**EXECUTIVE BOARD** **EB152/PSR/6**

**152nd session** **2023**

# PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

**WHO headquarters, Geneva**
**Wednesday, 1 February 2023, scheduled at 14:30**

**Chair: Dr K. V. Petrič (Slovenia)**

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## SIXTH MEETING

**Wednesday, 1 February 2023, at 14:35**

**Chair:** Dr K. V. PETRIČ (Slovenia)

## PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

### 1. COMMITTEES OF THE EXECUTIVE BOARD: Item 24 of the agenda (continued)

**Standing Committee on Health Emergency Prevention, Preparedness and Response:** Item 24.3 of the agenda (documents EB152/45, EB152/54 and EB152/54 Add.1) (continued)

The CHAIR said that it had been agreed following informal consultations to amend the chapeau of the operative paragraph in the first option proposed for a draft decision on the terms of membership of the Standing Committee on Health Emergency Prevention, Preparedness and Response, as set out in paragraph 11 of document EB152/54.

At the request of the CHAIR, the LEGAL COUNSEL read out option one with the proposed amendment to the chapeau of the operative paragraph. The first option proposed for the draft decision would be amended to read:

"The Executive Board decided, consistent with the duration of the term of the Executive Board:

(1) to extend the current terms of the three members of the Standing Committee whose terms would otherwise expire in December 2024 until the closure of the Seventy-eighth World Health Assembly (2025);
(2) to extend the current terms of the Chair and Vice-Chair of the Standing Committee, whose terms would otherwise expire on 4 December 2023, until the closure of the Seventy-seventh World Health Assembly (2024); and
(3) that the current terms of the other members of the Standing Committee and the subsequent terms of all its members will continue as provided in its terms of reference as contained in decision EB151(2) (2022).

The representative of the RUSSIAN FEDERATION thanked the Secretariat for holding the consultations, for taking a constructive approach and for addressing the matter in a legally appropriate manner.

The CHAIR took it that the Board wished to adopt the first option proposed for the draft decision, as amended.

**The decision, as amended, was adopted.**[1]

[1] Decision EB152(2).

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

**2. UNIVERSAL HEALTH COVERAGE:** Item 5 of the agenda (continued)

- **Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage** (document EB152/5) (continued)

The CHAIR invited the Board to resume its consideration of the report contained in document EB152/52 and the draft decisions on strengthening diagnostics capacity; on increasing access to medical oxygen; on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies; and on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of KAZAKHSTAN[1] said that continuing to hold meetings of the WHO governing bodies in hybrid format would be a useful practice. Noting the clear connection between primary health care and universal health coverage, she recommended including primary health care as an item on the agenda of the 2023 high-level meeting of the United Nations General Assembly on universal health coverage. It would be useful to hold a panel discussion on the topic of primary health care for achieving universal health coverage and the Sustainable Development Goals, which her Government would be interested in co-chairing. Her Government and WHO would hold an international conference on primary health care in October 2023, which she invited Member States to attend.

The representative of GUATEMALA[1] said that prevention and rapid assessment of threats and risks were key to improving health and quality of life. Member States should work together to achieve universal health coverage and other health-related targets by providing technical support, building capacities, stepping up health promotion efforts and maintaining the focus on equity. He was grateful to PAHO and Member States for their continued support in that regard. The Government of the Republic of China (Taiwan),[2] in particular, had been a valuable partner in his Government's efforts to tackle the pandemic of coronavirus disease (COVID-19) and other health challenges, to improve the health of the people of Guatemala and to address the post-pandemic recovery. As a result, his Government would request the participation of the Republic of China (Taiwan)[2] in the Seventy-sixth World Health Assembly as an observer and its inclusion in WHO meetings, mechanisms and activities.

The representative of POLAND[1] said that it was essential to achieve the Sustainable Development Goals and universal health coverage and to focus on health outcomes throughout the life course to ensure that everyone lived healthy lives and experienced well-being. All governments should make prevention of catastrophic, out-of-pocket spending a priority. To that end, it was important to address the significant inequality in the relationship between States and payers, on the one hand, and medicine suppliers, on the other, in part by again holding discussions on the role of fair pricing for medicinal products at the Health Assembly. Member States required consistent analysis of and support for their efforts to achieve universal health coverage and promote equity. Her Government was working to expand universal health coverage and to ensure that the millions of refugees from Ukraine that had entered Poland as a result of the unprovoked and unjustified aggression by the Government of the Russian Federation had access to her country's health system. She called on Member States to actively participate in the upcoming high-level meeting of the United Nations General Assembly on universal health coverage and to commit to

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

[2] World Health Organization terminology refers to "Taiwan, China".

expanding universal health coverage. She thanked the governments of Guyana and Thailand for facilitating that process and expressed her support for all efforts aimed at providing basic health care packages.

The representative of THAILAND[1] said that there was an urgent need to invest in more resilient health systems that were focused on primary health care and supported by an adequate, qualified health workforce. Since low levels of catastrophic health spending could stem from poor access to health services, it was important to additionally monitor unmet health needs in order to effectively gauge progress towards universal health coverage. Her Government was committed to fully engaging in the regional consultations in that regard. She invited the Board to adopt the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] said that ensuring timely, equitable, fair and unhindered access to health products should be a global priority, as the availability, accessibility and affordability of health products were fundamental to tackling public health emergencies. It was regrettable that the draft decision on strengthening diagnostics capacity did not include the term "unhindered" because ensuring unhindered access to diagnostics would help to save lives within developing countries' health systems. He thanked the delegations that had been supportive of that crucial concept during the drafting process.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, and also on behalf of the Global Health Council, The Task Force for Global Health, Inc., IntraHealth International, Inc., Women Deliver, Inc., the United Nations Foundation Inc., The Albert B. Sabin Vaccine Institute, Inc., Women in Global Health, Inc., the World Hepatitis Alliance, the International Planned Parenthood Federation, Amref Health Africa, WaterAid International, the World Federation of Societies of Anaesthesiologists and the International Federation of Medical Students' Associations, said that COVID-19, conflict and the climate crisis had reversed progress towards global health and development targets, restricted human rights, in particular for women and children, and further widened inequities. Member States had to strengthen global solidarity and cooperation and ensure that all people could access quality health services without financial hardship. She called on Member States to prioritize primary health care as the key to building resilient health systems. They should also prioritize: the provision of comprehensive health and nutrition benefits packages and essential services such as water, sanitation and hygiene, particularly for vulnerable populations; spending on health; and the implementation of comprehensive, multisectoral, gender-sensitive and equitable health financing policies. Countries' health workforces should be strengthened through national policies that ensured safe working environments, fair remuneration and opportunities, respect for labour rights and competency-based training. It was also important to increase support to resource-constrained countries, meet aid commitments, ensure that external spending was aligned with domestic priorities, and champion participatory and inclusive health governance. Lastly, she called on Member States to participate in the United Nations General Assembly high-level meeting on universal health coverage at the highest level, to support civil society participation throughout the preparations for that meeting and to identify areas of convergence and common interest among the three high-level meetings on health due to take place in 2023.

