

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

**WHO headquarters, Geneva
Friday, 3 February 2023, scheduled at 10:00**

Chair: Dr K. V. PETRIČ (Slovenia)

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TENTH MEETING

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

1. WELL-BEING AND HEALTH PROMOTION: Item 14 of the agenda (document EB152/20)

The CHAIR invited the Board to consider the report contained in document EB152/20, in particular the guiding questions set out in paragraph 10.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that health promotion was an essential public health function for achieving well-being and recalled that the 10th Global Conference On Health Promotion charter had urged countries to prioritize health and well-being as part of a larger ecosystem. The 51st session of the Regional Committee for Africa had adopted the health promotion strategy for the African Region and the draft assessment of its implementation over 10 years had shown commendable progress in well-being and health promotion interventions in the Region. He also commended the multisectoral strategy under development for the African Region, which would advise countries on sustainable engagement with other sectors, further supporting the well-being framework.

The Member States of the African Region welcomed the focus on monitoring well-being and the call for measures beyond gross domestic product to show progress, noting that no targets or indicators under Sustainable Development Goal 3 directly measured well-being. Guidance should be developed for measuring the impact of communicable and noncommunicable diseases and other health problems on social and individual well-being as part of the framework. Moreover, there was a need to clarify how the WHO framework for achieving well-being and the operational framework for monitoring social determinants of health would complement each other to avoid duplication of efforts. There was also a need to strengthen governance and leadership capacity on health promotion, disease prevention and social determinants of health, at the regional and country levels, and to work across sectors, including with non-traditional stakeholders, in order to advance well-being and health promotion. Member States should be supported in connection with planning, resource mobilization, and evidence-based interventions addressing well-being and health promotion.

The representative of the UNITED STATES OF AMERICA welcomed the latest draft of the framework and input from other Member States. Her Government continued to support the overall direction of the framework, which was aligned with its core values and policy goals of broadening the context of health with an emphasis on equity. The greater acknowledgement of the contribution of individual health to wider societal resilience and well-being was appreciated, as was the inclusion of varied examples of national health promotion and health equity efforts.

The representative of INDIA said that well-being in his country had always been espoused as a way of life. As mental health was also a critical component of overall health and well-being, there was a need to focus on capacity-building to ensure adequate human resources for mental health care, destigmatizing mental illness and integrating well-being into the school curriculum. People should be encouraged to seek early support for stress and common mental health problems. Well-being

interventions should prioritize a life course and whole-of-society approach, and social protection and welfare systems should focus on promoting health-seeking behaviours. Interactive health communication was also critical to well-being and health promotion.

There was a need to raise awareness of climate change's impact on human health and to strengthen the capacity of health systems to treat illnesses and diseases due to climate variability. Well-being as a whole provided a compass for public policy, including budgetary and regulatory decisions to achieve better outcomes for individuals, communities and society. That vision should be backed by sustained global investment in health care workers, health promotion, public health infrastructure and research. The global development landscape would change if the well-being both of people and the planet became central to the definition of success.

The representative of the REPUBLIC OF KOREA said that his Government supported the six strategic directions proposed in the draft framework for achieving well-being since they appeared to provide an appropriate implementation plan for enhancing health equity. It was hoped that, by building on the framework, Member States would be able to overcome newly emerging threats to sustainable well-being societies. Monitoring indicators should be developed to help advance health equity and individual national health systems. Specific approaches should be adopted taking into account different national circumstances and resources. Regular meetings among Member States and the sharing of practices would be useful.

The representative of CANADA commended the draft framework's focus on addressing the main risk factors of noncommunicable diseases and encouraged the Secretariat to further integrate healthy eating under strategic direction 4. The draft framework might also explicitly refer to interventions in existing action plans, such as the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the WHO global action plan on physical activity 2018–2030. Although the draft framework recognized the determinants of health in advancing healthier populations and environments, there was a need to include environmental risk factors, particularly air pollution, hazardous chemicals and climate change, and their impacts on health and well-being. The Secretariat should take a stronger approach to integrating positive mental health promotion and broaden the scope of well-being by paying particular attention to specific populations experiencing mental wellness inequities and those facing complex mental health and substance use issues. Noting the draft framework's recognition that global crises could not be addressed in isolation, he called for clear recognition of the wider health and long-term impacts of major infectious disease outbreaks on population health and well-being. Addressing the longer-term impacts of the coronavirus disease (COVID-19) pandemic, such as the long-term effects of COVID-19 infection, required coordinated and intersectoral approaches as well as greater interdisciplinary collaboration.

The representative of PERU said that successful promotion of health and well-being must be based on complementary approaches, including a Health in All Policies, whole-of-government and whole-of-society approach. There must be political commitment at the highest level in each country to provide a robust health promotion system at all levels of government, as well as sufficient resources for intensive political and social action.

The draft framework should place greater emphasis on: developing and promoting research and evidence for health promotion in order to improve regulations and public policies at all levels of government; on measuring the effectiveness of health promotion interventions; and on ensuring that all countries develop a multisectoral strategic plan for promoting health aggregating various indicators, so as to allow consolidation in a single long-term management document as part of Health in All Policies. Strengthening the political component as a driver of well-being would complement the social component of lifestyle change, and reflect the important role of local authorities.

Finally, he noted that elections were a convenient time to raise awareness of health promotion, and facilitate the conclusion of long-term consensus-based government agreements. Public policies involving various levels of government could be developed once the main health issues and related social determinants had been identified at the local level.

The representative of FRANCE welcomed the Secretariat's cross-cutting approach to the draft framework, allowing all areas of society to be incorporated, and the repeated mention of human rights, which could be strengthened in particular by introducing the notion of the right to health throughout. On the thematic level, greater emphasis should be given among aims and indicators to mental health. The modalities for integrating digital health could be strengthened to facilitate coverage among all communities while respecting the national context. The education system should have a more prominent place in promoting health and well-being policies. Good practices in raising awareness among young people, such as peer education or community building, would give health promotion policies better reach by starting from individuals' own reference points and experiences.

The representative of MALAYSIA welcomed the draft framework's implementation and monitoring plan for integrating well-being into public health practices, as well as its general approach, strategic directions, tools and new technologies to address current and future public health challenges. As health and well-being were determined by various factors predominantly outside the health sector, there was an urgent need to adopt a whole-of-government and whole-of-society approach and to promote multilateral and multisectoral collaboration so that communities could achieve healthy living and well-being using health promotion strategies.

The representative of the RUSSIAN FEDERATION, sharing information about initiatives in his country, welcomed WHO's efforts to develop the draft framework using a process open to all Member States. The framework's intersectoral approach should not stray beyond WHO's mandate, which would risk non-implementation of the document and duplication of efforts with other United Nations system organizations. Furthermore, the framework should focus on achievable, measurable goals. The monitoring system should not impose additional burdens on Member States and the indicators developed should be based on Sustainable Development Goals assessment data. Lastly, his Government considered it unacceptable for WHO – an Organization uniting numerous distinct cultural and religious traditions – to use gender-based terminology that had not been agreed by all Member States. The use of such terminology could lead to a vote and prevent essentially satisfactory documents from being adopted as national policies. The Secretariat should take that issue into account in its work.

The representative of JAPAN said that the engagement of multiple sectors was essential to facilitate multidimensional approaches addressing environmental, societal, and economic factors and to achieve greater well-being, and common goals and guidance should be specified. Regarding the proposed measures and monitoring indicators for well-being in strategic direction 6, which include strengthening capacity for data collection and management, it was important to clarify what state of well-being should be achieved and to develop specific goals and key performance indicators for that purpose.

