and appreciated the efforts made to implement the Gender Equality Strategy 2019–2023. The previous 12 months had seen a record low in the number of cases caused by wild poliovirus. With sustained efforts and appropriate risk mitigation, the eradication of wild poliovirus was in sight and Member States must work together to support that outcome.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, while there were good prospects for interrupting wild poliovirus transmission in the remaining countries in which the disease was endemic, delays in outbreak response were worrying. Outbreak response must be rapid and use the most readily available vaccines. Persistent challenges relating to operations, management, security and misinformation predated the COVID-19 pandemic; the new Polio Eradication Strategy 2022–2026 would be useful in that regard. Successful transition was fundamental to the eradication agenda. His Government had supported the planning process that had culminated in the meeting of key polio stakeholders held in 2018 in Montreux, Switzerland, but much had changed since. The unexpected surge in vaccine-derived poliovirus outbreaks in the African Region must be addressed urgently, including by restoring and sustaining critical poliomyelitis functions in vulnerable countries. Clear milestones were needed to assess progress towards eradication and transition. More consistent and thorough communication with donors and other stakeholders would also be crucial. All efforts on poliomyelitis should be brought together under the governance and accountability structures currently in place for polio eradication.

The representative of BRAZIL<sup>1</sup> highlighted the importance of effective implementation of the Polio Eradication Strategy 2022–2026 and the Strategic Action Plan on Polio Transition (2018–2023). Control and eradication of poliomyelitis remained high on his Government's agenda, although the

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

country had been free of wild poliovirus for decades. Some of the measures and best practices adopted to prevent outbreaks might serve as examples for other countries in which poliomyelitis was not endemic. Current considerations included standardized recommendations for early detection and the vaccination of in-bound travellers from countries where it was endemic. He shared the global concern at declining poliovirus immunization rates associated with the challenges brought by the COVID-19 pandemic.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the fall in endemic poliovirus transmission in Afghanistan despite the challenges posed by the COVID-19 pandemic and government transition was encouraging. More than 2.6 million children who were previously inaccessible had been reached and efforts to reach other missed children continued. The use of the workforce and infrastructure for poliomyelitis to address the needs of border communities, including with regard to COVID-19, was commendable. More systematic collaboration could further enhance those efforts, especially in underserved communities. In the light of ongoing concerns over circulating vaccine-derived poliovirus type 2, an increased focus on routine immunization and swift responses to outbreaks was critical. The Polio Eradication Strategy 2022–2026, if adequately funded and supported by the international community, could deliver on the promise of a polio-free world.

**Ms Moretti took the Chair.**

The REGIONAL DIRECTOR FOR AFRICA said that the Region had reached two remarkable milestones in 2021: it had been five years since the last child had been paralysed by wild poliovirus and one year since the Region had been certified as free of wild poliovirus. In order to curb outbreaks of circulating vaccine-derived poliovirus, Member States needed sufficient vaccine supplies. The novel oral polio vaccine type 2 had already been administered widely to children across the continent and had shown the expected genetic stability. Member States' efforts to roll out vaccination while also responding to the COVID-19 pandemic were commendable.

With regard to polio transition, the 10 high-risk countries would receive support from the Global Polio Eradication Initiative until the end of 2023, and by January 2022, 95% of staff members working on poliomyelitis in those countries had been re-hired. Activities in the 37 low-risk countries were funded through the WHO base budget. The poliomyelitis workforce in the African Region had largely been retained and their extensive knowledge and skills harnessed for other public health interventions. The Member States of the Region would work to mobilize adequate resources to sustain the gains made, accelerate polio transition, and ensure the sustainability of the WHO base budget through an increase in assessed contributions. Such investment was critical to poliomyelitis, routine immunization, epidemic and pandemic preparedness and response, and public health in general.

The REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that one child in Pakistan and four children in Afghanistan had been infected with wild poliovirus in 2021 – the lowest numbers on record. The progress made provided an historic opportunity to end poliomyelitis, but the momentum gathered needed to be maintained. In 2021, there had been unprecedented government leadership, engagement at all levels, unimpeded access to children, informed and engaged communities and high quality operations, all of which must be sustained to achieve the ultimate objective. Impressive progress had been made in Pakistan, and the country's poliomyelitis programme was fitter for purpose than ever before, with an unprecedented level of public engagement and political commitment at all levels that had translated into focused problem-solving. According to a recently concluded independent surveillance review, Pakistan had one of the most effective polio surveillance systems in the world. Following his visit to Afghanistan with the Director-General in late 2021 to advocate for the continued prioritization of health and polio eradication, vaccination campaigns had resumed. Millions of children, many of whom had been out of reach for years, had received vaccinations and other critical health care interventions.

While the progress made was remarkable, challenges remained. Strong, rapid responses to outbreaks of circulating vaccine-derived polioviruses were crucial. Member States should make domestic funding available for that purpose and ensure that national public health capacities engaged in the response to both poliovirus outbreaks and the COVID-19 pandemic were integrated into the health system. Building on the progress made, work on policy transition must be intensified in 2022 to boost integration into public health programmes. Member States must support such integration, sustain efforts to achieve polio eradication, and mobilize resources for polio transition and health system strengthening. By contributing their time, effort and expertise, the Secretariat, Member States and partners could end the plight of poliomyelitis.

The DIRECTOR (Polio Eradication) said that the ongoing commitment, support, input and guidance provided by Member States and partners with regard to the Polio Eradication Strategy 2022–2026 was greatly appreciated. It was also reassuring to note the recognition of frontline vaccinators and security staff who had lost their lives in support of immunization campaigns in 2021. As noted by Member States, wild poliovirus was at the lowest ever level and current efforts focused on addressing outstanding challenges. Campaigns to respond to circulating vaccine-derived poliovirus type 2 had been conducted in three regions in 2021 and 90% of outbreaks were currently concentrated in a single country. The COVID-19 pandemic and other health priorities, coupled with insecurity, had affected the timeliness of response. Pandemic-induced supply constraints had also caused delays as countries were hesitant to use monovalent oral poliovirus vaccine type 2, although it was effective and readily available, which had contributed to international spread. He urged Member States to respond more quickly, using readily available vaccines. Routine immunization campaigns must enhance the focus on zero-dose children.

In response to the urgency of securing a polio-free world, the novel oral poliovirus vaccine type 2, which had been granted time-limited use under the Emergency Use Listing procedure, had been used in 12 countries, with nearly 200 million doses administered. The supply chain had been strengthened and 640 million doses were expected to be delivered in the course of 2022. Work to achieve prequalification by late 2023 continued.

The GAP III Containment Certification Scheme was currently under revision, and he would be glad to engage bilaterally with Member States on specific issues. Polio infrastructure would continue to support the response to the COVID-19 pandemic through integrated immunization activities and would lend assistance in humanitarian crisis settings. The Global Polio Eradication Initiative remained fully committed to supporting countries in which poliomyelitis was endemic and high-risk countries in which it was not, as well as surveillance and outbreak response activities. A polio-free world was achievable and Member States' commitment to stay the course was greatly appreciated.

The DIRECTOR-GENERAL said that, while the progress made in 2021 was unprecedented, the international community must not let down its guard and must sustain collective efforts, since the eradication of polio was within reach.

The DEPUTY DIRECTOR-GENERAL said that polio eradication and transition were interdependent. Progress towards eradication had ushered in a critical phase of transition and the Secretariat was firmly committed to engaging in frank and open dialogue with Member States, donors and partners during that process. Efforts to further strengthen WHO's governance, oversight and accountability architecture would continue. Member States' support for WHO's mandate in transition efforts, including with regard to integration and financing, was greatly appreciated. The Secretariat was keenly aware that the programmatic and financial sustainability of polio eradication was crucial. Essential health functions would be sustained and integrated in national health systems and the Organization had provided a first-ever funding guarantee for regions and countries transitioning out of Global Polio Eradication Initiative support in 2022. During the current biennium, emphasis would be placed on robust resource mobilization to retain polio assets where they were needed most. Member

States' full political and financial commitment, including through domestic funding, would also be critical.

**The Board noted the reports.**

**3. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE:** Item 15 of the agenda (continued)

**Standing Committee on Pandemic and Emergency Preparedness and Response:** Item 15.2 of the agenda (document EB150/17) (continued from the sixth meeting, section 1)

The CHAIR drew attention to a revised draft decision on a standing committee on health emergency (pandemic) prevention, preparedness and response proposed by Australia, Austria, Belgium, Canada, Denmark, France, Germany, Japan, Slovenia, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States of America. The first operative paragraph of the draft decision had been revised to read:

(OP1) in accordance with Rule 18 of the Rules of Procedure of the Executive Board, to consider establishing a standing committee, to be called the Standing Committee on Health Emergency (Pandemic) Prevention, Preparedness and Response, until the closure of the Health Assembly in May 2025, which will hold its first meeting at a date to be determined by the Board, following the adoption of its terms of reference by the Board;

The representative of AUSTRIA, highlighting the amendments made to the draft decision, said that it had been agreed following informal consultations to revise the first operative paragraph of the draft decision. The revised draft decision called for the consideration of the establishment of a standing committee. The reference to the proposed committee's "limited membership" had been deleted, since the membership of a standing committee was limited by definition.

The representative of PARAGUAY expressed gratitude for the efforts made to reach a consensus since the amendments to the draft decision largely accommodated her concerns. The decision to consider establishing a standing committee only after the terms of reference had been adopted by the Board and to refrain from changing the Rules of Procedure of the Executive Board were greatly appreciated.

**The decision, as amended, was adopted.<sup>1</sup>**

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

**4. MATERNAL, INFANT AND YOUNG CHILD NUTRITION:** Item 17 of the agenda (documents EB150/23 and EB150/23 Add.1)

The CHAIR invited the Board to consider the report contained in document EB150/23 and drew attention to the draft decision contained therein. The financial and administrative implications of the draft decision for the Secretariat were set out in document EB150/23 Add.1.

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<sup>1</sup> Decision EB150(6).

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region suffered from a double burden of malnutrition and growing food insecurity. More than 20 million children under 5 years of age were stunted, and noncommunicable diseases contributed to more than two million deaths per year. The COVID-19 pandemic had revealed the fragility of the Region's food systems, which posed serious challenges to maintaining a healthy, sustainable lifestyle. While the containment strategy had been essential to prevent the spread of the virus, it had driven poor dietary diversity. Countries affected by conflict, political instability and economic crises continued to experience high levels of food insecurity, undernutrition and micronutrient deficiencies. The crisis in Yemen was globally acknowledged as the worst humanitarian crisis in the world; 25% of the population were malnourished and in need of nutrition assistance. Member States had adopted a Strategy on Nutrition for the Eastern Mediterranean Region 2020–2030 and had demonstrated a strong commitment to its implementation. Continued support from the Regional Office for the Eastern Mediterranean was needed with regard to food systems, nutritional surveillance and the promotion of healthy diets. In May 2020, FAO, UNICEF, WFP and WHO had issued a joint statement on nutrition in the Region during the COVID-19 pandemic. Countries should respond to the COVID-19 pandemic, scale up nutrition and adapt the regional strategy on nutrition as appropriate.

The representative of JAPAN, also speaking on behalf of France, Ireland, the United Kingdom of Great Britain and Northern Ireland and the United States of America, said that the report on WHO's comprehensive implementation plan on maternal, infant and young child nutrition showed that, while progress had been made, urgent action was required for many targets. The Tokyo Nutrition for Growth Summit 2021 had led to the Tokyo Compact on Global Nutrition for Growth, which would contribute to further progress, and had yielded a multibillion-dollar commitment to address the global malnutrition and hunger crisis and end malnutrition that was led by 45 low- and middle-income countries and had been endorsed by 215 stakeholders and partners. Many WHO Member States had committed at the 2021 Summit to mainstreaming the achievement of improved nutrition outcomes across a wider range of overseas development assistance programmes. The Secretariat should join Member States' efforts by mainstreaming improved nutrition outcomes across WHO's programme portfolio. The next Nutrition for Growth Summit, scheduled to be held in Paris in 2024, would provide an opportunity to review progress on the commitments made.

Speaking in a national capacity, he said that the five actions set out in the report underpinned the growing global interest in nutrition. WHO's technical guidance and strong advocacy in that area were greatly appreciated. As part of the Secretariat's commendable efforts to address emerging issues related to digital marketing of breast-milk substitutes, it would be helpful to develop guidance on promoting manufacturer compliance with the International Code of Marketing of Breast-milk Substitutes, bearing in mind the specific circumstance of countries and regions. The Code should be updated to take account of emerging realities, which were not limited to digital marketing.

The representative of the RUSSIAN FEDERATION noted that the issues described in the report, such as low levels of breastfeeding, variable application of the International Code of Marketing of Breast-milk Substitutes and digital marketing were also of concern in her country. Sustained implementation of the comprehensive implementation plan on maternal, infant and young child nutrition would improve the situation for infants, young children and breastfeeding women. Her Government was currently considering a complete ban on the promotion of breast-milk substitutes.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that it was discouraging to learn of the modest progress made on the comprehensive implementation plan on maternal, infant and young child nutrition. WHO's work in the African Region to track low birth weight and anaemia in women of reproductive age must be scaled up; underweight remained high in the Region, notwithstanding higher-than-average breastfeeding levels. In the light of the devastating impact of the COVID-19 pandemic on food security, essential nutrition and health services in vulnerable communities around the world must be strengthened. Given the general lack of adequate legislation in the Region – only four countries had aligned their domestic legislation with the International Code of

Marketing of Breast-milk Substitutes – Member States required support for the development of measures to control both traditional and digital marketing of breast-milk substitutes. The Member States of the African Region supported the actions proposed in the report. The commitment to shifting food systems towards sustainable and healthy consumption patterns in order to address malnutrition must translate into specific, actionable policies and financial commitments. Health information systems should be used to collect reliable data on nutrition to inform planning, monitoring, decision-making and interventions; low-resource countries should be provided with technical assistance to that end. The Member States of the Region supported the draft decision and looked forward to accelerated action towards achieving the nutrition targets set out in the comprehensive implementation plan.

The representative of MALAYSIA expressed support for the development of guidance on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes, which should be aligned with other relevant documents, such as the Codex Alimentarius. The planned guidance would usefully complement and strengthen the national code of ethics on infant food marketing.

The representative of TUNISIA described the legal and policy measures taken in his country to provide universal access to sufficient, safe and nutritious food and to eliminate malnutrition in all its forms, including through the promotion of breastfeeding and the prohibition of inappropriate marketing of breast-milk substitutes. He welcomed the study on the scope and impact of digital marketing of breast-milk substitutes and supported the development of guidance on regulatory measures aimed at restricting such marketing, as proposed in the draft decision.

The representative of BANGLADESH noted with concern the report's findings on the rates of breastfeeding for infants under 6 months, among other unmet targets. The negative impacts of marketing of breast-milk substitutes on women's confidence in their ability to breastfeed, and recent digital marketing campaigns advising against breastfeeding while infected with severe acute respiratory syndrome coronavirus 2, were of particular concern. The WHO initiatives described under the five actions in the report were appreciated. The Secretariat should also: encourage Member States to adopt and implement the International Code of Marketing of Breast-milk Substitutes; raise awareness of the benefits of breastfeeding using digital and social media; disseminate information about the negative impact of ultra-processed foods for infants and children; and enhance support, particularly in developing countries, for scaling up nutrition interventions within primary health care and integrating nutrition into universal health coverage. He supported the adoption of the draft decision.

The representative of TAJIKISTAN praised the report's comprehensive review of WHO's ongoing work, particularly with regard to implementing the International Code of Marketing of Breast-milk Substitutes. He attributed a recent rise in breastfeeding and a reduction in the use of substitutes in his country to a partnership between government ministries, scientific institutes and the communications sector, which had helped to inform the public, especially women living in remote, rural areas, about the benefits of breastfeeding. He expressed support for the draft decision.

The representative of the SYRIAN ARAB REPUBLIC described her Government's programmes and priorities for maternal, infant and young child nutrition, which included the development of a national code of conduct on the marketing of breast-milk substitutes. The prevalence of malnutrition in her country was the result of unilateral and unjust measures imposed by the European Union and the United States of America, which had reduced Syrians' purchasing power and made it difficult for them to afford nutrient-rich foods. She supported WHO's global strategy on nutrition, which would help children in her country to enjoy the best possible nutrition.

The representative of ARGENTINA said that her Government had been working to promote, protect and support breastfeeding through a range of measures, including legislation and the incorporation of the International Code of Marketing of Breast-milk Substitutes in the national food code. However, balance was needed when developing guidance on regulatory measures aimed at

restricting the digital marketing of breast-milk substitutes, so that the resulting regulations were reasonable; States must be able to retain flexibility in their policies for cases in which breastfeeding was not possible, as appropriate substitutes could provide key nutrients.

The representative of BOTSWANA outlined the steps taken by her Government to improve maternal, infant and young child nutrition, including collaboration beyond the health sector. She supported the action recommended in the report, and underscored Member States' need for technical support to improve their routine nutrition information systems, include nutrition indicators in policy-making, and track and report progress on nutrition-related topics. She supported the draft decision.

The representative of MADAGASCAR expressed satisfaction with the progress made on the six global targets. He described the measures taken in his country, including the establishment of a safety net for vulnerable households during the COVID-19 pandemic, and plans to implement the International Code of Marketing of Breast-milk Substitutes.

