

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

**WHO headquarters, Geneva
Monday, 6 February 2023, scheduled at 10:00**

Chair: Dr K. V. PETRIČ (Slovenia)

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FOURTEENTH MEETING

Monday, 6 February 2023, at 10:05

Chair: Dr K. V. Petrič (Slovenia)

Expression of sympathies

On behalf of WHO, the DIRECTOR-GENERAL conveyed his sympathies to and solidarity with the Governments and people of the Syrian Arab Republic and Türkiye following the earthquake that had struck that morning. WHO's network of emergency medical teams had been activated to provide essential health care to those in need. A briefing for Member States would be held the following day.

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

GOVERNANCE MATTERS: Item 23 of the agenda

Matters emanating from the Working Group on Sustainable Financing: Item 23.1 of the agenda

- **Report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance** (documents EB152/33, EB152/33 Add.1 and EB152/33 Add.2)
- **Secretariat implementation plan on reform** (documents EB152/34 and EB152/34 Add.1)
- **Sustainable financing: feasibility of a replenishment mechanism, including options for consideration** (document EB152/35)

The CHAIR drew attention to the reports contained in documents EB152/33, EB152/34 and EB152/35. She invited the Board to consider the draft decision on the report of the Agile Member States Task Group on Strengthening WHO Budgetary, Programmatic and Financing Governance contained in document EB152/33 Add.1, the financial and administrative implications of which were contained in document EB152/33 Add.2, as well as the draft decision on the Secretariat implementation plan on reform contained in paragraph 19 of document EB152/34, the financial and administrative implications of which were contained in document EB152/34 Add.1. She drew attention to the recommendations and guidance of the Programme, Budget and Administration Committee of the Executive Board set out in paragraphs 29–42 of document EB152/4.

The representative of MALDIVES, speaking in her capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations on the report of the Agile Member States Task Group, on the Secretariat implementation plan on reform, and on the feasibility of a replenishment mechanism, contained in paragraphs 32, 26 and 42, respectively, of document EB152/4.

The representative of DENMARK, speaking on behalf of Estonia, Finland, Iceland, Norway and Sweden, expressed full support for the proposed increase in assessed contributions and commitment to strengthening WHO's leading role in global health. The recommendations of the Agile Member States Task Group struck the right balance between the respective roles and responsibilities of Member States and the Secretariat and would improve governance and support oversight and decision-making by Member States. Regarding the Secretariat's implementation plan on reform, improvements in transparency, efficiency and accountability were of particular interest. Any replenishment mechanism should be designed in such a way as to ensure programmatic value for money while also preserving WHO's unique normative mandate. He asked the Secretariat to convene in-depth consultations to facilitate a draft decision on a replenishment mechanism for consideration by the Seventy-sixth World Health Assembly. Lastly, he encouraged Member States to shoulder their responsibility for ensuring good governance by using governing bodies strategically and focusing on prioritized agenda items.

The representative of FRANCE said that the recommendations of the Agile Member States Task Group would substantially improve WHO's governance. His Government welcomed the Secretariat's implementation plan on reform and the proposed methods for monitoring progress on its implementation. The feasibility of a replenishment mechanism must continue to be explored, and its potential alignment with the general programme of work was of particular interest.

The representative of INDIA said that Member States should be involved in budget prioritization to ensure better resource allocation across all levels of the Organization; there was also a need for a more equitable allocation of resources based on national priorities, in order to generate meaningful field-level impact. A robust, transparent monitoring and evaluation mechanism, with a digital platform accessible by Member States, should be established in order to ensure efficient programme budget implementation at all three levels of WHO. In addition, Member States should participate in the early development of draft resolutions in order to ensure transparency and informed decision-making on costs. A standard template for the process of proposing and considering draft resolutions would be useful and should include financial aspects, impact, measurable outcomes and timelines. In order to monitor the implementation of, and expenditure on, resolutions, a mechanism should be put in place to ensure prompt digital reporting based on defined timelines. He acknowledged the Secretariat's efforts to develop an implementation plan on reform with clear timelines and deliverables.

The representative of BRAZIL said that the recommendations of the Working Group on Sustainable Financing should be implemented in a comprehensive and balanced manner, taking into consideration all of the conditions necessary to ensure a unique, single package of WHO reform. That process should reinforce WHO's Member State-driven nature by putting the priorities, needs and gaps identified by Member States at the forefront of the Organization's programmatic work. His Government fully supported the draft decision on the report of the Agile Member States Task Group and looked forward to the consultations to be held in that regard ahead of the next session of the Board. Extensive consultations with Member States about ambitious initiatives were important for WHO's financial sustainability and, most importantly, for Member State representation. In that regard, both the report of the Task Group and the Secretariat's implementation plan on reform must practically address governing bodies oversight. Endorsing the implementation plan on reform, his Government looked forward to action on the recommendations concerning budget transparency, prioritization, decision-making and cost savings, and expected further improvements to action 32 on the approval of the costing of resolutions.

Although the analysis of the feasibility of a replenishment mechanism was welcome, much more work was needed to fine-tune the proposal. Any such mechanism should be aligned with the six principles set out by the Working Group on Sustainable Financing, have a funding envelope based on the entire base segment, independently of assessed contributions, and be fully voluntary and flexible. In

addition, Health Assembly oversight of, and consensus on, final decisions regarding the modalities and objectives of the mechanism were essential.