The representative of CHINA recognized the outcomes of previous global conferences on health promotion. Health and well-being were mutually reinforcing and his Government would welcome the creation of sustainable well-being societies, as called for in the Geneva Charter for Well-Being. The draft framework should include a glossary to help differentiate terms such as well-being, welfare and social health, and should take into consideration different national and cultural understandings of well-being. His Government stood ready to exchange relevant experience with the international community to build a well-being society.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Governments of the Region reaffirmed their commitment to: improving health promotion well-being and disease prevention through good governance and health systems strengthening; identifying national health and well-being priorities based on the local context; and promoting well-being for all throughout the life course to achieve universal health coverage by 2030. They also supported research for effective planning and assessment of different interventions, community empowerment and engagement to improve health-seeking behaviours. They would welcome innovative mechanisms to share evidence on developing high-impact policies to promote physical, mental and social health and well-being, and address the determinants of health. The international community should adopt multisectoral policies, consider different health contexts and develop national plans of action to achieve the highest attainable standard of physical and mental health.

The representative of AFGHANISTAN said that, according to the 1986 Ottawa Charter for Health Promotion, health was created and lived by people within the settings of their everyday life. Yet a record 339 million people across 69 countries were expected to need humanitarian assistance and protection in 2023. The nature and extent of that challenge should spur the international community to balance its investments, especially in humanitarian settings, as the world had moved from temporary emergencies to an ongoing humanitarian crisis in the form of protracted conflicts. A new paradigm was required to begin incorporating well-being and health promotion within humanitarian aid programmes. The humanitarian-development-peace nexus must no longer be neglected and should serve as guidance in humanitarian settings to help people improve their health and well-being, give them hope for the future, and enable them to survive and thrive in the midst of crisis and to become more resilient for the post-crisis future.

The representative of BRAZIL said that a WHO framework on well-being would support Member States in building national capabilities and achieving universal health coverage. There was a need to manage the impact of intersectoral factors on population health, while addressing persistent challenges and new possibilities for health care such as digital transformation. Strategic direction 5 of the draft framework on promoting equitable digital systems should be further emphasized and placed earlier in the text, given its importance for, and tangible impact on, health promotion.

The representative of COLOMBIA said that well-being should be based on human dignity and take into account diverse sociocultural and political views and concepts such as a good life and harmony, that had long been promoted by indigenous peoples. Health promotion should be based on a more holistic, diverse and participatory vision. The international community should strive for an end to conflicts, humanitarian tragedies, structural racism and gender-based violence. It should also accelerate efforts to: combat climate change; implement intersectoral actions guaranteeing all rights, including the fundamental right to health; overcome inequality; respect ethnocultural diversity; combine biomedical knowledge with traditional medicine, alternative and complementary practices; and recognize diversity and population groups when developing health policies. Health promotion and well-being were closely linked to the development of universal, primary care-based systems.

The representative of SLOVAKIA welcomed the extension of the concept of health promotion to include other attributes and determinants linked to health. Since gross domestic product failed to robustly capture the human experience or predict resilience through crises, the international community needed a new organizing principle that envisioned and measured progress by focusing on conditions supporting health, resilience and overall well-being based on the Ottawa Charter. An expanded focus on shared responsibility could not be achieved without protecting those with unmet essential needs and exposed to toxic environments, trauma, inequalities, discrimination, stigmatization and greater vulnerability. Without at least a basic and appropriately monitored level of well-being, the concept of well-being would be defined only for certain groups or countries. Well-being policy frameworks were

not without controversies and pitfalls. He therefore, called for more action in the field, especially from WHO regional offices, to understand how all countries in the region could benefit. Lastly, he encouraged reflection on whether a focus in health promotion on well-being would distract from other core principles such as justice, democracy, peace and tolerance.

The representative of GERMANY¹ commended the report and the draft framework's holistic depiction of health, including the importance of multisectoral collaboration to improve well-being and promote health across societies, and consideration of ecological determinants. The concept of universal health coverage, including sustainable- and solidarity-based health financing, should be integrated further in the draft framework. Although the incorporation of climate change and the biodiversity crisis as fundamental determinants of health and well-being was welcome, the pollution crisis should also be included and linked more closely to health. The implementation and monitoring plan should also take into account the specific challenges of low- and middle-income countries.

The representative of THAILAND¹ said that the draft framework, including its strategic directions, would represent a new chapter for population-based health promotion and well-being. A multilateral approach, sustainable funding, specific responsible agencies and political commitment were essential elements for implementation. There was, however, room for improvement and the Secretariat should provide illustrative diagrams of the key objectives, strategic directions and policy orientation to make the draft framework easier to understand. Information should also be provided on the responsibility, roles and function of each stakeholder, within and outside the health sector, and on collaboration with other sectors since well-being was a matter of all overall quality of life and did not concern the health sector alone. Her Government looked forward to reviewing the revised draft framework shortly.

The representative of JAMAICA,¹ commending WHO for including well-being in the theme of the 10th Global Conference on Health Promotion, whole-heartedly supported the draft framework to support Member States in establishing resilient well-being societies. Her country looked forward to the finalization of the framework and its full adoption and implementation, which would serve to bolster efforts in empowering populations to attain an optimum level of health.

The representative of LUXEMBOURG¹ acknowledged the wide-ranging domains of well-being and agreed that it could be fully attained by following the strategies described in the report, with prevention and health promotion key to success. His Government supported the use of new indicators of success beyond gross domestic product. Unless a whole-of-government approach addressing health as an investment was adopted, inequity would continue to thrive, natural and financial resources would continue to be lost and health literacy would continue to be ignored. Healthy life expectancy could be a central indicator for well-being societies.

The representative of BANGLADESH¹ said that fair opportunities for livelihood activities, a peaceful social setting and a harmonious living environment were key components for health promotion and well-being. The universal right to health could guide the framework and political commitment from Member States to address cross-cutting issues with the potential to influence health promotion and well-being was essential. The disproportionate impact of the COVID-19 pandemic, climate change and political crises should be considered. Coordinated and broader engagement among Member States, United Nations bodies and the private sector in a whole-of-society approach was required to promote

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

livelihood opportunities and minimize health inequalities. Special humanitarian measures should be implemented for people in humanitarian settings.

The representative of MOZAMBIQUE¹ thanked the Secretariat for facilitating consultations to develop the inclusive draft framework, which covered different social and economic segments and major determinants of health. The COVID-19 pandemic had clearly shown the need for government and society to be actively involved in health promotion. Well-structured health promotion interventions through a comprehensive draft framework were pivotal for health in low-resourced and developing countries, and a whole-of-government and whole-of-society approach was essential for implementation.

The representative of FINLAND¹ praised WHO's commitment to enhancing well-being through health promotion to fulfil the right to health for all and leave no-one behind. The common understanding of health promotion and well-being should be updated since current challenges required a comprehensive and whole-of-government approach at all levels, not merely interventions at the individual level. His Government welcomed the draft framework but proposed that it should more comprehensively address the social determinants of health. Given the link between economy and well-being, there should be closer collaboration with the WHO Council on the Economics of Health For All when finalizing the report.