The representative of COLOMBIA said that his Government had long promoted breastfeeding as part of efforts to protect children's right to healthy food. Marketing techniques that undermined the achievement of child nutrition objectives were a cause of concern. He fully supported the draft decision on maternal, infant and young child nutrition.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the report and the progress highlighted under the five actions. Persistently high numbers of malnourished women and children around the world remained a cause of concern, however, particularly as those numbers had likely increased during the COVID-19 pandemic. Greater action was needed to prevent and treat wasting, integrate nutrition services into the rest of the health system, and improve food systems and diets. He supported the draft decision.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the International Society of Nephrology, March of Dimes, Inc., Nutrition International, the Save the Children Fund, the International Rescue Committee, WaterAid International and the Global Health Council, welcomed progress on strengthening nutrition monitoring. Citing the negative effects of anaemia on women, infants and young children, she recommended, among other priorities: mainstreaming micronutrient supplements for children under 5 years of age, adolescent girls and pregnant women; establishing a global indicator for anaemia in children under 5 years of age; accelerating action beyond the proposal contained in the draft decision to ensure compliance with the International Code of Marketing of Breast-milk Substitutes; and increasing the emphasis on water, sanitation and hygiene in national nutrition policies. The OECD Development Assistance Committee's policy marker for nutrition investment reporting should be more widely adopted.

The representative of PARAGUAY said that her Government was a staunch supporter of intersectoral measures to promote healthy food and food systems that were respectful of the environment, helped to counter the effects of climate change and prevented disease. Breast-milk substitutes were highly processed foods, containing salt, fatty acids and free sugars, and their content was unlike that of breast milk. The products should be labelled accordingly in order to prevent and control noncommunicable diseases potentially associated with such products. Breast-milk substitutes were not always a healthy choice for infants and young children. Regulating digital advertising of breast-milk substitutes was crucial to protect children's right to healthy, nutritious food and she supported the draft decision. Her Government promoted breastfeeding through a wide range of initiatives and would welcome more international cooperation on related research and joint projects.

The representative of PERU said that the current evidence indicated that breast milk was the safest and healthiest source of food for infants and provided short- and long-term benefits in terms of nutrition,

well-being, health and development. Those benefits extended to the child's mother, family and community. He therefore supported the draft decision to develop guidance on regulatory measures aimed at restricting the digital marketing of breast-milk substitutes by transnational companies, which was affecting breastfeeding. He took note of the report and its annex.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the World Obesity Federation, the Union for International Cancer Control, the International Diabetes Federation, FDI World Dental Federation and Movendi International, observed with concern that countries were not on track to meet childhood obesity targets, less than half of Member States had enforced taxes on sugar-sweetened beverages, and compliance with the International Code of Marketing of Breast-milk Substitutes was unacceptably low. Member States must take strong action to address the commercial determinants of health and protect their populations from dangerous promotional strategies and the harmful effects of Code violations. She welcomed the draft decision and urged Member States to adopt it. She also called on governments to: protect and promote breastfeeding; put children's and mothers' health ahead of commercial interests; and adopt and enforce laws to strengthen implementation and monitoring of the Code and regulate digital marketing of breast-milk substitutes.

The representative of the WORLD FEDERATION OF NEUROSURGICAL SOCIETIES, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Surgical Colleges Limited, the World Federation of Societies of Anaesthesiologists and the International Federation of Gynecology and Obstetrics, said that mandatory folic acid fortification of staple foods was the most effective strategy for preventing spina bifida and anencephaly. Fortified foods were a safe, effective and equitable way to provide folic acid at a critical time in pregnancy, without requiring any modification to behaviour. She urged WHO to adopt a resolution on mandatory folic acid fortification of staple foods at the next Health Assembly.

The representative of ECUADOR<sup>1</sup> said that addressing the global syndemic of obesity, malnutrition and climate change should be considered a global health priority. Outlining the action taken by his Government to tackle malnutrition in mothers, infants and young children, he stressed the importance of integrating nutrition into emergency contingency plans in the context of the COVID-19 pandemic. Domestic research on violations of the International Code of Marketing of Breast-milk Substitutes, conducted in 2021, had led to action that included the development of a protocol to recognize professionals who supported breastfeeding, as a complement to the Code.

The representative of CHINA,<sup>1</sup> noting that the COVID-19 pandemic had hampered the achievement of global nutrition goals, called on the Secretariat to take targeted action. He supported the draft decision. Particular attention should be paid to improving public awareness of the dangers of nutritional deficiencies during pregnancy. Describing policies and plans to improve maternal, infant and young child nutrition in his country, he promised that his Government would continue to play a greater role in promoting the issue at the global level, and he looked forward to exchanging experiences with other Member States.

The representative of INDONESIA<sup>1</sup> said that her Government's commitment to the comprehensive implementation plan on maternal, infant and young child nutrition was reflected in a number of national regulations, particularly regarding the marketing of breast-milk substitutes. She supported establishing guidelines to limit the direct digital marketing of such products. Protecting breastfeeding and the health of mothers and infants required strong legislation, monitoring and enforcement strategies.

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



The representative of THAILAND<sup>1</sup> expressed concern regarding the delayed progress on global nutrition targets, including delays due to the impact of COVID-19. One result of the COVID-19 pandemic was that people were increasingly accessing information on digital platforms, which the breast-milk substitute industry was using to market its products. Governments faced limitations in addressing such practices, and 41 years after its publication, the International Code of Marketing Breast-milk Substitutes was ill-equipped to help. Collaboration was needed to fill the gaps in the Code regarding digital marketing. WHO should provide guidance to enhance Member States' regulatory capacities to address the commercial determinants of health.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that his Government planned to step up investment to fight global malnutrition and would be partnering with UNICEF to scale up quality breastfeeding promotion and support, among other goals. Member States should be given time during the intersessional period to consider the language of the draft decision, so as to ensure it reflected a range of approaches to protecting and supporting breastfeeding. Noting the significant changes in marketing methods in recent years, he requested clarification of how the Secretariat planned to apply an intersectoral approach to developing guidance on digital marketing.

The representative of the PHILIPPINES<sup>1</sup> expressed support for the draft decision. The proposed guidance would ensure that new and existing regulations designed to implement the International Code of Marketing Breast-milk Substitutes and related Health Assembly resolutions would address digital marketing practices. While her country's implementing regulations for its national code had been updated to address such practices, her Government lacked local data on the scope and impact of digital marketing and faced challenges in the absence of a global guidance document. The request for a progress report to be made to the Seventy-seventh World Health Assembly was also welcome.

The representative of CANADA<sup>1</sup> expressed support for the draft decision and urged the Secretariat to develop its guidance in a timely manner. The Secretariat and Member States must take action to improve gender equality across nutrition programming in order to drive progress towards achievement of the 2025 global nutrition targets and the Sustainable Development Goals. She welcomed the commitments made by WHO at the 2021 Nutrition for Growth Summit. Global efforts must be intensified and more work must be done to support the proposed global action plan on anaemia.

The representative of BAHRAIN<sup>1</sup> noted with concern the rise in anaemia and malnutrition due to the COVID-19 pandemic and other factors, as described in the report. Her Government had broadened its policy and regulatory framework to support breastfeeding and limit the use of breast-milk substitutes. Digital marketing of breast-milk substitutes had taken on considerable dimensions, in some cases illegally, and measures must be taken to limit such practices.

The representative of BRAZIL<sup>1</sup> said that her Government was working to achieve global nutrition goals through a range of action, including through a programme to promote, protect and support breastfeeding and by limiting the marketing and commercialization of foods, pacifiers and feeding bottles for infants and young children. Addressing the marketing of breast-milk substitutes on the Internet, including social media, remained a challenge. She supported the draft decision.

The representative of NORWAY<sup>1</sup> expressed support for the draft decision. New and updated regulations were required to address the digital marketing of breast-milk substitutes and should include guidance on: improving health workers' skills in promoting breastfeeding; baby-friendly hospitals; paid parental leave; and access to quality child care. The issue of maternal, infant and young child nutrition was closely connected to noncommunicable disease control and the regulation of marketing of

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

nutrient-poor foods to children. Regulating breast-milk substitutes and protecting and supporting breastfeeding were vital to maternal and infant health and the prevention of noncommunicable diseases.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> outlined the policies enacted in her country to create a supportive environment for nutrition interventions, including the implementation of the International Code of Marketing of Breast-milk Substitutes. Her Government remained committed to eliminating all forms of malnutrition in the world as part of the human right to health.

The representative of FIJI<sup>1</sup> stressed the importance of identifying gaps and ways forward to address unhealthy diets among mothers and children, coordinating international efforts to strengthen food systems, and a holistic and multisectoral approach involving all partners, including the Scaling Up Nutrition Movement. The vulnerabilities of small island developing States in the Pacific must be taken into account, since climate change had a significant impact on maternal, infant and young child nutrition. He endorsed the draft decision but requested clarification of how digital marketing would be addressed and how countries in volatile situations could be better reached.

The representative of SLOVAKIA<sup>1</sup> said that he supported the statement made by Japan. The commitments made by WHO at the 2021 Nutrition for Growth Summit were welcome, particularly the commitment to scale up the promotion and support of breastfeeding. He called for greater investment in promoting breastfeeding around the world; WHO should provide guidance on the issue and governments should share their best practices. Challenges in his country included the inappropriate marketing of breast-milk substitutes, lack of training in breastfeeding assessment and support, and the need to increase access to breast-milk banks as an alternative to substitutes.

The UNITED NATIONS ASSISTANT SECRETARY-GENERAL AND COORDINATOR OF THE SCALING UP NUTRITION MOVEMENT reiterated the importance of developing guidance for Member States on regulatory measures to restrict the digital marketing of breast-milk substitutes and called on governments to implement such regulations swiftly. Member States and their partners had made strong commitments and developed transformation pathways in 2021 during the Nutrition for Growth Year of Action, the United Nations Food Systems Summit, the Nutrition for Growth Summit and the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change. The Scaling Up Nutrition Movement stood ready to support collaboration with countries and align with countries' priorities to fight all forms of malnutrition and related disorders through cost-effective, win-win solutions.

The representative of IAEA said that her organization was supporting its member states in combating malnutrition through the use of nuclear and stable isotope techniques to generate data and provide evidence for nutrition interventions. IAEA was also collaborating with WHO on research into the link between infant nutrition and health later in childhood, and into the impact of different nutrition interventions on lean tissue accretion in moderately malnourished children.

The DEPUTY DIRECTOR-GENERAL said that advocacy to address nutrition at the United Nations Food Systems Summit had resulted in strong commitments that were highlighted in the key actions presented in the report. The next step would be to translate those commitments into specific steps. In particular, it was important to address anaemia in women and children more energetically. The Secretariat stood ready to develop an action plan in that regard, in discussion with Member States and in collaboration with United Nations agencies such as UNICEF and UNFPA, since anaemia was an issue that cut across many different areas of work. It had become clear that the digital marketing of breast-milk substitutes must be addressed in new ways. While certain digital marketing strategies were essentially traditional techniques applied to new media, many new techniques were not addressed by the

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

International Code of Marketing of Breast-milk Substitutes or other international legislation. The Secretariat aimed to rectify that situation with further guidance.

The DIRECTOR (Nutrition and Food Safety) thanked Member States for their valuable comments and congratulated them on their achievements in improving maternal, infant and young child nutrition. He also congratulated the Government of Japan for hosting the 2021 Nutrition for Growth Summit, which had led to a large number of policy and financial commitments. The commitments made by WHO at the Summit were to: expand initiatives to prevent and manage overweight and obesity; step up activities to create food environments that promote safe and healthy diets; improve childhood diets; support countries in addressing acute malnutrition; accelerate action on anaemia reduction; scale up quality breastfeeding promotion and support; and strengthen nutrition data systems, data use and capacity. Progress towards achieving global nutrition targets had been negatively impacted by the COVID-19 pandemic and a significant number of additional children were estimated to be suffering from wasting and stunting as a result of food insecurity and the disruption of services for malnutrition. The Secretariat estimated that there would be an additional 283 000 malnutrition-related deaths in the next three years.

The tactics employed by manufacturers of breast-milk substitutes to take advantage of the COVID-19 pandemic were disheartening. In 2020, WHO and UNICEF had called upon manufacturers of breast-milk substitutes to fully align their marketing policies with the International Code of Marketing of Breast-milk Substitutes, but the response had been weak. Strong regulatory measures were needed. With only 25 countries currently fully aligned with the Code and 42 partially aligned, much progress remained to be made. The Secretariat would support the use of the OECD Development Assistance Committee monitoring tool for nutrition investment reporting.

**The Board noted the report.**

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

**The decision was adopted.<sup>1</sup>**

**Rights of reply.**

The representative of the UNITED STATES OF AMERICA,<sup>2</sup> speaking in exercise of the right of reply, reiterated that the sanctions imposed on the Syrian Arab Republic did not target the provision of humanitarian aid, including medical supplies for mothers and infants. It was the Government of the Syrian Arab Republic that was obstructing access to humanitarian aid.

The representative of the SYRIAN ARAB REPUBLIC, speaking in exercise of the right of reply, said that her delegation had merely referred to the reality of the situation resulting from the blockade on her country and its effect on people's daily lives. The suffering caused to the Syrian people by the sanctions went against humanitarian principles. Her Government maintained that humanitarian assistance should be allowed to reach the Syrian people and that humanitarian aid should be exempt from sanctions.

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<sup>1</sup> Decision EB150(7).

<sup>2</sup> Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

**5. WHO'S IMPLEMENTATION FRAMEWORK FOR BILLION 3:** Item 18 of the agenda (document EB150/24)

- **WHO global strategy for food safety** (documents EB150/25, EB150/25 Add. 1, EB150/26 and EB150/26 Add. 1)

The CHAIR drew the attention of the Board to the reports contained in documents EB150/24, EB150/25 and EB150/26 and two draft decisions contained therein, one on the updated WHO global strategy for food safety and the other on reducing public health risks associated with the sale of live wild animals and mammalian species in traditional food markets.

The Board was also invited to consider a draft resolution proposed by Cabo Verde, Fiji and Vanuatu, which read:

(PP1) The Executive Board, having considered the report by the Director-General on WHO's implementation framework for Billion 3;<sup>1</sup>

(PP2) Noting with deep concern the grave health, development and existential threats to small island developing States posed by natural disasters, climate-change and other related environmental degradation, emergencies and loss of biodiversity, the COVID-19 pandemic, malnutrition, noncommunicable diseases and mental health disorders;

(PP3) Recalling United Nations General Assembly resolution 69/15 (2014), which set forth the Samoa Pathway for accelerated development plan in small island developing States, and resolution 70/1 (2015), which adopted the 2030 Agenda for Sustainable Development with the collective aim towards the transformative steps needed for a sustainable and resilient path in ensuring that no one is left behind;

(PP4) Recalling WHO's memorandum of understanding with the United Nations Framework Convention on Climate Change in the margins of the twenty-third session of the Conference of the Parties to the Convention (COP23), and the launch of the special initiative to protect people living in small island developing States and the report submitted to the Seventy-third World Health Assembly in May 2020 on the implementation of the plan;

(PP5) Welcoming the initiative of the Director-General of WHO to host the first SIDS Summit for Health: For a Healthy and Resilient Future in Small Island Developing States on 28 and 29 June 2021;

(PP6) Welcoming the outcome statement of the SIDS Summit for Health agreed upon by the small island developing States that are Member States of WHO;<sup>2</sup>

(PP7) Noting the actions proposed in the SIDS Summit for Health Outcome for all partners to small island developing States to guide them in pursuing key actions needed to prevent and respond to the urgent threats faced by small island developing States;

(PP8) Acknowledging the commitments made by the Director-General to pursue the actions requested of the Secretariat in response to the SIDS Summit for Health Outcome, including on the establishment of a Leaders Group for Health, and the organization of a second SIDS Summit for Health in 2023,

OP1. ADOPTS the SIDS Summit for Health Outcome, which emphasizes the urgent health threats and needs of small island developing States with the aim of amplifying small island developing States' voice, promoting collaborative action and strengthening health and development partnerships and financing;

<sup>1</sup> Document EB150/24.

<sup>2</sup> SIDS Summit for Health Outcome : [https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f\\_5](https://cdn.who.int/media/docs/default-source/sids-summit/sids-summit-for-health---final-outcome-statement.pdf?sfvrsn=7a5db89f_5) (accessed 24 January 2022).

OP2. URGES Member States to strengthen their collaboration and partnership in support of small island developing States in addressing the various health needs and priorities as highlighted in the SIDS Summit for Health Outcome;

OP3. CALLS UPON all international, regional and national partners from within and beyond the health sector, to pursue the actions called for in the SIDS Summit for Health Outcome, and to promote the needs of and required actions for small island developing States;

OP4. REQUESTS the Director-General:

(1) to continue to pursue the commitments made before and at the SIDS Summit for Health, including:

(a) to support the SIDS Leaders Group for Health for high level advocacy and the SIDS Voices for Health Forum to drive further attention globally on the health threats and initiatives of the small island developing States, and collaboration across Member States;

(b) to support the leveraging of improved multisectoral financing for small island developing States and the strengthening of platforms as well as the creation of new platforms needed to better support small island developing States on specific urgent health threats, building on the successes of the recent United Nations Food Systems Summit (2021);

(c) to facilitate greater collaboration with other United Nations agencies across all levels and using available cooperation frameworks, as well as with regional organizations, and other multilateral and bilateral and nongovernmental partners;

to report to the Seventy-seventh World Health Assembly on the progress made and on the outcomes of the second SIDS Summit for Health to be held in 2023.