The representative of JAPAN said that the WHO reform process was closely linked to programme budget discussions, including with regard to increasing assessed contributions. The proposed increase in assessed contributions would lead to a substantial rise in his Government's overall contribution to WHO and would need to be justified to the people of Japan, particularly in the light of the financial impact of the pandemic of coronavirus disease (COVID-19). Nevertheless, recognizing the need for WHO to be sustainably financed, his Government would continue to fully support the Secretariat's reform process. He looked forward to the implementation plan on reform being updated to incorporate the recommendations of the Programme, Budget and Administration Committee, as well as to the updated draft Proposed programme budget 2024–2025. His Government would participate proactively in the intersessional consultations in that regard.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, said that the Secretariat should gradually increase the country and regional allocations in the draft Proposed programme budget 2024–2025 in order to strengthen its commitment to governance reforms and provide more effective support to countries. Concerning the Secretariat's implementation plan on reform, while the inclusion of high-level indicators to support results-based monitoring was welcome, the actions under the plan should be adapted to enable their integration into an appropriate framework. Action 3 should be expanded and revised to include increased monitoring of activities at all three levels of WHO, and action 4 should be aligned with the objectives of the Agile Member States Task Group by shifting to a results-based management approach for resource optimization. To ensure the predictability of funding, the feasibility of a replenishment mechanism to fund the base segment of the programme budget should be considered further before developing a general programme of work cycle.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the recommendations of the Agile Member States Task Group must be aligned with other elements of the wider package of reforms, including the Secretariat's implementation plan on reform. It was important to strengthen both the Programme, Budget and Administration Committee and the Board itself. It was pleasing that Member States had provided such a wealth of ideas on improving engagement, oversight and the provision of strategic advice to the Secretariat; that momentum and collaboration should be maintained to deliver on the recommendations of the Task Group within the necessary time frame. Commending the completion of a significant proportion of the actions in the Secretariat's implementation plan on reform, he asked the Secretariat to provide details of any potential challenges or risks it had identified in the delivery of the rest of the actions set out in the implementation plan; how it would prioritize delivery; and how Member States could best provide support in that regard. In closing, he welcomed the initial work to determine the feasibility of a replenishment mechanism.

The representative of YEMEN, calling on WHO to support the Governments of the Syrian Arab Republic and Türkiye in the wake of the earthquake, said that an item on the emergency should be added to the agenda of that session of the Board. He called for greater involvement of Member States, in particular Board members, in budget development processes.

The representative of MALAYSIA said that the well-rounded set of actions in the Secretariat's implementation plan on reform would enhance the efficiency of WHO's governing bodies, ensure better information sharing and reporting, and facilitate Member States' participation in programme budget processes, budget prioritization and resource allocation. Since the extended Thirteenth General Programme of Work, 2019–2025 was aligned with WHO priority areas and provided strategic direction

for the draft Proposed programme budget 2024–2025, the cycle for a replenishment mechanism should be based on the general programme of work to ensure longer predictability of funding.

The representative of the RUSSIAN FEDERATION said that the reforms proposed in the report of the Agile Member States Task Group would serve as a basis for positive change to WHO's monitoring and oversight system, but that several initiatives would require further development. All Member States who wished to do so should be able to participate actively in finalizing the reforms prior to the Seventy-sixth World Health Assembly.

Noting that strengthening the role of the Programme, Budget and Administration Committee was one of the Task Group's recommendations, he said that the limited effectiveness of that Committee had once again been demonstrated at its thirty-seventh meeting. Member States' ability to engage in a substantive debate had been hindered by time constraints and the questionable grouping of agenda items, with much of the time spent deciding on the content of the Committee's report. The Committee's working methods should be changed for the sake of the whole Organization's effectiveness. While the Secretariat's efforts to improve the format and quality of the budget-related information provided were welcome, without more comprehensive data at the review stage on projected expenditures in terms of key budget items, staff costs, inflation indicators and currency fluctuations, the governing bodies' work would remain solely ceremonial. He recalled once again that the Programme, Budget and Administration Committee had already recommended the inclusion of most of that information. The issue was particularly pertinent concerning the proposed increase in assessed contributions, since it would be hard for Member States to agree to such an increase without more insight into how their contributions would be used.

Turning to the Secretariat's implementation plan on reform, he stressed again his Government's expectation that the Secretariat would soon provide its risk appetite statement for consideration by Member States. Noting that the implementation plan would be aligned with the future three-year strategy on the prevention of sexual exploitation, abuse and harassment, he said that the Secretariat should also prioritize efforts to tackle fraud and corruption, which were more widespread than sexual exploitation, abuse and harassment and caused no less reputational damage and greater financial damage. Lastly, any replenishment mechanism should be purely voluntary in nature.

The representative of SENEGAL welcomed the Secretariat's implementation plan on reform. Transparency, accountability, equity and efficiency were essential in the implementation of the programme budget and the general programme of work, and greater attention must be paid to ensuring flexible, predictable and sustainable financing. Resources should be allocated more equitably, taking into consideration different regional needs, and country allocation should be strengthened to boost impact. Supportive of the governance-related recommendations of the Agile Member States Task Group, he called for continued governing bodies reform with a view to fostering constructive dialogue to enable Member States to provide strategic guidance to the Secretariat.

The representative of PERU expressed appreciation for the Secretariat's openness to possible reforms and its adoption of Member States' proposals, in particular those concerning budget and governance matters, and for its implementation plan on reform. Member States and the Secretariat would need to work closely on the recommendations of the Agile Member States Task Group in order to identify, approve and implement specific measures. It was also important to take into account the recommendations of the Working Group on Sustainable Financing. Given the fundamental nature of the programme budget and the general programme of work, Member States must be able to understand and influence their development and implementation in order to translate them into national priorities and results. It was therefore crucial for the Secretariat to continue to provide clear and transparent explanations concerning possible budget increases and resource mobilization and prioritization. The feasibility of a replenishment mechanism required further consultation and development, in line with

the principles guiding that process, and the technical strategy of such a mechanism should be based on the general programme of work for longer predictability of funding.

The representative of BOTSWANA expressed support for the programme budget digital platform and the Member States portal, welcoming the proposed indicators to measure the impact of increasing assessed contributions. Any recommended reforms must be impactful and address the health needs of all people and the systemic imbalances in programme budget allocation and prioritization. The recognition in the Secretariat's implementation plan on reform of the need for equitable resource allocation was appreciated. The implementation plan should also include a schedule for reporting to the Board.

His Government encouraged the exploration of a long-term replenishment mechanism to broaden the Organization's financing base and finance chronically underfunded programmes. The mechanism should be based on the general programme of work, the programmatic priorities and financing needs approved by Member States, and the six guiding principles set out in the recommendations of the Working Group on Sustainable Financing. Moreover, it should be developed in consultation with Member States and in line with the Framework of Engagement with Non-State Actors in order to safeguard WHO's independence. The Secretariat should develop such a mechanism for consideration at the Seventy-sixth World Health Assembly.

The representative of the UNITED STATES OF AMERICA expressed support for the draft decision on the report of the Agile Member States Task Group in order to accelerate the reform process in the run-up to the Seventy-sixth World Health Assembly. The Secretariat's implementation plan on reform and its continued commitment to further improve transparency, oversight, compliance, efficiency and accountability, especially with regard to preventing and responding to sexual exploitation, abuse and harassment, were also valued. Her Government welcomed the completion of a significant proportion of the actions set out in the implementation plan, in particular progress regarding long-standing Joint Inspection Unit and audit recommendations. Although it was understood that the plan was a living document and that results of reforms were not immediate, updates to the plan should include time frames beyond 2025, as any future increases in assessed contributions would be contingent on continued progress on reform.

