EXECUTIVE BOARD EB152/PSR/11
152nd session 2023

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO headquarters, Geneva
Friday, 3 February 2023, scheduled at 14:30

Chair: Dr K. V. PETRIČ (Slovenia)

CONTENTS

ELEVENTH MEETING

Friday, 3 February 2023, at 14:30

Chair: Dr K. V. Petrič (Slovenia)

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

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

The representative of BANGLADESH,[1] speaking also on behalf of Ireland, thanked the Member States that had sponsored the draft decision on accelerating action on global drowning prevention and invited the remainder to join the list of sponsors. Drowning was a major preventable cause of mortality, especially in low- and middle-income countries, and its risks were exacerbated by flooding resulting from the climate crisis, unsafe water transport and a lack of basic safety equipment in water-based livelihoods. Communities must therefore be empowered to implement feasible, low-cost, effective and scalable interventions to prevent drowning.

The representative of NORWAY[1] said that her Government supported the focus placed on primary health care and pandemic preparedness and response in addressing health equity. The report should stress the link between health equity and the Sustainable Development Goals, and the draft operational framework should clarify WHO's monitoring responsibilities against those of other United Nations organizations. Monitoring should be aligned with efforts to strengthen health systems, universal health coverage, global pandemic preparedness and response, and measures to reduce noncommunicable diseases and mental health issues. The Secretariat should work closely with Member States to define, test and validate indicators in the operational framework, using pre-existing data collection frameworks when possible.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and on behalf of Handicap International Federation, HelpAge International, International Federation on Ageing and The Task Force for Global Health, Inc., said that attention should be paid to the close interplay between the social determinants of health, structural factors and disability. The draft WHO world report on social determinants of health equity and its associated guidance should be aligned with resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities and with the WHO global report on health equity for persons with disabilities. Investment in primary health care, multisectoral action and the meaningful engagement and empowerment of persons with disabilities were also essential.

The representative of MONACO[1] expressed thanks for the important draft decision on drowning prevention. Her Government was committed to supporting its implementation at all levels.

The representative of NAMIBIA[1] said that, despite the good progress made in implementing the plan on social determinants of health endorsed by the World Health Assembly in 2012, significant work remained to be done. Economic and gender inequality, racism, war and the climate crisis must be

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

addressed to reduce health inequities. The Secretariat should work with key stakeholders across all economic and social sectors in his Region, including civil society, to increase real-time data on social determinants of health to prioritize actions. He requested that the Secretariat further expand the indicators to track progress regarding marginalized groups, and that his Government be added to the list of sponsors of the draft decision on drowning prevention.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR and on behalf of the Framework Convention Alliance on Tobacco Control, Movendi International and the World Cancer Research Fund International, said that WHO should accelerate universal health coverage to provide equitable health services that did not perpetuate stigma; focus more on best buys for noncommunicable diseases; clarify complementarity between the operational and the well-being framework to prevent duplication; and address commercial determinants of health, including protecting policy-making, from undue influence.

The representative of SOUTH AFRICA[1] noted with concern the lack of progress in implementing the recommendations on living conditions made by the WHO Commission on Social Determinants of Health in 2008, and in addressing health inequities both within and between countries. Whole-of-government, whole-of-society, multisectoral approaches centred on equity and human rights were necessary to tackle worsening health gaps in many countries, which had been exacerbated by the pandemic of coronavirus disease (COVID-19). The Secretariat should support Member States in collecting and monitoring data on social determinants of health. Her Government wished to join the list of sponsors of the draft decision on drowning prevention.

The representative of INDONESIA[1] expressed thanks for the leadership on the draft decision. His Government requested to be added to the list of sponsors and looked forward to working with WHO to establish measures and policy frameworks and foster international cooperation on drowning prevention.

The representative of FIJI,[1] noting the threat posed by climate change to the improvement of social determinants of health, said that climate adaptation measures must explicitly address health inequities, including drowning. Her Government thanked the Governments of Bangladesh and Ireland for spearheading efforts on the draft decision and wished to join the list of sponsors. The sharing of information, including know-how to improve vaccine production and distribution capacity, was fundamental in addressing social determinants of health equity. With a view to improving social determinants of health, the Secretariat should explain how it might adopt an approach to address both the national and global obstacles, such as wars, conflicts and the climate crisis, to health equity.

The representative of THAILAND[1] commended the Governments of Bangladesh and Ireland for the draft decision. Her Government had expected more detail regarding the draft world report on social determinants of health equity, which should contain updated evidence on the current status and trends to guide action. The Secretariat should leverage the available monitoring data to obtain a comprehensive picture of health equity, and ensure that the operational framework did not duplicate existing data or further burden countries. Universal health coverage was the foundation of equity in societies and must therefore receive adequate investment.

The representative of ECUADOR[1] expressed appreciation for the importance placed on sustainable, multisectoral collaboration to address the social determinants of health, equity and well-being under the Health in All Policies approach. A range of national measures had been implemented to address social, economic, environmental and commercial determinants of health. He

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

expressed his Government's support for the outline of the draft world report on the social determinants of health equity, the draft operational framework and the draft decision on drowning prevention.

The representative of SWITZERLAND[1] said that her Government welcomed the revised narrative, robust new evidence, clear call to action, and guidance on cross-cutting functions contained in the outline of the draft world report on social determinants of health equity. The lack of progress in reducing health inequities between and within countries, the increasing health gaps within populations and the chronic underfunding of the agenda on social determinants of health, both within WHO and globally, were matters of concern. Her Government would continue to support the WHO Special Initiative for Action on Social Determinants of Health for Advancing Health Equity, and promote cross-sectoral work on the root causes of poor health. The comprehensive draft operational framework would be especially useful for monitoring the progress of multisectoral approaches.

The representatives of ESWATINI[1] and SIERRA LEONE[1] requested that their Governments be added to the list of sponsors of the draft decision on drowning prevention.

The Observer of PALESTINE expressed disappointment that, once again, draft decisions and resolutions had not been shared with the Palestinian authorities. It was important to make public health professionals aware of social determinants of health and address glaring socioeconomic disparities, poor living conditions and the effects of geopolitical instability, war and conflict on health. The health inequity that existed within developed countries was all the more striking between developed and developing countries.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR and on behalf of CBM Christoffel-Blindenmission Christian Blind Mission e.V., the Organisation pour la Prévention de la Cécité, The Fred Hollows Foundation, The Royal Commonwealth Society for the Blind – Sightsavers, the World Blind Union and the World Council of Optometry, called on Member States to prioritize equitable eye health care, ensuring integrated provision of eye care and social care and raising awareness, and to include disaggregated data within the draft operational framework.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that a global operational framework for monitoring was the only way to ensure accountability at the country level. The development of the global agenda for action on social determinants of health and of the draft operational framework should be guided by the WHO Commission on Social Determinants of Health and should involve physicians.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that the Secretariat should consult with civil society organizations in all WHO regions on the draft operational framework, and should include clear guidelines on individual and collective action by Member States in the draft world report on social determinants of health equity. Member States should adopt multisectoral national plans to address social determinants of health equity, and support the Secretariat's efforts in examining the malign impact of the commercial determinants of health.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, called on Member States to prioritize and allocate sufficient public investment for children's health and nutrition, and to protect children from poverty and violence. They should also exchange best

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

practices in effectively addressing political determinants and ensure social participation, accountability and transparency for health.

The representative of THE ROYAL NATIONAL LIFEBOAT INSTITUTION, speaking at the invitation of the CHAIR, commended the leadership of Member States in highlighting the urgent need for action on drowning prevention through the corresponding draft decision and urged WHO to help to advance action in this area at all levels.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, urged Member States to implement universal health coverage and primary health care as key instruments in achieving health equity, and to address the social, economic, environmental and commercial determinants of health.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, called on Member States to collect and report relevant patient, citizen and health services data transparently in order to address social determinants of health through health inequity monitoring and evidence-based policies for improving primary health care, universal health coverage and health emergency preparedness.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, urged Member States to urgently address the common risk factors of oral and noncommunicable diseases and include them in the draft operational framework; identify best practices for addressing health determinants; consult the health workforce and people living with noncommunicable diseases when establishing the proposed global network to support action on the social determinants of health equity; and involve civil society in the development of the operational framework and protect the process from undue influence.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, said that biological sex, gender inequities and gender-equal leadership were critical social determinants of health. At the 2023 high-level meeting on universal health coverage, Member States should build on the 2019 political declaration and commit to implementing gender-responsive universal health coverage.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) said that addressing health inequities and supporting countries to move towards health and well-being promotion and disease prevention was at the core of the Secretariat's work. Member States' guidance, especially the emphasis on multisectoral action, would help to ensure that the report bolstered their efforts to mitigate the impact of the climate and economic crises and the COVID-19 pandemic. The draft operational framework would enhance data collection to inform the Secretariat's recommendations to Member States. Further comments through the consultation process would be appreciated.