The representative of MEXICO¹ thanked the Secretariat for incorporating comments and suggestions made by his Government and welcomed the inclusion of issues such as environmental health and sustainability, specific policy examples, the circular economy and well-being indicators beyond gross domestic product. The draft framework could, however, further emphasize international cooperation and investment in low- and middle-income countries to encourage relevant States and institutions to contribute. Lastly, he reiterated his Government's suggestion to include a separate section on actions to be taken by international organizations so as to clarify their role in meeting the objectives.

The Observer of PALESTINE, noting that the longstanding Israeli occupation and repetitive military attacks had negatively affected the health and well-being of Palestinians, said that mental health promotion in armed conflict situations and under foreign occupation should be fully integrated into well-being and health promotion. Secure financial support was required for innovative well-being approaches using health promotion tools, new technologies and approaches to contribute to WHO's Thirteenth General Programme of Work, 2019–2025. Technology transfer was required to close the huge technological gap between developed and developing countries and achieve the Sustainable Development Goals. Equitable distribution of resources and action to strengthen the global health system would help countries to prepare their health systems and overcome challenges.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that Member States should use digital health to supplement traditional health care management and delivery, governed by clear legal frameworks based on the principles of medical ethics, privacy and confidentiality, and supervision of the risks of inappropriate use as outlined in her organization's Declaration of Taipei. A comprehensive global framework to guide the governance of health data across health systems would enhance data sharing.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that action to address the main risk factors for cardiovascular and noncommunicable diseases should be considered as a foundation for well-being. Tobacco use remained the single most preventable cause of cardiovascular and other morbidity as well as mortality worldwide, and he urged

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Member States to scale up tobacco cessation services nationally and regionally, including through digital health solutions, and to fully implement the WHO Framework Convention on Tobacco Control.

The representative of the FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL, speaking at the invitation of the CHAIR, welcomed the call for a well-being economy and recognition that addressing all main noncommunicable disease risk factors – including through tobacco control – was a foundation of well-being. The Secretariat should include the meaningful participation of people living with noncommunicable diseases in well-being policies and include more specific examples of well-being policies and interventions in the draft framework.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that, although the inclusion of reduced population-level alcohol use was welcome, alcohol harm and policy should be addressed more substantively in the draft framework. Accordingly, the strategic directions should better address the harm caused by alcohol to people and the planet and outline more clearly the need for, and potential of pro-health taxes for health system strengthening and sustainability.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) said that WHO was developing a draft framework on health and well-being for the first time. Three rounds of consultations had been held and the comments, suggestions and feedback received were therefore greatly appreciated. The Secretariat had noted the need for a glossary and the importance of greater emphasis on mental health, and on issues such as climate change, air pollution and biodiversity, which affected environmental determinants. Regarding evidence, she assured Member States that the Secretariat was working to incorporate the World Economic Forum recommendations, would better define monitoring and coordinate with existing initiatives and strategies. She thanked Member States for their positive and constructive recommendations, which would be very useful for the ongoing work.

The Board noted the report.

2. ENDING VIOLENCE AGAINST CHILDREN THROUGH HEALTH SYSTEMS STRENGTHENING AND MULTISECTORAL APPROACHES: Item 15 of the agenda (document EB152/21)

The CHAIR invited the Board to consider the report contained in document EB152/21, in particular the guiding questions set out in paragraph 12.

The representative of OMAN, sharing information on initiatives in her country to end violence against children, welcomed the comprehensive approach adopted by WHO through the INSPIRE framework. WHO could support Member States by engaging effectively and developing country-specific strategies.

The representative of PERU said that violence against children was a social problem with grave consequences for health, the economy and population development as well as families themselves, and was often hidden by victims. The responsibility for ending violence against children should therefore be shared among various sectors, as was the case in his country. Beyond the suffering caused by maltreatment, there were long-term consequences for mental health and children's interactions with society. WHO should therefore emphasize the need for greater attention to the mental health of children who were victims of violence, with a cross-cutting approach from primary care to rehabilitation that

involved various organizations and caregivers. WHO could support Member States by strengthening scientific knowledge to provide a multisectoral response with interventions contributing to prevention and comprehensive care of children and adolescents who were victims of violence.

The representative of BRAZIL encouraged Member States to protect children's health through integrated care, paying special attention to children in vulnerable situations, and provide an environment conducive to their full development. Member States should strive to prevent violence and support specialized health services for children subjected to sexual, physical and psychological violence, neglect and/or abandonment. Efforts were required to strengthen intersectoral action, ensure access to sexual and reproductive health and rights, train health professionals in managing situations of violence against children and involve society to build a collective understanding of the importance of the protection and comprehensive care of children and adolescents.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that his Region had the third highest child homicide rate globally. It was working to strengthen the prevention of, and response to, violence against children, which was a public health issue, and emphasized the leadership role of ministries of health in collaboration with other concerned ministries, WHO and UNICEF. However, governments in the region faced challenges that could hinder sufficient health sector involvement in prevention and response efforts, such as new and protracted humanitarian emergencies, and other issues such as gender inequality, weak legislative frameworks and poor data to inform policy. Efforts to prevent, detect and address child maltreatment needed to be integrated into routine health service provision and their reach, uptake and effectiveness should be monitored.

The Secretariat should support Member States in enhancing efforts to prevent and respond to violence against children within the health system and through a multisectoral approach, including institutional management, planning, and the implementation, monitoring and evaluation of INSPIRE strategies. WHO support was especially needed for capacity-building initiatives on parenting programmes and the health sector response to violence against children, drawing on successful experiences in his Region and elsewhere.

The representative of MALAYSIA, sharing details of the situation in her country, welcomed the INSPIRE framework and strategies, which could be adapted to national local context. It would be helpful for Member States to receive technical guidance from WHO in addition to capacity-building for technical officers from all relevant ministries involved in what was a delicate issue.

The representative of FRANCE stressed that health professionals all too frequently lacked training and information on the guidance and specialized care available to children in difficulty. Countries should work to mobilize, inform and train all health professionals, irrespective of their area of specialization. The treatment structure should be improved for better care of children and their families, including through the provision of specialized services. WHO had a key role in ensuring: knowledge, tools and pathways for better detection of violence against children and its consequences; greater reporting by health professionals; and increased, higher-quality care to counter the short-, medium- and long-term effects of violence on health and well-being.

The representative of GHANA, speaking on behalf of the Member States of the African Region, welcomed the high levels of consultations to prevent violence against children and strengthen efforts to support the implementation of evidence-based interventions consistent with the INSPIRE framework. The uneven progress in implementing World Health Assembly resolution WHA74.17 (2021) in countries of her Region was, however, a concern.

With its unique mandate, WHO could strengthen intersectoral and multisectoral approaches to effectively address violence by ensuring national implementation capacities and leveraging Health in

All Policies approaches to address the social determinants of health that were the key drivers of health outcomes and inequities. The Secretariat should support Member States in creating intersectoral bodies within ministries of health to coordinate efforts to help address the issue of violence against women and children, and in developing robust data systems to continuously monitor achievements. The Board should approve resources for the Secretariat to provide support for strengthening the capacity of health systems across her Region, in particular where violence against children could easily be overlooked. Health workers must be able to detect and respond to such violence within routine health care systems and in a timely manner. There were inherent opportunities for scaling up health sector involvement in preventing and responding to violence against children, and every effort must be made to safeguard their physical, mental and social well-being, not merely to ensure the absence of infirmity.