Regarding the feasibility of a replenishment mechanism, more information was needed on its proposed organization and implementation, including a time frame; the portion of the base budget that would be targeted; and how the mechanism would differ from existing voluntary contributions or other funding appeals. Any replenishment mechanism should be entirely voluntary, and Member States and other donors should be permitted to make longer-term commitments or provide shorter-term contributions if they preferred. Lastly, beyond the Secretariat's work, it was also important for Member States to improve their way of working with the Board.

The representative of CHINA said that implementation of the recommendations of the Agile Member States Task Group and of the Secretariat's implementation plan on reform must be led by Member States, be based on consensus and the principles of openness, transparency and fairness, harness synergies and avoid duplication. Both the recommendations of the Agile Member States Task Group and the implementation plan should include short-term goals in addition to long-term planning. The Secretariat should also elaborate on ways to implement the recommendations, enhance its own work and provide more support to Member States, and should report regularly on implementation of both the recommendations and the implementation plan.

Any increase in assessed contributions should be accompanied by proper governance reform as agreed by Member States. Funds raised through a potential replenishment mechanism should be completely flexible and used only to supplement the base budget and chronically underfunded technical areas. Lessons should be learned from the experiences of other international organizations with similar mechanisms, and the mechanism should have a funding limit. Non-State actors should participate in the development and implementation of the replenishment mechanism in accordance with the Framework

of Engagement with Non-State Actors to mitigate risks and safeguard WHO's reputation. The Secretariat should update Member States regularly on the progress made on the reform process.

The representative of COLOMBIA said that, with respect to transparency, it was important to improve the process of drafting resolutions and decisions, consider synergies with existing programmes, and enhance the functioning of the Executive Board and the Programme, Budget and Administration Committee, in particular by making the meeting structure and reports more accessible to Member States. A mechanism to promptly fill Board vacancies would be appreciated, and the Secretariat's support on legal and procedural aspects was vital in that regard. Moreover, an updated WHO organigram would provide an overview of Member State representation and gender balance at all levels of the Organization.

The recommendation concerning guidelines and thresholds for the earmarking of voluntary contributions would make WHO more financially sustainable without increasing the pressure in relation to assessed contributions, and additional innovative mechanisms should be sought. Recognizing the need for more resources, his Government would pay close attention to the implementation of the recommendations of the Agile Member States Task Group and the Secretariat's implementation plan on reform.

The representative of PARAGUAY said that a WHO replenishment mechanism would contribute significantly to the predictability of financing, address underfunding and increase efficiency. However, basing the replenishment cycle on the general programme of work could lead to a misalignment of the replenishment cycle with the programme objectives in cases where the general programme of work was extended, especially given that the Organization was not on track to achieve the goals of the Thirteenth General Programme of Work, 2019–2025 in the coming years.

The representative of the SYRIAN ARAB REPUBLIC appreciated the expressions of solidarity following the violent earthquake that had struck her country. Although emergency teams across all sectors were working at maximum capacity, the blockade imposed on her country was seriously hampering the response to the huge disaster. She appealed to the Secretariat and all Member States to provide the necessary support swiftly in order to save lives and facilitate the passage of humanitarian and medical aid.

The representative of SLOVAKIA, underscoring the significant short- and long-term impact of the work of the Agile Member States Task Group, said that the Task Group and the Board must coordinate to ensure efficient and effective implementation of the Task Group's recommendations and to improve the work and functioning of the governing bodies and their committees. He therefore proposed that paragraph 1(c) of the draft decision on the report of the Agile Member States Task Group should be amended to include "and the Chair of the Executive Board" after "Task Group co-facilitators". He also proposed that the chapeau of paragraph 2 should be amended with the addition of the phrase "in collaboration with the Executive Board and the Chair of the Executive Board".

The representative of MALDIVES welcomed the recommendations of the Agile Member States Task Group, which identified clear roles for both the Secretariat and Member States to ensure long-term improvements to the Organization. She also welcomed the important linkage between the Secretariat's implementation plan on reform and the current WHO Management Response Plan on preventing and responding to sexual exploitation, abuse and harassment. The Secretariat should continue to work with Member States to strengthen and streamline the plan's implementation in order to increase transparency and accountability going forward. Her Government looked forward to receiving updates on the Secretariat's implementation plan on reform and supported the draft decision on the report of the Agile Member States Task Group.

The representative of BANGLADESH¹ said that the Secretariat should proceed with the development of a replenishment mechanism to provide predictable and sustainable financing through voluntary contributions. There should be flexibility for the Director-General to repurpose funds from the mechanism to respond to emergencies, and a certain percentage of voluntary contributions should be earmarked for use to address WHO's health priorities.

The representative of TÜRKIYE¹ conveyed sincere thanks for the condolences and solidarity expressed in the wake of the huge earthquake in his country.

The representative of AUSTRALIA¹ thanked the Secretariat for including many of the Member State proposals in its implementation plan on reform, which, together with the report of the Agile Member States Task Group, provided a strong basis for bold, lasting reforms to improve processes and enhance accountability, transparency and efficiency. She welcomed the use of future governing bodies to consider specific reform proposals, and the understanding of the implementation plan as a living document. Her Government was committed to working with WHO to implement tangible, cost-effective reforms that had a measurable impact and commended the work already under way to enhance the budget prioritization process for improved budgetary discipline and transparency. The discussions on the structure and cadence of governing bodies meetings were welcome to ensure their strategic nature and fitness for purpose. Governance reform and WHO's sustainable financing, in particular through the proposed increases in assessed contributions, must be mutually reinforcing, as both processes were integral to enabling WHO to deliver on its critical mandate. It was important to respect the consensus reached at the Seventy-fifth World Health Assembly, including the commitment to make funding of WHO's base budget fully flexible.

The representative of GERMANY¹ expressed support for the draft decision on the report of the Agile Member States Task Group. His Government was pleased with the Secretariat's substantial progress in its implementation plan on reform, especially on the costing of resolutions. The Programme budget 2022–2023 showed the weaknesses in WHO's financing. Despite the agreed gradual increase in assessed contributions, new financing models remained necessary to strengthen WHO. A replenishment mechanism as an additional, voluntary pillar of WHO funding would lead to more sustainable, transparent and, above all, predictable financing. The Secretariat should proceed with a replenishment mechanism, link it to the general programme of work and use it to fund the budget of the base segment.