The representative of GERMANY[1] urged Member States to reinforce their commitment to the 2030 Agenda for Sustainable Development by building people-centred primary health systems that promoted, protected and ensured enjoyment of all human rights. To achieve universal health coverage, it was important to ensure sustainable financing of national health systems, primarily through domestic

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resources and horizontal health programmes, while also considering national circumstances, priorities and fiscal capacities. In addition, capacity-building measures should be scaled up to strengthen the health workforce. Sexual and reproductive health and rights were also a key component of universal health coverage. It was crucial to ensure alignment in the workstreams of the three high-level health-related meetings due to take place in 2023, as well as between the workstreams of WHO and the United Nations General Assembly. All three high-level meetings should result in concise, action-oriented and consensus-driven political declarations, agreed in advance through intergovernmental negotiations. WHO should be actively involved at every step in the process.

The representative of the PHILIPPINES,[1] expressing support for the priorities outlined in the report, emphasized the importance of addressing underfunded areas, such as maternal and infant mortality, tuberculosis and stunting, which had been undermined during the COVID-19 pandemic. To ensure that research, data and information systems were equity oriented, developing Member States should receive support in increasing their access to and capacity for digital technology, public purchasing mechanisms and collaborative surveillance and in optimizing their import processes. Countries also required support in strengthening health security institutions at the national and subnational levels; developing guidelines and tools to enable frontline health workers to deliver evidence-based cost-effective interventions; strengthening health facilities to close gaps in primary health care; updating national health insurance systems to enhance primary care benefits packages and shift supply-side investments to primary care facilities; and improving accessibility to high-quality and safe medicines and services in all facilities.

The representative of BANGLADESH[1] said that flexible and predictable funding from donors, increased soft loans from international financial institutions and flexibility for WHO to repurpose voluntary contributions were needed to reduce financing gaps. WHO's continued support in policy and strategy areas at the country level and increased equity-based funding remained crucial. To ensure access to health products and health services for all, Member States should take into account the impact of the COVID-19 pandemic, climate change and political crises and uphold the principles of solidarity, inclusivity and the right to health for all. The Secretariat should develop a series of questions to ensure alignment of its interventions at the three upcoming high-level meetings of the United Nations General Assembly on health. Issues to consider included: how to ensure that political commitments were made to strengthen primary health care and achieve universal health coverage; how to make health services and supplies available and equitable in order to address inequality and health inequity within and among countries; and how to delink essential health services and supplies from political and commercial interests.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, and also on behalf of the Framework Convention Alliance on Tobacco Control, the International Alliance of Patients' Organizations, the International College of Surgeons, the International Diabetes Federation, the International Society of Nephrology, PATH, the World Hypertension League, the World Organization of Family Doctors and the World Stroke Organization, expressed disappointment that the world was not on track to achieve the health-related targets of the Sustainable Development Goals but welcomed the valuable guidance provided to Member States through the four priority areas of action set out in the report. In the absence of universal health coverage, circulatory disease, which was the number one cause of death and disability worldwide, had a catastrophic impact on development and was responsible for generational poverty in many countries.

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

Highlighting the importance of primary health care in achieving universal health coverage, he called on Member States to: accelerate progress towards universal health coverage through robust and well-financed primary health care systems and the principles of quality, equity, accessibility and affordability; ensure adequate and sustained financing for and availability of circulatory health services, while also incorporating digital innovations into circulatory health; include cost-effective circulatory health interventions in national packages of essential interventions to be delivered at the primary health care level, drawing on examples from Appendix 3 of WHO's Global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the HEARTS technical package; and engage with people living with noncommunicable diseases and circulatory conditions. He expressed support for the draft decision on strengthening diagnostics capacity, which would help to significantly reduce the burden of circulatory disease and to alleviate poverty.

The representative of NORWAY,[1] speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed appreciation for WHO's continued commitment to enhancing universal health coverage, particularly its efforts to reorient health systems towards strong primary health care as a resilient foundation for the fulfilment of the right to health for all. To achieve universal health coverage, all individuals needed to have equal access to high-quality health services and to safe, effective and affordable pharmaceuticals and vaccines, without financial hardship. Prevention of catastrophic health expenditure required a system of social protection, and nationally defined essential public health functions to monitor and protect the health of citizens and prevent diseases were needed to make universal health coverage affordable. Achieving human-centred universal health coverage required political leadership that prioritized fiscal space for health, improved financial management, accountability, transparency, regular monitoring and evaluation. It also required stronger national plans based on comprehensive public social and health services and a qualified health workforce, along with adequate and sustainable national funding. Comprehensive community-based primary health care and universal access to sexual and reproductive health services were also essential.

She called on global health initiatives to support countries on their path to universal health coverage, building on their comparative advantages and complementing national processes. Achieving universal health coverage must remain the primary responsibility of national authorities, which should commit to ensuring sustainable domestic spending for health. Coordination of international financing should also be enhanced, with stronger mutual accountability at the country level. Universal health coverage should remain a top priority within the Thirteenth General Programme of Work, 2019–2025 and beyond. She looked forward to the high-level meeting of the United Nations General Assembly as a way to ensure that universal health coverage remained high on the global political agenda.

The representative of INDONESIA[1] asked to be added to the lists of sponsors of the draft decisions on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage; on increasing access to medical oxygen; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies. Highlighting the importance of global collaboration on both communicable and noncommunicable diseases, supported by adequate and sustainable funding mechanisms, she called on the Secretariat to further support Member States in strengthening their national plans in both areas and to ensure clear alignment between WHO and other global health initiatives, in close consultation with Member States.

The representative of NAMIBIA[1] expressed concern that the global community was not on track to achieve universal health coverage by 2030 and that out-of-pocket expenditure on health continued to increase at an alarming rate. An urgent paradigm shift was needed to adequately address all three

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dimensions of universal health coverage, particularly financial protection. In that regard, he requested the Secretariat to work closely with health partners and countries to increase domestic resources for universal health coverage through a multisectoral approach, and to support Member States in addressing the social determinants of health. He expressed support for the four draft decisions.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIR, and also on behalf of the International Pharmaceutical Federation, the International Council of Nurses, the International Association for Hospice and Palliative Care, Inc., the International College of Surgeons, IntraHealth International, Inc., Women Deliver and Movendi International, welcomed the report's focus on the lack of concrete operational steps to realize targets that had been included in domestic legislation and plans. An adequate and sustainably financed health workforce, including palliative care specialists, that was focused on integrated service delivery for primary health care was one such vital operational step that should not be neglected in light of the projected shortfall in health workers by 2030. Governments and employers had to provide safe, supportive environments to help health workers thrive and ensure the retention of qualified and valuable staff, by ensuring decent working conditions.

She welcomed the call for national health systems to be inclusive of civil society and called for concrete mechanisms to enable policy-makers and regulators to interact with health-related nongovernmental organizations to enhance equity, contribute to the provision of high-quality patient care and create enabling workplaces for the health workforce. The upcoming high-level meeting of the United Nations General Assembly on universal health coverage represented a unique opportunity to reinvigorate the process towards universal health coverage. Action-oriented outcomes, together with implementation and accountability, were needed to strengthen health systems.