The representative of JAPAN commended WHO for developing guidance and initiatives based on the INSPIRE framework. However, as the progress of efforts varied among countries and regions, initiatives tailored to the context of each country and region should be implemented by WHO regional and country offices, UNICEF, and other related organizations. WHO regional offices should provide support for incorporating assessments by municipal health nurses at newborn and infant visits into existing national maternal and child health services, as was the case in his country. It was difficult for the health sector alone to prevent and respond to child maltreatment, and multisectoral collaboration, including education, welfare and finance was essential. WHO should support countries in tackling child abuse in a multisectoral manner in collaboration with international organizations and stakeholders.

The representative of INDIA said that there was a need to address the economic and sociocultural factors fostering a culture of violence against children, which remained widespread. A multisectoral framework of mutually reinforcing interventions should be adopted, focusing on building health system capacities at all levels. Only a small proportion of the cases of violence against children was reported and investigated, and few perpetrators held accountable. There was a need to bring uniformity in approaching, treating and documenting cases of sexual violence against children. School health and wellness programmes should focus on creating awareness of violence against children, including sexual violence, and trained and sensitized peer educators and referral pathways were important.

Strategies to address violence against children should include: strict implementation and enforcement of laws ensuring service provision; community awareness of violence against children; ensuring safe environments for children in school and public spaces; and regular parental and caregiver support through the provision of education and updated support material. To ensure multisectoral coordination in preventing violence against children, WHO could support the creation of a comprehensive framework by involving relevant ministries and departments under one platform, broaden the RESPECT women framework to support children, and ensure capacity-building at all levels of policy-making and implementation.

The representative of the REPUBLIC OF KOREA, sharing information about policies in his country, agreed that in order to eliminate violence against children, WHO could assist Member States in strengthening the capacity of their health systems to more effectively respond to child maltreatment. Measures might include the development and operation of central and local-level consultation groups of relevant organizations, and the establishment of a system for high school institutions to respond to child abuse.

The representative of the UNITED STATES OF AMERICA affirmed the critical importance of preventing, recognizing and responding to violence against children and outlined steps being taken by her Government to that end. She thanked WHO for supporting Member States in implementing the best practices in the INSPIRE framework and for its continued efforts to empower frontline health providers by increasing their ability to provide safe environments and services to recognize the signs of violence and neglected children and offer adequate levels of care and protection. WHO should continue to support

Member States in prioritizing health system strengthening and multisectoral approaches, including capacity-building measures and national legislative reforms. Comprehensive, complete and timely data was of critical importance, in particular for Member States, so that they could assess the nature and extent of the problem, direct prevention priorities accordingly and ultimately eliminate all forms of violence and exploitation of children in accordance with the Sustainable Development Goals.

The representative of CHINA said that the health system could make a difference in combating violence against children. Health departments should be involved in legislative revision. The mandates of the health department and medical agencies should be specified and action taken to enhance law enforcement and safeguard children's rights. Multisectoral collaboration should be improved and prevention enhanced through the establishment of a compulsory reporting mechanism for medical staff on duty to report any cases or suspected cases of violence against minors. Counselling and guidance for guardians should also be improved to help children flourish physically, mentally and socially. Her Government hoped that WHO could provide more experience-derived models and technical support to enhance health systems and cross-sectoral synergy, end violence against children, and promote women and children's services.

The representative of COLOMBIA, described measures taken at the national level to end violence against children, said that WHO should continue to facilitate the sharing of experience and capacity-building. His Government was organizing a high-level ministerial conference on ending violence against children in March 2024 in collaboration with WHO and PAHO.

The representative of the RUSSIAN FEDERATION said that health workers should be prepared and motivated to detect the signs of violence against children and take all the steps necessary to ensure timely support. Signs of violence on children should be detected both during requests for medical assistance and during proactive, preventive medical check-ups and should be reported to law enforcement agencies. Training materials for health workers should be developed along with questionnaires to survey both children and parents for use in the health system. The most important tool for preventing violence was working with the media, including social media. Particular attention should be paid to intersectoral work, especially collaboration between health services and educational institutions. His Government recommended developing seminars for educational and other interested institutions, and information materials for parents on preventing violence and timely response. Plans and tasks should be synchronized to ensure the timely detection of victims and provision of specialist support. It was especially important for victims of violence to have access to medical and psychological assistance.

The representative of MALDIVES said that there was an urgent need for effective interventions on violence against children, a critical public health issue affecting billions worldwide. Delineating each level was key to the formation of holistic interventions leveraging global, regional, national, communal, familial, and individual factors that supported activities to address violence against children. While health systems played a critical role in prevention and response to violence against children, a multisectoral coordinated approach and extensive means were required to protect children from all forms of violence.

Continued documentation of proven and promising practices acknowledging national needs, measures aligned to the Sustainable Development Goals, and close and well-functioning coordination were crucial. Her Government urged WHO to further support Member States in recognizing and responding to the myriad forms of violence against children and requested WHO's continued technical support in the implementation of its national plans.

The representative of YEMEN said that many countries, including his own, were facing complex difficulties in addressing violence against children, including child recruitment in armed conflict, poor

access to education and health services and legislative gaps. The international community must, collectively, raise awareness about the seriousness of the issue, which health workers were ill-equipped to confront. He stressed the importance of collecting regional-level data, which should be made available to health decision-makers in order to help draft policies for use at the community level. His Government hoped to benefit from the existing knowledge in its region and from WHO support to help implement national plans.

The representative of SLOVAKIA welcomed WHO's work on the important issue, and joined calls for support at the national, regional and international levels and stronger engagement from WHO regional and country offices for multisectoral and multistakeholder collaboration to scale up services. Trauma-informed holistic services centered in one place with reduced out-of-pocket costs, accessible in humanitarian settings and by vulnerable communities, and with zero stigma and secondary victimization, were essential, as were evidence-based psychotherapy and trauma incidence reduction. Those services should also support siblings and other family members, who might otherwise be forgotten, along with other unrecognized and hidden victims. Although that work was essential, Member States could not break down silos without international assistance, both from other countries and from WHO regional offices.

The representative of MONACO¹ welcomed the publication of the clinical handbook for the health sector and the implementation of parental awareness raising programmes to prevent maltreatment. Further progress could be made in the education sector to prevent and combat violence against children. WHO might therefore develop guidelines for Member States covering such issues as the training of teaching staff to raise awareness and improve their ability to recognize the signs of maltreatment. If programmes were to have a sustainable impact, however, they should be accompanied by policies aiming to protect children in educational settings in particular. Her Government had implemented a range of initiatives to that end.

The representative of ECUADOR¹ said that interventions to end violence against children in the Region of the Americas should continue to be expanded, which would help to strengthen comprehensive care for those affected, and to change sociocultural attitudes and determinants of health. Some of those interventions could focus on the sharing of experience with other regions and the development of technical measures to strengthen confidentiality and avoid revictimization. The issue must be addressed through a multisectoral approach prominently featuring the health sector. A further important aspect was awareness of other regions' experience and the need for the health system to work with the judiciary – an area that perhaps still needed further work. The provision of adequate mental health services was also essential.

The representative of ARGENTINA¹ said that challenges included the need for: sustained cooperation agreements between government ministries, agencies and other organizations to ensure the continuity of relevant policies; strengthened collaboration to ensure the right to health in everyday contexts such as schools, child development centres and early childhood facilities; and the development of areas for intersectoral coordination and cooperation at the local and district levels. WHO should optimize interventions through training events and outreach support in accordance with the 2016 WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. To ensure multisectoral coordination, WHO could continue to support Member States in implementing INSPIRE

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

and other strategies, strengthening national measures, and facilitating access to international experience and expert consultations.

