

**PROVISIONAL SUMMARY RECORD OF THE SIXTEENTH MEETING**

**WHO headquarters, Geneva  
Monday, 6 February 2023, scheduled at 18:00**

**Chair: Dr K. V. Petrič (Slovenia)**

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## SIXTEENTH MEETING

Monday, 6 February 2023 at 18:05

Chair: Dr K. V. PETRIČ (Slovenia)

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

#### 1. PUBLIC HEALTH EMERGENCIES: PREPAREDNESS AND RESPONSE: Item 12 of the agenda (continued)

**Strengthening WHO preparedness for and response to health emergencies:** Item 12.1 of the agenda (continued)

- **Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination** (document EB152/13) (continued)
- **Proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits** (document EB152/14) (continued)

The representative of JAPAN proposed that, following consultations with the Secretariat, the final clause of paragraph 2 of the draft decision on the proportional division of funds for the Partnership Contribution of the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits (PIP Framework), set out in paragraph 7 of document EB152/14, should be amended to include “promptly” after “the Director-General shall” and “and to manufacturers and other stakeholders” after “to Member States” in line with Section 6.14.6 of the PIP Framework.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) confirmed that the proposed amendment to the draft decision was aligned with the PIP Framework.

The CHIEF SCIENTIST AD INTERIM thanked Member States for their support and involvement in the consultations on the implementation of resolution WHA75.8 on strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination. He noted that many Member States had underscored the need to build national clinical trial capacities that met international standards, particularly with regard to regulation and ethical oversight of clinical research. There was a need for international clinical trials not only on emerging and other communicable diseases, but also on noncommunicable diseases, such as cancer, diabetes and mental health disorders. While the lessons learned from the coronavirus disease (COVID-19) pandemic were very important in improving clinical trial ecosystems for health emergencies, they also represented a major opportunity to improve capacity in relation to endemic communicable and noncommunicable diseases.

Noting calls for the Secretariat to proceed with the mapping of the baseline of the global clinical trial ecosystem, he confirmed that the development of a self-assessment tool for clinical trial ecosystems would be further considered once that mapping exercise had been completed and any proposal concerning such a tool would be subsequently submitted to WHO’s governing bodies for consideration.

There would continue to be extensive consultations both on the guidance itself and on the development of the self-assessment tool. Noting the requests for further consideration to be taken of the respective roles of Member States and non-State actors in strengthening the global clinical trial ecosystem and for greater international coordination and collaboration to ensure more efficiently designed and implemented high-quality multinational clinical trials, he said that the Secretariat planned to develop, in consultation with Member States, best practices for inclusion in the guidance, including on how best to improve efficiency while maintaining a focus on quality and safety. Lastly, he confirmed that the Secretariat would build on and complement existing guidance, including that of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Secretariat had a broad framework to work with Member States on improving clinical trials across the spectrum and value chain, which was particularly important in health emergency response settings. End-to-end processes with standardized frameworks and methodologies were needed to maintain and gather clinical evidence in order to test countermeasures and ensure that they could be used safely at scale, especially in health emergency contexts. The Secretariat was putting in place an important baseline for that work.

He thanked Member States for their support for, input on and contributions to the PIP Framework, which had received more than US\$ 250 million in contributions in recent years. That had enabled the worldwide expansion of the WHO Global Influenza Surveillance and Response System and increased the support provided to Member States in the areas of surveillance and laboratory training, equipment and supplies. The OpenWHO platform was fully funded and developed through the Framework and had trained 7.5 million people worldwide during the COVID-19 pandemic, with 49 different courses on COVID-19 alone in 69 languages. Such investment brought benefits for work on all respiratory pathogens. Lastly, the sharing of seasonal influenza viruses was addressed by the WHO Global Influenza Programme and WHO Global Influenza Surveillance and Response System laboratories, and there was no intention to review the scope of the Framework at the current time.

The CHAIR took it that the Board wished to note the reports contained in documents EB152/13 and EB152/14.

**The Board noted the reports.**

At the invitation of the CHAIR, the representative of the OFFICE OF THE LEGAL COUNSEL read out the proposed amendment to paragraph 2 of the draft decision, which would read: “that, in order to ensure that the proportional division does not hinder necessary response measures during pandemic influenza emergencies, the Director-General shall continue to be able to modify temporarily the allocation of Partnership Contribution resources as required to respond to such emergencies; and that the Director-General shall promptly report on any such modification to Member States, and to manufacturers and other stakeholders”.

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

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<sup>1</sup> Decision EB152(22).