The Secretariat had noted the need to improve training, and information and monitoring systems; take into account human rights, as well as economic, commercial and environmental determinants; make greater use of technological advancement and innovation for health; and ensure coherence and integration with other initiatives. The support expressed for the draft decision would help the Secretariat to develop a multisectoral response to the neglected public health problem of drowning. Coordinating across all three levels of WHO, the Secretariat would also include a drowning prevention strategy with a view to implementing low-cost, effective interventions.

The representative of SLOVAKIA requested that the following report contain more data and evidence-based analysis regarding the economic value of addressing social determinants of health equity, to help strengthen policy-making and implementation in countries that were struggling to achieve the Sustainable Development Goals. Such tools had been introduced in his Region and had resulted in investment in universal health coverage and the saving of lives.

The Board noted the report contained in document EB152/22 and adopted the draft decision on accelerating action on global drowning prevention.[1]

2. THE HIGHEST ATTAINABLE STANDARD OF HEALTH FOR PERSONS WITH DISABILITIES: Item 17 of the agenda (document EB152/23)

The CHAIR invited the Board to consider the report contained in document EB152/23, in particular the guiding questions set out in paragraph 23.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Bosnia and Herzegovina and the potential candidate country Georgia aligned themselves with his statement. Welcoming the global report on health equity for persons with disabilities, he underscored the right of persons with disabilities to enjoy the highest attainable standard of health without discrimination, in accordance with the United Nations Convention on the Rights of Persons with Disabilities. Ministries of health should play a leading role in providing equitable access to health services in all situations, particularly gender-sensitive services, vaccination, and noncommunicable disease screening and prevention. It was also important to consider sexual and reproductive health and rights, in accordance with the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development, the outcomes of their review conferences, and Article 34 of the New European Consensus on Development.

Disability-specific health services should include specialized and differentiated intensive rehabilitation services for people with complex rehabilitation needs. In addition, public health authorities should actively facilitate the full and meaningful participation of persons with disabilities and their representative organizations in the planning and implementation of health programmes and policies and in decision-making processes. Member States should work with the Secretariat to implement the recommendations and proposed actions in the new global report and in resolution WHA74.8 on the highest attainable standard for health for persons with disabilities.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, commended the quality of the report. Although most African countries had ratified the Convention on the Rights of Persons with Disabilities, there were varying degrees of implementation and the goals of the Convention were far from being achieved. Pursuant to resolution WHA74.8, the Secretariat should include disability in all its health programming and accelerate the implementation of the United Nations Disability Inclusion Strategy across WHO. It should also use the global report on health equity for persons with disabilities to increase political commitment and should provide support to countries in developing a harmonized national strategic planning tool to implement the recommendations and 40 targeted actions in the report.

Improved data collection and inclusive research on disability, including in the context of health emergencies, should be promoted to provide evidence bases, and persons with disabilities and their

[1] Decision EB152(12).

organizations must be meaningfully engaged in health policy-making. All stakeholders should promote disability inclusion in multisectoral activities, to enable persons with disabilities to fully enjoy the right to health and well-being and participate actively in the socioeconomic development of their countries.

The representative of JAPAN, welcoming the new global report on health equity for persons with disabilities, outlined measures in place in his country to safeguard the rights of persons with disabilities to participate equally in society. His Government expected the new action plan to be issued along with the global report. Multisectoral collaboration was necessary to achieve equity for persons with disabilities, and his Government would be pleased to share its experience in that regard.

The representative of MALAYSIA said that her Government noted the principles and targeted actions contained in the report, in particular the strengthening of national accountability regarding health equity for persons with disabilities. Describing her Government's numerous initiatives to provide disability-inclusive health care, she highlighted the importance of political commitment and leadership on multisectoral engagement to promote disability inclusion in the health sector. The Organization could strengthen its disability inclusion by recruiting more persons with disabilities across its three levels.

The representative of the UNITED STATES OF AMERICA commended the Secretariat for the highly consultative process and systemic approach used in developing the global report on health equity for persons with disabilities, who must have equitable access to health services and information, in particular regarding sexual and reproductive health. His Government strongly supported proposed actions to mainstream disability across WHO programmatic areas and strengthen disability inclusion.

The representative of the RUSSIAN FEDERATION said that the systematic approach outlined in the document required equally systematic, intersectoral country-level implementation. Describing the various measures taken by his Government, he encouraged the continued development and introduction of technologies to maximize health service accessibility, and neonatal screening for the early detection of diseases leading to disability. Mental health disorders were an increasing cause of disability worldwide, requiring better quality psychiatric services. His Government requested that the Secretariat use the gender-related terminology agreed by consensus, which it had failed to do in both the draft and final global report on health equity for persons with disabilities.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the recommendations and the proposed guide for action on disability inclusion in the health sector provided valuable direction for government efforts. His Government supported the Secretariat's focus on gender-responsive action to ensure that women and girls were appropriately supported and empowered to take a full, equal and meaningful role in decision-making. Governments and multilateral organizations must consider ways to include persons with disabilities in all aspects of health. He asked the Secretariat how it was using evidence from WHO and elsewhere to mainstream disability inclusion, and how it was helping Member States to ensure consultation and participation of persons with disabilities in national health sector reform processes.

The representative of PERU said that, with a view to ensuring that persons with disabilities effectively exercised their rights and participated in society, WHO programmes should incorporate a comprehensive and inclusive approach to meet the needs of persons with disabilities. Member States should ensure that persons with disabilities had affordable access to health services, including rehabilitation, sexual and reproductive health, and home care services, that were equipped and provided by skilled personnel. The Secretariat should strengthen the promotion of community-based care through its country offices to ensure that persons with disabilities received appropriate care and rehabilitation at the local level, adapted to the socioeconomic and geographic situation. The Organization must ensure

consultation with persons with disabilities and their representative organizations in the development of reports, standards and other tools that concerned them.

The representative of OMAN said that WHO's disability policy clearly demonstrated its commitment to the mainstreaming of disability throughout the Organization. His Government welcomed the Secretariat's regional and global efforts to develop practical guidance on disability-inclusive health systems, in particular the new evidence, analysis and recommendations provided in the global report on health equity for persons with disabilities, and disability inclusion within technical programmes concerning newborn, child and adolescent health. The Secretariat should pursue a unified, collaborative approach and capacity-building across WHO teams to mainstream action on health equity for persons with disabilities.

The representative of INDIA said that it was essential to integrate disability into primary health care through evidence-driven, systemic and sustainable change in the health sector to ensure equal access to health care. The affordability and accessibility of assistive technologies should be improved by promoting local manufacturing, and the cost-effectiveness of digital technologies should be leveraged to ensure broader coverage of persons with disabilities. Capacity-building for health workers and tailored treatment plans for persons with disabilities were also essential. Stigma and discrimination should be tackled through robust reporting and grievance redressal mechanisms. It was important to mobilize communities through civil society and non-State actors, increase awareness of disability and the rights of persons with disabilities, and promote their employment. The Secretariat should also support Member States to promote research and programmes on disability prevention, rehabilitation and disability-related medical issues.

The representative of FRANCE, expressing support for the conclusions and recommendations in the report, emphasized that lessons should be learned from the negative impact on persons with disabilities of the COVID-19 pandemic. Notwithstanding the ethical and legal issues raised by artificial intelligence, the responsible use of data could significantly accelerate the development of solutions to improve the lives of vulnerable populations, especially persons with disabilities. WHO and its Member States should commit to the timely and responsible development and use of artificial intelligence and digital platforms and tools and improve their accessibility for such persons. The consultations with persons with disabilities and their representatives to develop the global report on health equity for persons with disabilities was welcome.

The representative of BRAZIL, describing her Government's efforts to achieve health equity for persons with disabilities, said that it was important to integrate targeted disability-inclusive actions into comprehensive universal health care approaches. It was also essential to eliminate attitudinal, environmental and institutional barriers to access to health services by persons with disabilities, and to improve access to rehabilitation services and affordable, quality assistive technologies. The Secretariat should focus on access to effective health services during health emergencies and to cross-sectoral public health interventions to advance the global agenda of disability inclusion in health.

The representative of CHINA said that many health outcome gaps between persons with and without disabilities were preventable and it was incumbent on governments to facilitate the rights of persons with disabilities to the highest attainable standard of health. Highlighting his Government's work to address determinants of health equity, he encouraged the Secretariat to strengthen data collection and provide Member States with best practices and technical guidance to ensure better health care provision for persons with disabilities, particularly in remote areas as governments continued responding to COVID-19. His Government welcomed the 40 targeted actions proposed in the report and looked forward to working with WHO and Member States to enhance prevention, treatment and rehabilitation for persons with disabilities.