The representative of NEW ZEALAND¹ said that investment in multisectoral interventions and health systems strengthening was key in addressing the systemic social issues that engendered violence against children. Member States could address the key challenges of upskilling a stretched health workforce in a resource-constrained climate and deconstructing permissive attitudes towards family violence by ensuring age and sex-disaggregated data on violence against children, integrating violence prevention measures within national health, social welfare, education and justice policies, and providing the right tools and strategies for the global health workforce to prevent and respond to violence against children.

In order to integrate recognition of and response to child maltreatment into routine health service provision, WHO might emphasize the critical value of training at all workforce levels. With regard to multisectoral coordination, WHO could strengthen its support for Member States in developing clear protocols between health services and key authorities to establish coherent child-focused preventative and responsive procedures. It could also consider partnering with UNICEF and UNFPA to highlight the value of community outreach services, and integrate prevention of violence against children into existing health-focused multisectoral programmes.

The Observer of PALESTINE said that Palestinian children were exposed to unacceptable levels of violence in the occupied Palestinian territory, including east Jerusalem. The killing of children, repeated attacks against schools and health facilities, and denial of humanitarian access called for deep reflection and a concrete reaction from the international community. The daily harassment by the Israeli occupying army and settlers continued to have a significant impact on the well-being of Palestinian children and created high levels of psychosocial distress. Many United Nations agencies and international humanitarian organizations had reported several forms of violence against children, such as a lack of health treatment, the extreme violence of Israeli soldiers during arrest, and no access to a lawyer or to adequate detention centres.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, suggested that the report's definition of violence as the intentional use of physical force or power should be broadened to include mental and structural violence and the slow violence of malnutrition. Neither the report nor the 2016 INSPIRE framework mentioned infanticide and abandonment of babies as part of violence against children, neglecting the youngest demographic. WHO should acknowledge patriarchy as driving the victimization of girls and toxic masculinity. The report was silent on structural drivers of violence, and neglected the role of conflict, displacement, militarized immigration systems, and human trafficking in making children vulnerable to violence. To connect the INSPIRE vision to work on the ground, community engagement was necessary, particularly involving communities historically victimized or discriminated against.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on WHO and Member States to create child-sensitive social protection programmes. Resources should be targeted at strengthening multisectoral interventions countering sexual and gender-based violence and, importantly, associated reproductive health and mental health services. Such programmes should be sustained by building the capacity of service providers and health workers to prevent and respond to multiple forms of violence. Data processes should be strengthened to ensure that good-quality disaggregated data drove evidence-based solutions and enabled more robust

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

information-sharing mechanisms between health, child protection systems and gender-based violence services.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, noted the health, educational and economic benefits of evidence-based violence prevention programmes. Vulnerability to violence against children had significantly increased due to multiple crises, and urgent action was required, including through accelerated implementation of the Global Action Plan for Healthy Lives and Well-Being for All, scaling up health sector involvement, and stronger multisectoral engagement.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Secretariat should recognize alcohol as a major risk factor for violence against children and noted that the INPSPIRE framework contained action on alcohol, but that the report under consideration did not. The Secretariat should support Member States to better help children growing up in households with alcohol use problems. It was a concern that alcohol was not included in the Global Initiative to Support Parents, and WHO should develop parenting interventions addressing alcohol. His organization stood ready to offer its expertise.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) thanked all countries taking steps towards target 16.2 of the Sustainable Development Goals to end abuse, exploitation, trafficking and all forms of violence and torture against children. The important and emotional topic certainly demanded the serious consideration that it had received. The health sector's response should be improved, as many speakers had said, with a multisectoral approach, in particular through INSPIRE. Violence against children was preventable, not inevitable. The international community must find and implement solutions, including through the sharing of experience, thereby helping to create a better society and leading to better health outcomes.

She thanked Member States for their positive comments, suggestions and guidance on how WHO could better support them. The Secretariat had noted the importance of integrating violence prevention in health service provision and of how that response could be extended to the health sector. It had also noted the need for better training and integration with mental health, more intersectoral action with the involvement of all relevant stakeholders, better training of health workers, a human rights-based approach, and implementation monitoring and better data, wherever possible. The Secretariat would continue working to close the gaps between countries in such an important area. In closing, she congratulated the Colombian Government on hosting the first high-level ministerial conference on ending violence against children in March 2024. PAHO and WHO would be pleased to provide technical support to ensure that event's success.

The DIRECTOR-GENERAL thanked Member States for their input and reiterated that violence against children was preventable rather than inevitable and that proven solutions existed. He called for commitment and action for the sake of the world's children.

The Board noted the report.

3. SOCIAL DETERMINANTS OF HEALTH: Item 16 of the agenda (document EB152/22)

The CHAIR invited the Board to consider the report contained in document EB152/22, in particular the guiding questions set out in paragraph 24. She also invited the Board to consider a draft decision on accelerating action on global drowning prevention, which was proposed by Albania,

Andorra, Armenia, Australia, Bangladesh, Bhutan, Bosnia and Herzegovina, Botswana, Brazil, China, Costa Rica, Ecuador, the Member States of the European Union, Georgia, India, Israel, Jordan, Kenya, Malaysia, Maldives, Monaco, Montenegro, Nepal, North Macedonia, Norway, Oman, Paraguay, Peru, Russian Federation, Serbia, Sri Lanka, Thailand, Türkiye, Turkmenistan and United Arab Emirates, and read:

The Executive Board, having considered the report on social determinants of health,¹
Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recalling resolution WHA64.27 (2011), which recognized drowning as a leading global cause of injury-related child deaths,² requiring multisectoral approaches to prevention through the implementation of evidence-based interventions;

(PP2) Recalling also resolution WHA74.16 (2021), which recognized the need to strengthen efforts on addressing the social, economic, gender related and environmental determinants of health,³ including the need to address the consequence of the adverse impact of climate change, natural disasters and extreme weather events;

(PP3) Recalling also the adoption of resolution 75/273 (2021) by the United Nations General Assembly on global drowning prevention,⁴ inviting WHO to assist Member States in their drowning prevention efforts and to coordinate actions within the United Nations system among relevant United Nations entities;

(PP4) Recalling also the publication by the WHO Secretariat of the *Global report on drowning*,⁵ as well as subsequent guidance⁶ showing that drowning is a serious and neglected public health issue which can be prevented with feasible, low cost, effective and scalable interventions;

(PP5) Deeply concerned that drowning has been the cause of over 2.5 million preventable deaths in the past decade, but has been largely unrecognized relative to its impact and that peak drowning rates are among children;

(PP6) Recognizing the interlinkages between drowning and development, and noting that over 90% of deaths occur in low- and middle-income countries;⁷

¹ Document EB152/22.

² WHA64.27 (2011). https://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_R27-en.pdf.

³ WHA74.16 (2021). https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf.

⁴ United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

⁵ WHO (2014). Global report on drowning: preventing a leading killer. Available online via: <https://apps.who.int/iris/rest/bitstreams/644433/retrieve>.

⁶ WHO (2017). Preventing drowning: an implementation guide. Available online via: <https://apps.who.int/iris/rest/bitstreams/1083494/retrieve> and WHO (2021). Preventing drowning: practical guidance for the provision of day-care, basic swimming and water safety skills, and safe rescue and resuscitation training. Available online via: <https://apps.who.int/iris/rest/bitstreams/1415756/retrieve>.