The representative of SOUTH AFRICA[1] reaffirmed her support for a primary health care and health system strengthening approach to achieving universal health coverage and improving health security. Member States must be supported in developing integrated approaches to that end. Resilient health systems required timely and equitable access to medicines, therapeutics and diagnostics, and the four draft decisions under discussion would drive efforts and strengthen primary health care. She asked to be added to the list of sponsors of the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. The high-level meeting would help to enhance political leadership on health issues. WHO should be actively engaged in the preparations for that meeting and the two other health-related high-level meetings of the United Nations General Assembly to take place in 2023 in order to ensure alignment across the three meetings, reinvigorate progress towards universal health coverage and address bottlenecks.

The representative of EGYPT[1] asked to be added to the list of sponsors of the draft decision on increasing access to medical oxygen and recognized the importance of the draft decision on strengthening diagnostics capacity, which was vital to ensure comprehensive and integrated health services for all.

The representative of ZAMBIA,[1] expressing concern about inadequate public funding for health, emphasized the need to reorient health systems towards primary health care for the achievement of universal health coverage, particularly in light of the COVID-19 pandemic and the impacts of climate change. To strengthen national plans and increase government financing for the progressive realization of universal health coverage, there was a need for greater equity in WHO's budget allocation. She called

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for financial and other resources to be allocated to WHO's regional offices on an equitable basis to enable them to function effectively.

The representative of AUSTRALIA[1] welcomed WHO's sustained action to support Member States' progress on critical elements of universal health coverage. The upcoming high-level meeting of the United Nations General Assembly on universal health coverage should be used to reaffirm high-level political commitment to strengthening universal health coverage as the global community worked to recover from the COVID-19 pandemic. The draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage would be a useful tool for discussions at the meeting. Coordinated multisectoral approaches were vital to delivering strong outcomes.

Turning to the draft decision on increasing access to medical oxygen, he noted the co-sponsorship for the proposed World Health Assembly resolution and commended the representative of Uganda's leadership on the initiative, which would strengthen the systems and infrastructure needed to deliver medical oxygen and address gaps in access, particularly those identified during the pandemic. He expressed support for the draft decisions on strengthening diagnostics capacity and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

Protecting and advancing the universal right to high-quality sexual and reproductive health services was essential to achieving universal health coverage. His Government advocated for equitable access to health services for all, including women and girls, and recognized that, in order to achieve universal health coverage, coordinated provision of high-quality, affordable, accessible, age and gender-responsive services was needed for all individuals without discrimination.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIR, and also on behalf of the Handicap International Federation, the International Association for Hospice and Palliative Care, Inc., the International Federation on Ageing, The Royal Commonwealth Society for the Blind – Sightsavers, and The Worldwide Hospice Palliative Care Alliance, said that persons with disabilities continued to face multiple barriers to realizing their right to health, with many facing catastrophic health expenditure and poverty. Universal health coverage would only be achieved through concerted action to tackle inequities across the continuum of care, with investment targeted at groups at the highest risk of being left behind. That meant making health systems more inclusive through people-centred and whole-of-society approaches founded on primary health care.

She urged Member States to: ensure health equity for persons with disabilities and older people, through non-discrimination and inclusive health financing; make people-centred primary health care accessible; make health governance inclusive; ensure access for all to the full spectrum of health and care products, facilities, services and information; and foster the meaningful engagement of persons with disabilities and older people at all levels.

The representative of TÜRKIYE[1] said that the COVID-19 pandemic had clearly demonstrated the importance of universal health coverage and Member States should therefore step up their commitment to closing gaps, particularly by strengthening primary health care. WHO's role in monitoring indicators and progress on universal health coverage was appreciated. In preparing for the 2023 high-level meeting of the United Nations General Assembly on universal health coverage, the Secretariat should raise awareness of the importance of universal health coverage within both health ministries and country and liaison offices. Her Government would also welcome support in its

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awareness-raising work with relevant stakeholders. She thanked the representative of Uganda for his leadership on the draft decision on increasing access to medical oxygen.

The representative of ESWATINI[1] thanked the Member States of the African Region and other low- and middle-income countries for their active engagement in developing the draft decision on strengthening diagnostics capacity. The draft decision covered all types of diagnostics for the diagnosis, screening, monitoring, prediction, staging and surveillance of diseases or health conditions. The draft decision requested the Secretariat to meet with experts in the field of diagnostics, to develop WHO-endorsed definitions of diagnostics and to take a horizontal health programme approach to all diagnostics across diseases. It also urged Member States to develop guidelines and processes to rapidly improve access to diagnostics.

The representative of ARGENTINA[1] said that, at the regional level, there was a need to improve health outcomes, address the needs of the ageing population, incorporate cost-effective technologies, ensure both horizonal and vertical equity, adapt health care provision and coverage to the epidemiological situation, provide a minimum package of standard benefits, invest in prevention and health promotion, and generate sustainable financing mechanisms. The Secretariat should promote the principles of solidarity, transparency and equity in areas such as the local manufacturing of medical products, research and development, access to health products, financing and pricing.

The Secretariat should take an active role in the preparations for the three high-level meetings of the United Nations General Assembly on health due to take place in 2023 in order to avoid duplication and foster combined efforts, taking into account the need for coordination with Member States. In that regard, it would be useful to hold information sessions and preliminary consultations in Geneva before the meetings.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, and also on behalf of Stichting Health Action International, Public Services International, Oxfam and the World Council of Churches, said that, in its preparation for the high-level meeting of the United Nations General Assembly on universal health coverage, WHO should include measures to make access to new medical technologies more equitable, by removing monopoly-based incentives and delinking research and development costs from the prices of medicines, vaccines and other medical technologies. Member States should establish and progressively expand non-price-related incentives for biomedical innovation, such as market entry rewards, while also lowering prices and ensuring more equitable access.

He expressed regret that the final draft decision on strengthening diagnostics capacity did not request the Secretariat to conduct a study into anti-competitive practices that hindered or created barriers to universal and equitable access to diagnostic capacities, and that it did not urge Member States to take policy measures to facilitate, without restriction, unhindered and equitable access to diagnostics technologies and products. WHO should urge the United Nations General Assembly to prioritize health promotion in all sectors to achieve universal health coverage.

The representative of KENYA[1] welcomed the strategic priorities proposed by the Secretariat, which took into consideration the different contexts of Member States. The latter needed more support in designing health financing models to enable them to deliver universal health coverage in an equitable and sustainable manner, ensuring that available financing was aligned with national priorities and plans. Countries in economic and epidemiological transition, in particular, required contextualized support to ensure that no one was left behind and that budget prioritization was based on the best available data. To ensure greater commodity security and resilience, more support was needed to promote the regional

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and local manufacture and procurement of high-quality health products and technologies. Member States should include the above proposals in the outcome documents to be negotiated at each of the three health-related high-level meetings of the United Nations General Assembly to take place in 2023. She expressed support for all four of the draft decisions under discussion.

The representative of UGANDA[1] thanked Member States for their support for the draft decision on increasing access to medical oxygen and the Secretariat for its tireless coordination and guidance during the negotiation process. Studies showed that less than half of all health facilities in least developed countries had uninterrupted access to medical oxygen, a situation that contributed to preventable death and had been exacerbated by the COVID-19 pandemic. He welcomed the inclusion of medical oxygen in the WHO Model List of Essential Medicines. Medical oxygen was widely used in medical practices globally and improving access would bring enormous benefits to Member States. He called on the Executive Board to adopt the draft decision and recommend the issue for inclusion in the agenda of the Seventy-six World Health Assembly.