The representative of NAMIBIA,¹ welcoming the recommendations in the report of the Agile Member States Task Group, said that Member States needed to participate more meaningfully in WHO's governing bodies in order to provide strategic guidance. WHO's global health financing did not reflect Member States' aspirations. Country and regional budget allocation required urgent reform and should be increased in the draft Proposed programme budget 2024–2025 to finance programmes and responses sustainably in line with country priorities and achieve universal health coverage and the Sustainable Development Goals. His Government supported the two draft decisions under discussion and encouraged the Secretariat to proceed with the proposed replenishment mechanism, which should prioritize flexible, unearmarked funding. It should also cover the entire period of the general programme of work to ensure longer predictability of funding, especially given that WHO was not on track to meet the targets of the Thirteenth General Programme of Work, 2019–2025. In addition, the funding envelope should be based on the budget of the base segment of the general programme of work, excluding any approved assessed contributions.

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

The representative of SOUTH AFRICA¹ said that the Secretariat's implementation plan on reform should be implemented in consultation with Member States. The Secretariat should continue to consult Member States on an appropriate replenishment model, which should cover the full five-year period of the general programme of work and be based on the base budget.

The representative of THAILAND¹ said that effective budget allocation and programmatic performance, in addition to resource mobilization, were crucial to ensure sustainable financing. The funds from the replenishment mechanism must be unearmarked and highly flexible so that they could be used in base programmes and for other urgent health needs. However, WHO funding alone could not meet national health needs. The Organization should therefore leverage its social and intellectual capital to catalyse and mobilize political and financial commitments from Member States and other partners to achieve national health objectives and the Sustainable Development Goals.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) said that the Secretariat would indicate the relevant business owners for the proposed actions in the implementation plan on reform; link the implementation plan to the future three-year strategy on preventing and responding to sexual exploitation, abuse and harassment; and report on progress through the Programme, Budget and Administration Committee, the Executive Board and the Health Assembly. It would also hold extensive consultations prior to the Seventy-sixth World Health Assembly so that Member States could set the priorities for the Secretariat. The Member States portal was now active, and the Secretariat was working to resolve security issues to allow more data and documents, including regarding progress on implementation, to be uploaded. The major risks to the delivery of the ambitious implementation plan on reform concerned human and financial resources and competing priorities in the event of an emergency. Teams were already stretched quite thin in delivering on the implementation plan, with the entire budget of one department spent on providing simultaneous interpreting for the numerous consultations with Member States. The Secretariat would be sure to coordinate closely with Member States and intended to report on both the recommendations of the Agile Member States Task Group and the implementation plan through the portal to provide Member States with a single view of the progress made on both.

With respect to financing, the Secretariat had gradually raised the share of the base segment allocated to countries from 39% in the biennium 2018–2019 to a proposed 50% for the biennium 2024–2025, which represented a 4% increase on the current biennium 2022–2023. Nevertheless, it was important to take a holistic approach and focus on sustainable financing, as simply increasing budget ceilings would not solve problems. The Global Policy Group, WHO Representatives and the Secretariat were working to develop an action plan to boost efficiency and country impact, with due consideration of the risks. The risk appetite statement would be published imminently, and both the financial report and the draft Proposed programme budget 2024–2025 listed the principal risks. The Secretariat had put mitigation measures in place to address those risks and would continue to report to Member States in that regard.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (External Relations and Governance) said that, in relation to the earthquake in the Syrian Arab Republic and Türkiye, WHO was working with the relevant Governments, country and regional offices and the United Nations Office for the Coordination of Humanitarian Affairs, as well as through the WHO logistics hub in Dubai. It was also seeking to protect the safety of WHO staff members on the ground.

The items under discussion were of historic importance for the Organization, and full, sustainable and predictable funding was essential to enable WHO to live up to Member States' expectations as a normative organization and translate its work into real impact at the country level. The proposed

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

replenishment mechanism was a significant new direction for WHO and would be developed in consultation with Member States prior to the Seventy-sixth World Health Assembly. The funds raised through the mechanism must be unearmarked and appropriately directed.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/33, EB152/34 and EB152/35, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraphs 29–42 of the Programme, Budget and Administration Committee report contained in document EB152/4.

It was so decided.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendments to the draft decision on the report of the Agile Member State Task Group contained in document EB152/33 Add.1. Paragraph 1(c) would be amended to include “and the Chair of the Executive Board” after “Task Group co-facilitators”. The chapeau of paragraph 2 would be amended to read:

“to request the Task Group co-facilitators, for consideration of the Executive Board at its 153rd session in May 2023 to prepare, in collaboration with the Chair of the Executive Board, and in consultation with Member States”.

The decision, as amended, was adopted.¹

The CHAIR took it that the Board wished to adopt the draft decision on the Secretariat’s implementation plan on reform, contained in document EB152/34.

The decision was adopted.²

The CHAIR, recognizing the request made by the representative of Yemen concerning the inclusion of a supplementary agenda item, drew attention to the fact that a briefing on WHO’s emergency response to the earthquake would be held the following day.

Global strategies and plans of action that are scheduled to expire within one year: Item 23.2 of the agenda

- **WHO global action plan on promoting the health of refugees and migrants, 2019–2023** (document EB152/36)
- **WHO traditional medicine strategy 2014–2023** (document EB152/37)

The CHAIR invited the Board to consider the reports contained in documents EB152/36 and EB152/37, in particular the guiding questions set out in paragraphs 39 and 28, respectively. She drew attention to a draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, proposed by Argentina, Bangladesh, Cabo Verde, Canada, Ecuador, Egypt, El Salvador, France, Germany, Guatemala, Iraq, Ireland, Luxembourg, Mexico, Peru, the Philippines, Portugal, Romania, Slovakia, Ukraine and the United States of America, which read:

¹ Decision EB152(15).

² Decision EB152(16).