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

### **2. BEHAVIOURAL SCIENCE FOR BETTER HEALTH:** Item 19 of the agenda (document EB152/25) (continued)

The representative of CANADA expressed support for the proposed way forward to further encourage the application of behavioural science to improve health promotion and for the proposed establishment of a behavioural science function in all regional offices. Global communities of practices would be a useful forum for knowledge sharing, alongside the regional communities of practice proposed by the representative of the United Kingdom of Great Britain and Northern Ireland. Such actions would play an integral role in building new or strengthening existing behavioural science functions within Member States; reducing gaps; and fostering collaboration. He looked forward to identifying occasions for meaningful collaboration between behavioural scientists and public health leaders; contributing to international efforts to expand the use of behavioural science and related tools, including through partnerships; and sharing expertise and empirical evidence from behavioural science projects in his country, in areas such as antimicrobial stewardship, mental health, public health measures and climate change.

The representative of INDIA, highlighting the role of behavioural science and related community-based engagement in improving health outcomes, said that the path to universal health coverage required an understanding of people's health-related behaviours. The lack of uniform guidelines, well-established training materials and skilled teachers hindered the wider integration of behavioural and social sciences into medical training. The role of behavioural science in the management of chronic diseases was also important and should be integrated into disease control programmes. She called for more research, capacity-building, standard-setting, experimentation and investment in the area of behavioural science, and improved collaboration between public health experts and behavioural scientists.

The representative of CHINA said that he wished to be added to the list of sponsors of the draft decision on behaviour sciences for better health. WHO should continue to play a leading role in that regard by increasing coordination with other international organizations, setting up international cooperation projects to promote behavioural science for health, improving monitoring and evaluation systems, and ensuring the effectiveness of disease prevention and control efforts.

Healthy behaviours could not be separated from a healthy environment, for which access to clean and safe water resources was a basic condition. As such, the decision taken by the Government of Japan to discharge contaminated water from the Fukushima nuclear power plant into the sea that coming summer was irresponsible. Such action would harm the global marine environment and threaten the health and safety of people around the world. He urged the Government of Japan to address the legitimate and reasonable concerns of the international community and work in consultation with neighbouring countries, other stakeholders and relevant international organizations in order to dispose of the contaminated water in a fair, transparent, scientific and safe manner.

The representative of DENMARK supported the Secretariat's work to promote and further strengthen the use of behavioural science in achieving improved health outcomes and the link between behavioural science and public health interventions and policies, highlighting the important role that social and behavioural science played in enhancing trust in health authorities. She also agreed on the central role of health literacy and social determinants in designing and carrying out behaviourally informed interventions, particularly in the light of the increasing use of digital and technical solutions in health care services. The Secretariat should provide more guidance on the link between health literacy

and behavioural science and take steps to further support and facilitate knowledge sharing between Member States. Her Government stood ready to share its experience and good practice in that regard.

The representative of the REPUBLIC OF KOREA asked to be added to the list of sponsors of the draft decision .

The representative of PERU said that the Secretariat should share and build on the successful experiences of Member States in using behavioural science for better health. Close collaboration was essential to ensure that information on innovative initiatives, successful experiences and new evidence was shared in relation to the use of behavioural science in health programmes, particularly during health emergencies. It was also necessary to establish multidisciplinary teams made up of experienced public health professionals, such as psychologists, adult-education specialists, anthropologists and sociologists. To better identify opportunities for improved integration of behavioural science theory, methods and practice across all public health functions and health areas, studies should be carried out with indicators to measure the progress made in improving health. Similarly, technical cooperation mechanisms should be created to enable public-sector staff to develop policies and programmes in that regard.

To reduce the gap between behavioural scientists and public health leaders, it was important to hold meetings of public health leaders, as well as technical meetings, to foster national and regional synergies. It was also important to strengthen communities of practice and develop other collaborative processes that involved both behavioural scientists and public health leaders. Lastly, a virtual platform should be created to enable consultations and the sharing of experience, scientific innovation and practices that could be replicated and adapted by other Member States.

The representative of COLOMBIA said that it was important to take into account the impact of social determinants on behaviour when developing related policies, particularly in developing countries. Behavioural science had a decisive role to play in ensuring informed decision-making on food and nutrition, particularly in terms of the eating habits of children and adolescents, the increasing consumption of ultra-processed products, and the broader relationship between food and nutrition, on the one hand, and health, social justice and environmental protection, on the other. She asked to be added to the list of sponsors of the draft decision.

The representative of MALDIVES highlighted the importance of taking a comprehensive approach to educate all relevant stakeholders and encourage dialogue between sectors and institutions on the value of behavioural science in pursuing and achieving public health goals, and helping Member States to achieve the Sustainable Development Goals more rapidly. WHO and other global partners, including non-State actors, should play a crucial role in creating experience-sharing platforms and opportunities through global forums to reduce the gap between behavioural scientists and public health leaders and ensure systematic and meaningful collaboration. Such an approach would support the integration of behavioural science into strategies and plans aimed at promoting health and well-being, and help to address the socioeconomic determinants of health. Lastly, she wished to be added to the list of sponsors of the draft decision.