The representative of SINGAPORE[1] called on the Secretariat to facilitate the sharing of lessons learned and best practices in strengthening universal health coverage, while also recognizing the need for adaptation to national contexts. Public–private partnerships could be used to address manpower constraints in primary health care, including through the use of portable subsidies and per-capita payments for preventive health and chronic care. Resilient, well-organized primary health care systems, underpinned by public health expertise, were a strong first line of defence when it came to effectively carrying out communicable disease surveillance, outbreak control and vaccine administration. Public-sector investment in the health workforce was vital to building resilience against health emergencies and driving economic growth.

The representative of the UNITED REPUBLIC OF TANZANIA,[1] noting with concern that the world was not on track to attain the Sustainable Development Goals, encouraged the Secretariat to help Member States to invest in building resilient health systems that could respond to and recover from epidemics with minimal impact. She expressed support for the draft decisions on increasing access to medical oxygen; on strengthening diagnostics capacity; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies. She called on the Secretariat to increase investment, focusing on: integrating mental health services into primary health care and community health; strengthening rehabilitation services for chronic diseases, including movement disorders and childhood conditions; and ensuring that low- and middle-income countries had access to quality and affordable medicines and medical products.

The representative of HAITI[1] welcomed the focus on primary health care in achieving universal health coverage. One of the greatest challenges that his country faced was the loss of human resources as a result of an increase in brain drain. Priority should therefore be given to resource mobilization. Universal health coverage would not be achieved if a programme-based approach with targeted investments continued to be applied. Member States and international donors therefore needed to adopt a new approach to health financing in order to ensure that no one was left behind.

The representative of the SYRIAN ARAB REPUBLIC welcomed the diverse range of views expressed by both non-State actors and countries with observer status but asked for clarification on the procedure governing the use of constituency statements and the participation of countries with observer status in the meeting.

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At the invitation of the CHAIR, the LEGAL COUNSEL recalled that the decision had been taken at the Board's first meeting to extend the constituency statement trial to the current session of the Executive Board. Under that trial, non-State actors were invited to organize into constituencies and deliver a small number of constituency statements on a limited number of agenda items, including the item under discussion, interspersed among the statements delivered by representatives of Member States not represented on the Board. In keeping with the standard order of speakers, observers would be given the floor after the Member States not represented on the Board. The Executive Board would be given the chance to review the constituency statement trial later in the current session.

The representative of MOZAMBIQUE[1] expressed the hope that, at the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, Member States would renew their political commitments and realign their policies and advocacy efforts to accelerate progress towards the Sustainable Development Goals. Universal health coverage depended on the availability of equitable resources and WHO and other partners should work together to mobilize and invest more international and domestic funds in strengthening primary health care. Alignment between the work of WHO and the United Nations General Assembly was key to ensuring success on global health issues. Priorities, plans and strategies should be coordinated across the three levels of the Organization and information and knowledge should be shared in order to avoid duplication, verticalization and disintegration. She expressed support for the draft decisions on increasing access to medical oxygen; on strengthening diagnostics capacity; and on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

The Observer of PALESTINE called for health systems worldwide to be strengthened and for emphasis to be placed on primary health care as a springboard to universal health coverage. His Government had adopted a policy along those lines in order to provide health care to Palestinian families in east Jerusalem despite obstruction from the Israeli occupying power. He welcomed the Secretariat's efforts to provide technical support to Member States, particularly in the area of mental health, and hoped that the Palestinian health authorities would continue to receive strong support from WHO in east Jerusalem. He also welcomed all efforts to organize high-level meetings on health-related issues.

The observer of GAVI, THE VACCINE ALLIANCE, said that routine immunization should be leveraged as a platform to co-deliver essential primary health services and foster resilient relationships with communities. It was also critical for pandemic prevention, preparedness and response. For equity to be at the centre of any universal health coverage strategy, there was a need to prioritize reaching risk communities, including zero-dose children, and to remove barriers to access, including gender-related barriers. It was important to recognize and resource the health and care workforce as the foundation of future resilience through adequate and gender-sensitive policies, equal pay and protection, including for community health workers. Participatory governance and a whole-of-society approach to universal health coverage should be ensured by including civil society and communities in the shaping of any future universal health coverage plans. Policies and political commitments made in Geneva and New York must be aligned and implemented at the national level, supported by international and domestic investments.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that, despite the progress made, vulnerable groups and marginalized populations still lacked access to life-saving health services. At the 2023 United Nations high-level meeting on universal health coverage, commitments should be made to: prioritize the health needs of the most vulnerable; invest in community health workers and volunteers; and further develop

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community health strategies through improved collaboration between public health services, communities and civil society organizations.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR, said that vision loss was a worsening global burden, with increasing numbers of people suffering due to a lack of access to basic eye care services. She called on Member States to ensure eye care services were included in national health funding packages, provided accessible and affordable eye care services for everyone everywhere, and implemented integrated people-centred eye care in health systems through a new United Nations political declaration on universal health coverage.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, noted that the report indicated a lack of progress towards achieving the universal health coverage goals. Her organization would continue supporting the Secretariat, Member States and other stakeholders in efforts to achieve universal health coverage by facilitating access to medicines in various disease areas, including COVID-19 and noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the link between universal health coverage and global health security. Chronic conditions and pandemics together constituted a perfect storm that required resilient health systems and increased health equity, both of which required robust domestic financing. Integrating lessons from recent crises, including the COVID-19 pandemic, would bolster the universal health coverage agenda.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the Director-General's call to accelerate and intensify priority actions towards achieving universal health coverage, and invited Member States to draw on his organization's resources, including clinical practice guidelines, in their efforts to deliver universal health coverage.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIR, said that the COVID-19 pandemic had highlighted the critical value of the primary health workforce. He emphasized the importance of community health workers in addressing primary health care needs and that scaling up community health worker deployment was an effective method to address those needs. Moreover, community health worker programmes required investment and support.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, and on behalf of the International Baby Food Action Network, said that the shift towards strategic purchasing and insurance must cease; public-sector health services must be strengthened instead in order to achieve greater equity and more affordable strategies for providing universal health coverage. Limited fiscal space should not be used as an excuse for shifting from comprehensive primary health care to selective health packages that left many behind. Marginalized communities were becoming increasingly invisible within official data because of the inequity in the digitalization of health care information, which was increasing the workload of frontline workers and should be addressed.