⁷ United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

(PP7) Noting with concern that the official global estimate of 235 000 deaths per annum¹ excludes drownings attributable to flood-related climatic events and water transport incidents, resulting in a significant underrepresentation of drowning deaths;

(PP8) Underlining that drowning has connections with the social determinants of health, including through the increased vulnerabilities to the effects of climate change, in particular flooding events, which are predicted to increase in severity and frequency, unsafe modes of water transport and inherently riskier livelihoods dependent on exposure to water;

(PP9) Further underlining that in all countries other connections with the social determinants of health include drowning being a high risk in poor rural communities with close proximity to water bodies, where poverty prevents implementation of drowning prevention interventions, livelihood needs may lead to children being unsupervised, and where long-term economic and social impacts of drowning exacerbate and prolong socioeconomic marginalization;

(PP10) Emphasizing that drowning prevention requires the urgent development of an effective coordinated response among relevant stakeholders in this regard,

(OP)1. WELCOMES the invitation of the United Nations General Assembly² for WHO to assist Member States, upon their request, in their drowning prevention efforts; and further accepts for WHO to coordinate actions within the United Nations system among relevant United Nations entities; and to facilitate the observance of World Drowning Prevention Day³ on 25 July each year;

(OP)2. URGES Member States:

- (1) to assess the national situation concerning the burden of drowning, ensuring targeted efforts to address national priorities including through the appointment of a national drowning prevention focal point, as appropriate, and assuring that resources available are commensurate with the extent of the problem;
- (2) to develop and implement national multisectoral drowning prevention programming, with a focus on community, including emergency response planning and linkage with community first aid response and emergency care systems as appropriate, in line with WHO recommended interventions, particularly in countries with a high burden of drowning;
- (3) to ensure that policy planning and implementation across sectors such as health, education, environment, climate adaptation planning, rural economic development, fisheries, water transport and disaster risk reduction, particularly policies which address the underlying drivers of increased flood risk, are undertaken in a manner that reduces drowning risks;
- (4) to promote drowning prevention through community engagement, public awareness and behavioural change campaigns;
- (5) to promote capacity-building and support international cooperation by sharing lessons learned, experiences and best practices, within and among regions;

¹ WHO Global Health Estimates, 2019. Available online at: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>.

² United Nations General Assembly resolution on Global drowning prevention (75/273). Available via: <https://digitallibrary.un.org/record/3925005?ln=en>.

³ <https://www.un.org/en/observances/drowning-prevention-day>.

(OP)3. REQUESTS the Director-General:

- (1) to encourage research on the context and risk factors for drowning, facilitate adaptation of effective drowning prevention and safe rescue and resuscitation measures that can be applied in local communities, and evaluate the effectiveness of drowning prevention programmes;
- (2) to prepare a global status report on drowning prevention by the end of 2024 to guide future targeted actions;
- (3) to provide Member States, upon request, with technical knowledge and support to implement and evaluate public health, urban and environmental policies and programmes for drowning prevention and mitigation of its consequences;
- (4) to foster capacity-building, and facilitate knowledge exchange among Member States and relevant stakeholders, promoting dissemination and uptake of evidence-based guidance for drowning prevention;
- (5) to establish a global alliance for drowning prevention with organizations of the United Nations system, international development partners and nongovernmental organizations;
- (6) to report on progress in the implementation of this resolution to the Health Assembly in 2025, to include reporting on the global status report on drowning prevention and reflect on contributions to the agenda of the Thirteenth General Programme of Work, 2019–2025; and subsequently in 2029, to include reporting on achievements of the global alliance and intersections with broader agendas including the Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction 2015–2030.

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

Decision:	Accelerating action on global drowning prevention
A. Link to the approved revised Programme budget 2022–2023	
1. Output(s) in the approved revised Programme budget 2022–2023 under which this draft decision would be implemented if adopted:	3.1.1. Countries enabled to address social determinants of health across the life course.
2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved revised Programme budget 2022–2023:	Not applicable.
3. Any additional Secretariat work during the biennium 2022–2023 that cannot be accommodated within the approved revised Programme budget 2022–2023 ceiling:	Not applicable.
4. Estimated time frame (in years or months) to implement the decision:	The decision would be implemented over a period of six years. Final reporting on progress made in the implementation of this decision to the Health Assembly would be in 2029.
B. Resource implications for the Secretariat for implementation of the decision	
1. Total budgeted resource levels required to implement the decision, in US\$ millions:	US\$ 14.490 million.

2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:
US\$ 2.375 million.
2.b. Estimated resource levels required in addition to those already budgeted for in the approved revised Programme budget 2022–2023, in US\$ millions:
Zero.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:
US\$ 4.443 million.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:
US\$ 7.672 million.
5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions
– Resources available to fund the decision in the current biennium:
US\$ 2.375 million.
– Remaining financing gap in the current biennium:
Zero.
– Estimated resources, which are currently being mobilized, if any, that 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		
B.2.a. 2022–2023 resources already planned	Staff	0.060	–	–	–	–	0.065	1.067	1.192
	Activities	0.078	0.013	–	0.007	0.011	0.120	0.954	1.183
	Total	0.138	0.013	–	0.007	0.011	0.185	2.021	2.375
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.150	0.130	0.142	0.100	0.100	0.140	1.203	1.965
	Activities	0.236	0.230	0.233	0.233	0.233	0.233	1.080	2.478
	Total	0.386	0.360	0.375	0.333	0.333	0.373	2.283	4.443
B.4. Future bienniums resources to be planned	Staff	0.530	0.500	0.520	0.455	0.480	0.515	2.272	5.272
	Activities	0.250	0.250	0.250	0.250	0.250	0.250	0.900	2.400
	Total	0.780	0.750	0.770	0.705	0.730	0.765	3.172	7.672

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, welcomed the efforts to raise awareness of drowning issues in WHO as a follow-up to General Assembly resolution 75/273 (2021). Noting with concern that over 90% of drowning deaths occurred in low- and middle-income countries, he said that 11 Member States in his Region shared an estimated 30% of the global burden. Most of the estimated 70 000 deaths a year could be avoided if safe swimming skills were learned in childhood.

The draft decision would foster the development of policy measures and promote drowning prevention initiatives at the country level and international cooperation, and should be adopted by consensus. It would also create a mandate for WHO to research and report on drowning prevention and provide technical support. All Member States should use World Drowning Prevention Day on 25 July as an opportunity to review the effectiveness of prevention and intervention, foster multisectoral and whole-of-society commitments, and set annual targets to reduce morbidity and mortality from drowning.

The representative of PERU said that, as living, working and socioeconomic conditions had an undeniable influence on individual health, the increasing health inequities between and within countries were largely avoidable. The need for due and timely consideration of the social determinants of health had become even more apparent from the COVID-19 pandemic, which had laid bare the challenges facing the international community in addressing international health emergencies and the need for health systems strengthening to tackle health inequities using a multidisciplinary, multisectoral approach.

His Government welcomed the draft WHO operational framework for monitoring social determinants of health equity, which was aligned with follow-up activities for the health-related Sustainable Development Goals. There was currently no technical support to help countries place sufficient emphasis on the social determinants of health through the suitable and timely adoption of decisions by national and subregional governments. National health teams required specialized support in addressing issues and lines of work that went beyond the area of health, and tools for advocacy, follow-up and evaluation were required. There was also need to create, strengthen and maintain monitoring systems, including observatories, which provided data to evaluate health inequities, the relationship with social determinants of health and the impact of national, regional and global policies targeting them. Such information was crucial for preparing policies, strategies and plans to ensure well-being and health equity for all.