The Executive Board, having considered the report by the Director-General on the WHO Global Action Plan on Promoting the Health of Refugees and Migrants 2019–2023 (WHO GAP),¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following resolution:

The Seventy-sixth World Health Assembly,

(PP1) Recalling resolution WHA61.17 (2008) on the health of migrants, and resolution WHA70.15 (2017) and decision WHA72(14) (2019) on promoting the health of refugees and migrants, as well as the commitments made in the 2019 political declaration of the high-level meeting on universal health coverage,² to ensure that no one is left behind;

(PP2) Recognizing the role that the WHO GAP plays in advancing and coordinating WHO's work on refugee and migrant health, in line with the Thirteenth General Programme of Work, 2019–2025 and in collaboration with the International Organization for Migration, United Nations High Commissioner for Refugees, and other relevant international organizations, including but not limited to UNFPA and UNICEF and stakeholders, avoiding duplication;

(PP3) Reaffirming the goals and objectives of the WHO GAP, and recognizing its contribution and prioritization effort to improve global health equity by addressing the physical and mental health and well-being of refugees and migrants, as evidenced during the COVID 19 pandemic;

(PP4) Noting the contribution of the WHO GAP to meet the targets set in the Sustainable Development Goals, including goals 3, 5 and 10, as well as the objectives of the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees,

(OP)1. DECIDES to extend the time frame of the WHO Global Action Plan on Promoting the health of refugees and migrants from 2023 until 2030:

(OP)2. URGES Member States to:

(1) continue to address the health needs and multiple situations of vulnerability of migrants and refugees, in line with national contexts and priorities and in accordance with relevant international obligations and commitments;

(2) strengthen the integration of refugee and migrant health in global, regional, and national initiatives, in collaboration with donors and other relevant stakeholders and partnerships including health and migration forums, to accelerate progress towards SDG target 3.8;

(3) identify and share, through informal consultations to be convened by WHO at least every two years, challenges, lessons learned, and best practices related to the implementation of actions within the WHO GAP;

(OP)3. ENCOURAGES relevant stakeholders and networks to engage with Member States in the implementation of actions consistent with the WHO GAP;

(OP)4. REITERATES to the Director-General the importance of allocating the necessary resources to implement the WHO GAP;

¹ Document EB152/36.

² United Nations General Assembly resolution 74/2, adopted 10 October 2019.

(OP)5. REQUESTS the Director-General to:

- (1) continue implementing the WHO GAP;
- (2) continue to provide technical assistance, develop guidelines and promote knowledge sharing as well as collaboration and coordination within and among Member States, for the implementation of actions consistent with the WHO GAP;
- (3) promote the production of knowledge through surveillance and research and support efforts to translate the WHO GAP into concrete capacity-building actions, with a focus on the specific health needs of refugees and migrants, while taking into account their situations of vulnerability;
- (4) Submit a progress report to the WHA in 2025, 2027, and 2029 on the implementation of this resolution and the WHO GAP.

The financial and administrative implications for the Secretariat were:

Decision:	Extension of the WHO global action plan on promoting the health of refugees and migrants
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:	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.</p> <p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course.</p> <p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.</p> <p>2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported.</p> <p>3.1.1. Countries enabled to address social determinants of health across the life course.</p> <p>4.1.1. Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts.</p> <p>4.2.1. Leadership, governance and external relations enhanced to implement GPW 13 and drive impact in an aligned manner at the country level, on the basis of strategic communications and in accordance with the Sustainable Development Goals in the context of United Nations reform.</p>
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:	<p>Seven years.</p> <p>The WHO Global Action Plan on Promoting the Health of Refugees and Migrants covers the period 2019–2023. The draft decision would extend the time frame until 2030.</p>

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\$ 71.89 million.
2.a. Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions:	US\$ 4.55 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:	Not applicable.
3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions:	US\$ 18.26 million.
4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:	US\$ 49.08 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\$ 4.55 million.
– Remaining financing gap in the current biennium:	Not applicable.
– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:	Not applicable.

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	0.22	0.18	0.17	0.19	0.16	0.17	1.01	2.10
	Activities	0.05	0.10	0.05	0.10	0.10	0.05	2.00	2.45
	Total	0.27	0.28	0.22	0.29	0.26	0.22	3.01	4.55
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	1.14	1.11	0.83	1.09	0.83	0.88	3.96	9.84
	Activities	0.78	0.78	0.78	0.78	0.78	0.78	3.74	8.42
	Total	1.92	1.89	1.61	1.87	1.61	1.66	7.70	18.26
B.4. Future bienniums resources to be planned	Staff	3.07	3.00	2.24	2.94	2.24	2.37	10.64	26.50
	Activities	2.09	2.09	2.09	2.09	2.09	2.09	10.04	22.58
	Total	5.16	5.09	4.33	5.03	4.33	4.46	20.68	49.08

She also drew attention to a draft decision on the global strategy on traditional medicine, proposed by Bangladesh, China, Eswatini, India, Indonesia, Japan, Malaysia, Nicaragua, the Republic of Korea, Singapore, South Africa, Thailand and Türkiye, which read:

The Executive Board, having considered the report on the WHO traditional medicine strategy: 2014–2023,¹

Decided to recommend to the Seventy-sixth World Health Assembly the adoption of the following decision:

The Seventy-sixth World Health Assembly,

(PP1) Recognizing General Assembly resolution 70/1 (2015) entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all);

(PP2) Noting that in United Nations General Assembly resolution 74/2 (2019) entitled “Political declaration of the high-level meeting on universal health coverage”, Heads of State and Government recommitted to achieve universal health coverage by 2030, by inter alia, exploring ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services within national and/or subnational health systems, particularly at the level of primary health care, according to national context and priorities;

(PP3) Noting the WHO *global report on Traditional and Complementary Medicine 2019*,² and progress made in the implementation of the WHO traditional medicine strategy 2014–2023;

¹ Document EB152/37.

² WHO global report on traditional and complementary medicine 2019. Geneva: World Health Organization; 2019.

(PP4) Highlighting the importance of WHO's role in providing technical support on integrating evidence-based traditional and complementary medicine, as appropriate, into health systems and services by Member States, as well as in supporting measures to regulate traditional and complementary medicine practice, including legal and sustainable resources of traditional and complementary medicine, and protection and conservation of traditional and complementary medicine resources, in particular knowledge and natural resources,¹ according to national laws and regulations;

(PP5) Noting the reported use of traditional and complementary medicine during the COVID-19 pandemic in several Member States;

(PP6) Recognizing the efforts of Member States to evaluate through an evidence-based approach, including rigorous clinical trials as appropriate, the potential of traditional and complementary medicine, including in health system preparedness and response to health emergencies;

(PP7) Recognizing also the value and the diversity of the cultures of Indigenous Peoples and local communities and their holistic traditional knowledge,²

Decided to request the Director-General:

(OP)1. to extend the WHO traditional medicine strategy 2014–2023 until 2025;

(OP)2. to develop, guided by the WHO traditional medicine strategy 2014–2023 and in consultation with Member States³ and relevant stakeholders, a draft new global traditional medicine strategy 2025–2034 and to submit the strategy for consideration by the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.