The representative of PATH, speaking at the invitation of the CHAIR, warned that the rules governing data collection and use had not kept pace with the potential for data to improve health outcomes and posed data misuse risks. A global regulatory framework, endorsed by Member States

through a Health Assembly resolution, was needed to establish minimum standards for the governance of health data, which would inform national legislation and govern health data-sharing across countries and with other parties. He called on the Secretariat and Member States to put health data governance on the agenda of the Seventy-sixth World Health Assembly and support a resolution mandating the Secretariat to work with Member States to develop a framework that was underpinned by equity and human rights-based principles.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR, and on behalf of the International Association for Dental Research, said that equitable access to affordable oral health care at the primary health care level was needed to avoid the current catastrophic health spending. To achieve the draft global oral health action plan (2023–2030), Member States must integrate oral health into national noncommunicable disease and universal health coverage agendas. National dental associations could support such efforts.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that pro-health taxation should be considered as a key tool for increasing fiscal space and emphasized the potential of alcohol taxation for achieving universal health coverage. He supported the orientation towards primary health care for a people-centred approach. Linking primary health care with civil society to provide critical people-centred services was an important tool for promoting equity and ensuring no one was left behind.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, was concerned by the lack of progress towards achieving the Sustainable Development Goal targets on universal health coverage and noncommunicable diseases by 2030. She urged Member States to integrate prevention and treatment of obesity and other noncommunicable diseases into universal health coverage.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, applauded the progress made by Member States towards universal health coverage, but urged governments to integrate bleeding disorders into national health plans. Huge disparities in the identification rate of people with bleeding disorders existed worldwide, and therefore her organization welcomed the draft decision on strengthening diagnostics capacity. She urged Member States to take tangible steps to ensure more equitable access to diagnosis, safe treatment and care for people with bleeding disorders to leave no one behind and achieve the Sustainable Development Goals.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that, while access to treatments for neglected tropical diseases remained a major challenge in many regions, research and development could support universal health coverage by developing new tools for use at the primary health care level, thereby reducing the need for specialist interventions in hospitals. She urged Member States to include monitoring of the development of and access to health tools as part of universal health coverage action plans and link universal health coverage innovation needs to investment in pandemic prevention, preparedness and response infrastructure at the upcoming health-related high-level meetings of the United Nations General Assembly.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft decision on strengthening diagnostics capacity, but encouraged Member States to make improvements thereto by: developing a concrete implementation plan; strengthening local diagnostics production for all diseases affecting developing countries and not just for pandemic preparedness; and improving transparency with regard to public investment in diagnostics, and their production costs and pricing structure.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, said that there was an urgent need to conduct a critical review of the status of current health systems and strengthen the commitment to universal health coverage. She called on Member States to support primary health care focal points, including pharmacists, and urged WHO Secretariat and Member States to deliver primary health care through multidisciplinary teams, with community health workers playing a vital role. She also urged the Secretariat and Member States to reinforce workforce preparedness to address the specific challenges associated with persons living with a rare disease.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, applauded progress made to date, but noted with concern that global and national data continued to mask substantial inequities, particularly among cancer patients from low-income households and individuals aged over 60. She encouraged Member States to demonstrate political leadership by: adequately and sustainably resourcing universal health coverage strategies domestically and aligning international support with recipient country universal health coverage and cancer strategies; implementing evidence-based approaches to the selection and scale-up of universal health coverage packages, drawing on existing cancer guidelines and working with civil society and disaggregating data; investing in primary health care as a foundation and ensuring it was supported by referrals to secondary and tertiary care; and actively support the draft decision on strengthening diagnostics capacity and its implementation and recommendations.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, to achieve universal health coverage, high-quality health services must be available close to people, with adequate government financing, particularly for primary health care. Her Region was fully committed to enabling, empowering and supporting Member States to achieve universal health coverage, and several Member States in her Region had undertaken major reforms to enhance people's access to quality essential health services and provide financial protection to the most vulnerable groups. A regional system was in place to monitor countries' progress on essential health services and financial protection, with annual reports submitted to the Regional Committee. Data showed that there had been an increase in the essential health services index. Member States had repeatedly pointed out the importance of human resources and the challenges they faced in that regard, and she took note of the calls for the need to foster partnerships to respond to those public health needs. The Decade for Strengthening Human Resources for Health in the South-East Asia Region 2015–2024 focused on rural retention and transformative education for health workers, and Member States were making steady progress to that end.

Turning to the other WHO regions, she said that, despite progress in service coverage, health systems in most countries of the African Region remained significantly underfunded, understaffed and fragmented. Concerted action to invest in health systems strengthening with primary health care as a foundation was an urgent priority for the Region. Member States in the Region of the Americas had initiated major health sector transformation processes based on primary health care and the lessons learned during the COVID-19 pandemic. Digital transformation was accelerating the delivery of health services in the Region, particularly at the first level of care. The Eastern Mediterranean Region continued to experience multiple chronic conflicts and emergencies, which had weakened health systems. In 2022, the Regional Committee had adopted a resolution to support Member States in their efforts to rebuild their health systems and advance universal health coverage by leveraging primary care and essential health functions, a multisectoral approach and community empowerment. In the European Region, health systems were under unprecedented pressure due to the combined impact of COVID-19 and the war in Ukraine, leading to a worsening mental health situation. In September 2022, the Region had published a flagship report on the state of the health and care workforce, calling for action to address the complex challenges the Region faced in attracting and retaining health and care workers. The challenges of and solutions to various components of universal health coverage would be discussed at a conference in Tallinn in December 2023. Lastly, at its seventy-third session, the Regional Committee

for the Western Pacific Region had endorsed the Regional Framework on the Future of Primary Health Care, recognizing the need to move towards a new approach to primary health care that provided comprehensive people-centred services with continuous engagement throughout the life course.

The upcoming high-level meeting of the United Nations General Assembly on universal health coverage represented an opportunity to renew global commitment and action on achieving integrated and equity-driven universal health coverage.

The ASSISTANT DIRECTOR-GENERAL AD INTERIM (Universal Health Coverage/Life Course), noting the comments from Member States and non-State actors on health workforce migration and the need to protect the health workforce, said that the Secretariat was supporting Member States in the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The Fifth Global Forum on Human Resources for Health, to be held from 3 to 5 April 2023, would be an opportunity to delve further into those issues. In terms of ensuring alignment of WHO's work with that of its partners, the Secretariat was working with the agencies committed to the Global Action Plan for Healthy Lives and Well-being for All to look at how they could align their work and jointly support countries based on national plans. In response to the request for the Secretariat to expand its financing tools, he said that an integrated health tool would soon be launched that would include the universal health coverage service package delivery and implementation tool and the OneHealth tool for national strategic health planning and costing. In addition, the upcoming 2023 global monitoring report on universal health coverage would look at both coverage and financial protection and focus on health equity, with discussions due to start shortly with Member States on the issue.

In addition to the operational framework for primary health care, and to build on the Declaration of Astana, the Secretariat had launched a primary health care measurement framework in 2022 to enable Member States to measure progress in that area. A primary health care report would be published later in 2023, showcasing the diverse range of approaches that countries used to implement primary health care. He noted the importance of taking a life course approach to primary health care, as well as Member States' concerns about quality of care, highlighting that 50% of health facilities still lacked sufficient water and sanitation facilities. It was also important to ensure that health systems were climate-resilient and less energy-intensive, given that health systems accounted for 5% of global carbon emissions. The SCORE for health data technical package enabled countries to strengthen governance of their data systems; the Secretariat was also focusing on the integration of digital health systems and taking a holistic approach to well-being that also included traditional medicine.

The current economic situation was important in seeking to ensure equity in universal health coverage. Equity indicators would be included in the World Health Data Hub to give Member States a better view of what the equity issues were. He welcomed comments on the need to avoid hidden health care costs that could lead to foregone care and the inclusion of that issue in the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage; the Secretariat would work with Member States to look at ways to measure unmet health needs. Universal health coverage could not be achieved without addressing humanitarian challenges, and the Secretariat was working to strengthen health systems affected by those challenges in order to support preparedness, response and resilience.