The representative of the MALDIVES said that concerted, interinstitutional efforts in health infrastructure and services were required to provide equitable access to all levels of health care. She welcomed the Secretariat's continued work to support the health rights of persons with disabilities, in accordance with the Convention on the Rights of Persons with Disabilities. The Secretariat should support Member States to continue health workforce capacity-building and to promote the inclusion of persons with disabilities in public health programmes and campaigns, and in consultations on strategies and actions plans. Furthermore, the Secretariat should recruit more persons with disabilities in regional and country offices and continue dialogue with Member States on achieving the highest level of health for persons with disabilities.

The representative of COLOMBIA said that the consultative process for the development of the global report on health equity for persons with disabilities enhanced the legitimacy and applicability of that report. Member States would require technical assistance to guide the disability-inclusive strengthening of health systems and of intersectoral efforts. It was therefore important to pursue a differentiated approach with respect to gender, ethnicity and other factors without any form of discrimination, and development models adapted to the needs of persons with disabilities. The global report should be widely disseminated in the official United Nations languages and published in accessible formats.

The representative of SLOVAKIA said that, while his Government welcomed the report, it generally expected appropriate scientific terminology and language to be used. Moreover, scoping reviews of literature were insufficient for proposing evidence-based interventions. Appreciative of certain evidence-based recommendations, his Government expected country action to be strengthened through voluntary assessments of multisectoral inclusion policies, including technological support and assistance, and integrative care, including long-term care for people with disabilities. In the next report, the Secretariat should provide more analysis of the implementation of instruments such as the International Classification of Functioning, Disability and Health, and early intervention, including access to rehabilitation, training and educational tools. His Government strongly recommended that the Secretariat consider preparing a joint framework for reporting on cross-cutting services and disability indicators to increase the effectiveness of health care services, particularly for persons with disabilities.

The representative of ISRAEL,[1] commending the global report on health equity for persons with disabilities, said that achieving the highest attainable standard of health for persons with disabilities would enable their full and equal participation in society. It was crucial to adapt health systems to accommodate such persons by addressing all forms of barriers to access that amount to discrimination. Underlining the responsibility of Member States to integrate the recommendations in the report into their health systems, his Government urged the Secretariat to continue to mainstream disability across all WHO's programmatic and technical areas.

The representative of THAILAND[1] expressed appreciation for the national policy framework and the 40 actions contained in the global report on health equity for persons with disabilities. Member States would nevertheless face challenges in implementing those actions in line with their respective socioeconomic and health system contexts. The employment of persons with disabilities in the health sector could support the creation of disability-inclusive societies. In addition, it was important to apply universal design and international accessibility standards through a whole-of-government, whole-of-society approach. Equal access to education, employment and public facilities must also be secured to achieve the highest attainable standards for health for persons with disabilities.

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

The representative of NORWAY[1] said that, despite the positive impact of disability-inclusive approaches in the health sector on all persons, health outcomes remained poorer for persons with disabilities. The numerous commitments made at the 2022 Global Disability Summit were not enough – action must be taken. His Government therefore looked forward to the launch of WHO's technical guide for action on disability inclusion in the health sector and to continued constructive collaboration with WHO and other stakeholders on that important matter.

The representative of EL SALVADOR[1] said that the report was an important step towards guaranteeing the rights and dignity of persons with disabilities. His Government recommended that, through the regional offices, the Secretariat provide technical and financial support to train multidisciplinary health teams that provided care for persons with disabilities and promoted access to educational health information through information and communication technologies. It was important to standardize an approach for early and timely detection, evaluation and intervention; ensure accurate registration of information in systems using current international classifications; invest in disability-inclusive infrastructure; and change attitudes towards disability.

The representative of FINLAND,[1] welcoming WHO's implementation of the United Nations Disability Inclusion Strategy, said that the indicators in the report clarified the status of relevant actions and progress. Although the strategy provided an excellent tool for promoting the rights of persons with disabilities at all levels, especially in communities, it was critical to fully involve persons with disabilities and their representative organizations in designing and evaluating all interventions, to achieve sustainable and inclusive development that left no one behind.

The representative of ARGENTINA[1] said that the 40 actions across the 10 strategic entry points were very useful for mainstreaming disability. The guide for action on disability inclusion in the health sector that was being developed would be an essential tool in that regard. The two working groups of technical experts and non-State actors, together with the consultation processes, were valuable for strengthening disability inclusion in WHO and created a dynamic that should be maintained in the long term. Lastly, it was important to provide palliative care for people with both physical and mental disabilities, especially those aged 70 and over.

The representative of AUSTRALIA[1] said that the recommendations, tools and principles in the global report on health equity for persons with disabilities would aid the development of strong disability-targeted actions and advance the disability inclusion agenda, and to that end the Secretariat's support was important. His Government appreciated the Secretariat's efforts to strengthen accountability for disability and inclusion in the health sector, and the development of a supporting guide for action, which must be accessible and complemented by capacity-building for implementation, and monitoring and evaluation. In developing further guidance, the Secretariat should consider the recent study on improving training for disability responsiveness, conducted by the Australian Council of Learned Academies. His Government welcomed the Secretariat's implementation of the United Nations Disability Inclusion Strategy and encouraged all United Nations partners to implement its requirements fully. The Secretariat's strong commitment to mainstreaming disability across WHO was appreciated, and it should bolster implementation of the strategy by identifying where efforts across programming, data, monitoring and evaluation, and corporate policies could be improved.

The Observer of PALESTINE, outlining national legislation to protect the rights of persons with disabilities, said that many people in the occupied Palestinian territory, including east Jerusalem, had reported that their disability was directly due to Israeli military attacks. He called on WHO to continue

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

strengthening its programmes and the technical assistance provided to Palestine, by identifying gaps requiring future research and interventions.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the recognition of the relationship between ageing and disability in the global report on health equity for persons with disability, and its alignment with the Decade of Healthy Ageing. She called on WHO to address the barriers to health experienced by older people and persons with disabilities; invest in age-, gender- and disability-responsive universal health coverage models; and adopt a rights-based approach to ensure the meaningful participation of persons with disability at all ages and levels.

The representative of CBM CHRISTOFFEL-BLINDENMISSION CHRISTIAN BLIND MISSION E.V, speaking at the invitation of the CHAIR, said that the reports on social determinants and on universal health coverage, contained in documents EB152/22 and EB152/5, respectively, did not include persons with disabilities in the marginalized groups. The Board should ensure that the recommendations of the global report and the United Nations Disability Inclusion Strategy were considered in all technical consultation topics and programmes, and support cross-sectoral approaches. Furthermore, Member States should use WHO guidance to support their implementation of resolution WHA74.8.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that, in the light of growing palliative care needs among older people and the lack of access to such services by persons with physical and mental disabilities, it was crucial to properly fund and integrate palliative care into primary health care systems. The essential palliative care package covered health worker training and access to medicines, and was cost-effective. Her association stood ready to help Member States to design such programmes in line with the guidance set out in the report.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that Member States should fully engage health ministries in the implementation of the global report on health equity for persons with disabilities and provide the necessary human and financial resources. They should also reflect the challenges and solutions contained in the report in forthcoming global health processes, including the high-level meeting on universal health coverage to be convened in 2023.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, called on Member States to integrate palliative care into primary health care and guarantee its provision as part of the spectrum of health services provided for individuals with disabilities.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that attaining health equity for persons with disabilities was essential for the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). The recognition of the global report on health equity for persons with disabilities as an important step in advancing the agenda of disability inclusion in the health sector was appreciated. In line with WHO's principle of inclusiveness, persons with disabilities had been extensively consulted across all WHO regions in the development of the report.

The global report provided analysis of the factors leading to systematic health inequities for persons with disabilities and outlined key policies, programmatic actions and recommendations to reduce them. The Secretariat would take further steps to mainstream disability inclusion into all efforts towards achieving the triple billion targets and to raise awareness about the health inequities faced by persons with disabilities, including at forthcoming high-level meetings on health topics.

The Secretariat would continue to develop the guide for action on disability inclusion in the health sector, using evidence-based and inclusive research, and would provide all the necessary support to Member States, including for the development of harmonized national tools, capacity-building and the sharing of best practices. Monitoring, review and reporting were also very important for mainstreaming. The Secretariat noted the comments on language and terminology. It would work to strengthen capacity in country and regional offices in particular, in order to drive forward the important agenda on disability inclusion.

The Board noted the report contained in document EB152/23.