The representative of AFGHANISTAN said that in the present, politicized world the slogan that health was not politics no longer seemed relevant. Efforts to improve the social determinants of health while many were making excuses for conflict and war would fail. The targets for more health-friendly living conditions would not be achieved unless the international community joined forces to put an end to conflicts. There was a need for investment in health systems with a focus on primary health care in order to achieve universal health coverage, and politicians should be encouraged to work towards peace as the means for improved social determinants of health. People, especially those in conflict zones, would not experience better health and living conditions unless they supported trustworthy, competent and dedicated leaders, paving the way for democratic systems that would invest in peace and improve the social determinants of health. Health systems must cooperate and communicate with other sectors to promote understanding of factors affecting the social determinants of health and momentum towards improving them; diplomacy, leadership and political skills from health leaders would be required.

The representative of the UNITED STATES OF AMERICA said that structural discrimination, including racism and gender inequality, was a key obstacle to achieving health for all. Her Government therefore strongly supported WHO's commitment to non-discrimination and to leaving no-one behind so that every person, regardless of gender or sex, could live a healthy life. Social, economic and environmental determinants of health impacted health outcomes in all communities and also affected global resilience and emergency preparedness. Experience, including the COVID-19 pandemic, showed that historically marginalized, excluded and underserved groups without access to primary health care or nutritious food, those that were overburdened or affected by pollution, as well as those with unstable working and living conditions, were consistently the most likely to have poor health outcomes. Disruptions caused by the pandemic to sectors critical to the social determinants of health highlighted the importance of multisectoral approaches. Her Government therefore continued to urge WHO and Member States to engage a wide range of actors and build on existing efforts by civil society and the private sector at all levels to push a Health in All Policies and whole-of-society approach.

Social determinants of health remained one of WHO's several largely unfunded mandates. At a time when the Organization was moving towards more sustainable financing, it should prioritize critical functions, such as work on social determinants of health which could have a tangible impact on core priorities including increased health equity and health system preparedness and resilience.

The representative of CHINA said that global progress in rectifying health inequities remained insufficient. WHO should continue promoting progress on social, economic and environmental factors to narrow health gaps within and between countries and alleviate health inequities.

Drowning was a major public health issue that threatened the health and development of children and predominantly affected low- and middle-income countries. Her Government called for community-focused and cross-sectoral programmes against drowning to ensure that a wide range of governmental departments took drowning risk reduction into account. Community engagement to promote public awareness and behavioural changes for drowning prevention were essential.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that governments of the Region were committed to advancing multisectoral collaboration on addressing social determinants of health and health inequity using Health in All Policies and whole-of-society and whole-of-government approaches. Health services that did not address social determinants exacerbated health inequities. Primary health care must therefore be strengthened and expanded to include household-level health promotion and disease prevention as well as community-based interventions that were effective in addressing the social determinants of health and improving health care use and outcomes as part of a continuum with facility-based services.

The limited real-time data in the Region for tracking social determinants of health might impact negatively on prioritizing actions aimed at advancing health equity. It was therefore a key priority for African Member States to strengthen national capacities to generate and use disaggregated data to inform

evidence-based interventions addressing social determinants of health equity. He underscored the need for technical assistance and sustainable financial commitments to enable countries to analyse the effects of factors such as socioeconomic status, education, physical environment, employment, and social support networks as well as access to health care. The evidence generated should inform initiatives within and outside the health system to address social determinants of health and health equity leaving no-one behind.

The representative of CANADA noted with concern that health inequities continued to persist or worsen in many countries. It was not enough to recognize how the determinants of health shaped access to health resources and living conditions; instead, collective action was required, and greater attention should be given to key determinants, such as racism, gender-based discrimination and environmental inequities. The draft WHO world report on social determinants of health equity and draft operational framework, as well as World Health Assembly resolution WHA74.16 (2021), should be viewed not just as courses of action, but as opportunities to do things differently and build a healthier world based on the principles of equity and inclusion.

The COVID-19 pandemic had highlighted the critical need to carefully examine and improve employment conditions, access to safe housing, to clean water as well as to basic necessities for pandemic prevention, preparedness and response. In rebuilding, the international community must uphold comprehensive sexual and reproductive health and rights for all and restore essential services to support all women, girls and gender diverse people in all their diversity, including comprehensive sexuality education, contraception, and safe abortion and post-abortion care. The Secretariat should encourage Member States to prioritize essential services for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex and other gender- and sexually diverse people. Despite progress, those populations continued to face targeted discrimination and violence, as well as systemic barriers to health care and other material and social resources. In Canada, that was also true of indigenous peoples, many of whom continued to experience deep-rooted intergenerational trauma, overt and systemic racism and discrimination, and social and economic inequities as a result of colonialism. His Government remained committed to intersectoral action to reduce health inequities in Canada, was pleased to cosponsor the draft resolution on accelerating action on global drowning prevention, and continued to support and encourage global activities, such as WHO's forthcoming global knowledge exchange network.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that addressing the social determinants of health was a priority in his Region, and notable progress had been made in recent years. The landmark report of the independent Commission on Social Determinants of Health brought together a rich evidence base on health inequities and recommendations to address them within the Region's unique context. WHO was working to develop plans to address social determinants and promote health equity, for example in Morocco and the occupied Palestinian territory, including east Jerusalem. The member States of his Region looked forward to the publication of the WHO world report on social determinants of health equity and operational framework for monitoring, and to continuing work in that critical area.

The representative of PARAGUAY said that multiple crises had exposed and aggravated inequities, with the resulting impact on health disproportionately affecting the most vulnerable. There was an urgent need for measures to address social determinants using a rights- and equity-based approach. One way for Member States to address the social determinants of health equity was through action to consolidate a multisectoral approach, empowering decision-makers and community stakeholders to develop policies ensuring that individuals had greater control of their health. Communities must have the opportunity to promote effective solutions to their problems. Addressing social determinants and health promotion should be a cross-cutting element in all public policy development and implementation. Strengthening the governance of national health authorities to

improve management was a priority, and other related institutions and sectors of society should be involved and made jointly responsible for instilling a culture of health.

An updated status of social determinants was important for developing interventions tailored to different regional conditions and should be shared with Member States and focal points. Monitoring and evaluation were key for following-up and measuring the social determinants of health equity and for policy development. A database of determinants, classified as either positive or negative, would help in designing strategies and proposing targeted solutions.

The representative of the REPUBLIC OF KOREA expressed concern that, as indicated in the draft WHO world report on social determinants of health equity, there had been insufficient attention to key social determinants. An integrated and comprehensive Health in All Policies approach was required to address health inequity. Sustainable multisectoral collaboration was essential with the health sector taking a leadership role. Many countries lacked the policy-making system to address or conduct timely monitoring of health inequities, and that should be addressed.