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b>	Outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States
<b>A.</b>	<b>Link to the approved Programme budget 2022–2023</b>
<b>1.</b>	<b>Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:</b>
	2.1.2. Capacities for emergency preparedness strengthened in all countries
	3.1.1. Countries enabled to address social determinants of health across the life course
	3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach
	3.2.1. Countries enabled to address risk factors through multisectoral actions
	3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures
	3.3.1. Countries enabled to address environmental determinants, including climate change
	4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform
<b>2.</b>	<b>Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b>
	Not applicable.

<p><b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the resolution:</b> Two years.</p>
<p><b>B. Resource implications for the Secretariat for implementation of the resolution</b></p>
<p><b>1. Total resource requirements to implement the resolution, in US\$ millions:</b> US\$ 3.35 million.</p>
<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 3.35 million.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Not applicable.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> Not applicable.</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> Not applicable.</p>
<p><b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the resolution in the current biennium:</b> US\$ 1.12 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 2.23 million.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

**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		
2022–2023 resources already planned	Staff	0.63	0.61	0.00	0.00	0.00	0.49	1.12	2.85
	Activities	0.10	0.10	0.00	0.00	0.00	0.10	0.20	0.50
	Total	0.73	0.71	0.00	0.00	0.00	0.59	1.32	3.35
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The Board was also invited to consider a draft resolution proposed by the United Arab Emirates, which read:

The Executive Board, having considered the report on WHO's implementation framework for Billion 3,<sup>1</sup> RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following resolution:]

The [Executive Board (del)] / [WHA], having considered the vast implications that the current [public] health[, environmental] and social crisis have on health promotion – the process of enabling people to take control over, and to improve their health and well-being;

(PP1) Noting [the outcomes of] the 10th Global Conference on Health Promotion [contained in the “Geneva Charter for Well-being”] and building on the legacy of the 1986 Ottawa Charter for Health Promotion and previous global conferences on health promotion;

(PP2) Reaffirming that health[, which] is a state of complete physical, mental [and] social [and spiritual] well-being, and not merely the absence of disease or infirmity[, is a fundamental human right] and that [the] enjoyment of the highest] attainment [standard] of [the highest possible level of (del)] health [is a fundamental human right] [requires (del)] / [that needs] the action of and investment by many other social and economic sectors in addition to the health sector;

- [Propose to split para as follows:

(PP2.1) Reaffirming that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity;

(PP2.2) Reaffirming further the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health (closely based on op.1, A/RES/74/2);

(PP2.3) Recalling the need to comprehensively address social, economic and environmental and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and health-in-all-policies approach, while

<sup>1</sup> Document EB150/24.

noting the role of public and private sector investment; (based on op.6, op.26 and op.41, A/Res/74/2).]

- [Proposal for consideration: (PP 2) Reaffirming that health is a state of complete physical, mental [and (del)] social [and spiritual] well-being, and not merely the absence of disease or infirmity and that enjoyment of the highest [attainable] standard of health is a fundamental human right that needs the action of and investment by many other social and economic sectors in addition to the health sector.]

(PP3) Recognizing that in order to reach a state of complete physical, mental and social well-being, [individuals, groups and communities (reservation)] must be able to identify and realize aspirations, satisfy needs, and play an active role to change or cope with the environment;

- Note: should proposal to split para PP2 not be agreed, reservation in PP3 above is in place
- Note: proposal to include reference to disabilities

(PP4) Recognizing that governments have a responsibility [to empower their people and create enabling environments for them (del)] / [for the health of their people[s] (del)] [including empowering and creating enabling environments for them] [through a whole-of-government [and Health in All Policies] approach (del)], which can be fulfilled only by the provision of adequate health and social measures [through multisectoral action [and that national efforts need to be supported by an enabling international environment (del)] (del)]

- Note: Prefer to retain the original language, which was from WHO Constitution

(PP5) Reaffirming that health inequities within and between countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable[, without breaching ecological limits (del)] , and that the promotion of health equity is essential to sustainable development and to a better quality of life and [socioeconomic] well-being for all[, which in turn can contribute to peace and security (del)]

(PP6) Recalling that multisectoral action on social[, climate (del)], environmental, economic and political determinants of health, both for the entire population [as well as the poorest and most vulnerable] / [and proportionate to the level of disadvantage of people in situations of vulnerability (del)], is essential to create inclusive, equitable, economically productive, resilient and healthy societies;

(PP7) Reaffirming that positioning human health and well-being as one of the key features of what constitutes a successful, inclusive and fair society in the 21st century is consistent with our commitment to [human rights (del)] / [ensure the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health] at national and international levels;

(PP8) Acknowledging the importance of national, international and global cooperation and solidarity for the equitable benefit of all people and the important role that multilateral organizations have in articulating norms and [guidelines (del)] / [guidance] and identifying and sharing good practices for supporting actions on economic and social determinants,

- NOTE: Should be “national, regional and global cooperation” or “national and international” (preference for the former)



## URGES MEMBER STATES TO:

(OP1) Strengthen health promotion and disease prevention, through public policies, [good governance of (del)] / strengthening the health systems including strengthening of the health workforce, education, health advocacy, health communication and health literacy, to create safe, healthy [and (del)] resilient [and sustainable] [communities and (del)] environments and enable individuals and communities[, including, among others those in situations of vulnerability (del)] / [as well as poorest and most vulnerable] / [people in vulnerable situations (del)] to take informed health decisions and improve health-seeking behaviour to improve health equity;

- NOTE: Include all building blocks of health systems or shorten to health systems and governance

(OP2) Accelerate efforts to ensure healthy lives and promote well-being and universal health coverage by 2030 for all throughout the life course, and in this regard reemphasize our resolve to:  
a. progressively cover one billion additional people by 2025 with quality essential health and mental health services and quality, safe, effective, affordable and essential medicines, vaccines, diagnostics and health technologies, and essential and quality assured health information, with a view to cover all people by 2030;

(OP3) Implement [most (del)] effective, high impact, quality-assured, people-centred, [sex- and gender-[sensitive] and disability[-]responsive, equity oriented, health literacy response and evidence-based interventions, mindful of cultural contexts that prevent all forms of discrimination[, including against indigenous peoples,] to meet the health needs of all throughout the life course, and [in particular [indigenous peoples,] those living with conditions of risk or in vulnerable situations (del)] / [as well as poorest and most vulnerable] / [people in vulnerable situations], [ensuring (del)] / [facilitating] universal access to nationally determined sets of integrated quality health services at all levels of care for the health promotion, prevention, diagnosis, treatment, care and rehabilitation in a timely manner;

- NOTE: throughout the text, should use “people in vulnerable situations” to be consistent with 2030 Agenda
- NOTE: There are two options proposed to refer to indigenous peoples; is it in the Chair’s discretion to identify the most appropriate option

(OP4) Support creating and establishing mechanisms for sharing evidence for developing high impact policies to promote and protect people’s physical, [and] mental [and social (del)] health and comprehensively address structural, social, economic, environmental[, climate (del)] and other determinants of health by working across all sectors through a whole-of-government, whole-of-society and health-in-all-policies approach and ensuring the capacities and investment for countries to implement high-impact policies being developed;

- NOTE: Can use either creating or establishing at the beginning of the sentence

[OP4 *bis* Institutionalize [as appropriate] innovative health promotion body with sustainable financing mechanism, based on countries contexts; to strengthen population-based health promotion implementation and ensure its resilience to future social and commercial determinants of health]

- NOTE: Tailor this para to the national context

(OP5) Take multi-sectoral action to [establish or create healthy environment and to] promote [active and (del)] healthy [environments (del)] / [lifestyles (del)], including promotion of [active aging] tobacco-free new generations[, protection from gambling and related harms], physical activity [and healthy diets] for the benefit of all people throughout their life course, and ensure a world free from hunger and malnutrition in all its forms, where all people are empowered to take responsibility for their own health supported by public regulatory measures [including to promote a safer environment and clean air[, as well as [regulatory] compliance of [regulatory (del)] products such as breast-milk substitutes, food, alcohol, and tobacco [industries (del)] (del)] (del)] and have access to safe drinking water and sanitation, [and hygiene promotion, ] quality air to breathe, safe, sufficient and nutritious and [sustainably produced (del)] food and enjoy diversified, balanced, [sustainable and (del)] healthy diets throughout their life course, with special emphasis on the nutrition needs of pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the [first (del)] / [critical] 1000 days including, as appropriate, through exclusive breastfeeding during the first six months, with continued breastfeeding to two years of age or beyond, with appropriate complementary feeding as well as the nutrition needs of the growing number of [seniors (del)] / [older adults];

- NOTE: Agreement to split para

[(OP6) Develop [as appropriate and in line with national context] quality, reliable, sustainable and resilient infrastructure, [and systems and capacity to support this] including regional and transborder infrastructure, to support [sustainable] economic development and human well-being, with a focus on affordable[, accessible] and equitable access for all (del para)]

- NOTE: Strengthen in accordance with the outcome of 10GCHP and interlinkages between health promotion and other SDGs

#### REQUESTS THE DIRECTOR-GENERAL TO:

[To develop in close consultation with Member States a global agenda/framework and plan of action on health promotion and well-being for sustainable development supporting national programmes aimed at achieving the highest attainable standard of physical and mental health, advancing action across sectors and at all levels, benefitting from the knowledge and experiences of other specialized organizations of the United Nations system and relevant partners, [where communication, participation and partnership are key words] as appropriate [wherein multiple stakeholders, multidimensional approaches and collaboration are the norm]; (proposal to have this para replace current paras 1, *alt* 1, 2 and 3)]

1. Develop a global strategy on achieving well-being building on the Agenda 2030 with its 17 SDGs and [to support] / [supporting (del)] programmes for physical, mental and social well-being at country, community and individual levels [covering the well-being in relation to economic, societal, environmental, digital and health care impact, advancing action across sectors (del)];
2. Develop a road map to guide countries in the implementation of the well-being concept [and strategy (del)] [in the field of health)] including [in the strategies of relevant sectors] [[the (del)] health [and] well-being and (del)] its determinants such as client orientation and satisfaction with services [healthcare delivery system], the physical well-being, the mental well-being [, addressing environmental determinants [including climate change (del)].] [and air quality] [the social participation] and the well-being at settings such as [cities, villages, (del)] / [communities] workplaces [and (del)] schools [and nursing homes [(for the elderly) (del)] / [older adults];
3. Develop [in close consultation with Member States] [the (del)] / [a] global plan of action for health promotion to support Member States to advance knowledge, skills and the active engagement of

other appropriate organizations of the United Nations system and international organizations and partners;

4. Provide technical support to Member States in their continuous efforts to strengthen their governance, financing structures, human resources and evidence generation for health promotion and well-being;

5. Recommend appropriate interdisciplinary research and measurement frameworks to assess the progress of the well-being agenda in the field of health and the global strategy for health promotion, building on the measurement systems of the Sustainable Development Goals;

6. Report back to the 154th session of the Executive Board and to the Seventy-seventh World Health Assembly on the challenges faced and progress achieved [in developing the framework, road map and strategy].

NOTE: There are reservations on the whole draft resolution.

The financial and administrative implications for the Secretariat were:

<b>Resolution:</b> Health promotion and well-being
<b>A. Link to the approved Programme budget 2022–2023</b>
<b>1. Output(s) in the approved Programme budget 2022–2023 to which this draft resolution would contribute if adopted:</b> 3.3.2. Countries supported to create an enabling environment for healthy settings
<b>2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b> Not applicable.
<b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b> Not applicable.
<b>4. Estimated time frame (in years or months) to implement the resolution:</b> Two years.
<b>B. Resource implications for the Secretariat for implementation of the resolution</b>
<b>1. Total resource requirements to implement the resolution, in US\$ millions:</b> US\$ 1.94 million.
<b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> US\$ 1.94 million.
<b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b> Not applicable.
<b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b> Not applicable.

<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b> Not applicable.</p>
<p><b>5. Level of available resources to fund the implementation of the resolution in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the resolution in the current biennium:</b> US\$ 1.94 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> Not applicable.</li> <li>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Not applicable.</li> </ul>

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.12	0.10	0.10	0.12	0.09	0.09	0.20	0.81
	Activities	0.11	0.10	0.11	0.11	0.11	0.10	0.50	1.13
	Total	0.23	0.20	0.21	0.23	0.20	0.19	0.70	1.94
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

<sup>a</sup> The row and column totals may not always add up, due to rounding.

The representative of GUYANA, introducing the draft resolution on the outcome of the SIDS Summit for Health, said that the Summit had been part of WHO's strategic action plan to address the particular needs of small island developing States in its programme of work. Leaders and health ministers at the Summit had agreed on a set of outcomes to complement WHO's programmatic work on the COVID-19 response, the impacts of climate change on health, nutrition, noncommunicable disease prevention, universal health coverage and primary health care. The draft resolution aimed to present those pre-agreed outcomes to the Board with the understanding that the text was not yet finalized and that governments should consider it during the intersessional period leading up to the forthcoming Health Assembly. He requested that the Board should approve that process for taking the draft forward.

The representative of the UNITED ARAB EMIRATES said that well-being was enshrined in the WHO Constitution and was at the core of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). It was therefore welcome that the paradigm shift towards prioritizing health promotion and well-being that had been announced at the Tenth Global Conference on Health Promotion was aligned with the priorities stated in the Director-General's report. Ongoing social, environmental and health crises made clear the need for a global framework and plan of action

in that regard. His delegation had therefore submitted in advance of the current Board session a draft resolution on health promotion and well-being, which had been the subject of constructive discussions and feedback. Since some of the proposed changes required further discussion, he requested that consideration of the draft resolution should be delayed until the Seventy-fifth World Health Assembly.

Another representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, outlined how the Regional Office for the Eastern Mediterranean was contributing to achieving the target of 1 billion people enjoying better health and well-being and how the implementation framework for achieving the third billion (“Billion 3”) target under the Thirteenth General Programme of Work, 2019–2023, was guiding Member States in the Region.

Regarding the WHO global strategy on food safety, she supported the update and endorsed the draft decision. Outbreaks of foodborne illness presented a considerable burden owing to weak regulations and inspection, lack of multisectoral coordination and unsound food production and delivery practices. The main concerns in the Region were lack of preparedness and efficient monitoring, and insufficient participation in international food safety bodies such as the Codex Alimentarius Commission and the International Food Safety Authorities Network. She called on the Secretariat to support Member States in: developing and enhancing their food safety systems; monitoring commodities; and improving risk assessments, investigations and response capacity.

The representative of KENYA, speaking on behalf of the Member States of the African Region, noted with satisfaction that the work to implement the Billion 3 target would be based on a strong commitment to equity. The COVID-19 pandemic had shown the importance of investing in prevention and health promotion; she therefore looked forward to transparent, inclusive implementation of the multiyear initiative for supporting national action on the social determinants of health.

As the WHO Region with the highest per capita incidence of foodborne illness, the African Member States welcomed the updated global strategy on food safety in the hope that it would guide government efforts to strengthen food safety systems and promote regional and global cooperation. The Secretariat’s commitment to supporting Member States in tailoring their national strategies to their individual situations was particularly welcome. She supported submitting the draft decision on the updated WHO global strategy for food safety to the Health Assembly; Member States should be involved in the development of its implementation plan.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Georgia, aligned themselves with her statement. She welcomed the report on the WHO global strategy for food safety and its recognition of the fundamental role of the Codex Alimentarius. She supported adopting the updated global strategy, but the use of country-specific road maps for its implementation should only be pursued where national circumstances required it.

Acknowledging the importance of traditional food markets in many regions, she expressed confidence that the risks associated with the sale of live animals in such markets could be mitigated through improved guidance. Practical tools and technical and financial support should be provided to countries to ensure the guidance was implemented. WHO should collaborate with UNEP, FAO, OIE and other relevant organizations, including the One Health High-Level Expert Panel, and consider the data from ongoing zoonosis research programmes. She requested a timeline for updates on the guidelines, additional guidance on the practical implementation of the six recommendations and more thorough risk assessments, as well as a timeline for an implementation plan for Secretariat support to countries, which should include regular updates.

Regarding the two draft resolutions, she observed that the Officers of the Board had decided in September 2021 not to include the issues in question on the current agenda. She expressed the hope that the Officers would indicate a future governing body session at which the draft resolution on the outcome of the SIDS Summit for Health would be discussed. Given the exceptionally heavy workload that was

expected leading up to the Seventy-fifth World Health Assembly, it would be preferable to consider the draft resolution on health promotion and well-being at the 152nd session of the Executive Board.

The representative of MALAYSIA said that the updated global strategy for food safety would improve health worldwide and guide Member States' efforts by providing an overall vision and strategic priorities. The strategy also complemented other areas of work, including nutrition, noncommunicable disease control and public health emergency prevention. She fully supported interlinkages with the work of the United Nations Food System Summit, the Codex Alimentarius Commission and FAO. Her Government remained committed to strengthening food systems regionally and globally, and supported the draft decision on adopting the updated global strategy.