The financial and administrative implications for the Secretariat were:

Decision:	Global strategy on traditional medicine
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:	<p>1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages.</p> <p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage.</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services.</p>
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.

¹ All activities will be in compliance with Member State obligations pursuant to the Convention on International Trade in Endangered Species of Wild Fauna and Flora and other international agreements on the protection of endangered species of wild fauna and flora.

² A/C.3/76/L.22/Rev.1 Rights of indigenous peoples <https://documents-dds-ny.un.org/doc/UNDOC/LTD/N21/321/97/PDF/N2132197.pdf?OpenElement>.

³ And, where applicable, regional economic integration organizations.

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: Two years (2023–2025).
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\$ 2.00 million.
2.a.	Estimated resource levels required that can be accommodated within the approved revised Programme budget 2022–2023 ceiling, in US\$ millions: US\$ 0.50 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: Not applicable.
3.	Estimated resource levels required to be budgeted for in the proposed programme budget for 2024–2025, in US\$ millions: US\$ 1.50 million.
4.	Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions: Not applicable.
5.	Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions <ul style="list-style-type: none">– Resources available to fund the decision in the current biennium: US\$ 0.50 million.– Remaining financing gap in the current biennium: Zero.– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: Not applicable.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2022–2023 resources already planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.15	0.21
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.29	0.29
	Total	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
B.2.b. 2022–2023 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2024–2025 resources to be planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.44	0.50
	Activities	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
	Total	0.01	0.01	0.01	0.01	0.01	0.01	1.44	1.50
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The representative of CANADA said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 had been an essential component of broader efforts to support migrants and refugees, and that equity must be at the centre of those efforts, taking into account specific needs of populations living in situations of vulnerability and marginalization. In humanitarian and displacement contexts, women and girls, in all their diversity, encountered particular challenges in accessing high-quality health care and faced heightened protection and safety risks, including in relation to human rights abuses, exploitation, physical and sexual violence, and trafficking. That was also true for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, gender and sexually diverse individuals and other groups experiencing marginalization. Fully supportive of the extension of the global action plan to 2030, his Government urged the Secretariat to strengthen its efforts in the priority areas, in particular those that had received less attention throughout the COVID-19 pandemic. He asked the Secretariat to provide details of the direction that the extended global action plan would take, acknowledging the lessons learned and the gaps outlined in the report.

The representative of BRAZIL, noting that his Government had re-joined the Global Compact for Safe, Orderly and Regular Migration, said that the responsibility of hosting refugees and migrants must be more equitably shared, particularly given the limited resources of many host countries. The WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be extended and should give special consideration to migrants and refugees belonging to indigenous communities. He asked to be added to the list of sponsors of the related draft decision and encouraged Member States to include refugees and other vulnerable groups in national vaccination plans, and to promote food and nutrition security for refugees and migrants.

Member States had made commendable progress in developing and implementing national strategies on traditional medicine, including in primary health care. Significant gains could be made by integrating traditional medicine into official health systems and by ensuring the safety, quality and efficiency of such medicines. Indigenous peoples had the right to maintain their traditional medicines and health practices, including the conservation of their vital medicinal plants, animals and minerals. His Government therefore supported the related draft decision.

The representative of MALAYSIA expressed full support for the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. Acknowledging the Secretariat's significant efforts to maximize the contribution of traditional and complementary medicine towards universal health coverage, she said that WHO's traditional medicine strategy should emphasize the integration and active use of such medicine in all aspects of the health system, including service delivery, the health workforce, health information systems, access to essential medicines, financing and leadership. That would help to build the resilient, equitable, efficient and sustainable health systems necessary to address the unique public health challenges of the 21st century. Therefore, a set of tracking indicators and measurement approaches should be introduced to help Member States to collect and generate reliable and regular data on traditional medicine safety, quality, access and coverage, and to facilitate monitoring and evaluate ways that traditional and complementary medicine could strengthen national health systems.

The representative of CHINA noted WHO's development of a range of technical products for traditional and complementary medicine and the inclusion of a chapter on traditional medicine in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. The progress made in implementing the strategy and raising the profile of traditional medicine was welcome, and he thanked the Secretariat for the support provided in that regard. Globally, traditional medicine required more investment in research and greater inclusion in health systems. His Government, together with the Government of India, had therefore proposed the draft decision on the global strategy on traditional medicine in order to boost the development of traditional medicine, and he looked forward to its endorsement by Member States.

The representative of the UNITED STATES OF AMERICA said that the health needs of refugees and migrants in all their diversity must be addressed in order to achieve universal health coverage. Government leadership and collaboration with stakeholders were necessary to enhance the integration of refugee and migrant health into global, regional and national initiatives, including through inclusive health systems. Although her Government supported WHO's initiative, it was important to coordinate with IOM and UNHCR and to recognize UNFPA, UNICEF and other key humanitarian actors in the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, given those organizations' respective mandates and operational roles. It was also essential to reach women and girls in conflict-affected and fragile settings to promote gender equality, empower all women and achieve key targets, such as reduced maternal mortality. WHO and other stakeholders should therefore support UNFPA and other partners, including the Inter-agency Working Group on Reproductive Health in Crises.

Regarding traditional medicine, it was important to exercise scientific rigour in studying safety and efficacy and in implementing evaluation work, especially where it overlapped with the work on the International Statistical Classification of Diseases and Related Health Problems. Member States must also adhere to their obligations under the Convention on International Trade in Endangered Species of Wild Fauna and Flora and take meaningful action to protect endangered species from exploitation. She asked the Secretariat to describe the progress made on the WHO traditional medicine strategy 2014–2023 during the pandemic, and the changes that had occurred in the traditional medicine landscape. That would help to guide WHO and other stakeholders in the positioning of traditional and complementary medicine within national health systems and support the development of solutions to promote health and protect patients.