3. UNITED NATIONS DECADE OF ACTION ON NUTRITION (2016–2025): Item 18 of the agenda (document EB152/24)

The CHAIR invited the Board to consider the report contained in document EB152/24, in particular the guiding questions set out in paragraph 30. She also drew attention to the draft decision on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification, proposed by Australia, Brazil, Canada, Chile, Colombia, Ecuador, the Member States of the European Union, Israel, Malaysia and Paraguay, which read:

> The Executive Board, having considered the report on the United Nations Decade of Action on Nutrition (2016–2025),[1] highlighting the need to accelerate progress in safe and effective food fortification,[2]
>
> Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following draft resolution:
>
> > The Seventy-sixth World Health Assembly,
> >
> > (PP1) Recalling resolutions WHA39.31 (1986) on prevention and control of iodine disorders; WHA45.33 (1992) on national strategies for prevention and control of micronutrient malnutrition; WHA58.24 (2005) on sustaining elimination of iodine deficiency disorders; WHA65.6 (2012) on comprehensive implementation plan on maternal, infant and young child nutrition; and WHA68.19 (2015) on outcome of the Second International Congress on Nutrition, which promote food fortification as a mechanism to prevent micronutrient deficiencies and birth defects associated with nutritional deficiencies;
> >
> > (PP2) Recalling resolution WHA63.17 (2010) that called on the Organization to support Member States in developing national plans for implementation of effective interventions to prevent and manage birth defects within their national maternal, newborn and child health plan, and food fortification strategies, among others, for the prevention of

[1] Document EB152/24.

[2] And supplementation strategies. According to the FAO Codex Alimentarium, for food fortification is understood, "...the addition of one or more essential nutrients to a food, whether or not it is normally contained in the food, for the purpose of preventing or correcting a demonstrated deficiency of one or more nutrients in the population or specific population groups...". The Codex Alimentarius Commission (Guidelines for vitamin and mineral food supplements CAC/GL 55 – 2005) also defines that vitamin and mineral food supplements are "sources in concentrated forms of those nutrients alone or in combinations, marketed in forms such as capsules, tablets, powders, solutions etc., that are designed to be taken in measured small-unit quantities but are not in a conventional food form and whose purpose is to supplement the intake of vitamins and/or minerals from the normal diet".

birth defects, and promoting equitable access to such services; and called Member States to increase coverage of effective prevention measures including folic acid supplementation;

(PP3) Recognizing that micronutrient deficiencies are a public health concern as they constitute a risk factor for many diseases, and they may lead to increasing morbidity and mortality rates; and that the latest estimates indicate 372 million preschool children and 1.2 billion women of reproductive age worldwide are at risk of at least one micronutrient deficiency;

(PP4) Recognizing the primary role of healthy, balanced and diverse diets and sustainable food systems that help reduce the prevalence of nutritional deficiencies, complemented with population strategies, such as food fortification, and/or supplementation, across the life cycle;

(PP5) Recognizing that anaemia in 2019 globally affected 570 million women of reproductive age (29.9%), 31.9 million pregnant women (36.5%) and 269 million children 6 to 59 months of age (40%), worldwide, impairing their physical capacity and work performance and, when women were pregnant, increasing the risk of complications and maternal and neonatal mortality;

(PP6) Recognizing that while the number of countries with adequate and safe iodine intake reached 118 in 2020, several countries still require increased efforts to ensure adequate iodine intake; that vitamin A deficiency in children 6 to 59 months of age remains a public health concern affecting 29% of them in 2013, putting them at increased risk of mortality; and that the lack of vitamin D exposes children to rickets and osteomalacia and adults to osteoporosis;

(PP7) Concerned that surveys evaluating folate insufficiency among women of reproductive age show that this condition is highly prevalent (>40%), increasing their probability of having babies with neural tube defects; and that an estimated 240 000 newborns worldwide die within 28 days of birth each year due to birth defects, that birth defects can lead to long-term disability, taking a significant toll on individuals, families, health systems and societies, and that nine out of ten children born with a major birth defect are in low- and middle-income countries;

(PP8) Noting the availability of new or updated guidance and tools to support Member States in the design, development, operation, evaluation, and monitoring of their fortification programmes including WHO guidelines on fortification of different products; a Manual for millers, regulators, and programme managers, and the Micronutrient survey manual and companion toolkit, among others;

(PP9) Acknowledging the scientific evidence of the protective effect of fortifying foods with folic acid and other micronutrients of concern within populations such as, iron, vitamin A, zinc, calcium and vitamin D, when implemented as to not exceed Tolerable Upper Intake Levels; and recognizing that, according to national circumstances, safe and effective food fortification and/or supplementation policies, when adequately designed and implemented, can be a safe, proven and cost-effective intervention that improves micronutrient status and other health outcomes, including by preventing spina bifida and, anencephaly;

(PP10) Acknowledging the challenges that countries face to plan, implement, monitor and educate on food fortification programmes, upon a science-based risk benefit assessment, as well as to assess the impact on the population of these measures,

(OP)1. URGES Member States,[1] taking into account their national circumstances and capacities:

(1) to recognize the importance of, and promote, healthy and balanced diets, and nutritional education for all populations, including in regular health and promotion of maternal and child health programmes;

(2) to make decisions on food fortification with micronutrients and/or supplementation, including to prevent birth defects on the basis of public health needs and a risk-benefit assessment, using as vehicles foodstuffs considered most appropriate in the country, and carrying out regular monitoring;

(3) to conduct dialogues among government officials, health professionals, and civil society on the importance of preventing micronutrient deficiencies and birth defects through the promotion of healthy diets, and safe and effective food fortification and/or supplementation policies, adequately designed and implemented;

(4) to build multisectoral collaborations among health ministries and national health authorities, agriculture, social protection, trade, development, the food and food processing industry, and other stakeholders to consider implementing safe and effective food fortification and/or supplementation policies;

(5) to consider further strengthening surveillance and national estimates of anaemia, neural tube defects and other birth defects to better monitor progress towards prevention and to ensure accountability for improved health outcomes;

(6) to establish systems for newborn screening diagnosis and early management of anaemia, neural tube defects and other birth defects in newborns and children under 5 years;

(7) to consider, in accordance with national circumstances, appropriate ways to strengthen financing mechanisms and other enhancements for food fortification and/or supplementation programmes to ensure quality implementation, capacity to monitor compliance, impact and regular reporting of programme performance, coverage, quality, and evolution of the micronutrient status including attention to consequences of intake, coverage and status;

(8) to share information, as appropriate and through WHO, within the framework of the report on implementation of this resolution, on the status of food fortification in each respective country and its impact on the population, including possible adverse effects;

(OP)2. REQUESTS the Director General:

(1) to continue providing normative evidence-based guidance and standards to Member States on food fortification and supplementation, with micronutrients and its implementation in appropriate vehicles, and the assessment of the micronutrient status and the causes of the deficiencies; based on nutritional status of the population, in particular to prevent birth defects;

(2) to provide guidance on risk-benefit assessment, monitoring of compliance, and periodic evaluation of coverage and impact of the food fortification and supplementation programmes;

(3) to develop technical and quality assurance guidance for food fortification and, within available resources, for supplementation, to non-State actors who produce and process food; ensuring the establishment of quality assurance and quality control systems in accordance with national standards as well as governmental inspection

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

and technical audit, auditing to enforce them; and to strengthen the existing quality infrastructure through capacity building and experience sharing;
(4) to develop, a report on global status of food fortification and supplementation, and use it to identify global and national priorities to periodically evaluate that food fortification programmes adheres to WHO recommendations, including not to exceed the Tolerable Upper Intake Levels for each nutrient, to allow the adjustment and promotion of food fortification programmes towards 2030;
(5) to provide technical support to Member States to conduct needs and feasibility assessments, design fortification programmes, strengthen surveillance, to develop estimates on micronutrient deficiencies; and the prevention and management of neural tube and other birth defects;
(6) to report on the implementation of this resolution through biennial reports to the Health Assembly, until 2030 beginning with the Seventy-ninth World Health Assembly to be issued in 2026, 2028 and 2030, respectively.

The financial and administrative implications for the Secretariat were:

Decision:	Accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification
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:** 3.1.2. Countries enabled to strengthen equitable access to safe, healthy and sustainably produced foods through a One Health approach.
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:** Seven years.
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$ 13.74 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 1.42 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$ 4.10 million.

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

US$ 8.22 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$ 0.82 million.

– **Remaining financing gap in the current biennium:**

US$ 0.60 million.

– **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**

Zero.