Concerning the upcoming high-level meeting of the United Nations General Assembly on universal health coverage, the Secretariat was providing Member States with background documents to support them in the development of the draft resolution for the meeting. In addition, a WHO-wide task force was working with all WHO regions and the Organization's office in New York, as well as with the Group of Friends of UHC, on preparations for the high-level meeting. The Secretariat was also working internally to ensure alignment of its work on the three high-level health-related meetings and would hold three multistakeholder consultations through the UHC2030 platform in May 2023, which would be an opportunity for WHO to work with ministries of finance and advocate for more money for health.

Lastly, he thanked Member States for the proposed draft decisions, which addressed issues that had been highlighted during the pandemic as neglected areas requiring additional support.

The DIRECTOR-GENERAL said that the proposed shift towards primary health care would strengthen both the provision of essential services and emergency preparedness and response activities. Such a shift would be beneficial to countries of all income levels, as the pandemic had demonstrated that weak investment in primary health care had made even high-income countries vulnerable. As primary health care was dependent on national capacities, investment was needed in each and every country.

World leaders needed to come together to invest in, train and increase the global health workforce in order to tackle the global shortage. Some countries had implemented innovative ways of training more health workers, and the Secretariat would discuss those options with Member States. It would escalate the issue on the global agenda and seek to enhance international cooperation. Human resources and finding ways to address the root cause of the global shortage would be at the centre of WHO's work for the coming five years.

The CHAIR took it that the Board wished to note the report contained in document EB152/5.

**The Board noted the report.**

The CHAIR took it that the Board wished to adopt the draft decision on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies.

**The decision was adopted.**[1]

The CHAIR took it that the Board wished to adopt the draft decision on increasing access to medical oxygen.

**The decision was adopted.**[2]

The CHAIR took it that the Board wished to adopt the draft decision on preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.

**The decision was adopted.**[3]

The CHAIR took it that the Board wished to adopt the draft decision on strengthening diagnostics capacity.

**The decision was adopted.**[4]

[1] Decision EB152(3).

[2] Decision EB152(4).

[3] Decision EB152(5).

[4] Decision EB152(6).

## 3. POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES, AND MENTAL HEALTH: Item 6 of the agenda

- **Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable disease** (documents EB152/6 and EB152/6 Add.1)

The CHAIR invited the Board to consider the draft decision on the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, contained in document EB152/6, the financial and administrative implications of which were contained in document EB152/6 Add.1.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, welcomed the prequalification of the first human insulin, which would result in greater access to insulin, particularly for low- and middle-income countries that faced the greatest diabetes burden. She welcomed and supported the updated appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. It strengthened the menu of policy options available to Member States by providing additional interventions informed by new evidence. Sustainable and adequate financial and human resources were urgently needed to strengthen noncommunicable diseases services that included a primary health care approach, as a cornerstone for universal health coverage. She also called for multisectoral collaboration and increased investment at the national level for the prevention and control of noncommunicable diseases by strengthening the evidence base through surveillance and research. A regional strategic framework and action plan for integrated prevention and control of noncommunicable disease risk factors for Africa should be developed, with a focus on tobacco use, the harmful use of alcohol, physical inactivity, unhealthy diets, sugar-sweetened beverages, salt, and the elimination of industrially produced trans-fatty acids in processed foods. National monitoring and surveillance systems for noncommunicable diseases and their risk factors should be strengthened to ensure they generated reliable and timely data. She called for investment in research and development, particularly in low- and middle-income countries, to develop context-specific medical devices and technologies for the management of noncommunicable diseases, including cancer. She also made an urgent call for collaboration with the private sector to facilitate the procurement of the equipment, medicines and medical devices needed for noncommunicable disease prevention and control. Financial hardship and out-of-pocket payments should be reduced by strengthening health systems and universal health coverage. The Member States of the African Region would support preparations for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases.

The representative of BRAZIL said that the COVID-19 pandemic had had a negative effect on the continuity of care for the chronically ill and it was essential to develop strategies for building resilient national health systems, especially through primary health care. The decreasing number of cancer screening tests due to the pandemic highlighted the need to strengthen primary health care within health systems. Societies should not be divided into those that lived longer and those that did not. His Government supported the updates in appendix 3, which would further help Member States develop and monitor informed strategies for achieving the noncommunicable diseases targets and improve public health.

The representative of CANADA welcomed efforts to update appendix 3, which took into consideration new guidance, evidence and lessons learned. His Government supported and aligned itself with several of the interventions for noncommunicable disease risk factors and appreciated the opportunities provided to submit comments on the draft updates. Consideration of equity and the social determinants of health was essential when selecting and implementing the proposed interventions.

Appendix 3 should highlight priority populations facing health inequalities; in Canada, monitoring and reporting on health inequalities were used to inform programmes and policies targeting priority population groups, and interventions were funded to create supportive environments for healthy living, particularly for those who faced health inequalities. Appendix 3 could also support progress towards achieving the nine voluntary global noncommunicable disease targets and target 3.4 of the Sustainable Development Goals. He requested the Secretariat to provide additional details on the anticipated outcomes of the proposed updated interventions outlined in the report. He also requested clarification on how the "5 by 5 noncommunicable diseases" agenda, including air pollution, would be integrated into updates to the global action plan and related documents, such as the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova, Bosnia and Herzegovina, the potential candidate country Georgia, as well as Armenia, aligned themselves with his statement. He said that the Member States of the European Union were concerned that no country was on track to achieve all nine voluntary global noncommunicable disease targets for 2025, and that in 2019 seven of the 10 leading causes of death globally were noncommunicable diseases. To achieve noncommunicable disease targets, efforts to prevent and control noncommunicable diseases and mental disorders must be increased and accelerated. During pandemics, humanitarian emergencies and conflicts, as during normal times, it was essential to treat and prevent noncommunicable diseases and mental disorders as well as address risk factors, including the social and environmental determinants of health. It was critical that noncommunicable disease and mental health preparedness and response became part of any emergency response to ensure that essential health services were always available. More equitable access to a full range of essential health services was also necessary to address noncommunicable diseases. Ambitious and sustainable health programmes and Health in All Policies strategies, designed using the One Health approach, were critical in tackling the underlying risks factors of noncommunicable diseases. Strengthened multisectoral action, increased prevention and research were also needed to tackle the growing challenge of noncommunicable diseases. The European Union and its Member States supported WHO's efforts to develop best buys that could be used by countries depending on their epidemiological situation, needs and priorities. As many noncommunicable diseases shared common determinants and risk factors, it was essential to continue addressing noncommunicable diseases comprehensively jointly to avoid the development of vertical, disease-specific structures. Nevertheless, some exceptions might be necessary, such as promoting mental health and addressing mental disorders due to their concerning increase, especially among children and adolescents. He called for coordinated and multisectoral action on mental health, with the full involvement of people with lived experience and a focus on community-based approaches. Ensuring accessible, high-quality and de-stigmatized mental health services was key to achieving universal health coverage.