The representative of FRANCE said that to address the structural inequalities faced by refugees and migrants, which had worsened as a result of the COVID-19 pandemic, it was essential to raise awareness among health care system users and health professionals of the specific needs of migrants, for example by using bilingual health records and having mobile mental health care teams. In addition, migrants and refugees should be provided with a health appointment within a reasonable time frame to

ensure that their fundamental rights were respected and public health needs were met, as well as to support the collection of health data on those groups.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that Member States should promote the safety, quality and affordability of traditional medicine through its inclusion in national essential medicines lists and universal health coverage benefit packages; its integration into primary health care services; and the development of national policies, strategic plans and regulatory frameworks. In view of the significant developments in the global traditional and complementary medicine landscape over the preceding decade, the Secretariat should develop a new, stronger global strategy on traditional medicine in consultation with Member States and stakeholders, taking on board lessons from the current strategy, and should support Member States in developing and strengthening national traditional medicine policies to contribute to the achievement of the Sustainable Development Goals and Health for All. He thanked Member States for sponsoring the draft decision.

Speaking in his national capacity, he said that there was a need to focus on research and development; to use traditional medicine to promote health equity and address the main health issues affecting the post-COVID-19 world; and to develop guidelines for the standardized regulation of traditional medicine products.

The representative of JAPAN, recognizing the need for a longer-term vision for refugee and migrant health, said that legal and governance shortcomings in the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be addressed in the next plan. Accountability gaps existed where the current plan fell short of its normative commitments. WHO should lead by example and show Member States the central role that refugees and migrants played in the plan's implementation phase. Moreover, the effect of political determinants and non-health policies on the health of refugees and migrants should be addressed.

With respect to traditional medicine, a new global strategy should be developed through broad consultation and should reflect the evolving role of such medicine in the light of revised national health needs and policies in responses to global health challenges, especially the COVID-19 pandemic.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Regional Committee had approved a new strategy in October 2022 to promote the health and well-being of refugees, migrants and other displaced populations in the Region. In 2023, his Region and the WHO African and European Regions would participate in the second interregional high-level meeting on health and migration, and his Government would host the third Global Consultation on the Health of Migrants.

The representative of PERU welcomed the progress made in implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 and the draft decision on its extension to 2030. WHO's frontline work was essential to ensure timely recommendations on how best to meet the health needs of refugees and migrants, and the Organization should redouble its efforts to partner with UNHCR and other entities of the United Nations system in order to pool more funding for such measures. In addition, WHO, other entities of the United Nations system and other stakeholders should help hosting countries to link different national databases concerning migrants and refugees in order to provide data for the development of national plans and actions. In a post-pandemic context, investment in infrastructure and human resources was essential to enable stretched public health systems to accommodate growing populations. In that regard, the Secretariat should support Member States in identifying funding sources and strategically allocating resources to expand public health systems. Lastly, he welcomed the draft decision on the global strategy on traditional medicine.

The representative of the REPUBLIC OF KOREA commended the Secretariat's endeavours to leverage the potential of traditional and complementary medicine, and Member States' systematic progress over the previous decade. That advancement, however, had varied among the six WHO regions, with some Member States lacking the resources needed to build research on, and establish legal and regulatory systems for, traditional and complementary medicine. The Secretariat should therefore strengthen policy and technical support for the integration of traditional and complementary medicine into health systems. His Government looked forward to working actively with the Secretariat to develop a new traditional medicine strategy for the forthcoming decade that would build on Member States' achievements, address the challenges that they faced, and consider new technologies and future health care environments.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that the development of a new global strategy and action plan would make an appreciable contribution to sustaining efforts to address the health challenges specific to migration and displacement. In that regard, it was important to strengthen the integration of migrant and refugee health into regional and national initiatives in a way that reduced the burden on hosting countries and enhanced partnership, capacity-building, strategic health information and multisectoral approaches to health. He was agreeable to the proposed extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

Despite the good progress made in implementing the WHO traditional medicine strategy 2014–2023, financial resource planning and allocation and safety monitoring mechanisms required improvement. The Member States of his Region strongly supported the elaboration of a new strategy that consolidated existing gains, addressed the challenges faced, and took into consideration lessons learned and new developments. It was important for the Secretariat to continue to provide technical, policy and financial support in the areas of research, regulation, and the monitoring and evaluation of safety, quality and efficacy. His Region supported the proposed extension of the current traditional medicine strategy until 2025.

The representative of SLOVAKIA encouraged the Secretariat to continue to strengthen and expand its support for refugee and migrant health. The WHO global action plan on promoting the health of refugees and migrants, 2019–2023 had made a significant contribution to enhancing health care service delivery to those populations, as had WHO's Health and Migration Programme. Underlining the need for a longer-term vision for refugee and migrant health, both globally and regionally, his Government acknowledged the Secretariat's work to promote knowledge-based action and increase health system capacity and sensitivity. Jointly with the Regional Office for Europe, his Government would hold a subregional meeting on the health challenges faced by refugees from Ukraine, at which the possibility of strengthening sustainable health financing for that population would be considered. A clear set of recommendations on preventing misuse of disease prevention and health care services would be welcome.

The representative of the RUSSIAN FEDERATION welcomed the two draft decisions under discussion. Noting that refugees and migrants were among the most vulnerable in society, a situation that had been worsened by the COVID-19 pandemic, he called on WHO to continue its commendable work to support refugee and migrant health, outlining the support provided by his Government to the large number of refugees and migrants it hosted from Ukraine.

The representative of YEMEN, highlighting the heavy burden placed on health services as a result of long-running conflict in his country and in the Horn of Africa, called on the Secretariat to strengthen regional and country health systems for refugees and migrants. It should also provide support and regulatory frameworks, strategies and guidelines to enable host countries to provide more equitable health care access, thus avoiding a sense of injustice within host communities. It was crucial to extend

the global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, define clear priorities, and significantly strengthen implementation as a matter of urgency.

The representative of BOTSWANA said that, although Member States had made considerable progress in implementing the WHO traditional medicine strategy 2014–2023, the limited expertise of national health authorities and regulatory control agencies must be addressed. Welcoming the continued support of WIPO, WHO, WTO and the private sector in the development of traditional medicine and knowledge, he highlighted his Government's efforts to leverage the flexibilities in the Agreement on Trade-Related Aspects of Intellectual Property Rights, to promote the research and development of pharmaceuticals based on traditional medicine. In closing, his Government wished to be added to the list of sponsors of the two draft decisions under discussion.