The representative of TUNISIA thanked the Secretariat for the report on the WHO global strategy for food safety and described how international guiding principles had been integrated into his country's food safety laws and institutions. Those included a legal framework to modernize institutions in charge of food safety monitoring and evaluation, and a reform to group monitoring agencies for the entire supply chain under a single structure. He supported the draft decision contained in document EB150/25.

The representative of JAPAN expressed appreciation for the report on the implementation framework for the Billion 3 target, particularly its call for more efforts to reduce global health inequities. Her Government was highly interested in issues related to small island developing States. She highlighted the importance of tailoring health systems strengthening work to small island settings, for example through expanded digital health tools to reach remote areas and efforts to include village leaders in health activities.

She supported the draft decision on adopting the updated WHO global strategy for food safety and looked forward to receiving updates on the interim guidance and country support plans.

The representative of the REPUBLIC OF KOREA stressed the importance of active, enhanced exchange between competent food safety authorities through the International Food Safety Authorities Network. The Network's community website was an effective tool for risk communication. She strongly supported the strategic priorities set forth in document EB150/25, especially the adoption of a One Health approach for controlling foodborne antimicrobial resistance. The development of Codex Alimentarius standards on antimicrobial resistance was welcome, and her Government planned to support Codex Member Countries in building the necessary capacities to implement the standards. Real-time information-sharing and an advanced, collaboratively developed strategy were essential to protect food safety. Her Government stood ready to collaborate with other Member States in achieving the goals set in the WHO global strategy for food safety.

The representative of PERU said that strengthening the capacity of official food safety laboratories should be a priority for countries to ensure adequate official and scientific infrastructure was in place to monitor compliance with food safety regulations. A One Health approach was needed, not only to face new challenges such as antimicrobial resistance, but also to manage other risks that might affect the food supply chain. There should be greater cooperation between the health, food production, environment and trade sectors. The need for international coordination had become clear during the COVID-19 pandemic, when health care professionals in different countries had been forced to cooperate on food trade health certifications and the use of electronic documents for food exportation. She expressed support for the updated global strategy and described how its principles were being applied by her Government.

The representative of AUSTRIA highlighted the need to address the food safety challenges resulting from transformations in food systems, particularly the transition towards more sustainable systems. WHO and FAO should strengthen their collaboration and better align their strategies with a One Health approach and a joint implementation framework. He suggested promoting risk-benefit assessments that better integrated nutrition, toxicology, microbiology and epidemiology. He supported

adopting the draft decision on the updated global strategy. Initiatives to strengthen the health promotion and well-being agenda were also welcome.

The representative of SINGAPORE expressed support for the draft resolution on the outcome of the SIDS Summit for Health, noting that the text would undergo further consultations before the Seventy-fifth World Health Assembly. A multisectoral approach was needed to address the unique situation of small island developing States, which were extremely vulnerable to climate change and natural disasters, with health challenges that were exacerbated by a reliance on travel and tourism.

The representative of CHINA<sup>1</sup> said that implementation of the WHO global strategy served as the foundation for food safety. He supported the updated global strategy and suggested strengthening related work by: drawing data from Member States in different regions and varying levels of development when formulating Codex Alimentarius standards; providing technical support to Member States for implementing food safety standards; and encouraging food trade partners to put in place agile and effective information-sharing mechanisms. Food safety authorities should also strengthen their information systems to address the challenges posed by globalization. Research should be carried out into the new reality and problems of the global food industry, and guidance should be developed in consultation with Member States.

The representative of the PHILIPPINES<sup>1</sup> expressed support for both draft decisions, including the request that the Director-General should provide progress reports every two years on implementation of the updated WHO global strategy for food safety. His Government remained committed to strengthening its food control systems based on WHO's new recommended strategies. The Secretariat should provide technical support on using risk based food inspection and sampling techniques, and Member States should enhance their laboratory capacity and establish teams to generate scientific evidence and inform risk management decisions.

The representative of the UNITED STATES OF AMERICA,<sup>1</sup> welcoming the report on the updated WHO global strategy for food safety and WHO's efforts to align it with FAO's strategy, urged more transparency in how each organization would carry out its respective role and mandate. She stressed the importance of: strengthening and modernizing national food systems; supporting national capacity-building; sharing data, where appropriate, to realize a preventive food control system; strengthening the science base characterizing the relationship between climate change and emerging food contaminants; and ensuring that the Codex Alimentarius standards continued to be science and risk based. She called on all parties to ensure that the Codex Alimentarius Commission had the necessary resources.

The representative of THAILAND<sup>1</sup> said that the Secretariat should increase its support to countries in addressing the commercial determinants of health. It would be crucial to have political commitment on health promotion and well-being, improve country capacities, find innovative financing for health promotion and implement best buys. She supported the updated WHO global strategy for food safety, citing the need for coordinated efforts from stakeholders at all levels and an effective framework to translate the global strategy into national and subnational actions. The Secretariat should support Member States in strengthening their monitoring and evaluation frameworks.

The representative of CANADA<sup>1</sup> said that the Billion 3 target was fundamental to WHO's work and deserved the same momentum and support as the first two targets; she therefore welcomed continuing discussions on the draft resolution on health promotion and well-being. She strongly supported the updated WHO global strategy for food safety but suggested that Member State consultations should be held before finalizing the draft decision because Member States should be

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

encouraged to implement the global strategy within existing policies and plans, not by developing separate road maps.

Regarding the report on the sale of live wild animals of mammalian species, she supported clarifying the guidance to include other animals, such as birds, and enquired whether separate guidance would be developed for wild animals caught for trade. She recommended harmonizing the terminology used in the report, particularly related to “live wild animal sales” and “live-caught wild animals”, and clarifying references to local or international trade.

The representative of NORWAY,<sup>1</sup> expressing support for the draft decision on the updated WHO global strategy for food safety, emphasized the importance of WHO’s coordination with FAO in consultation with Member States and OIE in updating the global strategy. The efforts to coordinate the crucial initiatives taken by all three organizations to achieve the Sustainable Development Goals were particularly appreciated. Global food safety initiatives should apply a One Health approach.

The representative of BRAZIL<sup>1</sup> expressed appreciation for the Secretariat’s consultative work to update the WHO global strategy for food safety. However, some concepts required further refinement and would benefit from additional consultations before the Seventy-fifth World Health Assembly. It was important to integrate preventive and punitive actions to control the illegal trade in wild live animals in traditional markets. She appreciated the initiative by the United Arab Emirates to propose a draft resolution on health promotion. Given the complexity of the issue, however, there should be further discussion and consultations before action was taken. She also took note of the draft resolution on the outcome of the SIDS Summit for Health and looked forward to further discussion of the text.

The representative of FIJI,<sup>1</sup> speaking on behalf of the Member States of the small island developing States in the Pacific and aligning his statement with the statement made by the representative of Guyana, said that he sought Board members’ understanding and support for the proposed way forward for the draft resolution on the outcome of the SIDS Summit for Health. The recent volcanic eruptions in Tonga, Saint Vincent and other islands were a testament to the challenges and inequities faced by small island developing States. Many such States did not have permanent representation in Geneva, and the draft resolution’s sponsors had therefore been unable to provide the text prior to the current session of the Board. The time before the Seventy-fifth World Health Assembly should be sufficient to finalize the text, given the urgency that Pacific leaders attached to the issue, and he noted that a similar process had been approved for other draft resolutions.

The representative of AUSTRALIA<sup>1</sup> said that coordinated support for small island developing States should include a focus on human resources and the supply of quality medicines. He welcomed the draft resolution on the outcome of the SIDS Summit for Health and the draft decision on the updated WHO global strategy for food safety, but noted that implementation of the latter should take national circumstances into account. He also supported the draft decision on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets. The development of a global action plan on the One Health approach would be an important step in strengthening cross-sectoral collaboration to protect against zoonotic pathogens. There should be a stronger focus on establishing adequate risk assessment mechanisms, and national implementation plans should clearly articulate responsibilities, funding sources and timelines by sector.

The representative of INDONESIA<sup>1</sup> said that her Government recognized the importance of taking appropriate, multisectoral measures under a One Health approach to reduce public health risks associated with the sale of live wild animals of mammalian species in traditional food markets, as evidenced by a number of national regulations, guidelines and programmes. WHO’s work on urban health, health promotion and well-being within the implementation framework for the Billion 3 target

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



was welcome. The Secretariat should continue to strengthen Member States' capacity to promote health in cities.

The representative of BAHRAIN<sup>1</sup> welcomed the report on WHO's implementation framework for the Billion 3 target and took note of the draft resolution on the outcome of the SIDS Summit for Health. She supported the draft resolution on health promotion and well-being, as it would contribute to accelerating actions and fostering a vision of health that went beyond disease to include both physical and emotional well-being. She also supported the draft decisions on the updated WHO global strategy for food safety and on reducing public health risks associated with the sale of live wild animals and mammalian species in traditional food markets.

The representative of the MARSHALL ISLANDS<sup>1</sup> expressed support for the draft resolution on the outcome of the SIDS Summit for Health. Small island developing States faced distinct health challenges that posed a disproportionate burden on communities. It was crucial to take into account the needs of such countries, as highlighted in the outcome document of the Summit, and to strengthen Member State collaboration and partnership in that regard. He thanked the many donor countries and partners such as the United States of America and Taiwan, China, that had provided ongoing support to the Marshall Islands.

The representative of CHINA,<sup>1</sup> speaking in exercise of the right of reply, said that some Member States had made irresponsible remarks challenging the one-China principle and undermining the global solidarity achieved in the fight against the COVID-19 pandemic, to which he firmly objected. United Nations General Assembly resolution 2758 (XXVI) (1971) and World Health Assembly resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle. Participation of the Taiwan region<sup>2</sup> in the activities of international organizations must be guided by the one-China principle and by the reasonable arrangements agreed among a majority of Member States. The Taiwan<sup>2</sup> authorities refused to accept the one-China principle, and therefore the political foundation for their participation in the meetings of the Health Assembly no longer existed.

The Government of China attached great importance to the health and well-being of the people of Taiwan.<sup>2</sup> Since the outbreak of COVID-19, cross-Strait channels of communication had remained open, and the exchange of technical information had been maintained between the Taiwan region<sup>2</sup> and WHO. There had been no gaps in prevention and control efforts as alleged by certain Member States. Attempts by those delegations to use the meetings of the governing bodies to push for a two-China or one-China, one-Taiwan solution would not succeed. The Member States in question should instead focus on preventing and controlling epidemics and saving lives. Only through solidarity and cooperation could the pandemic be overcome.

**The meeting rose at 19:30.**

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

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

## **ELEVENTH MEETING**

**Saturday, 29 January 2022, at 09:00**

**Chair:** Dr P. AMOTH (Kenya)

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

#### **1. WHO'S IMPLEMENTATION FRAMEWORK FOR BILLION 3: Item 18 of the agenda (document EB150/24) (continued)**

- **WHO global strategy for food safety** (documents EB150/25, EB150/25 Add.1, EB150/26 and EB150/26 Add.1) (continued)

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, recognized the progress achieved towards the target of 1 billion more people enjoying better health and well-being but stressed the need to take into account the unequal progress across countries. She called on WHO to provide guidance on the work on health promotion and the well-being agenda as put forward by the Tenth Global Conference on Health Promotion.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, said that the categorization of obesity as a risk factor linked to unhealthy diets reflected a persistent misunderstanding. According to the Eleventh Revision of the International Statistical Classification of Diseases and Related Health Problems, obesity was a chronic, multifactorial disease that required prevention, management and treatment. The proliferation of siloed solutions would continue to hinder progress and result in more disability and death. WHO should make obesity a strategic priority, develop a global obesity action plan, consult with civil society and people with lived experience, and address the underlying social and commercial determinants of health.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, urged WHO to strengthen the global strategy for food safety in order to protect infants and children from unsafe foods and feeding practices. The labelling of products such as powdered commercial baby milks and ultra-processed foods should explicitly warn that such products were not sterile and may be contaminated with pathogens and toxic heavy metals. The toxic chemicals in such products, as well as in water and feeding equipment, put children at risk of cumulative chemical exposure. The global strategy should highlight the need for greater protection and support for breastfeeding.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), thanking participants for their comments and support, said that building healthy populations would continue to be a priority as one of the pillars of the Thirteenth Programme of General Work, 2019–2023. The Secretariat would support Member States to promote healthy lives and well-being and prevent disease by addressing its root causes. WHO was working on the development of a new report and framework on the social determinants of health and health equity, which would help to navigate challenges and measure trends. With respect to environmental risk factors, WHO had led the discussions on air quality guidelines at the Twenty-sixth United Nations Climate Change Conference and would

provide support to Member States to adapt and implement them at the country level. The Secretariat had taken on board the call to increase the support provided to small island developing States and would continue the joint work in that area. WHO was also working with FAO, OIE and UNEP to develop a global action plan on One Health.

The DIRECTOR (Nutrition and Food Safety) said that WHO would continue to work with partners, including FAO, to support the establishment of regulations aligned with the Codex Alimentarius and the improvement of capacities and laboratory infrastructure. To date, the Codex Trust Fund had supported 44 countries during its second phase, and the International Food Safety Authorities Network had handled 246 incidents in the year 2021. The Secretariat had established a new section of the Foodborne Disease Burden Epidemiology Reference Group to produce estimates of the global burden of foodborne diseases and would examine emerging hazards caused by climate change and food system transformation. In addition, foodborne diseases would be taken into account in the development of the global action plan on One Health. The Codex Alimentarius had approved a code of practice and surveillance guidelines regarding antimicrobial resistance. Lastly, the Secretariat was conducting assessments of traditional food markets to identify required action and best practice to protect the health of customers and food operators, and would broaden the scope of guidance and investigate the risks posed by additional animal species.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/24, EB150/25 and EB150/26.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on the WHO global strategy for food safety, contained in document EB150/25, and the draft decision on reducing public health risks associated with the sale of live wild animals of mammalian species in traditional food markets – infection prevention and control, contained in document EB150/26.

**The decisions were adopted.<sup>1</sup>**

The CHAIR suggested that consultations on the draft resolution on the outcome of the SIDS Summit for Health: For a healthy and resilient future in small island developing States, and on the draft resolution on health promotion and well-being should continue in the intersessional period to discuss the way forward.

**It was so agreed.**

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

**2. BUDGET AND FINANCE MATTERS: Item 19 of the agenda (continued)**

**Financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023: Item 19.1 of the agenda (document EB150/27)**

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<sup>1</sup> Decisions EB150(8) and EB150(9).

**Programme budget 2022–2023:** Item 19.2 of the agenda (documents EB150/28, EB150/29 and EB150/29 Add.1)

**Scale of assessments 2022–2023:** Item 19.4 of the agenda (document EB150/31)

**Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution: situation in respect of 2020:** Item 19.5 of the agenda (document EB150/32)

The CHAIR drew attention to the reports contained in documents EB150/27, EB150/28, EB150/29, EB150/31 and EB150/32 and to the recommendations of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 20, 29, 36 and 38 of document EB150/5.

**The Board noted the reports and concurred with the Committee’s guidance in respect of the financing and implementation of the Programme budget 2020–2021 and outlook on financing of the Programme budget 2022–2023; the Programme budget 2022–2023 and extending the Thirteenth General Programme of Work, 2019–2023 to 2025; the scale of assessments 2022–2023; and the status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution.**

The CHAIR invited the Board to consider the draft resolution contained in document EB150/29 on extending the Thirteenth General Programme of Work, 2019–2023, to 2025, the financial and administrative implications of which were contained in document EB150/29 Add.1. He also invited the Board to consider the draft resolution on the scale of assessments 2022–2023, contained in document EB150/31, and the draft resolution on the status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution, contained in document EB150/32.

**The resolutions were adopted.<sup>1</sup>**

The representative of FRANCE, expressing disappointment that participants had not been invited to take the floor to discuss the agenda items, called on the Secretariat to review the working practices of the Board in order to allow sufficient time for constructive discussions and ensure a collaborative process.

The CHAIR said that, in view of the heavy agenda and the time constraints, the Board’s discussions were being conducted as expeditiously as possible to ensure that all items could be considered within the time available.

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<sup>1</sup> Resolutions EB150.R4, EB150.R5 and EB150.R6.

**3. MANAGEMENT MATTERS:** Item 20 of the agenda (continued)

**Prevention of sexual exploitation, abuse and harassment:** Item 20.1 of the agenda (documents EB150/33, EB150/33 Add.1 and EB150/34) (continued from the tenth meeting, section 1)

The CHAIR invited the Board to consider the draft decision contained in document EB130/33 Add.1.

The representative of the RUSSIAN FEDERATION said that he was prepared to consider the draft decision but was not in a position to adopt it at the present stage. An opportunity to discuss the agenda item further was needed.

The CHAIR suggested that consideration of the agenda item should be suspended.

**It was so agreed.**

(For continuation of the discussion and the adoption of a decision, see the summary record of the twelfth meeting, section 4.)