The representative of the REPUBLIC OF KOREA said that, to increase the cost-effectiveness of interventions, the application of policy options for addressing risk factors should be extended, and Member States should build health statistics systems for that purpose. The use of digital technologies should be expanded, and mechanisms for monitoring and analysing noncommunicable diseases should be established as a national priority. There was also a need to develop further guidance on new service delivery models, including in relation to self-care; on building an appropriately skilled health workforce; and on coverage and response monitoring, in order to strengthen management of noncommunicable diseases at the global level. In light of the setbacks caused by the COVID-19 pandemic, national surveillance systems and country capacities should be strengthened. Lastly, the Secretariat should come up with ways to support Member States in exploring policies to strengthen national preparedness and awareness of additional issues that could arise as a result of COVID-19.

The representative of the MALDIVES said that stringent measures must be taken to accelerate progress on, and reduce the global burden of, noncommunicable diseases. Funding and coordination gaps could be resolved through strong political commitment and a Health in All Policies approach. Treating health as an investment would boost national development, and innovative digital solutions should be used to measure the impact of policies and plans to tackle noncommunicable diseases and promote global research. Her Government therefore supported the updates to the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and the related draft decision, which the Executive Board should submit to the Seventy-sixth World Health Assembly. Implementation frameworks, tools and guidelines prepared at the global level were often broad in nature, and small island developing States and other resource-deficient countries faced unique structural challenges in tackling noncommunicable diseases, requiring country-specific support.

The representative of JAPAN commended the Secretariat on creating a rich selection of up-to-date guidelines and normative products on public health interventions and policies but regretted that some major cancers, such as gastric and skin cancer, were not covered in the draft updated menu of policy options, as they did not apply new WHO normative products. Such an approach could lead to investments being diverted away from certain diseases or areas. In addition, noting that an intervention could be included in the menu of policy options if its effect had been established in at least one published study in a peer-reviewed journal, he asked the Secretariat whether it was appropriate to recommend interventions for which the quality of evidence varied so significantly.

The representative of the RUSSIAN FEDERATION said that tackling noncommunicable diseases had to be a priority for global health, and related costs should be seen as investments in people's future health. While the draft updated menu of policy options contained a number of very effective interventions, further development and elaboration were required. The menu of policy options should not, for instance, contain references to specific nicotine-containing medicines for cancer prevention, as the relevant clinical tests were still ongoing. Furthermore, recommendations concerning tobacco use should be aligned with the conclusions of the Framework Convention on Tobacco Control, and existing recommendations on the use of universal salt iodization should be included in the menu of policy options concerning nutrition. The Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases 2022–2025 was an important platform for cooperating and sharing information with both Member States and non-State actors on those and other issues.

The representative of TIMOR-LESTE said that mental health must remain a priority at all levels in order to respond effectively and comprehensively to mental health needs, particularly in the face of the COVID-19 pandemic. Comprehensive and integrated strategies and action were needed to strengthen promotion, prevention and rehabilitation activities and improve the quality of care for people with mental health disorders. His Government was committed to implementing WHO's comprehensive mental health action plan 2013–2020 and integrating mental health strategies into primary health care. It was also important to strengthen mental health services at the secondary and tertiary health levels.

The representative of MALAYSIA welcomed the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases and the recommendations for the high-level meeting of the United Nations General Assembly on universal health coverage. Recognizing the chronic underinvestment in noncommunicable diseases, she emphasized the need to build sustainable, future-proof health systems, with a focus on prevention and on improving people's overall health and well-being by looking beyond health care. The Secretariat should continue to build partnerships across governments and organizations in order to leverage collective experience and move forwards in the fight against noncommunicable diseases.

The representative of SLOVAKIA said that the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases should be seen as an evolving document that could be improved as and when evidence became available. He welcomed efforts to address childhood obesity, implement global programmes on noncommunicable diseases at the local level and address inequalities and strengthen health systems, including those weakened by conflicts and emergencies. Expressing appreciation for the work of the Global Initiative for Childhood Cancer, he said that lessons could be learned from the initiative's success with a view to scaling up the support provided to Member States, consolidating the supply of both essential and innovative medicines, developing evidence-based treatment standards and policies, improving access to clinical trials, and establishing an integrated care concept. Collaboration with stakeholders was essential and could serve as a mechanism for updated reporting on cancer and other noncommunicable diseases. He requested the Secretariat to collaborate ethically and transparently with non-State actors and provide a mapping of good practices and gaps in the area of childhood cancer, in order to give Member States the models and tools needed to achieve equity and better outcomes in that area, including in terms of access to medicines, diagnostics equipment, rehabilitation and integrated care. The Secretariat should also organize side events and consultations at upcoming Health Assemblies to help Member States to better understand the uniqueness of the Global Initiative for Childhood Cancer and how it served as a positive example for improving global action on other noncommunicable diseases.

The representative of OMAN expressed appreciation for the technical support provided at all three levels of the Organization to help countries in their strategic planning to tackle noncommunicable diseases and welcomed the draft update to the menu of policy options. The prevention and control of noncommunicable diseases were a priority for Member States in the Eastern Mediterranean Region, where the focus was on multisectoral engagement, capacity-building and health promotion. He recognized the efforts being made across the Region to implement WHO's flagship initiatives on cervical, breast and childhood cancers and welcomed the new Regional Cervical Cancer Elimination Strategy and the support provided by the Regional Palliative Care Expert Network.

The representative of INDIA said that there was a need to plan for population-level interventions for the prevention, screening, control and management of noncommunicable diseases, with an additional focus on wellness and well-being. Member States should have defined national action plans with specific programmatic interventions to strengthen infrastructure, human resources, diagnosis and management of noncommunicable diseases, with campaigns to promote healthy eating and physical activity, along with age-appropriate fitness protocols and guidelines. In addition to taking a holistic approach to health care, it was crucial to ensure health screening at the primary health care level. It was also important to study demographics and address the needs of at-risk and vulnerable groups using technology and digital tools. Mental health services should be integrated into primary health care to ensure that communities were actively involved in tackling mental health issues. At the global level, it was necessary to mobilize resources and build the capacities of low- and middle-income countries and step up efforts through strong, strategic leadership, cost-effective interventions and a multisectoral approach.

The representative of GHANA commended the Secretariat on galvanizing efforts on noncommunicable diseases and mental health. Primary health care must continue to be the bedrock of health and well-being for all, with more focus on prevention and control of noncommunicable diseases, health promotion, and mental health protection and care. The Secretariat should prioritize multisectoral collaboration and increased multilateralism and advocacy with a view to increasing spending on noncommunicable disease prevention services and including prevention and care services in national universal health coverage benefits packages. Related policies should address noncommunicable diseases and related risk factors across the continuum of care and the life course, and engagement with communities and people living with noncommunicable diseases was also needed. He urged the Secretariat to facilitate strategic events aimed at building progress on noncommunicable diseases and

mental health. He expressed support for the draft decision and the call for the Secretariat to map best practices on childhood cancer for improved care.