The representative of the REPUBLIC OF MOLDOVA, outlining efforts in her country to meet the needs of refugees from Ukraine, said that it was crucial to have precise guidelines for emerging challenges in refugee and migrant health over the coming years. Her Government therefore supported the related draft decision. It was important to consider ways to continue health care provision in all situations; improve disease prevention and ensure healthy educational environments for all children in the context of migration; share the costs of hosting refugees more equitably; and, in view of the global health workforce shortage, facilitate the recruitment of refugees as health workers. The Secretariat should develop new road maps and regulatory and procedural guidelines and collect data to ensure evidence-based policy-making in that regard. All those aspects must also be reflected in regional strategies and action plans, taking into consideration the experiences of the most affected countries. Lastly, her Government supported the draft decision on the global strategy on traditional medicine.

The representative of COLOMBIA, describing the migrant situation in his country, said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 should be extended to 2030 to enable its continued adaptation to national and regional needs in that area, and migrants themselves should be included in that process. Given the importance of alternative and complementary medicines for universal health coverage and primary health care, the WHO traditional medicine strategy 2014–2023 should be updated. That must be done in consultation with indigenous peoples and other marginalized ethnic groups in order to safeguard ancestral knowledge, taking into consideration their cultures and practices and the intrinsic link between the environment and human and animal health, especially in the face of climate change. His Government wished to be added to the list of sponsors of both draft decisions under discussion and also looked forward to the draft resolution on the health of indigenous peoples to be submitted by the Government of Brazil for consideration by the Seventy-sixth World Health Assembly.

The representative of ETHIOPIA said that, although the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 was important and timely, the inclusion of migrant and refugee health in national initiatives would further burden the weak health systems of hosting countries. Greater coordination, support and capacity-building were therefore necessary. Requesting to be added to the list of sponsors of the draft resolution on the global strategy on traditional medicine, her Government emphasized the importance of setting standards, enhancing the engagement of local communities and stakeholders, and strengthening national regulatory functions.

The representative of TIMOR-LESTE, welcoming the creation of the WHO Global Centre for Traditional Medicines in India, said that traditional medicine had a long history of use in health promotion and disease prevention and treatment, particularly for lifestyle-related chronic diseases. The challenges in making evidence-based complementary medicine services available included difficulties in producing evidence for national policies, and the lack of standardized, safe and high-quality medicines

and of a trained health workforce. There was a need to integrate traditional medicine into health systems, especially at the primary health care level and to include such medicines in national essential medicine lists. She looked forward to the Secretariat's continued technical and financial support in those areas and asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine.

The representative of MALDIVES asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine.

The representative of MEXICO¹ said that the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 would remain an important guiding document for promoting health as a human right and directing WHO's activities to protect refugees and migrants. Extending the global action plan to 2030 would help to consolidate work on priority areas. It was important for WHO to continue its work in order to have a positive impact on national policies, as had been the case in his country. He thanked those Member States that had shown support for the related draft decision.

The representative of PORTUGAL¹ said that promoting the health of refugees and migrants was a topic of great importance and global reach. In that regard, collaboration with IOM, UNHCR and the United Nations Network on Migration was essential to ensuring leadership, developing coordinated approaches and strengthening health systems that were sensitive to and inclusive of migrants and refugees. It was important to extend the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, since despite the progress made thus far, much remained to be done to achieve the vision of the right to health for all.

The representative of THAILAND,¹ expressing support for the draft decision on the global strategy on traditional medicine, said that traditional medicine played a significant role in supporting the mainstream medical system, especially at the primary health care level, both as a foundation for universal health coverage and during pandemics. WHO should consider developing a model list of essential traditional medicines to be applied based on national context as part of universal health coverage benefit packages.

The representative of SRI LANKA¹ asked to be added to the list of sponsors of the draft decision on the global strategy on traditional medicine. Future strategic plans in that area should focus on addressing challenges, such as the lack of research data and financial support, and developing mechanisms to monitor and regulate the safety of traditional medicine practices, providers and products.

The representative of ECUADOR¹ said that refugees and migrants were undoubtedly among the most affected by the COVID-19 pandemic and thanked the Secretariat for its efforts and support in implementing the WHO global action plan on promoting the health of refugees and migrants, 2019–2023. The Secretariat should make greater efforts to highlight problems specific to refugees and migrants in accessing health; advance the creation of regional and global information access and exchange systems; promote heightened international cooperation to strengthen health services in receiving countries; and continue its support to Member States. He expressed support for the draft decision on the global strategy on traditional medicine.

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

The representative of SPAIN¹ asked to be added to the list of sponsors of the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030.

The representative of NICARAGUA¹ called on the Board to adopt the draft decision on the global strategy on traditional medicine, which greatly benefited primary health care, universal health coverage and progress towards the Sustainable Development Goals. It was important to adopt a holistic approach to traditional medicine that incorporated indigenous peoples' world views.

The representative of ARGENTINA¹ expressed concern that the COVID-19 pandemic had exacerbated many pre-existing risk factors and structural inequalities for refugees and migrants. She supported the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 and reaffirmed her Government's commitment to the Immunization Agenda 2030, to ensure equitable access to vaccines, in particular for vulnerable populations.

The representative of LUXEMBOURG¹ said that, in promoting refugee and migrant health, priority should be given to training health workers by further developing related initiatives at the regional level, and to addressing the lack of disaggregated and comparable data on refugee health, with greater investment in the provision of information that could inform national health policies. The high level of health illiteracy among refugees and migrants was also a concern.

The representative of EL SALVADOR,¹ said that the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030 demonstrated that health promotion was a fundamental pillar of the provision of essential health services. In that regard, it was important to strengthen and update the support provided in relation to infrastructure, human resources, health technologies and sustainable financing.

The representative of SOUTH AFRICA¹ expressed support for the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030. In addition, extending the WHO traditional medicine strategy 2014–2023 until 2025 would allow time for the strategy to be updated to reflect new developments and research.

The representative of the DOMINICAN REPUBLIC¹ asked to be added to the list of sponsors of the draft decision on the extension of the WHO global action plan on promoting the health of refugees and migrants, 2019–2023 to 2030, which comprehensively addressed the health needs of those vulnerable populations. Nonetheless, some of the global action plan's strategies urgently needed to be implemented more effectively and should take in account the social determinants of health that disproportionately affected those populations and be implemented through an intersectoral and inter-agency approach that included receiving and host countries. Lastly, she welcomed the draft decision on the global strategy on traditional medicine.

(For continuation of the discussion and adoption of decisions, see the summary records of the fifteenth meeting, section 2.)

The meeting rose at 13:00.

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