**Evaluation: update and proposed workplan for 2022–2023:** Item 20.2 of the agenda (documents EB150/35 and EB150/49)

The CHAIR drew attention to the reports contained in documents EB150/35 and EB150/49 and invited the Board to consider the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB150/5, paragraph 51.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, reaffirmed the Region's commitment to evaluation as a fundamental tool to achieve results and learn, and recognized the importance of the synthesis of country programme evaluations as a means of improving WHO management processes. Country offices in the Region would adopt, adapt and institutionalize best practices and innovations in order to create greater impact. In that connection, she welcomed the corporate evaluation of the functional reviews of country offices in the African Region to be conducted in the year 2023, the findings of which would provide an opportunity to reflect on the organizational role of country offices. A new mid-term evaluation of the implementation of the Thirteenth General Programme of Work, 2019–2023, should be conducted to identify low-risk, high-yield opportunities and areas that required additional investment to achieve the triple billion targets. Such an evaluation would also generate the strategic directions for the fourteenth general programme of work.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, said that, in view of the time constraints, he would submit his suggestions regarding the in-depth evaluation of the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023, to the Secretariat.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, aligned himself with the statement made by the representative of Denmark and would also submit suggestions to the Secretariat.

The DIRECTOR (Evaluation), acknowledging the request for a new mid-term evaluation of the Thirteenth General Programme of Work, 2019–2023, said that the Secretariat would endeavour to include it in the proposed workplan for 2022–2023. The insights and lessons learned from the planned, ongoing and completed evaluations, including on WHO's transformation, WHO's results-based management framework, WHO's normative functions at the country level and the joint evaluation of

the Global Action Plan for Healthy Lives and Well-being for All, would be useful to the Secretariat and Member States in the development of the fourteenth general programme of work. The suggestions to be submitted by representatives would also be considered when planning the evaluation of the contribution of data and delivery to the implementation and impact of the Thirteenth General Programme of Work.

**The Board noted the reports, approved the Organization-wide evaluation workplan for 2022–2023 and concurred with the Committee’s guidance in respect of the evaluation update and proposed workplan for 2022–2023.**

**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE** (continued)

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

**4. STANDARDIZATION OF MEDICAL DEVICES NOMENCLATURE:** Item 14 of the agenda (documents EB150/14, EB150/14 Add.1 and EB150/14 Add.2)

**GOVERNANCE MATTERS:** Item 21 of the agenda

**Global strategies and plans of action that are scheduled to expire within one year:** Item 21.1 of the agenda

- **Global strategy and plan of action on public health, innovation and intellectual property** (document EB150/36)

The CHAIR drew attention to the reports contained in documents EB150/14, EB150/14 Add.1 and EB150/36 and invited the Board to consider the draft decision on the standardization of medical devices nomenclature contained in document EB150/14, the financial and administrative implications of which were contained in document EB150/14 Add.2. He also drew the attention of the Board to the draft decision proposed by Argentina, Bangladesh, Brazil, Colombia, Costa Rica, Ecuador, India, Indonesia, Kenya, Peru, Portugal, South Africa and Uruguay on the global strategy and plan of action on public health, innovation and intellectual property, which read:

The Executive Board, having considered the report on Global strategy and plan of action on public health, innovation and intellectual property, RECOMMENDS to the Seventy-fifth World Health Assembly the adoption of the following decision:

The Seventy-fifth World Health Assembly,

PP1 Having considered the report by the Secretariat on the global strategy and plan of action on public health, innovation and intellectual property;

PP2 Recalling resolutions WHA61.21, WHA62.16, WHA68.18 and WHA72.8, and decisions WHA71(9) and WHA73(11) on the global strategy and plan of action on public health, innovation and intellectual property that aims to promote new thinking on innovation and access to medicines;

PP3 Reiterating the essential role the global strategy and plan of action on public health, innovation and intellectual property plays in directing and coordinating WHO’s policies and programme on this interface, including the World Health Organization, World Intellectual Property Organization, World Trade Organization (WHO-WIPO-WTO) trilateral cooperation;

PP4 Stressing that the relationship, including the balance, among public health, innovation and intellectual property is a critical component of sustainable and resilient health systems as well as but not limited to the prevention, preparedness and response to health emergencies, including the ongoing COVID-19 pandemic and future pandemics;

PP5 Acknowledging the continued value of the principles and elements of work enshrined in the global strategy, which guide and frame the work of WHO on access to medicines and other health products;

PP6 Reaffirming the goals and objectives of the global strategy and action plan, and recognizing the important contribution and prioritization effort made by the Overall Programme Review of the global strategy and plan of action on public health, innovation and intellectual property;

PP7 Renewing our common concern about the pace of implementation of the global strategy and plan of action on public health, innovation and intellectual property by stakeholders as defined in the Appendix of the global strategy, which was further hindered by the challenges posed by the COVID-19 pandemic;

PP8 Noting the contribution that several activities within the Plan of Action might have in helping to meet targets set in the Sustainable Development Goals,

OP1. DECIDES to extend the time frame of the plan of action on public health, innovation and intellectual property from 2022 until 2030;

OP2. URGES Member States to:

OP(2.1) reinforce the implementation, as appropriate and taking into account national contexts, of the recommendations of the review panel that are addressed to Member States to the extent they are consistent with the global strategy and plan of action on public health, innovation and intellectual property;

OP(2.2) identify and share, through informal consultations to be convened by WHO at least every two years, best practices related to the implementation of actions within the Global Strategy and Plan of Action on Public Health, Innovation, and Intellectual Property (GSPA-PHI);

OP3. REITERATES to the Director-General the importance of allocating the necessary resources to implement the recommendations of the review panel addressed to the WHO Secretariat as prioritized by the review panel, to the extent they are consistent with the GSPA-PHI;

OP4. REQUESTS the Director-General to:

OP(4.1) continue to provide technical assistance and knowledge sharing that could enable countries to implement actions consistent with the GSPA-PHI;

OP(4.2) promote collaboration and coordination within and among countries and with relevant stakeholders, for the implementation of actions consistent with the GSPA-PHI;

OP(4.3) identify potential synergies of and challenges to ongoing work within the Secretariat for the implementation of actions consistent with the GSPA-PHI;

OP(4.4) conduct, in 2023, a review of the indicators included in the 2017 report of the expert review panel of the plan of action in consultation with Member States,<sup>1</sup> and to develop proposed revisions to align indicators with the new term of validity of the plan of action;

OP(4.5) report biennially to the World Health Assembly in 2024, 2026, and 2028 on the implementation of the GSPA-PHI and the present decision;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

OP5. ENCOURAGES non-State actors in official relations with WHO to engage with countries in the implementation of actions consistent with the GSPA-PHI.

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

<b>Decision:</b> Global strategy and plan of action on public health, innovation and intellectual property
<b>A. Link to the approved Programme budget 2022–2023</b>
<p><b>1. Output(s) in the approved Programme budget 2022–2023 to which this draft decision would contribute if adopted:</b></p> <p>1.3.1. Provision of authoritative guidance and standards on quality, safety and efficacy of health products, essential medicines and diagnostics lists</p> <p>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</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</p> <p>1.3.4. Research and development agenda defined and research coordinated in line with public health priorities</p>
<p><b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2022–2023:</b></p> <p>Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2022–2023 that cannot be covered by the approved Programme budget 2022–2023:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b></p> <p>Eight years.</p>
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<p><b>1. Total resource requirements to implement the decision, in US\$ millions:</b></p> <p>US\$ 33.15 million for the period from 2023 to 2030.</p>
<p><b>2.a. Estimated resource requirements already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>US\$ 3.83 million.</p>
<p><b>2.b. Estimated resource requirements in addition to those already planned for in the approved Programme budget 2022–2023, in US\$ millions:</b></p> <p>Zero.</p>
<p><b>3. Estimated resource requirements to be considered for the proposed programme budget for 2024–2025, in US\$ millions:</b></p> <p>US\$ 7.96 million.</p>
<p><b>4. Estimated resource requirements to be considered for the proposed programme budgets of future bienniums, in US\$ millions:</b></p> <p>US\$ 21.36 million (cumulative from 2026 to 2030).</p>



<p><b>5. Level of available resources to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <p>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 1.27 million.</p> <p>– <b>Remaining financing gap in the current biennium:</b> US\$ 2.56 million.</p>
<p>– <b>Estimated resources, not yet available, if any, which would help to close the financing gap in the current biennium:</b> Discussions are ongoing with Member States and other donors to mobilize additional resources.</p>

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
2022–2023 resources already planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	1.4	2.3
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	0.9	1.5
	Total	0.0	0.0	0.0	0.0	0.0	0.0	2.3	3.8
2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2024–2025 resources to be planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	2.9	4.8
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	1.9	3.2
	Total	0.0	0.0	0.0	0.0	0.0	0.0	4.8	8.0
Future bienniums resources to be planned	Staff	0.0	0.0	0.0	0.0	0.0	0.0	7.7	12.8
	Activities	0.0	0.0	0.0	0.0	0.0	0.0	5.1	8.5
	Total	0.0	0.0	0.0	0.0	0.0	0.0	12.8	21.4

<sup>a</sup> The row and column totals may not always add up, due to rounding.

Note: The difference between the total cost and the WHO headquarters cost is the total for investment in regions. At present, the work being carried out is in a fluid state where regional investment is planned to be scaled up, but the breakdown between regions is not yet finalized. The amounts required for headquarters as a whole are more easily calculated at present than for other major offices at the individual level.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, welcomed work on the standardization of medical devices nomenclature, which was crucial for providing timely diagnoses, monitoring diseases and well-being, providing treatment and ensuring good quality of life. It would also facilitate the selection, regulation, assessment and management of medical devices, thereby enabling them to reach the market more quickly, increasing availability and strengthening supply in health care systems. Although there had been an increase in the number of Member States in the Region with authorities mandated to regulate medical devices, implementation of robust regulatory systems remained slow, which impacted access to health products. WHO should continue to work with the four most widely used nomenclature systems towards full compliance with WHO's principles of governance, transparency, access, support mapping and harmonization. He welcomed the recommendations and supported the draft decision on the standardization of medical devices nomenclature.

With respect to the global strategy and plan of action on public health, innovation and intellectual property, he recognized the good progress made in implementing the eight priority actions.

The representative of FRANCE, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro and Albania, the country of the stabilisation and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia aligned themselves with his statement. As a global public good, the European Medical Device Nomenclature was, and would continue to be, freely and publicly available, downloadable and transparent. WHO's feasibility study had demonstrated that different nomenclatures for medical devices could co-exist without undermining each other. However, endless mapping of the different nomenclature systems used by Member States would be a waste of scarce resources. Unless the evidence on which the analysis had been based had changed fundamentally, he requested that the Secretariat should pursue its original goal of achieving one common, harmonized system. He therefore proposed that paragraph (a) of the draft decision on the standardization of medical devices nomenclature should be amended to read: "to continue the mapping and the use of the four nomenclature systems in WHO platforms and publications, with stakeholder collaboration, with the purpose of drafting a plan on the development of a WHO global nomenclature of medical devices".

Work under the global strategy and plan of action should continue in order to improve equity and access to safe, effective, quality and affordable medical products. The European Union strongly supported the Access to COVID-19 Tools (ACT) Accelerator and welcomed participation in the COVID-19 Technology Access Pool (C-TAP), in particular the sharing of technology through the Medicines Patent Pool Foundation. The European Union was ready to facilitate cooperation between health technology developers, manufacturers and investors, and to stimulate an enabling business environment, including by strengthening regulatory frameworks, supporting regional manufacturing hubs, reinforcing competitive markets and mechanisms for the voluntary transfer of technology, and stimulating research capacity. He wished to be added to the list of sponsors of the draft decision on the global strategy and plan of action.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the multiplicity of nomenclature systems for medical devices in the Region hindered communication between individuals and organizations and hampered management and regulation. It was therefore important to develop and ensure the availability of a unified nomenclature system for use by all stakeholders globally, and to develop a plan of action for implementation of the system by all Member States.

With respect to the global strategy and plan of action, the extension of its time frame would enable Member States to review progress and set benchmarks towards achieving universal health coverage under target 3.8 of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). He therefore requested the Secretariat to continue supporting the implementation of the global strategy and plan of action beyond 2022, while taking stock of lessons learned.

The representative of ARGENTINA said that the purpose, principles and elements of the global strategy and plan of action remained relevant and the challenges that had prompted its creation persisted. It was important to promote closer stakeholder collaboration, in particular with WIPO and WTO, to ensure a coherent approach to addressing the link between public health and intellectual property. To overcome difficulties in technology transfer and eliminate barriers to accessing vaccines, particularly coronavirus disease (COVID-19) vaccines, in developing countries, it was essential to establish and implement commitments and actions that fostered the local production of medicines, treatments, vaccines and other health technologies. Discussions at the third Fair Pricing Forum, organized by WHO with the support of the Ministry of Health of Argentina, had highlighted the importance of promoting transparency in medicine prices, which should go hand in hand with action to promote transparency on manufacturing costs, including the value chain.

The representative of the REPUBLIC OF KOREA highlighted the benefits of a harmonized global medical devices nomenclature system, including assisting regulatory authorities and businesses. The Secretariat should continue to provide updates on progress towards the standardization of a

nomenclature system. Her Government looked forward to constructive discussions on the related draft decision.

Although the global strategy and plan of action had led to improvements in research and development, regulatory capacity and technology transfer, the COVID-19 pandemic had underscored the need to accelerate action to strengthen regional regulatory collaboration, expand local production through the manufacturing of medical products and technology transfer related to research and development, and ensure equitable access.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking also on behalf of Australia, Canada, Israel, Japan and the United States of America, said that nomenclature must keep pace with the broad, complex and rapidly changing market of medical devices. He supported the overall objective of standardizing medical devices nomenclature globally. However, standardization should be treated as a regulatory necessity for patient safety, not as an information source initiative. The Secretariat must work closely and transparently with all stakeholders, including Member States, national medical device regulators, industry and the International Medical Device Regulators Forum. He remained concerned by the limited feedback on issues that had been repeatedly raised by stakeholders and sought clarification of how they would be addressed.

Further information should be provided on the resource requirements for the mapping between nomenclature and classification systems. WHO's costing exercise should include projections for ongoing maintenance of and updates to the mapping and efforts should be made to ensure that the exercise was cost neutral. He questioned why countries could not use established nomenclatures, such as the Global Medical Device Nomenclature, which was maintained by a non-profit organization, was freely accessible to all Member States and contained significantly more detail which could not be added to a simple identification system such as the European Medical Device Nomenclature. He therefore asked why WHO was not recommending the use of the Global Medical Device Nomenclature. He welcomed the proposal to update the Seventy-sixth World Health Assembly on progress and urged WHO to recognize the role that all stakeholders could play in the process.

The representative of COLOMBIA, outlining the steps taken by his Government to establish a national nomenclature system, acknowledged the importance of a standardized system, such as the Global Medical Device Nomenclature, for countries like Colombia that depended principally on imported medical products. Turning to the global strategy and plan of action, he recognized its role in strengthening the work of the Secretariat and reviewing the relationship between policies on intellectual property and public health, including access to medical products. It also continued to be highly relevant to the global COVID-19 response.

The representative of JAPAN, expressing support for the draft decision on the standardization of medical devices nomenclature, requested the Secretariat to work closely and transparently with relevant stakeholders, including Member States, industry and international medical device regulators, to ensure regulatory harmonization. Further information was needed on the resource requirements for the mapping activity, since it was a complex and challenging exercise. He encouraged the Secretariat to consider placing the Global Medical Device Nomenclature at the centre of that activity.

Regarding the global strategy and plan of action, he supported extending its time frame to 2030 but requested information on the related financial implications. Efforts should be made to minimize additional costs. It was vital to monitor implementation of the global strategy and plan of action through the Member State questionnaire to be conducted in the year 2022. The eight pillars of the global strategy and plan of action were essential to consider ways of improving access.

The representative of KENYA expressed appreciation for the framework for structured consultations between the Secretariat and Member States in the African Region, under the umbrella of the African Medicines Regulatory Harmonization Initiative and the African Union. As Chair of the Africa Medical Devices Forum, his Government was pleased to engage in the discussions and was ready to support the process through international exchange, peer-to-peer learning and the sharing of best

practices. The aim of developing a nomenclature system that was transparent and accessible to all should continue to guide the consensus-building process of the ongoing mapping exercise. The WHO Priority Medical Devices Information System would serve as a useful nomenclature reference tool for Member States.

Regarding the global strategy and plan of action, he noted the urgent need to review current intellectual property restrictions on access to medical products, including the use of the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) to promote public health and incorporate the lessons learned from the COVID-19 pandemic. He supported the proposed extension of the global strategy and plan of action beyond the year 2022.

The representative of the RUSSIAN FEDERATION expressed support for the mapping of the four main medical devices nomenclature systems, but requested further clarification of WHO's principles against which the devices were mapped, in the form of a detailed list of requirements, as well as a list of the activities that could benefit from the use of a specific nomenclature. The nomenclature system should be independent and translated into Russian. With respect to the global strategy and plan of action, the COVID-19 pandemic had demonstrated the need for coordinated action across countries to ensure access to innovation, effective medicines, medical technologies and vaccines. In view of the varying progress achieved among countries, she supported both the proposed extension of the time frame of the global strategy and plan of action and the related draft decision.

The representative of the SYRIAN ARAB REPUBLIC said that health services were based on two pillars: human resources and available medical devices. However, the number of nomenclature systems had increased in line with the development of medical devices, leading to differences in the systems used. That divergence had inhibited the use of medical devices and technologies. A standardized nomenclature and classification of medical devices was therefore necessary. She requested support in the adoption of a standardized nomenclature at the national level and asked whether a nomenclature term would be corrected if it had been used incorrectly in a WHO text.