The draft operational framework needed to take a broad approach with regard to groups suffering health gaps amid the COVID-19 pandemic. As vulnerable populations such as migrants and homeless people already experienced inequity in health coverage, it would be helpful to suggest specific practices for various vulnerable groups and factors to consider. His Government wished to be added to the list of sponsors of the draft decision.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND emphasized that climate change significantly threatened many of the determinants of health, impacting health outcomes and health equity. Climate indicators and measurements could be strengthened further in the draft operational framework for monitoring. Noting that flooding events were predicted to increase in severity and frequency due to the effects of climate change, her Government wished to be added to the list of sponsors of the draft decision and noted that action on accelerating action on global drowning prevention should be integrated into existing frameworks on social determinants and not constitute a standalone initiative. Her Government was pleased to have partnered with WHO, other Member States and partners on health programme for the twenty-sixth Conference of the Parties to the United Nations Convention on Climate Change. It was now crucial to move beyond rhetoric to implement at a scale and pace to improve health outcomes and equity. A significant step change would be needed to adopt the multisectoral approach required. She asked how WHO would achieve a more multisectoral response and encourage greater integration across policies and programmes on social determinants, and what plans it had to engage with others beyond the health sector to address the climate change impacts.

The representative of BRAZIL said that in order to make progress on the social determinants of health, Member States must enhance the cross-cutting functions necessary to address the social determinants of equity. The role of gender as a strong, structural determinant of health must be recognized in social policy. The draft world report on social determinants of health equity should consider the disproportionate impact of the COVID-19 pandemic on those in vulnerable situations. The profound social inequalities had been even more exposed by the pandemic, in particular among indigenous peoples, whose vulnerability and social exclusion characterized a global health issue. Indigenous people must be able to enjoy the right to health according to their own requirements and specificities. His Government would present a draft resolution on the health of indigenous people for consideration by the Seventy-sixth World Health Assembly in May 2023 and counted on the support of all that took care not to leave anyone behind.

The representative of BOTSWANA noted with concern the growing evidence that the least developed countries and economies had poorer health conditions, health systems less prepared to deal with a pandemic and more people living in conditions that made them vulnerable to infection. The

COVID-19 pandemic, therefore, had not only exposed the vulnerabilities of health systems, but had also brought to the fore the unfavourable conditions in which people were born, lived and worked, and the systems put in place to deal with illnesses. It was troubling that the world had not sufficiently acted on the recommendations of the Commission on Social Determinants of Health (2008) to, among others, improve daily living conditions. Lasting solutions for tackling the social determinants of health and, by extension, mitigating the impact of catastrophes remained a possible way to address the main causes of, and risk factors for, poor health. His Government agreed that primary health care and its principles remained the key strategy for delivering health services towards universal health coverage. The Secretariat should continue assisting Member States in strengthening data systems for the timely monitoring of health inequities in order to generate evidence metrics and policy solutions.

The representative of MALAYSIA welcomed the support for addressing the social determinants of health. The COVID-19 pandemic had highlighted the enormous strain on health systems and exposed long-standing structural drivers of health inequities, including living and working environments. Examining panel data would make it possible to understand how social factors influenced health outcomes and contributed to health inequalities. In order to make progress on the social determinants of health, a multisectoral approach was needed. Strengthened collaboration within and outside the ministry of health was crucial to gather the evidence necessary to monitor progress on health inequities and provide action points to tackle them. Her Government commended the support provided by the Governments of Canada and Switzerland and stood ready to participate in any ongoing and future initiatives for action on addressing social determinants of health equity, which was a significant challenge in her country. It welcomed the Secretariat's initiative to develop an operational framework for measuring, assessing and addressing the social determinants of health and health inequities and the process for seeking and sharing Member States' feedback. Much work needed to be done by Member States to ensure that health facilities were appropriately designed, located, funded and staffed to address existing health inequities in primary care. Member States would benefit significantly from WHO guidance to achieve health equity in addressing the social determinants of health.

The representative of JAPAN said that the current multiple interlinked crises were undermining key social determinants and exacerbating health inequities. His Government understood the importance of establishing and maintaining an operational framework for measuring, assessing and addressing the social determinants of health and health inequities, as well as their impact on health outcomes. Diverse social factors should be carefully analysed to eliminate disparities in treatment outcomes. His Government wished to be added to the list of sponsors of the draft decision.

The representative of the RUSSIAN FEDERATION said that the health inequity was a serious problem for States. That had become particularly apparent in recent years following many interlinked crises, the consequences of which had particularly affected poorer parts of the population, migrants and the elderly. Placing great importance in WHO's work in that area, her Government had participated actively in consultations on the draft operational framework for measuring, assessing and addressing the social determinants of health and health inequities. The development of such an important monitoring framework would help countries fine-tune their national systems so as to find a balance in access to health systems. The framework should not, however, further burden States in terms of data collection, and should instead use the indicators agreed by Member States for monitoring progress in the Sustainable Development Goals.

The representative of INDIA said that the COVID-19 pandemic had exacerbated existing inequities and had a detrimental impact on the social determinants of health, which were a multifaceted public health issue requiring collaboration with multiple sectors and organizations. Health equity could only be achieved by avoiding a fragmented approach and harmonizing the ongoing efforts of various stakeholders. WHO and Member States needed to work in collaboration to ensure access to quality

health care and education, economic stability and food security for vulnerable populations. Health literacy was equally important to ensure an individual's own proactive and correct outlook towards health. Strengthening primary health care services was an important element of health equity.

The use of digital health technologies, innovation and community-level health workers to aid health service delivery were critical tools to address gaps between rural and urban health. To tackle social determinants and promote equity and access, there was a need to encourage teleconsultation, teleradiology, technology-driven capacity building platforms, the use of cutting-edge digital tools and longitudinal electronic health records. WHO should work with Member States to develop data sets and key indicators which could be used for monitoring, policy development and prioritizing action.

The representative of ETHIOPIA said that there should be greater focus on increased multisectoral collaboration in advancement of a Health in All Policies approach and increased support through country offices to that end. She called for greater engagement of development partners and support to strengthen routine health information systems and evidence used for decision-making. The Secretariat should strategically support health leaders in acquiring the necessary skills in health diplomacy and advancing the discussion to facilitate action. Her Government supported the draft decision.

The representative of MALDIVES said that despite the progress made, health equity gaps in many countries had worsened as a result of the multiple crises that the world was facing. WHO and Member States should encourage and adopt Health in All Policies and whole-of-government and whole-of-society approaches to resolve those inequities. Her Government welcomed the ongoing data collection processes from Member States, which would better aid decision-making in a more country-focused and comprehensive manner. The monitoring of health inequities using adequate disaggregated data at all levels of government triangulated with cross-sectoral information should be strengthened, including by consolidating evidence of how public policies and programmes impacted health, collecting information on activities causing adverse health outcomes and measuring the current level of financial wastage in the health system. Further efforts were required to incorporate social determinants of health in the primary health care context.

The representative of COLOMBIA said that the Board's agenda should be relevant to the global health situation. In establishing priorities, it was important to recognize that epidemics thrived on socioeconomic and geographical inequalities that affected levels of trust, access to health services and the quality of surveillance. The international community should not shy away from including topics such as social determinants of health and health inequity on the agenda of the Board and the Health Assembly. In that regard, she commended the topic's inclusion.

Sharing details of her Government's move towards a preventive and predictive national health policy, she said that a Health in All Policies approach should be adopted to ensure that the entire population could enjoy the highest level of health. WHO should assist Member States in promoting health systems that prized the right to life and health over profit. Similarly, for a State to have a positive effect on the social determinants of health, it should base its approach on human rights, diversity – including gender and sexual diversity – and intercultural respect. She thanked Bangladesh and Ireland for their draft resolution, of which her country was a cosponsor. Her Government wished to be added to the list of sponsors of the draft decision that addressed an important aspect of the social determinants of health.

The meeting rose at 13:05.

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