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	0.08	0.07	0.06	0.07	0.06	0.07	0.21	0.62
	Activities	0.10	0.10	0.10	0.10	0.10	0.10	0.20	0.80
	Total	0.18	0.17	0.16	0.17	0.16	0.17	0.41	1.42
B.2.b. 2022–**2023** additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–**2025** resources to be planned	Staff	0.32	0.28	0.26	0.28	0.24	0.27	0.85	2.50
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.52	0.48	0.46	0.48	0.44	0.47	1.25	4.10
B.4. Future bienniums resources to be planned	Staff	0.64	0.56	0.54	0.56	0.48	0.54	1.70	5.02
	Activities	0.40	0.40	0.40	0.40	0.40	0.40	0.80	3.20
	Total	1.04	0.96	0.94	0.96	0.88	0.94	2.50	8.22

The representative of COLOMBIA said that the right to food was a public health issue requiring immediate intervention at the national and international levels, including actions for food security. Certain birth defects could be prevented through sufficient intake of vitamins and minerals. The draft decision would help Member States to reduce child mortality and achieve health equity, thereby supporting the attainment of the Sustainable Development Goals. It recognized the importance of the synergistic use of fortification and supplementation to improve micronutrient status, and highlighted the

need to strengthen health and food systems to prevent micronutrient deficiency and improve monitoring. He thanked the sponsoring Member States, the Nutrition and Food Safety Department and civil society organizations for their support in drafting the text.

The representative of CANADA said that, despite the progress made on the global nutrition and diet-related noncommunicable disease targets established by the Health Assembly, challenges exacerbated by global shocks hindered the global community's efforts to end hunger, malnutrition, obesity and food insecurity. The Secretariat should therefore intensify its work to identify evidence-based interventions to address nutrition challenges in the context of climate change. Global efforts to address data gaps were appreciated. WHO could play a critical role in providing additional support to countries that required assistance to develop functional data systems, especially in monitoring disparities between local populations, which could provide early-warning signals and prevent a rise in malnutrition. The nutrition sector also presented important opportunities to promote gender equality and the empowerment of women and girls, in all their diversity. Member States should improve the integration of gender equality across nutrition programming, especially in developing and implementing national action plans. Moreover, the Secretariat should consider ways to incorporate gender equality and health equity into evidence-based interventions, guidance and technical support. His Government welcomed the call being developed for multisystem priority actions in humanitarian contexts with high food insecurity and malnutrition, and highlighted its cosponsorship of the draft resolution put forward by Colombia on food fortification.

The representative of FRANCE, welcoming progress made in global nutrition since, said that the commendable work done over the preceding year to promote sustainable food systems for healthy, balanced diets was essential to address the increase in the double burden of undernutrition and obesity, and to build resilience. The worsening of malnutrition since the COVID-19 pandemic, exacerbated by the Russian Federation's war of aggression against Ukraine, was of deep concern. Particularly in the light of the ongoing crisis, WHO's role in the fight against all forms of malnutrition, especially stunting, was crucial. The Secretariat should support the implementation of the Voluntary Guidelines on Food Systems and Nutrition of the Committee on World Food Security. In addition, it should continue to work on the relationship between climate and nutrition, and consider the impact of gender inequalities on nutrition. The School Meals Coalition, launched by WFP and co-led by France and Finland, was also important. With the next Nutrition for Growth summit – to be hosted by France – coinciding with the end of the Decade of Nutrition, WHO and its Member States must maintain momentum on the issue.

The representative of MALAYSIA said that the Secretariat should provide more support for strategies for intersectoral synergy in implementing nutrition-sensitive initiatives. Such strategies include a strong governance and regulatory framework, and effective measures to promote equity and accountability. In addition, UNICEF should be more involved in the open and inclusive dialogues, given that five out of six global nutrition targets were focused on children. Strongly supportive of the proposed actions for Member States, her Government suggested including a whole-of-society approach to boost the impact of holistic action on all forms of malnutrition. Moreover, food and nutrition security should be strengthened for a sustainable response to the current crisis. Reporting on the implementation of the six action areas should be a standing agenda item for the meetings of the FAO, UNICEF and WHO governing bodies, including at the regional level.

The representative of TIMOR-LESTE thanked the Secretariat for the comprehensive report and the support to fast-track momentum on the global nutrition targets. It was important to strengthen nutrition policies and the implementation of multisectoral nutrition-specific and nutrition-sensitive interventions. Her Government had undertaken significant efforts in that regard and appreciated the proposed actions for the Secretariat to strengthen technical assistance for the implementation of national plans.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that the fight against malnutrition in all its forms remained a regional priority. In addition to the disruption to health systems and nutrition programmes resulting from the COVID-19 pandemic, the food security situation in his Region was deteriorating because of conflict and the climate crisis, hampering progress towards the eradication of hunger and malnutrition. The rising rate of acute malnutrition in the Horn of Africa, Madagascar and the Sahel countries was of particular concern. The Secretariat should support Member States in reviewing and strengthening the implementation of national plans to accelerate progress towards the global nutrition and diet-related noncommunicable diseases targets, and strengthen national capacities in evidence-based food systems research and data collection to guide policy-making. It should also support Member States to implement adaptation and resilience strategies and interventions for food systems and nutrition programmes in the face of the health, security and climate crises.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the support provided by the Secretariat to develop national nutrition policies and strategies was highly appreciated. Various national measures had been taken regarding, inter alia, obesity prevention, breastfeeding promotion, and the marketing of unhealthy foods to children. He thanked the Secretariat for its work with other United Nations agencies and with ministries of health to build capacity, especially for the management of severe acute malnutrition in countries in emergency situations, and for its support on child malnutrition prevention initiatives.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, endorsing the proposed actions, said that despite the strides made in improving global nutrition since 2016, the reversal of progress since the start of the COVID-19 pandemic, especially on child wasting, was deeply concerning. WHO's role in addressing that issue was critical, and the Secretariat should urgently release and implement the updated guidelines in the countries of most concern. United Nations agencies and the food systems coordination hub were important in supporting the effective integration of nutrition alongside economic, social, climate and environmental objectives into food systems transformation. In that regard, her Government looked forward to collaboration to advance the climate action and nutrition initiative of the Government of Egypt in the run up to the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. Global nutrition statistics, regularly updated to strengthen accountability, should provide the basis for the proposed dialogues. Lastly, noting the usefulness of the OECD nutrition policy marker, she asked what progress the Secretariat had made since the last Executive Board meeting in monitoring its work to mainstream improved nutrition outcomes across its wider portfolio.

The representative of JAPAN welcomed the incorporation in the report of the commitments made at the Nutrition for Growth Summit hosted by his Government in 2021. Those commitments had been analysed in the 2022 Global Nutrition Report, and it was hoped that the Secretariat would provide technical support for their implementation. His Government recognized the importance of addressing anemia and looked forward to WHO's leadership on health workforce capacity-building to promote better nutrition. WHO's collaboration with FAO on an open and inclusive dialogue towards the end of the Decade was welcome. FAO and other United Nations agencies should continue their close cooperation to achieve improved nutrition and ensure that no one was left behind.

The representative of the RUSSIAN FEDERATION, expressing agreement with the way forward proposed in the report, recognized the Secretariat's significant work on nutrition, especially through the United Nations Food Systems Task Force. Highlighting his Government's efforts to promote healthy diets and lifestyles, he encouraged the Secretariat to continue to provide countries with methodological assistance in implementing national nutrition policies based on current scientific evidence, to achieve tangible results by 2025.

The representative of BRAZIL said that promoting healthy food was central to preventing all forms of malnutrition. WHO had an important role to play in encouraging countries to recognize the need for a broad approach beyond individual consumption choices, encompassing the entire food supply chain. Action on micronutrient deficiencies must be integrated into strategies regarding supplementation, breastfeeding and healthy eating. The development of national policies and guidelines on healthy eating should be encouraged. The Coalition of Action on Healthy Diets, the School Meals Coalition, the acceleration plan on obesity prevention, the Nutrition for Growth Summit and the proposed open dialogues towards the end of the Decade of Action on Nutrition (2016–2025) were all important initiatives for the transformation of food systems.

The representative of the UNITED STATES OF AMERICA, applauding the leadership of the Government of Colombia on the draft decision, requested that his Government be added to the list of sponsors. The Decade of Action on Nutrition presented an important opportunity to strengthen cross-sectoral action on the topic. Despite the progress made, significant gaps remained. His Government supported the coordinated leadership of FAO and WHO on accelerating national action to reach nutrition targets and generally agreed with the actions proposed in the report. Where appropriate, WHO should coordinate with other relevant specialized organizations. The revision of the WHO child wasting guidelines was critical and would have a significant impact on the ability of partners and donors to meet children's needs effectively. The Secretariat should continue to monitor its mainstreaming of improved nutrition outcomes, using the OECD nutrition policy marker. The proposed dialogue to be convened in partnership with FAO was also welcome.

The representative of PERU said that the Secretariat should support Member States to implement policies on healthy eating, with funding directed towards the triple burden of malnutrition, and enhance access to platforms that provided evidence for designing and evaluating national policies and plans. As to the format of the proposed dialogues, coordinated action on nutrition, food systems and climate change should be strengthened as part of a multisectoral approach, and the role of civil society should be included on the agendas. In addition, national policies and plans should be assessed to monitor progress on the commitments of the Second International Conference on Nutrition and the Sustainable Development Goals, and a platform containing systematized information on such monitoring and on capacity-building should be developed. It was important to promote the inclusion of nutrition on the agendas of global conferences on trade, climate change and development in order to monitor progress relating to the Second International Conference on Nutrition. National focal points should also be designated with the necessary technical and financial support for monitoring public nutrition policies. Food systems and their transformation should be assessed to boost the production and consumption of sustainable, healthy food.