The representative of MALAYSIA said that he strongly supported extending the time frame of the global strategy and plan of action beyond the year 2022. His Government had collaborated with regional and international counterparts to strengthen the regulatory control of medical products and improve global medicine pricing transparency in order to ensure access to safe, efficacious and high-quality medical products.

The representative of BRAZIL<sup>1</sup> said that he supported extending the time frame of the global strategy and plan of action to the year 2030. The actions therein were central to improving the resilience and sustainability of national health systems and increasing equitable access to health technologies, including during pandemics. He highlighted the need to ensure that such activities were fully funded and looked forward to a review of the progress indicators and to informal consultations for the sharing of best practice on the implementation of the global strategy and plan of action.

He supported the Secretariat's work on the standardization of medical devices nomenclature, which should generate efficiency gains in the management of public health and increase the transparency of product pricing and importation procedures. The main producers of medical devices should cooperate with WHO in efforts to promote effective international standardization.

The representative of THAILAND<sup>1</sup> expressed support for extending the time frame of the global strategy and plan of action beyond the year 2022 and wished to be added to the list of sponsors of the draft decision. The lessons learned from the COVID-19 pandemic could guide and expedite the implementation of the remaining work under the global strategy and plan of action. She emphasized the importance of collaboration with non-State actors and international organizations on public health,

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

innovation and intellectual property and requested their continued commitment to supporting the implementation of the global strategy and plan of action.

She commended WHO's work on the standardization of medical devices nomenclature and supported both the draft decision and the continued mapping of medical devices nomenclatures. The mapping activity and the use of the four nomenclature systems in WHO platforms and publications should take into account the accuracy of data, the updating of medical devices nomenclature, especially in emergency situations, and all types of medical devices.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> expressed concern at the lack of transparency and insufficient consultations with key stakeholders on the standardization of medical devices nomenclature. All stakeholders should receive timely access to comprehensive and accurate information. WHO should develop, in cooperation with stakeholders, a road map with specific goals and a methodology for the development of a mapping system.

He expressed disappointment that several elements and their corresponding indicators which were not part of the global strategy and plan of action nevertheless remained part of the implementation plan. He welcomed WHO's efforts to make progress on the goals and objectives of the global strategy and plan of action, which should be prioritized and informed by lessons learned from the global COVID-19 response. Given the current global momentum in support of increased equity in public health efforts and the continued relevance of many elements of the global strategy and plan of action, he supported extending the time frame beyond the year 2022. Although he supported the related draft decision, actions associated with the extension of the time frame must be consistent with the global strategy and plan of action.

The representative of the PHILIPPINES<sup>1</sup> said that a global standardized nomenclature system would result in better access to safe, effective and quality medical devices. He supported the continued mapping of the four nomenclature systems to create a harmonized nomenclature and welcomed WHO's collaboration with WIPO, WTO and other international organizations to promote the development of national legislation to reflect the public health flexibilities provided in the TRIPS Agreement. To tackle the shortages of and lack of access to COVID-19 vaccines and medical supplies, it was necessary not only to waive patents but also to address bottlenecks in production, distribution and access to raw materials, as well as constraints in global supply.

The representative of NORWAY<sup>1</sup> supported the draft decision on the global strategy and plan of action and wished to be added to the list of sponsors. The global strategy and plan of action was necessary to promote innovation, build capacity, improve access and mobilize resources for health products, which in turn were necessary to ensure equitable access. Her Government had worked with the Regional Office for Europe to establish the Oslo Medicines Initiative to facilitate dialogue with all stakeholders on ways of improving access to effective, novel, high-priced medicines. Transparency, solidarity and sustainability underpinned the Initiative.

The representative of SPAIN<sup>1</sup> said that the European Database on Medical Devices was a freely accessible and transparent database. She supported the development of a single harmonized nomenclature system that was freely accessible and could function alongside other existing nomenclature systems, given that the continued mapping of different nomenclatures was neither efficient nor useful.

The representative of CANADA<sup>1</sup> said that WHO's ability to bring together global expertise to agree on a prioritized research and development agenda had been instrumental to the global COVID-19 response. She supported the continued focus on close collaboration between WHO, WIPO and WTO, which was necessary to support Member States in their efforts to address COVID-19 and strengthen

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

access to medicines. She requested clarification of whether WIPO and WTO had been engaged in the development of the upcoming report on the use of the flexibilities under the TRIPS Agreement.

In view of the proposed extension of the time frame of the global strategy and plan of action, she requested that future reporting should provide Member States with a more comprehensive picture of how the activities under the global strategy and plan of action related to or reinforced WHO's work under other mandates on issues such as research and development, regulation of health technologies and access to medicines. Clarification was needed of how the global strategy and plan of action would be leveraged and how duplication with the implementation of recommendations from reviews of the COVID-19 response would be avoided.

The representative of INDONESIA<sup>1</sup> said that she supported the mapping of existing nomenclature systems to establish an effective strategy for the standardization of medical devices nomenclature. She expressed support for the proposed extension of the time frame of the global strategy and plan of action, comprehensive implementation of which would contribute to promoting equity in global health. However, implementation of the global strategy and plan of action should take into account both the country context and the results of scientific processes aimed at elevating the scientific value of locally produced, natural herbal medicines and products. She welcomed the second Member State survey to be conducted by the Secretariat and hoped that it would help to clarify the next steps and the need for any adjustment.

The representative of AUSTRALIA<sup>1</sup> said that she did not support the change proposed by the representative of France. Good-quality nomenclature for the accurate identification of medical devices and their characteristics was critical for patient safety and recall purposes. She encouraged Member States to use the Global Medical Device Nomenclature, which was freely accessible. WHO should work more collaboratively with the International Medical Device Regulators Forum and other stakeholders on harmonization, where appropriate, and should carefully consider the financial and technical resources required for any future work on the issue and the impact that it could have on existing nomenclature systems. She supported the draft decision on the standardization of medical devices nomenclature, in particular the proposal to update the Seventy-sixth World Health Assembly on progress, including on engagement with all stakeholders.

The representative of SOUTH AFRICA,<sup>1</sup> highlighting the continued relevance of the global strategy and action plan and the importance of ensuring its full implementation, particularly in the context of advancing equitable, timely and affordable access to medicines, vaccines, diagnostics and all countermeasures, expressed support for its proposed extension to the year 2030. She urged WHO to strengthen collaboration with WIPO and WTO so that any intellectual property issues could be dealt with.

The representative of CHINA<sup>1</sup> said that the WHO Global Observatory on Health Research and Development was valuable in identifying priorities for investment in research and development for health. The Global Observatory and the WHO Science Council should continue to provide the basis for WHO's research guidelines. He expressed concern about decision-making mechanisms, however, and suggested that the Director-General should pay close attention to the project on research and development funding flows for neglected diseases (G-FINDER) so as to better allocate and expand funding based on previous progress by maintaining a full grasp of the available data and situation with regard to neglected disease research and development. He supported extending and continuing to implement the global strategy and plan of action; the follow-up plan should be based on available resources and the research conducted in the previous period and take into account COVID-19-related research and innovations in health technology.

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

The representative of COSTA RICA<sup>1</sup> acknowledged efforts to improve and accelerate technology transfer between developed and developing countries and to promote the implementation and management of intellectual property to maximize health innovations. She welcomed the information on multistakeholder collaboration aimed at achieving equitable access to health products and hoped that the principles of C-TAP would be applied in the extension of the global strategy and plan of action and to other initiatives on ensuring timely, equitable and affordable access to medical products that were necessary to tackle the current and future health emergencies.

The representative of the DOMINICAN REPUBLIC<sup>1</sup> said that her Government wished to be added to the list of sponsors of the draft decision on the global strategy and plan of action and supported its extension to the year 2030. The global strategy and plan of action would be a fundamental element of discussions on measures to counteract the current and future pandemics, particularly with regard to ensuring equitable access to medical countermeasures.

The representative of IAEA said that her organization was working closely with WHO on guidance documents, including on technical specifications for radiotherapy equipment for cancer treatment, and had participated in meetings to develop an international classification and nomenclature of medical devices as part of a group of experts. She looked forward to continuing to contribute to the work in that area, in order to support the achievement of the Sustainable Development Goals and the improvement of patient safety, access to medical devices for universal health coverage, and quality of health care.

The representative of UNAIDS said that the global strategy and plan of action, together with WHO's other relevant documents, provided UNAIDS with strategic guidance and policy coherence to support Member States in improving access to health technologies. Barriers to health technologies persisted, leaving vulnerable people behind, including children. Collective efforts were therefore needed to promote access to innovative and affordable health technologies to address HIV, as well as its co-infections and co-morbidities, and to develop HIV vaccines and a cure.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, commended WHO and civil society groups for their efforts to improve equitable access during the COVID-19 pandemic, despite reluctance from pharmaceutical companies and Member States to coordinate research and development, share know-how and technology, develop health tools as public goods and waive intellectual property rights. He supported extending the time frame of the global strategy and plan of action to 2030 and welcomed a policy space to share best practices on implementing the elements of the global strategy and plan of action.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that delinking the cost of COVID-19 vaccines from the large amounts of funding for public research and development had contributed to their affordability, thereby underlining the importance of open innovation and the delinking of innovation costs from the price of health products. He urged governments to extend the time frame of the global strategy and plan of action and called on WHO to fully fund its implementation from the core budget, which could be enhanced by an increase in assessed contributions.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the prevailing inequity in access to health technologies, which had been painfully exposed by the COVID-19 pandemic, demonstrated that the global strategy and plan of action remained a work in progress. Welcoming WHO's commitment to improving research capacity and promoting technology transfer, he commended the governments and public entities that were supporting the growth of C-TAP and noted the vital role played by the Medicines Patent Pool Foundation

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

in the global response to COVID-19. At a time when Member States were poised to negotiate a new instrument to respond to pandemics, it was critical to fulfil previous commitments, especially when doing so would reinforce national capacities for preventing and responding to medical emergencies.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the mapping of nomenclature systems had not revealed any universal standards or appropriate solutions and expressed concern that the lack of a standardized nomenclature would compromise access to and affordability of medical devices. He therefore called on the Board to continue working towards a standardized nomenclature. Consultations with the medical devices industry should serve the public interest. He supported extending the time frame of the global strategy and plan of action and highlighted the need for adequate resource allocation and prioritization to accelerate results.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that access to medicines for all would not be achieved until governments reformed the incentives to invest in research and development, which should no longer be tied to product prices or to grants from monopolies. WHO should create a working group to discuss, propose and evaluate strategies to progressively delink research and development incentives from high prices or monopolies. He called on Member States to support the Secretariat in promoting transparency in, and understanding of, the costs of research and development in order to support the development of alternative policy measures that would reduce prices.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked Member States for their comments and their support for extending the time frame of the global strategy and plan of action to the year 2030. The global strategy and plan of action formed the backbone of WHO's work on access to medicines and innovation. Synergies existed between the global strategy and plan of action and WHO's ongoing activities, including the messenger RNA vaccine technology transfer hub, C-TAP and efforts to increase local production, as well as through its collaboration with all stakeholders working in the area of innovation, intellectual property and access to medicines. Tripartite collaboration with WIPO and WTO would continue, in addition to cooperation with other organizations such as UNDP, the Medicines Patent Pool Foundation and UNAIDS. Lessons learned from the COVID-19 pandemic would guide the implementation of the global strategy and plan of action.

The COVID-19 pandemic had demonstrated that medical devices could save lives during emergencies. It was important to link the discussion on the standardization of medical devices nomenclature with the discussion on noncommunicable diseases; people living with noncommunicable and chronic diseases needed medical devices as much as they needed medication. Many countries did not have a nomenclature system in place, which demonstrated the need for a standardized nomenclature. WHO had organized more than 40 consultations with stakeholders to discuss the standardization of nomenclature and address issues such as lack of transparency. WHO would not adopt the Global Medical Device Nomenclature because it did not meet WHO's principles. The Secretariat would continue to engage with Member States on the topic and was expanding prequalification to include some medical devices.

The representative of the SYRIAN ARAB REPUBLIC requested a response to the question that she had asked the Secretariat earlier on a mechanism for correcting any nomenclature term that had been incorrectly used in a WHO text.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) said that documents related to medical devices were reviewed regularly and that any discrepancy notified by Member States was adjusted and corrected.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/14, EB150/14 Add.1 and EB150/36.



**The Board noted the reports.**

The SECRETARY read out the proposed amendment to the draft decision on the standardization of medical devices nomenclature, contained in document EB150/14. Paragraph (a) would be amended to read:

“to continue the mapping and the use of the four nomenclature systems in WHO platforms and publications with stakeholder collaboration, with the purpose of drafting a plan on the development of a WHO global nomenclature of medical devices”.

The representative of JAPAN, referring to Rule 33 of the Rules of Procedure of the Executive Board, sought clarification as to whether the requirement for presenting amendments with 24 hours' notice was being waived.

The representative of GUINEA-BISSAU expressed support for the proposed amendment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that delegations had not been given sufficient time to consider the proposed amendment. She proposed that the discussion on the draft decision should be suspended to allow for further consultations during the intersessional period with the aim of reaching consensus.

The representative of the OFFICE OF THE LEGAL COUNSEL, responding to the question raised by the representative of Japan, clarified that the Chair could permit the discussion and consideration of amendments, even though they had not been circulated or had only been circulated the same day.

The representative of AUSTRIA, emphasizing the importance of finding a solution, proposed that the proposed amendment should be inserted in the draft decision in square brackets to facilitate its consideration during the intersessional consultations.

The representative of JAPAN concurred with the proposal by the representative of Austria. Although the proposed amendment appeared small, it had significant implications. As the original text had been carefully drafted to balance various aspects and allowed for the possibility of considering several options, he had difficulty in supporting the proposed amendment. However, he remained optimistic that a compromise could be reached.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> supported the proposal to continue the discussion during the intersessional period.

The CHAIR took it that the Board wished to adopt the draft decision on the standardization of medical devices nomenclature contained in document EB150/14, with the inclusion of the proposed amendment in square brackets, with a view to discussing it during the intersessional period.

**The decision, as amended, was adopted.<sup>2</sup>**

The CHAIR took it that the Board wished to adopt the draft decision on the global strategy and plan of action on public health, innovation and intellectual property.

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

<sup>2</sup> Decision EB150(10).

**The decision was adopted.<sup>1</sup>**

**WHO reform: involvement of non-State actors in WHO's governing bodies:** Item 21.2 of the agenda (documents EB150/37 and EB150/37 Add.1)

**Engagement with non-State actors:** Item 21.3 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB150/38)
- **Non-state actors in official relations with WHO** (documents EB150/39 and EB150/39 Add.1)

The CHAIR drew attention to the reports contained in documents EB150/37, EB150/38 and EB150/39 and invited the Board to consider the draft decision on the involvement of non-State actors in WHO's governing bodies, contained in paragraph 22 of document EB150/37, the financial and administrative implications of which were set out in document EB150/37 Add.1. He also invited the Board to consider the draft decision on engagement with non-State actors, contained in paragraph 21 of document EB150/39, the financial and administrative implications of which were contained in document EB150/39 Add.1. He also drew the attention of the Board to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in paragraph 61 of document EB150/5.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended WHO's increased engagement with non-State actors at the regional and country levels. At its sixty-seventh session, the Regional Committee for the Eastern Mediterranean had adopted a decision on a procedure for accrediting non-State actors not in official relations with WHO to participate, without the right to vote, in meetings of the Regional Committee, in line with the provisions of the Framework of Engagement with Non-State Actors. However, the report contained in document EB150/38 did not fully reflect the extent of the Region's engagement with non-State actors. Resources and supervision were required in order to implement the Framework of Engagement with Non-State Actors, and the establishment of a regional committee had been proposed in order to enhance accountability and coordination. He supported the draft decision on engagement with non-State actors and the proposed measures on the way forward, and encouraged greater engagement with non-State actors and dialogue with Member States.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, underscored the importance of the participation of non-State actors in WHO's governing bodies meetings. He supported the timely organization of the informal meetings between non-State actors, Member States and the Secretariat, and encouraged the active participation of Member States. He expressed support for the proposals to open three agenda items for constituency statements at the Seventy-fifth World Health Assembly; organize annual informal meetings over a period of two to three weeks during the four to six weeks before the Health Assembly; and present a report on the experience of hearing constituency statements during the Seventy-fifth World Health Assembly and the 150th session of the Executive Board, to the Executive Board at its 152nd session.

Regarding implementation of the Framework of Engagement with Non-State Actors, he highlighted the achievements of the African Region in increasing engagement with non-State actors and requested additional resources to facilitate that work, including to provide timely clearance of proposals for engagement. He supported the draft decision on engagement with non-State actors.

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<sup>1</sup> Decision EB150(11).