The representative of SLOVAKIA said that prevention was essential in tackling the prevalence of long-term chronic conditions, a large proportion of which could be avoided by changing health-related behaviours. While the contributions of behavioural and social science to improving public health had gained in prominence, it was still underutilized in practice and in relevant research. WHO regional offices should work on the delivery and development of regionally adapted frameworks, taking into account national and regional intersectoral strategies that applied aspects of behavioural and cultural science. Regional offices should show leadership in that regard and provide updates on low-bias evidence. Lastly, the Secretariat should include in future reports a comprehensive summary of

recommendations based on evidence and best practices related to behavioural and social science, along with information on the related economic impact based on case studies.

The representative of FRANCE said that behavioural science was particularly promising for reducing stigma, improving access to care for mental health issues and advancing health education and psychosocial skills. That notably involved awareness-raising campaigns and initial and continuing training of health professionals. He welcomed WHO's rigorous scientific approach to identifying opportunities for improving the integration of behavioural science theory, methods and practices across all public health functions and health issues.

The representative of FINLAND<sup>1</sup> said that, while behavioural science could be a valuable additional tool in informing public health policies, interventions addressing individual health behaviour were only one possible approach. Population-level approaches, such as fiscal measures to limit alcohol- and tobacco-related harm, had proved effective; environments could also be actively developed to encourage healthy choices. A Health in All Policies, whole-of-government and whole-of-society approach, informed as appropriate by behavioural science, was the most sustainable way to address determinants of health, reduce risk factors and achieve improved health outcomes. He accepted the draft decision.

The representative of URUGUAY,<sup>1</sup> describing related policies in her country, welcomed the Secretariat's proposed way forward and the additional information on the meeting on noncommunicable diseases of the Technical Advisory Group for behavioural insights and sciences.

The representative of IRELAND<sup>1</sup> asked to be added to the list of sponsors of the draft decision.

The representative of SINGAPORE<sup>1</sup> supported the use of behavioural science in informing public health policy to promote and sustain healthy behaviour. Sharing details of related initiatives in his country, he stressed the vital role of the private sector and strong public-private partnerships in identifying opportunities to better integrate behavioural science into public health policymaking. He encouraged the Secretariat and Member States to embrace digital health technology, for example by deploying smart nudges to initiate and sustain healthy behaviour changes through positive reinforcement.

The CHIEF SCIENTIST AD INTERIM said that it was important to develop and use methodologically sound, high-quality behavioural science to ensure optimal delivery of health care, as had been demonstrated during the COVID-19 pandemic. Understanding the context-specific drivers and barriers to health, with particular attention to the environment around the individual, was essential to ensure an effective response to health issues. Given the importance of context, it was important for regional and country offices to lead the adaptation of evidence-based tools and lessons learned. Creation of local capacities was essential, as was the ongoing generation and use of regional- and country-specific social and behavioural data. The capability, motivation and opportunity of the public health workforce to use relevant and timely behavioural data and evidence in their work also needed to be reinforced, and the Secretariat would work with the WHO Academy to strengthen capacities in that regard. Moving beyond academic research, the Secretariat would provide additional tools through the technical advisory groups, the creation of new collaborating centres and the creation of communities of practice in that area.

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

The DIRECTOR-GENERAL agreed that the COVID-19 pandemic had demonstrated the importance of behavioural insights, and said that the Secretariat was stepping up its efforts in that regard.

The CHAIR took it that the Board wished to note the report contained in document EB152/25.

**The Board noted the report.**

The CHAIR took it that the Board wished to adopt the draft decision on behavioural sciences for better health.

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

**Rights of reply**

The representative of JAPAN, speaking in exercise of the right of reply, said that her Government's handling of wastewater from the Fukushima Daiichi Nuclear Power Station was in strict compliance with international standards and practices. Her Government had received a number of IAEA review missions since February 2022 and had incorporated the findings of those missions into its discharge plans. It would continue to work with the IAEA review missions and take measures on the basis of relevant findings. Furthermore, her Government had provided explanations of its handling of the wastewater to the international community and would continue to do so in a highly transparent and evidence-based manner. The radioactive concentration of the water to be discharged was far below regulatory standards, and an assessment had shown that the radiological impact of the discharge on the public and marine environment would be very low. Comments referring to "the discharge of contaminated water into the sea" were therefore not based on scientific evidence.

The representative of CHINA, speaking in exercise of the right of reply, said that there was no recognized technology for the effective treatment and purification of some of the radionuclides contained in the large amount of contaminated water to be discharged from the Fukushima nuclear power plant. Within a decade, the wastewater would have spread around the world, seriously affecting the health of the global population for generations to come. Regrettably, the Government of Japan had not provided credible, scientific explanations on key issues, such as the reliability of related data and the effectiveness of the treatment process. He again urged the Government of Japan not to commence the discharge of contaminated water into the sea without holding meaningful consultations with neighbouring countries and other stakeholders in order to address their legitimate concerns. The contaminated water should be disposed of in an open, transparent and scientific manner.

**The meeting rose at 19:05.**

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<sup>1</sup> Decision EB152(23).