The representative of the MALDIVES said that, although her Government supported the proposed actions in the report, countries needed more support to undertake capacity-building, scale up advocacy to accelerate nutrition outcomes, and strengthen research frameworks for assessing the impact of trade on national nutrition interventions. WHO, its Member States, FAO and other technical organizations should support Member States to invest in robust nutrition data and research and develop and strengthen national health information systems for disaggregated nutrition surveillance, and should strongly advocate a whole-of-government, whole-of-society approach to build healthy communities. Greater focus must be given to addressing the impact of natural disasters, conflicts and the trade and economic barriers affecting progress towards nutrition targets, taking into consideration the unique situation of low-resource small island developing States and low- and middle-income countries. Despite children and adolescents being particularly affected by poor diets and malnutrition, they were not explicitly captured in the current global nutrition targets. WHO and other relevant organizations should improve tools for data collection on healthy diets and expand the scope beyond children aged under 5 years.

The representative of ETHIOPIA thanked the Secretariat for the comprehensive report and outlined the range of actions taken in her country on nutrition. Appreciative of WHO's work during the twenty-seventh session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, her Government encouraged further advocacy and action in preparation for the next session and stood ready to host the 2023 Global Gathering of the Scaling up Nutrition Movement. The recommendation to strengthen national and subnational networks needed greater emphasis. Support for country-level efforts should be boosted, and targeted support should be provided to areas with health and humanitarian emergencies. Expressing gratitude for all the contributions to the United Nations Decade of Action on Nutrition (2016–2025), her Government urged all donors and partners to increase investment, support and collaboration to sustain the gains and address the remaining gaps to end all forms of malnutrition by 2030.

The representative of BANGLADESH,[1] noting the heavy dependence on imported foods in countries highly exposed to the impact of climate change and conflict, said that WHO should take a leadership role in ensuring that global food trading standards followed WHO health recommendations. It should also strengthen Codex Alimentarius standards on baby formula and support breastfeeding; promote normative measures to ensure nutrition accountability and redouble efforts to raise awareness of the harmful impact of ultra-processed food and high sugar, fat and salt content. As a fair, rule-based trade regime was essential in providing nutrient-rich food for all, collaboration with FAO, UNICEF, WHO and WTO was necessary for a coordinated approach to implement normative measures and action plans.

The representative of ECUADOR,[1] expressing support for the actions proposed in the report, said that his Government recognized the need for a comprehensive approach to overnutrition and undernutrition. Describing efforts made in his country, he highlighted the need to strengthen multisectoral coordination and implement rigorous policies on healthy food environments to ensure current and future food sustainability. He thanked the Government of Colombia for submitting the draft decision.

The representative of GUATEMALA,[1] describing his Government's work to boost the intake of micronutrients among children, said that Member States had a responsibility to work with the food industry to ensure appropriate food fortification. His Government wished to be added to the list of sponsors of the draft decision and supported the request therein for technical support to conduct relevant needs and feasibility assessments.

The representative of ARGENTINA[1] expressed concern that the consequences of the pandemic and other health emergencies hampered efforts to end hunger and malnutrition in all its forms and to achieve the health-related targets of the Sustainable Development Goals. Describing measures to promote nutrition implemented by her Government, she recommended greater involvement of action networks in activities planned for 2023.

The representative of AUSTRALIA,[1] noting that his Government had long called for monitoring of the health impact of mandatory folic acid and iodine fortification, applauded the leadership of the Government of Colombia on the draft decision. The Secretariat's continued leadership in supporting Member States to develop their national plans and convene Member-led networks was appreciated. Networks and coalitions should continue to be established to leverage national actions. Clear and informative food labelling was vital to help consumers make informed choices. He therefore invited

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

Member States to join the Global Action Network on Nutrition Labelling, a WHO-supported network co-chaired by Australia, Chile and France.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that, to reduce stunting and child wasting, it was critical to scale up nutrition interventions and accelerate action on the Global Action Plan for Child Wasting and the pledges made at the 2021 Nutrition for Growth Summit.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, called on WHO to implement stringent conflict-of-interest mechanisms in nutrition policies. The Secretariat should provide stronger normative guidance on the political economy of agrifood systems and guide Member States on structural interventions to promote human rights. The challenges of small-scale producers, local food systems and land alienation in relation to the Decade of Action on Nutrition should have been addressed in the report.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the Secretariat should add to its recommendations accountability for the comprehensive delivery of essential nutrition actions, which should be a priority topic at the forthcoming high-level meeting on universal health coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, urged WHO to leverage the vital role that pharmacies played in providing nutritional recommendations, to promote health and climate-related health adaptation and achieve global nutrition targets.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that governments should avoid corporate-influenced initiatives, such as Nutrition for Growth, that increased the unregulated access of health-harming corporations to policy-making, and stop market-led nutrition schemes that promoted damaging technologies and products. The global trade of ultra-processed products exacerbated climate change and undermined breastfeeding and healthy diets. WHO must strengthen Codex Alimentarius standards to prevent the sabotaging of the adoption of effective legislation on nutrition.

The representative of the IODINE GLOBAL NETWORK, speaking at the invitation of the Chair, urged the Secretariat to support the decision on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification. Hidden hunger deficiencies particularly affected women and children, could cause devastating birth defects and were among the greatest global threats to human development. A fortification strategy had successfully brought iodine deficiency under control and similar strategies should be pursued to reach vulnerable populations.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the Chair and also on behalf of the World Cancer Research Fund International, welcomed the report being discussed, as well as efforts to address malnutrition and strengthen national food systems. The lack of support in regulating promotion of a healthy diet was a matter of concern. The recommendations for the prevention and management of obesity over the life course should be integrated into national strategies. National road maps developed through the obesity action acceleration plan could help to meet global nutrition targets. Member States should ensure that obesity policy actions were adequately financed, protect them from industry interference, and include civil society in their development.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Healthier Populations) welcomed the increasing global rate of exclusive breastfeeding. It was important to continue the enhanced cooperation with Member States, specialized United Nations agencies and civil society that had resulted from the United Nations Decade of Action on Nutrition. Such collaboration had been demonstrated at the United Nations Food Systems Summit, which had highlighted the connection between food systems transformations, and achieving the Sustainable Development Goals and tackling the climate crisis. The launch, at the Twenty-seventh United Nations Climate Change Conference of the Parties, of a climate and nutrition initiative was commendable and work was under way to ensure that political commitments would be made at the forthcoming Conference of the Parties. In the light of the current food and cost-of-living crisis, exacerbated by the climate crisis, the Decade of Action must remain on the agenda beyond 2025. She noted the recommendation to review the Decade of Action, which could be linked to the forthcoming Nutrition for Growth summit.

It was vital to scale up the global response to food insecurity and people who could not afford a healthy diet, using an intersectoral approach to address inequality and ensure the sustainability of the planet. WHO was developing an action framework to address anemia, with a gender perspective focusing on adolescent girls and women of reproductive age. Progress made with regard to healthy diets would be coordinated with other strategies for nontransmissible diseases and access to health care. The Global Action Plan for Child Wasting would be made available in the early half of 2023. Several countries had started to introduce measures in response to that action plan and to the obesity action acceleration plan. Although progress had been made with regard to food fortification, only 45% of countries had made commitments in that regard. The Secretariat had updated its guidance and was monitoring policy-making in that area. The draft decision under discussion would enable the Secretariat to provide more effective technical assistance based on robust scientific evidence so that, in turn, Member States could make decisions to improve peoples' health and quality of lives.

The DIRECTOR-GENERAL drew attention to the pressing need to address both food scarcity in certain areas and an overabundance of unhealthy food in others, and to that end the full implementation of the relevant actions plans was key. The Organization's cooperation with the private sector, while exercising its regulatory function where needed, was the only effective approach that was also conducive to the achievement of the Sustainable Development Goals. While progress had been made to eliminate industrial trans-fat, much remained to be done regarding issues of salt, sugar and breastfeeding; and WHO would continue to debate and enforce regulation in that regard. The establishment of the Civil Society Commission before the Seventy-sixth World Health Assembly would strengthen work with civil society.

The CHAIR took it that the Board wished to note the report contained in document EB152/24.

The Board noted the report.

The CHAIR invited the Board to adopt the draft decision on accelerating efforts for preventing micronutrient deficiencies and their consequences, including spina bifida and other neural tube defects, through safe and effective food fortification.