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> said that the current model of engagement with non-State actors worked for neither non-State actors nor Member States. He therefore welcomed proposals to improve non-State actor involvement through informal meetings but agreed that more advance notice would be needed and that Member States and non-State actors would need to be involved in their organization. He supported the proposal for a new trial of the informal meeting ahead of the Seventy-fifth World Health Assembly and the continued testing of constituency statements as a means of including non-State actors in discussions. However, clarification was needed as to how the agenda items for testing constituency statements would be selected and whether the aim was for all items to be open to constituency statements only in future. The use of constituency statements could result in the loss of the voices of more diverse non-State actors. Non-State actor engagement should be meaningful, ongoing and extend beyond governing bodies meetings; domestic and global engagement was also necessary, including during early policy development.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> welcomed efforts to strengthen the meaningful involvement of non-State actors in the meetings of WHO's governing bodies, as well as more routinely at WHO. She welcomed the informal meeting with non-State actors held before the Seventy-fourth World Health Assembly but called for more advance preparation to facilitate the participation of Member States and non-State actors and produce more meaningful outcomes. A dedicated period should be allotted to non-State actors in order to improve their exchanges with Member States and the Secretariat. Expressing concern that the implementation of constituency statements might not allow for the diverse voices of non-State actors to be heard, she strongly encouraged the Secretariat to seek additional feedback from stakeholders on their views of the proposed statement models and other options for meaningful engagement in the second trial period. Non-State actors had been critical to the development, distribution and delivery of vaccines, therapeutics and other medical countermeasures in the COVID-19 pandemic and their meaningful engagement would also help to address future pandemics. More effective and efficient collaboration would avoid the duplication of work and miscommunication that could undermine joint aims and efforts.

The representative of CANADA,<sup>1</sup> underlining the important role of non-State actors in achieving the Organization's goals, said that she supported the organization of an informal meeting with non-State actors prior to the Health Assembly. The informal meeting planned in advance of the Seventy-fifth World Health Assembly should be treated as an opportunity to pilot and evaluate the meeting modalities and timing, before establishing it as a permanent practice. Participants would benefit from more structured discussions using guiding questions to help to make the best use of time. Non-State actors should continue to have the option to deliver individual statements on all agenda items, with a reasonable limit on the number of individual statements that a non-State actor could deliver. The Secretariat should work with non-State actors to identify the agenda items where constituency statements would be most valuable.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed WHO's efforts to increase engagement with non-State actors. She asked Member States to indicate the expertise that they required from non-State actors before each consultation. Non-State actors should be able to provide constituency statements as well as individual statements, so that each organization could provide input based on its specific area of expertise. She suggested that, for agenda items open to constituency statements, non-State actors should still be permitted to submit individual statements to the WHO website.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, was pleased to note the launch of the WHO Youth Council and called on the Secretariat and Member States to welcome the Council as a meaningful

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

new instrument for broad and impactful youth engagement. Noting with concern the decrease in engagement with non-State actors at WHO high-level meetings, she stressed the importance of improved engagement with civil society and urged the Secretariat and Member States to urgently find new and innovative ways of engaging virtually, including through one-to-one interactions with non-State actor delegations.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that more notice must be given of the informal meetings held before the Health Assembly, and non-State actors must be involved in the selection of agenda items. She strongly encouraged consultation with non-State actors before making a final decision on the implementation of constituency statements, as the resources and time required to prepare them was disproportionate to their impact. Furthermore, constituency statements should not prevent the delivery of individual statements.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, commended WHO's creation of frameworks to improve engagement with non-State actors and amplify the voices of youth organizations. Informal meetings between non-State actors and the Secretariat should continue to be held before the Health Assembly. She emphasized the importance of the proposed feedback sessions. Although constituency statements were useful, individual statements ensured that the voices of non-State actors were not limited or generalized and should continue to be given ample time.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, stressed the need for greater meaningful engagement with non-State actors and called on Member States to prioritize interactions with non-State actors by actively participating in the informal meetings and systematically sharing draft documents and resolutions with civil society organizations. Regarding the new processes, including constituency statements, the lack of transparent and open dialogue and lack of time and support provided to non-State actors was regrettable.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that feedback from civil society organizations had been marginalized by the current top-down process, which rendered their engagement mere tokenism. She called on Member States not to endorse paragraphs (a) and (b) of the draft decision on the involvement of non-State actors in WHO's governing bodies, and to instead call for a diverse working group of Member States and civil society organizations to review and develop proposals for meaningful engagement and report back to the Executive Board at its 152nd session.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the proposal to create a global constituency and to group non-State actors' statements risked diluting their voice and limiting their meaningful participation in discussions and in finding solutions to current health challenges. The Secretariat and Member States should review their decision and continue working to achieve consensus on a satisfactory proposal for a way forward.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the World Obesity Federation, welcomed the proposals for more meaningful engagement and urged WHO to establish a multistakeholder working group to develop a more systematic approach to engagement with non-State actors. The Secretariat and Member States should involve non-State actors in the development of the agendas for informal meetings, providing enough time for their input and further incentives for Member State participation; ensure that informal discussions did not replace comprehensive online consultations on key documents; and reinstate official side events as a valuable platform for engagement.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that the continued trialling of mandatory constituency statements

further restricted civil society's decreasing space. A working group should be established to develop a more systematic approach to engagement, including consultations early in the preparation of technical documents to provide clear technical and community perspectives from the outset; informal discussions with Member States to raise key outstanding issues before governing bodies meetings, with the involvement of civil society in setting the agenda; and voluntary constituency statements, with clear guidelines on minimum constituency size and the allocation of additional time, rather than continuing to curtail the time allotted to individual statements.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that a permanent online record of non-State actors' statements delivered during WHO meetings should be created for the long-term review of ideas and inputs. It would also be useful to allow non-State actors to participate in or observe deliberative sessions, as had been done in relation to the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, in order to enable global organizations to better understand the complex policy challenges underlying the pandemic response and other issues, and to provide their insight and experience.

The representative of the INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS, speaking at the invitation of the CHAIR, welcomed WHO's efforts to increase meaningful engagement with non-State actors. He urged the Secretariat and Member States to allow sufficient opportunities for non-State actors to submit individual interventions. If constituency statements were retained, an effective, accessible and transparent mechanism must be implemented to facilitate connections between non-State actors, so that all relevant expertise could be captured in the official record.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that mandatory joint statements weakened the contributions of individual non-State actors and blurred the identities of the four groups defined in the Framework of Engagement with Non-State Actors. WHO's credibility depended on it having a correct institutional conflict of interest policy. The chaos concerning the statements illustrated why "economic actors" and their front groups, which had no democratic accountability and undermined the regulation of corporate malpractice, should not be admitted into official relations with WHO.

The DIRECTOR (Health and Multilateral Partnerships), thanking participants for their comments, said that a heavier agenda and increased requests to speak had put pressure on intervention times for all delegates. Noting the dissatisfaction of Member States and non-State actors alike, he recognized the need to further explore how to achieve more meaningful engagement. Responding to a request for clarification from the representative of the United Kingdom of Great Britain and Northern Ireland, he said that the agenda items selected for constituency statements had been decided very late. In future, the Secretariat would endeavour to make the selection earlier and in consultation with non-State actors. He acknowledged the need for more advance notice of consultations, informal meetings and agenda items; the request to allow individual statements as well as constituency statements; and the need for further consultation with both non-State actors and Member States on the modalities.

On the basis of the draft decision on the involvement of non-State actors in WHO's governing bodies, contained in paragraph 22 of document EB150/37, he proposed to organize a meeting with non-State actors in February 2022 to consult on the planning of the informal meeting before the Health Assembly and on the constituency statements, with the engagement modalities being discussed at the informal meeting. Individual statements would be allowed, even for agenda items open to constituency statements. As the majority of non-State actors in official relations with WHO were nongovernmental organizations, there could be up to three constituency statements from those organizations, which would need to be joined by at least five nongovernmental organizations. A single constituency statement would be allowed from each of philanthropic foundations and international business associations, which would

need to be joined by at least three foundations or international business associations. Those modalities would not require any changes to the draft decision.

The CHAIR took it that the Board wished to note the reports contained in documents EB150/37, EB150/38 and EB150/39 and concur with the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in paragraph 61 of document EB150/5.

**The Board noted the reports.**

The CHAIR took it that the Board wished to adopt the draft decision on the involvement of non-State actors in WHO's governing bodies, contained in paragraph 22 of document EB150/37.

**The decision was adopted.<sup>1</sup>**

The CHAIR took it that the Board wished to adopt the draft decision on engagement with non-State actors, contained in paragraph 21 of document EB150/39.

**The decision was adopted.<sup>2</sup>**

**Provisional agenda of the Seventy-fifth World Health Assembly and date and place of the 151st session of the Executive Board:** Item 21.4 of the agenda (documents EB150/40 and EB150/41)

The CHAIR drew the attention of the Board to the report contained in document EB150/40 and the draft decision contained therein on the provisional agenda of the Seventy-fifth World Health Assembly.

The SECRETARY said that the draft provisional agenda would be updated to reflect the agreement that the Working Group on Sustainable Financing would continue to meet during the intersessional period and would submit a report to the Seventy-fifth World Health Assembly. She also noted that, pursuant to the Board's decision on a standing committee on health emergency (pandemic) prevention, preparedness and response, the terms of reference would be considered by the Board at its 151st session, not by the World Health Assembly. Item 4.1 of the draft provisional agenda on procedures for the conduct of the election of the post of Director-General could be deleted if the Health Assembly was held as a physical, rather than a virtual, session.

The CHAIR said that the election of the Director-General would be conducted by secret ballot. However, as the COVID-19 pandemic might evolve over the coming months, it would be prudent to provide for contingency arrangements, should it not be possible to hold the Seventy-fifth World Health Assembly as a physical or hybrid session. He therefore proposed that, in the event that limitations on physical meetings precluded the holding of the Seventy-fifth World Health Assembly as envisaged, adjustments to the secret ballot arrangements should be made by the Officers of the Seventy-fourth World Health Assembly in consultation with Member States and the Director-General.

**It was so agreed.**

The representative of GUINEA-BISSAU, speaking on behalf of the Member States of the African Region, expressed support for the draft decisions on the provisional agenda of the Seventy-fifth World

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<sup>1</sup> Decision EB150(12).

<sup>2</sup> Decision EB150(13).

Health Assembly and on the date and place of the 151st session of the Executive Board set out in documents EB150/40 and EB150/41 respectively.

The representative of ISRAEL<sup>1</sup> said that for years, the Health Assembly had included a stand-alone item on its agenda on the health situation of the Palestinians. It was the only political item on the agenda, yet it took up valuable limited time and did not benefit anyone. The report contained in document EB150/18 presented WHO's work in the most serious health emergencies of the past year, and the Palestinian situation was not among them. WHO was not the appropriate forum for discussing the Israeli–Palestinian conflict: the Palestinian and Syrian delegations must not be allowed to politicize a specialized, professional organization. As in past years, his Government would continue to work with the Palestinians and welcome all programmes and assistance intended to improve their health conditions.

The Observer of PALESTINE said that the agenda item on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was, in fact, a health issue and not a political one. The Board should not find it necessary to make any change to the draft provisional agenda in that regard.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB150/40.

**The decision was adopted.<sup>2</sup>**

The CHAIR drew the attention of the Board to the report contained in document EB150/41 and the draft decision contained therein on the date and place of the 151st session of the Executive Board.

He took it that the Board wished to adopt the draft decision.

**The decision was adopted.<sup>3</sup>**

The representative of AUSTRIA said that, while there had been rich, constructive discussions on a range of important matters during the current session and there was a greater awareness of the elements required to strengthen WHO, the Board was still not acting as intended under the WHO Constitution and its own Rules of Procedure. In particular, it had not taken a firm decision on a number of issues, including sustainable financing of WHO, leaving the Organization in a critical situation. The Board must stop holding its discussions in the form of a long series of interventions that did not make practical contributions to its work. Interaction with non-State actors and non-Board members must likewise be modified. The Board might wish to hold another retreat to determine how it could function more effectively.

The fault did not lie with the Secretariat but with Member State delegations not exercising their duty to guide the Organization and ensure better governance. If WHO continued to lose significance on the global stage, other global parties, such as the G20, would take its place, leading to further fragmentation of health issues and less inclusivity. He therefore urged delegates to back up promises and pledges with concrete action.

The representative of OMAN agreed that a better means of managing Member State interventions was needed, for example by drawing lots to select a certain number of non-Board members to give

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

<sup>2</sup> Decision EB150(14).

<sup>3</sup> Decision EB150(15).

interventions. The Board must find a way to make its discussions more efficient and facilitate dialogue on issues of relevance to health care worldwide.

The representative of SLOVENIA, endorsing previous speakers' comments, said that her delegation wished to contribute to finding solutions to improve the Board's performance.

The CHAIR said that the three representatives' comments were well noted and appreciated. While Executive Board retreats provided a good opportunity to explore such issues, he suggested that the Officers of the Board might wish to discuss the matter at their next meeting.

**The meeting rose at 12:45.**



## TWELFTH MEETING

Saturday, 29 January 2022, at 14:00

Chair: Dr P. AMOTH (Kenya)

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

#### **1. COMMITTEES OF THE EXECUTIVE BOARD:** Item 22 of the agenda

**Participation in the Programme, Budget and Administration Committee of the Executive Board:** Item 22.1 of the agenda (document EB150/42)

**Independent Expert Oversight Advisory Committee:** Item 22.2 of the agenda

- **Terms of reference** (document EB150/43)

The CHAIR invited the Board to note the report contained in document EB150/42 and drew attention to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB150/5, paragraph 68, including the draft decision on the revised terms of reference of the Independent Expert Oversight Advisory Committee.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, noted the successful implementation of decision EB146(5) (2020) and the proposal to develop a code of conduct for observers attending meetings of the Programme, Budget and Administration Committee. Reaffirming the role of the members of the Independent Expert Oversight Advisory Committee, he emphasized the need to ensure that they were selected for their expertise and integrity. They must avoid all conflicts of interest and comply with the terms of reference and the statutory conditions relating to their revised mandate, to maintain the Committee's independence and WHO's good governance and accountability. The Board should be informed of any major governance issues.

The representative of the SYRIAN ARAB REPUBLIC, speaking on a point of order, requested that Member States and records should correctly refer to her country as the Syrian Arab Republic.

The CHAIR said that the request of the representative of the Syrian Arab Republic would be taken into consideration in all future deliberations.

**The Board noted the report and concurred with the Programme, Budget and Administration Committee's guidance in respect of the revised terms of reference of the Independent Expert Oversight Advisory Committee.<sup>1</sup>**

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<sup>1</sup> Decision EB150(16).

**Foundation committees and selection panels:** Item 22.3 of the agenda (document EB150/44)

#### **Ihsan Doğramacı Family Health Foundation Prize**

**Decision:** The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Prize Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2022 to Professor Mehmet Haberal of Turkey, for his tireless work to raise awareness of the importance of organ transplantation and enhance its social acceptability. The laureate would receive a gold-plated silver medal, a certificate and an honorarium of US\$ 20 000.<sup>1</sup>

#### **Sasakawa Health Prize**

**Decision:** The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2022 to Dr Paisan Ruamviboonsuk of Thailand, for developing a diabetic retinopathy screening method that enabled trained non-ophthalmological personnel to correctly detect retinopathies, including in the most remote areas. The laureate would receive a statuette and US\$ 30 000.<sup>2</sup>

#### **United Arab Emirates Health Foundation Prize**

**Decision:** The Executive Board, having considered the report of the United Arab Emirates Health Foundation Prize Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2022 to the National Malaria Component of the Ministry for Citizen's Power for Health of Nicaragua, supported by the community network of voluntary collaborators of Nicaragua, for providing community-based services for malaria prevention, control and treatment. The laureate would receive US\$ 20 000.<sup>3</sup>

#### **His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion**

**Decision:** The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the 2022 His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion to Dr Hanadi Khamis Mubarak Al Hamad of Qatar, for vastly expanding the reach, timeliness, range and quality of services provided to older patients. The laureate would receive a plaque and US\$ 20 000.<sup>4</sup>

#### **Dr LEE Jong-wook Memorial Prize for Public Health**

**Decision:** The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize Selection Panel, awarded the 2022 Dr LEE Jong-wook Memorial Prize for Public Health to two nominees: Professor Prakit Vathesatogkit of Thailand, for his pioneering work in advocating tobacco control measures and empowering others to take action; and the Severe Hypothermia Treatment Centre of Poland, for its innovative work in improving the survival of extreme hypothermia cases. The laureates would each receive a plaque and US\$ 50 000.<sup>5</sup>

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<sup>1</sup> Decision EB150(17).

<sup>2</sup> Decision EB150(18).

<sup>3</sup> Decision EB150(19).

<sup>4</sup> Decision EB150(20).

<sup>5</sup> Decision EB150(21).