The representative of CHINA said that normative work was an irreplaceable core function of WHO. Providing global public goods, particularly technologies, was an important component of the Organization's efforts to achieve the triple billion targets. The proposed updates to the menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases would help to accelerate progress towards the nine voluntary targets of WHO's Global action plan for the prevention and control of noncommunicable diseases, as well as target 3.4 of the Sustainable Development Goals. He requested the Secretariat to provide clarification as to why 32 of the 90 updated interventions did not include a cost-effectiveness analysis and to speed up its work in that area. It would be helpful to indicate in the table containing the proposed 2022 updates to the menu of policy options whether each intervention was unchanged, had been re-worded, included a newly added cost-effectiveness analysis or was completely new. Lastly, he asked the Secretariat to clarify whether scientific literature in languages other than English had been considered when updating the relevant evidence base for the interventions.

The representative of PERU said that noncommunicable diseases must remain on the global public health agenda in order to draw attention to the challenges faced in that area. Public spending on mental health remained low worldwide despite the growing number of people living with mental health disorders, particularly following the COVID-19 pandemic. WHO needed to step up its efforts on mental health, in particular through community-based health services. Related public policies should take into account the key role that mental health played in ensuring social inclusion and full community participation, and activities should have a community, human rights-based focus, recognizing that all individuals had the right to enjoy the highest attainable standard of mental health without discrimination or stigma. Regional and local actions to reduce the main morbidity and mortality factors for noncommunicable diseases should factor in cultural aspects. He expressed support for the draft decision.

The representative of the UNITED STATES OF AMERICA welcomed the opportunity to accelerate progress on noncommunicable diseases and the report's emphasis on the importance of addressing noncommunicable diseases through primary health care and by including people living with the diseases. Echoing the urgent need to address mental health needs and in light of the challenges of reporting concisely and effectively on such a broad range of issues, she recommended that the current consolidated reporting approach should be revisited to enable more discussion among Member States on those important issues. Concerning the draft updated menu of policy options, she asked for more information on the methodology used for the update, particularly on how studies were selected. Information on the strengths and limitations of the methodologies would be appreciated. Recommended interventions should be backed by evidence of effectiveness, and she welcomed the report's acknowledgement that an effective response to noncommunicable diseases required additional analysis to determine which options were most suitable in the local context. In addition, policy-makers needed to determine how to address demand patterns, including how tariffs and taxes influenced consumers. Concerning the proposal to update the menu of policy options on a rolling basis, she valued the multisectoral, multistakeholder consultative process and urged the Secretariat to engage with Member States and all other stakeholders on the updates going forward and to provide prompt feedback in order to promote buy-in and uptake of any new measures. She looked forward to continued collaboration on noncommunicable disease targets, which required a cross-sector and cross-society approach to prevent deaths, reduce disabilities and promote health and well-being.

The representative of SLOVENIA said that, while he welcomed the inclusion of health promotion in the Director-General's five priority areas, it remained a largely underfunded and underprioritized area of work, as the example of childhood cancer demonstrated. Tackling noncommunicable diseases would

have massive implications for health equity and the Sustainable Development Goals, even those that went beyond health. It was essential to generate political will and implement best buys for addressing risk factors. In order to understand how to better address noncommunicable diseases, it was important to involve non-State actors in identifying needs, developing tools and evaluating progress.

The representative of DENMARK highlighted the importance of long-term investment in and commitment to mental health to improve the quality of care in that area and drive the needed transformation. A strong and concerted WHO-led effort to eliminate stigma and discrimination against people living with noncommunicable diseases was also needed. It was important to take special care of children and adolescents and address the increasing prevalence of mental health issues among those groups as a priority. He underscored the importance of high-quality research on mental health in order to eliminate stigma and improve care. Mental health must not be forgotten and encompassed a multitude of diseases that should be recognized so that they could be properly diagnosed and treated.

The representative of COLOMBIA, highlighting the role that inequality and social determinants of health played in exacerbating noncommunicable diseases, said that poor nutrition, the harmful effects of the fossil-fuel economy, climate change and armed conflict also played an increasingly important role, including affecting water and air quality. The world was facing an unprecedented mental health crisis and he therefore welcomed the strategies and protocols set out in the report. However, action should be stepped up, particularly in relation to climate change, peacebuilding and human rights. To make progress in those areas, it was essential to address inequalities, build health-centred development models and work towards universal health care, with primary health care at the core. That would bring renewed momentum to significantly reduce the high level of premature deaths and suffering caused by noncommunicable diseases. It was important to go beyond early detection and preventive medicine by providing universal access to medicines, with prices based on their therapeutic value. Global and regional governance of research and development processes were needed to ensure that the main public health challenges continued to be prioritized. It was also important to make progress on nutrition and provide universal free education to strengthen people's decision-making capacities. Stringent universal standards were needed to protect the environment and expand universal health coverage. He thanked the Secretariat for supporting his Government's proposal for a draft resolution on preventing spina bifida by fortifying food products.

The representative of MOROCCO expressed support for the draft decision on the draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, which would strengthen efforts to address noncommunicable diseases, mental health and related risk factors at the national, regional and global levels. He outlined efforts made at the national level to prevent and control noncommunicable diseases.

**Rights of reply**

The representative of CHINA, speaking in exercise of the right of reply, said that United Nations General Assembly resolution 2758 (XXVI) (1971) and World Health Assembly resolution WHA25.1 (1972) provided the legal basis for WHO to observe the one-China principle. The role of the Executive Board was to focus on important technical issues, such as addressing the persistent and far-reaching implications of the COVID-19 pandemic and promoting the construction of a more resilient global health governance structure. However, some Member States insisted on challenging the one-China principle and undermining the unified atmosphere of the Executive Board, which was not in the common interests of the majority of Member States and to which he firmly objected. Participation of Taiwan,

China in the activities of international organizations must be guided by the one-China principle and by reasonable arrangements agreed to following consultations between mainland China and Taiwan.[1]

The Government of China attached great importance to the health and well-being of the people of Taiwan[1] and had made proper arrangements for the Taiwan region[1] to participate in WHO's technical activities. The Government of China had always ensured that the Taiwan region[1] obtained information on global health emergencies in a timely manner, and there had been no gaps in epidemic prevention efforts. Some delegations continued to attempt to use governing bodies meetings to push for a two-China or one-China, one-Taiwan solution when they should instead focus on promoting global health and improving global health governance. He urged the Secretariat to play an active role in ensuring compliance with WHO and United Nations resolutions, to perform its duties in accordance with related rules, and maintain WHO's strong reputation as the specialized health agency of the United Nations system.

The representative of the RUSSIAN FEDERATION, speaking in exercise of the right of reply, expressed regret at the unprofessional, false and politicized attacks made against his Government by the representative of Poland. According to UNHCR, his country had hosted the vast majority of Ukrainian refugees since 24 February 2022, although that organization's figure of almost 2.9 million refugees was questionably low, with domestic services recording 5.2 million Ukrainian refugees, including more than 700 000 children. Those figures ran counter to allegations that his Government was an aggressor. Refugees arriving in his country were dealt with on a case-by-case basis and provided with expert emergency, psychological, medical, legal and job-seeking support, as well as temporary accommodation and welfare subsidies and benefits; children were placed in the appropriate educational structures. Polemical statements should be left out of the Board's discussions, which should remain focused on the substantive issues at hand.

**The meeting rose at 17.50.**

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[1] World Health Organization terminology refers to "Taiwan, China".