The decision was adopted.[1]

[1] Decision EB152(13).

4. BEHAVIOURAL SCIENCE FOR BETTER HEALTH: Item 19 (document EB152/25)

The CHAIR drew attention to the report contained in document EB152/25 and invited the Board to consider a draft decision on behavioural sciences for better health proposed by Bangladesh, Brunei Darussalam, Jamaica, Japan, Malaysia, Philippines, Qatar, Singapore, Slovakia, South Africa, Thailand and the United States of America, which read:

> The Executive Board, having considered the report of the Director-General on behavioural sciences for better 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) Noting that behavioural science is a multidisciplinary scientific approach that deals with human action, its psychological, social and environmental drivers, determinants and influencing factors, and that it is applied in protecting and improving people's health by informing the development of public health policies, programmes, and interventions that can range from legislation and fiscal measures to communications and social marketing, as well as to support other public health efforts;
> >
> > (PP2) Acknowledging, while noting the contribution of behavioural science in achieving improved health outcomes, the centrality of epidemiological data on the incidence and prevalence of diseases and their risk factors in public health and in informing the development of health policies and the health system;
> >
> > (PP3) Recognizing the value of high-quality data about behaviours collected with a variety of methods in guiding the health sector, including in health in all policies and whole-of government activities, aimed at reducing risk factors, addressing health determinants, creating environments conducive to health and well-being and increasing equal access to healthy options, and informing the development of behavioural interventions;
> >
> > (PP4) Acknowledging that supporting individuals to enact healthier behaviours to achieve improved health outcomes is challenging due both to the complexity inherent in human behaviour and the different national contexts, and that no single discipline can provide a complete understanding of the matter, and that developing interventions to change behaviour of either individuals regarding their own health or health service employees and health professionals requires a comprehensive and interdisciplinary approach that includes but is not limited to anthropology, communications, economics, neuroscience, psychology, and sociology;[2]
> >
> > (PP5) Noting that individuals, communities and populations are often exposed to multiple behavioural influences including by all types of public and private sector communications, and that behavioural science can facilitate the understanding on how such influences and communications guide decision-making;
> >
> > (PP6) Recognizing the interest among the Member States in strengthening the use of behavioural science in informing policy development and decision-making for public health and taking note of behavioural science-related initiatives on the national, regional and global level;
> >
> > (PP7) Understanding that behavioural factors at the individual, collective and institutional levels, shaped by economic, environmental and social determinants of health, many of which are not amenable by individual action alone, are important contributors to

[1] Document EB152/25.

[2] OECD report on Behavioural Insights and Public Policy (Lessons from Around the World) (2017).

increasing trends in both communicable and noncommunicable diseases and their risk factors, injuries, and health emergency risks as well as other health challenges that pose a significant challenge to health systems and increase disease burden globally, and that behavioural science can affect these outcomes therefore, improving the health and well-being of citizens is also the responsibility of the governments and in relevant contexts, nongovernmental organizations, civil society and health providers, and in private-sector entities whose products, services or other influences have a role in protecting and promoting the health of the population and preventing diseases;

(PP8) Taking note of the United Nation's Secretary-General's Guidance Note on Behavioural Science that encourages United Nations agencies to invest in behavioural science and work in a connected and collaborative interagency community to realize its tremendous potential to achieve impact;[1]

(PP9) Recalling the Ottawa Charter for Health Promotion (1986), the resolution WHA57.16 (2004) on health promotion and healthy lifestyles, the Rio Political Declaration on Social Determinants of Health (2011),[2] the Moscow Declaration on Healthy Lifestyles and Noncommunicable Disease Control (2011), the Shanghai Declaration on Health Promotion (2016)[3] and the WHO Global Report on Health Equity for Persons with Disabilities (2022) and the United Nations Framework Convention on Climate Change and the Paris Agreement, and emphasizing the need to address health-related behaviours;

(PP10) Acknowledging that participatory approaches of behavioural science meets WHO principles for respectful care that are fundamental to optimising the design and uptake of health services and other care services, maximising adherence to treatment and improving
self-management support and reducing risk behaviours;

(PP11) Highlighting the contribution of behavioural science in achieving universal health coverage and in strengthening prevention of, preparedness for and response to public health emergencies including through strong and resilient health systems, taking into account the lessons learned from the COVID-19 pandemic;

(PP12) Concerned about the impact on behaviours of health-related misinformation and disinformation, including during the COVID-19 pandemic;

(PP13) Recognizing that cost effective and secure use of information and communication technologies in support of health and health-related fields has a potential to improve the quality and coverage of health services, increase access to health information, and skills, as well as promote positive changes in health behaviours;

(PP14) Welcoming WHO's work on behavioural sciences for better health as part of a comprehensive approach to equity in health, healthier behaviours and to achieve improved health and well-being including mental health and mental well-being;

(PP15) Recognizing the importance of building capacity to systematically adopt evidence, including from behavioural science and implementation studies, in order to: (i) understand the methods that promote systematic uptake of effective approaches to impact routine individual practices and beyond, including at the professional, organization and government levels, and (ii) understand and examine drivers of behaviour among people and what can sustain or change behaviour,

[1] Available at https://www.un.org/en/content/behaviouralscience/ (accessed 26 January 2023).

[2] Rio Political Declaration on Social Determinants of Health (2011), adopted by the World Conference on Social Determinants of Health (Rio de Janeiro, 19–21 October 2011), endorsed by the Sixty-fifth World Health Assembly in resolution WHA65.8 (2012).

[3] Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development (2016), adopted at the 9th Global Conference on Health Promotion, held in China from 21 to 24 November 2016.

(OP)1. URGES Member States[1] taking into account their national and subnational circumstances, contexts and priorities:

(1) to acknowledge the role of behavioural science, through the provision of an improved understanding of individual behaviours, in the generation of evidence to inform health policies, public health activities and clinical practices, integrated with collective action through health in all policies, whole-of-government and whole-of-society approaches on economic, environmental and social determinants of health;

(2) to identify opportunities to use behavioural science in developing and strengthening effective, tailored, equitable and human-centred health-related policies and functions across sectors, while ensuring commitment, capability and coordination across sectors in achieving the health-related Sustainable Development Goals;

(3) to use behavioural science in participatory approaches including bidirectional communication with providers and local stakeholders and empower communities in understanding public health problems and designing and evaluating interventions to address them to further enhance the effectiveness, local ownership and sustainability of interventions;

(4) to develop and allocate sustainable human and financial resources for building or strengthening technical capacity for the use of behavioural science in public health;

(5) to establish behavioural science functions or units for generating, sharing and translating evidence, to inform a national strategy as appropriate, and to monitor, evaluate and share lessons learned from subnational, national and regional levels responsible for the local implementation of behaviourally informed policies and interventions;

(6) to promote enabling environments and incentives, including appropriate measures in other policy areas, that encourage and facilitate behaviours that are beneficial to the physical and mental health of individuals as well as to the environment, and supportive to the development of healthy, safe and resilient communities;

(7) to strengthen the capacity of health professionals through pre-service trainings, where possible, among academia, non-State actors and civil society, where applicable, in behavioural science approaches into patient care and a variety of public health functions, as appropriate, intersectoral policy frameworks and institutional policies;

(8) to promote and support cooperation and partnership among Member States, between non-State actors, relevant stakeholders, health organizations, academic institutions, research foundations, the private sector and civil society, to implement plans and programmes based on behavioural science and to improve the quality of behavioural science insights by appropriate means, including the generation and sharing of evidence-based data which should follow the principles of interoperability and openness;

(OP)2. REQUESTS the Director General:

(1) to support the use of behavioural science approaches in the work of the Organization, across programmes and activities, and to continue to advocate an evidence- and behavioural science-based approach in informing health-related policies;

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

(2) to mainstream behavioural science approaches in the work of the Organization and to advocate for necessary structural considerations, including as appropriate behavioural science teams, units or functions and for the allocation of sufficient funding and human resources;
(3) to support Member States, at their request, in developing or strengthening of behavioural science function(s) or unit (s);
(4) to evaluate, within existing resources, based on a prior request by the Member State(s) concerned, the behavioural science initiatives such as policies, interventions, programmes and research and share the results of such evaluations;
(5) to establish a global repository of behavioural science evidence from empirical studies, including from randomized controlled trials on behavioural interventions that can be accessed and used in the strengthening of health promotion interventions, among others, with a view to achieve societal and lifestyle changes, and interventions aimed at tackling misinformation and disinformation related to public health, including studies with positive and no or negative outcomes;
(6) to provide behavioural science-related technical assistance, normative guidance, capacity-building and knowledge sharing to the Member States on their requests including through the WHO Academy;
(7) to compile and disseminate evidence on improved outcomes resulting from the application of the behavioural sciences to public health;
(8) to develop guidance, including through application of behavioural science, that addresses public health priorities including vaccines hesitancy, as well as misinformation and disinformation that conflicts with public health-based evidence, in particular among vulnerable groups, including migrants;
(9) to create synergies and find ways to better integrate behavioural science approaches aimed at promoting health and addressing the social determinants of health;
(10) to report on progress in implementing this resolution to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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

Decision:	Behavioural sciences for better health
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:** 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. 4.2.5. Cultural change fostered and organizational performance enhanced through coordination of the WHO-wide transformation agenda.
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:** Seven years.
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$ 35.46 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US$ millions:** US$ 4.63 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$ 12.50 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 18.33 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$ 2.00 million. **– Remaining financing gap in the current biennium:** US$ 2.63 million. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 1.00 million.