## **Nelson Mandela Award for Health Promotion**

**Decision:** The Executive Board, having considered the report of the Nelson Mandela Award Selection Panel, awarded the 2022 Nelson Mandela Award for Health Promotion to Dr Wu Zunyou of China, for his outstanding achievements in health promotion in the field of HIV/AIDS prevention. The laureate would receive a plaque.<sup>1</sup>

## **2. STAFFING MATTERS:** Item 23 of the agenda

**Statement by the representative of the WHO staff associations:** Item 23.1 of the agenda (document EB150/INF./3)

**Report of the Ombudsman:** Item 23.2 of the agenda (document EB150/INF./4 and EB150/INF./5)

**Human resources: update:** Item 23.3 of the agenda (document EB150/45)

**Amendments to the Staff Regulations and Staff Rules:** Item 23.4 of the agenda (document EB150/46 Rev.1 and EB150/46 Add.1)

**Report of the International Civil Service Commission:** Item 23.5 of the agenda (document EB150/47)

The CHAIR drew attention to the recommendations of the Programme, Budget and Administration Committee of the Executive Board contained in document EB150/5, paragraph 84. He also drew attention to the three draft resolutions, contained in document EB150/46 Rev.1, on the remuneration of staff in the professional and higher categories, on the remuneration of staff in ungraded positions and the Director-General, and on the education grant sliding reimbursement scale. The financial and administrative implications of the three resolutions were contained in document EB150/46 Add.1.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, said that mental health services and support must be increased, especially for staff members who had experienced harassment, and must be fully confidential in view of the link with stigmatization and discrimination. Welcoming the progress made in ensuring equal access to the Global Board of Appeal, he requested the Secretariat to allocate more resources to make sure that the internal justice system operated efficiently and effectively. WHO had a duty of care to ensure that staff members felt safe. Internal justice processes must be implemented more firmly and swiftly to protect against retaliation.

He requested further updates on mobility, in particular the results of the simulation exercise, and said that the mobility policy should take career growth and development into consideration. The process for determining guidelines on returning to work on WHO premises needed clarification and should take into account national and regional contexts. Managers must use appropriate and respectful language when discussing that matter. Great improvements had been made in staff health insurance. However, more should be done to mitigate the impact of the coronavirus disease (COVID-19) pandemic on staff members' finances and mental health.

The provision of a living allowance for WHO interns was a positive step, as it removed financial status as a barrier to applying for those positions. A standardized, unified policy mechanism was needed on career growth and development that was focused on knowledge management and sharing,

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<sup>1</sup> Decision EB150(22).

mentorship, flexible and tailored needs-based training and exposure to different work areas to ensure sustained and tailored career growth and development, especially for entry-level staff members.

The OMBUDSMAN, speaking on behalf of all WHO ombudsmen, said that, although the implementation of the Ombudsman's recommendations had been positive, there remained outstanding issues relating to abusive behaviours by some supervisors, insufficient managerial support and training, unclear application of the duty of care, diversity and inclusion, and poor protection against retaliation. It would be useful for the Ombudsman and the Programme, Budget and Administration Committee to interact more regularly.

Turning to the current recommendations, he said that his first recommendation related to the impact of the COVID-19 pandemic on working conditions and the resulting difficulties for staff members, in particular exhaustion, unrealistic expectations from managers, poor adjustment of planned workloads and deliverables, and uncertainties about the future. The protection of staff well-being and mental health should remain a priority. The Secretariat should assess the depth of the problem, consider how workloads were adjusted and provide managers with additional support and advice on best supervisory practices in a virtual environment. Senior management should renew their efforts to inspire and motivate staff members, in a frank, open and respectful working environment, so that staff members felt appreciated and able to raise concerns.

The second recommendation related to the need for a change in WHO's mindset to match the changes in the institutional structure and processes resulting from the WHO transformation. The key principles in the WHO Values Charter had limited impact, as they were not embedded in WHO's decision-making process or in its training programmes. The "Year of the Workforce" initiative for the year 2021 and related implementing policies had also been of little effect. Shifting the organizational culture to promote a more respectful workplace required an innovative and holistic approach, with the active engagement of staff members across all levels of WHO, especially at the country level, in discussing new policy initiatives on diversity and inclusion, harassment, sexual exploitation and abuse, mental health or human resources reform. Otherwise, WHO transformation would continue to appear as a formal process without real change. A wide network of focal points tasked with promoting staff engagement through focus groups should be developed, and staff feedback should be shared with senior management and other stakeholders.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the progress towards achieving gender parity, especially in the Region. Further work was needed to improve geographical representation, and female representation across all categories of WHO's workforce, including through talent management, geographical mobility, and learning and development programmes. It was of concern that staff numbers at headquarters had increased during the reporting period, while those in regional offices had decreased. The workforce and sustainable financing should be better aligned across all levels and programmes to ensure that the regional offices were able to provide essential technical and managerial backstopping for country operations, including in emergencies.

She welcomed the progress made in strengthening the internal justice system, enhancing informal resolution capacity and managing the backlog of formal dispute cases. The new holistic approach to flexible working arrangements across all levels of WHO, and new initiatives on staff health and well-being, were also positive. As part of its duty of care, WHO must safeguard workforce mental health and well-being, in particular during the COVID-19 pandemic. The Secretariat should continue to change WHO's culture by embedding the WHO Values Charter into all organizational practices; promote a respectful working environment; and ensure effective prevention of and response to abuse of authority, sexual exploitation, and abuse and harassment. Aligned, coherent policies and strategies in those areas were essential for an effective, efficient and adaptable WHO.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, commended the efforts of all WHO staff members in strengthening global public health, particularly in the fight against the COVID-19 pandemic. However, working conditions for staff

members must be improved, especially in the light of the impact of the pandemic on mental health and well-being. In addition, more resources, training and other measures were needed to encourage recruitment from unrepresented or underrepresented countries, to ensure equitable geographical representation. Moreover, female representation, especially in long-term appointments in the professional and higher categories, should be increased to ensure gender parity. The Secretariat should finalize actions to improve the internship programme so that it could resume as soon as the health situation allowed.

The representative of FRANCE said that his Government attached importance to the well-being of staff members at all levels of WHO and recognized that, although they were proud to work for WHO, many were exhausted and wanted to feel heard and valued by managers. The reporting of abusive conduct, especially when perpetrated at management level, must be prioritized, and whistle-blowers must be protected. His Government therefore supported strengthening the resources of the Office of Internal Oversight Services in order to deal with the backlog of cases, so that Member States could be confident in the effectiveness of internal justice and staff members felt protected.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, highly conscious of the burden that had been placed on WHO staff members during the COVID-19 pandemic, echoed the importance of supporting staff mental health and welfare. Racism, bullying, harassment and discrimination had no place in WHO. Diversity and inclusion were crucial for a healthy working environment and the effective delivery of WHO's mandate.

Regarding recent complaints reported about the Regional Director for the Western Pacific, she asked whether, and if so, when, an investigation had begun. It was regrettable to have first heard of the issue in the media. The Board should be informed of such organizational challenges in order to identify and tackle root causes and ensure that robust follow-up and support processes were in place. She expected the Secretariat to conduct a prompt and transparent investigation into all allegations of misconduct and to support those affected. Member States must be informed of current investigations through the governing bodies, with regular real-time updates.

The representative of CHINA<sup>1</sup> welcomed the progress made in gender balance and geographical representation within the WHO staff. Female recruitment from unrepresented and underrepresented countries must be improved. She supported greater transparency on staff mobility, which had not increased significantly for a long time, and welcomed the progress made in promoting equal access to internal justice, and the continuing open dialogue recommended by the Ombudsman.

She asked the Secretariat to provide specific data concerning gender parity and geographical representation for the increasing number of staff members recruited under agreements for performance of work and special services agreements, and to update Member States on the work done in relation to mandatory ethics training, the mobility simulation exercise and contractual modalities, mentioned in paragraphs 30, 40 and 45 of document EB150/45.

Regarding the organization of governing body sessions, the time difference was challenging for delegations working remotely from the Western Pacific Region, as they worked during the day and attended Board meetings until very late. Furthermore, the order of agenda items had sometimes been changed at the last minute. The Secretariat must optimize the time and design of meetings and fully consider the situation of Member States in different regions.

The representative of the UNITED STATES OF AMERICA<sup>1</sup> said that, without prejudice to the merits of the allegations made against the WHO Regional Director for the Western Pacific or any other complaint, acts of racist, unethical and abusive behaviour not only caused profound harm, but also undermined WHO's core values and essential life-saving work. An organization's leadership set the tone for staff conduct at all levels; it was therefore imperative that WHO should transparently and expeditiously address any allegations of misconduct and abusive behaviour. He asked the Secretariat

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

how the diversity, equity and inclusion approach and the action plan being developed would be extended to the regional offices.

The representative of NORWAY<sup>1</sup> said that WHO should be held to the highest ethical standards and must create an organizational culture that promoted good ethics and built internal trust to ensure confidence in WHO among Member States, staff members, beneficiaries and the global community. She requested that the Secretariat should provide further information on how the allegations regarding the Regional Director for the Western Pacific were being followed up and regularly update Member States on that and similar cases. It was crucial to devote the necessary attention and resources to changing WHO's culture.

The representative of GERMANY,<sup>1</sup> acknowledging the efforts of WHO staff members to live up to the world's expectations in responding to the COVID-19 pandemic, said that he welcomed increased action to support staff members in dealing with the resulting immense pressure. He appreciated efforts to increase female representation, especially at the country level and in P6 positions and higher. The launch of the Young Professionals Programme to increase workforce diversity, and the improvements regarding recruitment and selection processes were also positive. The lack of sustainable financing and its severe, direct impact on human resources was of great concern. He requested the Secretariat to explain why temporary contracts were increasing while permanent contracts decreased; share information on the impact of WHO's underfunding on human resources; and explain the effects of the lack of predictable funding on ensuring adequate career paths, including long-term contracts for new staff members, and on implementing the mobility policy.

The representative of AUSTRALIA<sup>1</sup> recognized the tireless efforts made by WHO's staff members throughout the COVID-19 pandemic. She expressed concern at the allegations regarding the WHO Regional Office for the Western Pacific. Her Government took all allegations seriously and expected independent investigations to be conducted as a matter of priority, in keeping with WHO's Policy on Preventing and Addressing Abusive Conduct. Her Government had zero tolerance for inaction. It looked forward to regular updates on investigations and stood ready to work with the Secretariat and Member States to address those serious allegations.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, PAHO, UNAIDS and IARC, thanked Member States for their words of encouragement and support. He echoed the calls for better geographical representation and more training, and the questions about the increasing number of consultancies and temporary posts. The members and leaders of the staff associations stood ready to advance work on diversity and inclusion policies and rules, and were confident that their good working relationship with WHO's leadership team would allow any challenges to be addressed.

The OMBUDSMAN welcomed the agreement of several Member States on the need for cultural change and stood ready to continue working with the Secretariat to fully implement the Ombudsman's recommendations.

The DIRECTOR (Human Resources and Talent Management) said that, as requested by Member States, the Secretariat would continue to increase efforts towards gender parity and better geographical representation; improve and report on mobility and non-staff or temporary contractual arrangements; and provide progress updates. The Secretariat had provided information on the number of staff members who had changed duty station, and she noted that that figure was already higher in July 2021 than for the entirety of 2020.

Acknowledging the increased levels of fatigue and difficulties in maintaining a healthy work-life balance, she said that the COVID-19 pandemic had elevated the importance of staff mental health and

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

well-being, and measures were being implemented to address those concerns. After the adoption of WHO's Policy on Preventing and Addressing Abusive Conduct in 2021, the Secretariat had immediately started implementing the related action plan by providing new mandatory and informational training sessions, and communication materials, reaffirming WHO's objective of ensuring a diverse, inclusive and respectful working environment. The Secretariat was focusing on strengthening the role of managers and supervisors in ensuring respectful conduct, through the provision of more training and resources, and on empowering staff members to raise concerns.

With respect to sustainable financing, workforce-related costs were the single largest cost component of WHO's expenditure. That, coupled with short-term, unpredictable, inflexible financing, made sound workforce planning and management challenging and increased the reliance on non-permanent contracts, which carried higher administrative and transactional costs. Such an environment limited the Organization's ability to react to new challenges or meet new skill requirements, potentially reducing its attractiveness as an employer. Ensuring sustainable and predictable financing for the workforce was critical to WHO's ability to attract, retain and develop staff members; offer appropriate contractual conditions; and deliver on its mandate.

The DIRECTOR-GENERAL said that the Secretariat had become aware of allegations regarding the Regional Director for the Western Pacific in late 2021. Since then, due process had been followed, and he said that the Regional Director was cooperating with the ongoing investigation, on which he was unable to comment further at the current time. Staff members were being provided with the necessary support. The Secretariat would ensure that staff members were fully aware of the established processes for the reporting and management of complaints and would keep Member States updated.

Listening to each other was crucial in changing WHO's culture. Since assuming his post, he had held monthly meetings with representatives of the staff associations, who also met regularly with representatives from the Department of Human Resources and Talent Management, and together they had been able to solve many issues. The role of WHO's management team was to support staff members to be more productive. Staff members and those working at the management level had the same objective of saving lives and serving people, so there should be no inherent contradiction that could not be addressed. Furthermore, his Thursday "open hour", at which staff members from every level of WHO could approach him directly and speak in confidence, not only allowed individuals' issues to be addressed, but also helped to identify systemic problems. That focus on listening would be integrated into all current initiatives on mental health, career performance and development, and diversity, equity and inclusion.

Owing to a lack of sustainable, predictable financing, many staff members were recruited as consultants or under temporary contracts, and he recognized the uncertainty that created for the staff members and for WHO. He called on Member States to ensure sustainable financing through assessed contributions in order to remove that uncertainty and enable WHO to retain talented workers.

**The Board noted the reports contained in documents EB150/45 and EB150/47 and concurred with the Programme, Budget and Administration Committee's guidance.**

The CHAIR took it that the Board wished to adopt the three draft resolutions, contained in document EB150/46 Rev.1, on the remuneration of staff in the professional and higher categories, on the remuneration of staff in ungraded positions and the Director-General, and on the education grant sliding reimbursement scale.

**The Board noted the report and adopted the resolutions.<sup>1</sup>**

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<sup>1</sup> Resolutions EB150.R7, EB150.R8 and EB150.R9.

**3. REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS:** Item 24 of the agenda

- **Expert advisory panels and committees and their membership** (documents EB150/48 and EB150/48 Add.1)

The CHAIR invited the Board to consider the reports contained in documents EB150/48 and EB150/48 Add.1.

**The Board noted the reports.**

**4. MANAGEMENT MATTERS:** Item 20 of the agenda (continued)

**Prevention of sexual exploitation, abuse and harassment:** Item 20.1 of the agenda (documents EB150/33, EB150/33 Add.1 and EB150/34) (continued from the eleventh meeting, section 3)

The CHAIR said that, following informal consultations, an amended version of the draft decision contained in document EB150/33 Add.1 had been circulated, which read:

The Executive Board decided to temporarily suspend Financial Rule XII, 112.1, in part, in order to enable the following:

During this suspension, the Head, Investigations shall be responsible for all investigations of sexual exploitation and abuse and abusive conduct as defined in the WHO Policy on Preventing and Addressing Abusive Conduct. In this capacity the Head, Investigations shall have the same reporting lines, the same type of access, the same channels for reporting the results of their work, including to the Executive Board, and same authority currently granted to Director Internal Oversight Services in this area.

All other investigations that are not investigations of sexual exploitation and abuse or abusive conduct as defined in the WHO Policy on Preventing and Addressing Abusive Conduct (PAAC) as referred to above remain under the overall responsibility of Director Internal Oversight Services.

This provision will remain in effect until the 151st session of the Executive Board.

This decision is taken due to exceptional circumstances and does not set a precedent.

The representative of FRANCE welcomed the agreement reached on the draft decision, which had been submitted by the Secretariat. He requested the insertion of a footnote referring to WHO's Policy on Addressing Abusive Conduct, and requested that the Independent Expert Oversight Advisory Committee should study the decision and comment on its advisability and effectiveness.

The representative of the LEGAL COUNSEL said that the footnote would be added and that the Board was free to make a request to the Independent Expert Oversight Advisory Committee.

**The decision, as amended, was adopted.<sup>1</sup>**

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<sup>1</sup> Decision EB150(23).



**5. CLOSURE OF THE SESSION:** Item 25 of the agenda

The DIRECTOR-GENERAL, thanking Member States for their constructive efforts, said that the agenda set for the Seventy-fifth World Health Assembly reflected the scale of work to be done to address health challenges in the context of the COVID-19 pandemic, and the scale of Member States' expectations of WHO and their commitment to meeting those challenges and to improving health. The world needed a strong, effective, empowered, efficient, accountable, transparent and sustainably financed WHO as the leading and directing authority on global health. The Board's discussions had highlighted why there was no substitute for multilateral collaboration.

He welcomed the decision to recommend the extension of the Thirteenth General Programme of Work, 2019–2023, to 2025. The COVID-19 pandemic had reinforced the relevance of that Programme of Work, the triple billion targets and the Sustainable Development Goals and the need to pursue them with even more ambition, innovation and cooperation. Before the Seventy-fifth World Health Assembly, the Secretariat would develop proposals, in consultation with Member States, on strengthening the global health architecture for emergency preparedness, response and resilience. The preliminary findings of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies, and recommendations of recent review panels and committees would be taken into consideration. The Board's decision to extend the mandate of the Working Group on Sustainable Financing until the Seventy-fifth World Health Assembly was appreciated and he hoped for substantive progress on the issue by that time.

Member States were right to expect WHO to work to high standards. Strengthening work on preventing and responding to sexual exploitation and abuse and harassment was a top priority for the Secretariat, and for him as Director-General. In closing, he thanked Member States for nominating him for a second term as Director-General and looked forward to continuing to work with all stakeholders to promote health, keep the world safe and serve the vulnerable.

After the customary exchange of courtesies, the CHAIR declared the 150th session of the Executive Board closed.

**The meeting rose at 15:35.**

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