GPW 13: Thirteenth General Programme of Work, 2019–2025.

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	0.41	0.40	0.28	0.70	0.27	0.30	0.67	3.03
	Activities	0.20	0.20	0.20	0.20	0.20	0.20	0.40	1.60
	Total	0.61	0.60	0.48	0.90	0.47	0.50	1.07	4.63
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.00	0.90	0.70	1.40	0.70	0.80	1.50	7.00
	Activities	0.70	0.70	0.70	0.70	0.70	0.70	1.30	5.50
	Total	1.70	1.60	1.40	2.10	1.40	1.50	2.80	12.50
B.4. Future bienniums resources to be planned	Staff	1.45	1.39	1.00	2.00	1.00	1.10	2.20	10.14
	Activities	1.04	1.04	1.04	1.04	1.04	1.04	1.95	8.19
	Total	2.49	2.43	2.04	3.04	2.04	2.14	4.15	18.33

The representative of MALAYSIA applauded the progress made by the Secretariat on the development of a behavioural science approach to achieve better health outcomes. The Secretariat should tailor its approach to regions and communities so that it could address the requests of Member States meaningfully. Public health relied on people's behaviour, which was the first line of defence. The global health community should acknowledge the opportunities to build stronger networks of social and behavioural scientists, which would help to consolidate and scale up current efforts. Increased data availability provided a deeper understanding of challenges relating to health behaviours and would guide the development of effective public health interventions based on behavioural science theory, frameworks and methods. Digital technologies could help to reduce gaps between behavioural scientists, public health leaders and stakeholders, and planning for effective partnerships should be prioritized. Regular knowledge-sharing meetings should be held and interregional and interdisciplinary networking platforms should be created to allow Member States to share findings, experiences and lessons learned on the application of behavioural science.

Adoption of the draft decision would support the systematic integration of behavioural science theory, methods and approaches into public health policies. The application of behavioural science data was crucial to the development of effective policies. She expressed hope that Member States would scale up the application and integration of behavioural science and support the draft decision.

The representative of the RUSSIAN FEDERATION said that the introduction of a behavioural science approach to health was timely. It was essential to consider behavioural and cultural factors in the development of public health programmes; he therefore supported the draft decision. He welcomed WHO's work on behavioural sciences for better health and expressed support for the European regional action framework for behavioural and cultural insights for equitable health for 2022–2027 adopted by the Regional Committee for Europe. Further attention should be paid to the issue of data handling from both an organizational and ethical perspective.

The implementation of activities such as those outlined in the document must be aligned with national and cultural norms and customs. It was therefore regrettable that the report contained controversial language that had not been agreed among Member States, namely a reference to "sexual and reproductive health rights". The Secretariat should ensure that the report to be submitted to the Seventy-sixth World Health Assembly would contain only terminology that had been agreed by consensus.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, expressed appreciation for the commissioning of a series of studies concerning behavioural sciences carried out between 2020 and 2022, the findings of which suggested that there were significant opportunities for WHO to expand the use of behavioural sciences in the design and implementation of public health policies, strategies, interventions and evaluations.

The Secretariat should continue to play a leading role in strengthening commitment to, and creating an enabling environment for, the systematic application of behavioural sciences as part of a human-centred approach to public health. Member States should be encouraged to join the Secretariat's efforts to promote behavioural science and identify opportunities to integrate behavioural science theory, methods and approaches into public health. She highlighted the importance of generating and using social and behavioural science data and designing and testing context-specific interventions; collaborating with stakeholders to boost region-specific behavioural science research and create a database of researchers and service providers; advocating for the inclusion of social and behavioural data as a component of national health research agendas; and engaging in other advocacy and training activities concerning behavioural sciences. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA commended WHO's leadership on behavioural sciences for better health and said that countries should be supported in integrating behavioural science across public health functions. She agreed on the need to build behavioural science capacities in WHO regional offices. Where appropriate, the Secretariat and Member States should coordinate with academic institutions, the private sector, United Nations organizations such as UNICEF and other organizations with behavioural science expertise to leverage a multidisciplinary approach.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that their governments encouraged the effective use of behavioural change techniques and were boosting research, investment, capacity-building and collaboration among public health experts and behavioural scientists. Welcoming the behavioural sciences for better health initiative, he urged the Secretariat to provide further guidance on proposed ways forward; mainstream and expand the application of behavioural science in public health; support studies to generate evidence for the effective use of behavioural science in joint efforts to promote health and well-being; and support the creation and institutionalization of innovative data-sharing mechanisms for high-impact policy-making to promote health and well-being as well as engaging in monitoring.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the mainstreaming of behavioural science in WHO activities. The behavioural sciences for better health initiative would benefit public health and the achievement of the triple billion targets; his Government therefore wished to be added to the list of sponsors of the draft decision.

The proposed establishment of a behavioural science function in all regional offices could be a valuable approach to address the requests of Member States, particularly when accompanied by the offer of support to Member States via country offices, the availability of a global repository of recommended tools and case studies and the establishment of regional communities of practice for knowledge-sharing. He asked the Secretariat to explain how it envisaged those regional offices would operate in practice and what evidence and experience it had used to develop the package of initiatives. The Secretariat could also consider reporting on evidence gathered from a World Bank study on national behavioural science teams; seeking increased opportunities for behavioural science experts to sit on advisory boards; supporting opportunities for embedded learning and knowledge exchange with experts; and collaborating with behavioural science experts in the early stages of policy and service development. He requested information from the Secretariat on plans for future work in the area of user needs and mainstreaming.

Rights of reply

The representative of ISRAEL,[1] speaking in exercise of the right of reply, expressed regret that the Board's discussions had once again been used to promote the narrow and cynical political agenda of the Palestinian authorities. From an early age, children in the Palestinian territories were taught that violence, hatred and acts of terrorism were acceptable, and were exposed to the glorification of violence and incitement to hatred by the Palestinian authorities on a daily basis. Furthermore, schoolchildren were taught to read from schoolbooks containing descriptions of suicide bombings and martyrdom. Children should not be used as pawns in someone else's game. An unequivocal message must be sent to the Palestinian authorities that teaching violence, hatred and incitement to children was never the answer.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, rejected the accusations made by the representative of France regarding food and security, particularly in relation to the special military operation in Ukraine. Food price inflation had been caused by problems in the international economy and in the economic, food and energy policies of western countries. The COVID-19 pandemic and unilateral sanctions against her country had also worsened downward trends, causing an imbalance in global markets. According to the United Nations, the problem was not the availability of food but its distribution. Food security had been ensured in Africa, Asia, Latin America and the Middle East through supplies of foodstuffs from the Russian Federation. However, global food insecurity challenges would not be resolved until the removal of the artificially established and illegitimate obstacles to the economic activities of the Russian Federation that had been put in place by the West.

The representative of FRANCE, speaking in exercise of the right of reply, said that the aggression waged by the Government of the Russian Federation against Ukraine was currently one of the major causes of global food insecurity. There were no European sanctions on the agricultural sector of the Russian Federation or on fertilizer destined for third parties. The Government of the Russian Federation was weaponizing hunger and blaming Europe, despite efforts made by her Government and partners including the European Union, the G7 and the WFP to enable the export of Ukrainian grain. She expressed support for the Black Sea Grain Initiative and commended the generosity of the Government of Ukraine, which had worked hard to maintain its role as a global provider of foodstuffs despite the consequences of the war.

The Observer of PALESTINE, speaking in exercise of the right of reply, said that Palestinian children were suffering and their mental and psychological state was of serious concern. The international community was aware of the situation in the occupied Palestinian territory, including east Jerusalem. It was unacceptable to suggest that the Palestinian authorities were creating terrorists, and the comment made by the representative of Israel regarding schoolbooks was slanderous. For a clearer understanding of what was happening to children in the occupied Palestinian territory, he suggested consulting reports on the matter published by WHO, UNICEF and the United Nations Office for the Coordination of Humanitarian Affairs.

(For continuation of the discussion, see the summary records of the sixteenth meeting, section 2.)

The meeting rose at 18:05.

= = =

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