

**PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING**

**WHO headquarters, Geneva**  
**Friday, 26 January 2024, scheduled at 14:30**

**Chair: Dr H.M. AL KUWARI (Qatar)**  
**later: Dr S. NSANZIMANA (Rwanda)**

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## TWELFTH MEETING

Friday, 26 January 2024, at 14:35

**Chair:** Dr H.M. AL KUWARI (Qatar)

**later:** Dr S. NSANZIMANA (Rwanda)

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

#### 1. MANAGEMENT AND GOVERNANCE MATTERS (continued): Item 25 of the agenda

**Engagement with non-State actors:** Item 25.4 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB154/36)
- **Non-State actors in official relations with WHO** (documents EB154/37 and EB154/37 Add.1)

The CHAIR invited the Board to consider the draft decision contained in paragraph 24 of document EB154/37, the financial and administrative implications of which for the Secretariat were contained in document EB154/37 Add.1. She also drew attention to the part of the report of the Programme, Budget and Administration Committee on engagement with non-State actors, contained in document EB154/4, paragraph 67.

The representative of the UNITED STATES OF AMERICA requested that discussion of the item be postponed to give delegations more time to deliberate on the matter.

The CHAIR took it that the Board wished to suspend discussion of item 25.4.

**It was so agreed.**

(For continuation of the discussion and adoption of a decision, see the summary record of the thirteenth meeting, section 1.)

### PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

#### 2. ROAD MAP FOR NEGLECTED TROPICAL DISEASES 2021–2030: Item 11 of the agenda (document EB154/11) (continued from the eleventh meeting)

The representative of TIMOR-LESTE detailed the initiatives taken and planned in his country to implement the road map for neglected tropical diseases 2021–2030, emphasizing the importance of primary health care and resilient health systems in efforts to eliminate neglected tropical diseases.

The representative of SENEGAL said that, since the road map would help to speed up the prevention, control, elimination and eradication of neglected tropical diseases and contribute to the attainment of the Sustainable Development Goals, the Secretariat should increase the flexible funding allocated for neglected tropical diseases to supplement domestic efforts to mobilize funds. He outlined initiatives in his country to tackle neglected tropical diseases and progress made. He supported intensifying cross-cutting approaches – including in the reporting of neglected tropical diseases – monitoring of cross-cutting indicators and cross-sectoral coordination. He encouraged the Secretariat to continue supporting Member States’ efforts to attain the targets set out in the road map.

The representative of the UNITED STATES OF AMERICA requested that future reports provide clear trend data against the road map’s targets. Supporting the strategic priorities presented at the Global Neglected Tropical Diseases Programme partners’ meeting in June 2023, he urged the Secretariat to undertake internal reforms to strengthen the Programme’s functions and operations to support Member States in reaching the neglected tropical disease targets. The Secretariat should reinforce WHO leadership through accountability, transparency, predictability and equity; fill normative gaps; and ensure strong data systems. He called for well-aligned leadership within the WHO Department of Control of Neglected Tropical Diseases, to ensure that it was able to work effectively across sectors.

The representative of SLOVAKIA said that climate change resulting in the increased spread of neglected tropical diseases was a cause of concern in the WHO European Region. Moreover, ongoing emergencies and regional and global conflicts; social determinants of health; and an absence of interventions aligned with the One Health approach in rural areas were ever-growing problems. He called on the Secretariat and Member States to work together to remove barriers to access prevention and eradication programmes, early diagnosis and health care for vulnerable and hard-to-reach populations by ensuring that health systems were context-specific and implementing up-to-date clinical and social guidelines.

The representative of CAMEROON, expressing support for the road map, provided information on measures taken by his Government to address neglected tropical diseases. He highlighted the need to mobilize more human resources, equipment and financial resources, in addition to domestic funding.

The representative of CHINA emphasized his Government’s attachment to the importance of the prevention and control of neglected tropical diseases. He detailed the comprehensive national measures adopted to tackle neglected tropical diseases through the implementation of the road map, focusing on the need to strengthen prevention and control work, improve reporting, and expand monitoring and early warning systems and surveillance networks.

The representative of GERMANY<sup>1</sup> said that, as a signatory to the Kigali Declaration on Neglected Tropical Diseases, the fight against neglected tropical diseases remained a priority for her country. She outlined steps taken by her Government to achieve the road map targets. Since collaboration with academic institutions, the private sector and civil society was key, her Government encouraged a focus on research and development and the availability of new drugs, vaccines and diagnostics for neglected tropical diseases through not-for-profit product development partnerships and local manufacturing programmes. In addition, promoting gender equality, women’s empowerment and better integration of neglected tropical disease programmes into national health plans and budgets were essential.

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

The representative of the RUSSIAN FEDERATION<sup>1</sup> said that it would be advisable to develop a global action plan for the second phase of implementation of the road map, which should include a time frame for achieving the targets set. She emphasized the importance of surveillance, monitoring and evaluation of measures. WHO should foster the development and introduction of new therapeutics, diagnostics and training methods.

The representative of INDIA,<sup>1</sup> expressing support for the road map, gave details of strategies, initiatives and plans introduced and progress made in India towards eliminating neglected tropical diseases.

The representative of THAILAND<sup>1</sup> noted the need to strengthen national and subnational capacities to take multisectoral, integrated actions; implement measures in the areas of education, engineering, economics, enforcement and empowerment to identify and treat neglected tropical diseases; and ensure sustainability and effective implementation by integrating neglected tropical disease strategies into national health action plans.

The representative of NIGERIA<sup>1</sup> said that, despite the progress made, the coronavirus disease (COVID-19) pandemic had significantly impacted funding for neglected tropical diseases, necessitating renewed global efforts. His Government, supported by over 30 Member States, had taken the lead in the campaign to include noma disease in the WHO list of neglected tropical diseases, and he thanked all those who had helped to ensure the campaign's success. He called for sustained national and international collaboration to address noma and other neglected tropical diseases comprehensively; affected populations must not be overlooked.

The representative of INDONESIA<sup>1</sup> proposed increasing Secretariat support to Member States to foster innovative solutions and share best practices to overcome operational and technical challenges hindering achievement of the road map targets. Member States should actively engage in resource mobilization, capacity-building and knowledge-sharing to enhance implementation of the strategic priorities. Achieving the 2030 targets would help to create a healthier, more resilient global community.

The representative of EGYPT<sup>1</sup> expressed his Government's appreciation for WHO's efforts, to which his Government remained committed.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the decrease in the global burden of neglected tropical diseases had been limited since 2015 and interventions were not being scaled up because of chronic underfinancing. She therefore called for stronger political will and additional resources to tackle neglected tropical diseases in fragile settings and to develop better medicines and diagnostics tailored to resource-limited settings.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, called on Member States to sustain and increase investment to accelerate research and development into safe and affordable treatments for neglected tropical diseases and improved diagnostics, particularly for diseases with specific unmet needs, for use in primary health care settings. She urged WHO and its Member States to work together to explore regulatory and manufacturing pathways to facilitate simultaneous or aligned prequalification and regulatory approval processes of in-vitro diagnostics in order to accelerate market access.

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

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that agenda items on maternal health, child mortality, climate change and health also provided an opportunity for action on neglected tropical diseases. Safer, effective, affordable and patient-friendly health tools were needed, which must be appropriate for use in primary health care settings. She urged Member States to invest in research and development for health tools, including by supporting not-for-profit models.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that, while substantial progress on neglected tropical diseases had been made in recent decades, the impact of the COVID-19 pandemic continued to be felt. Financing was limited at all levels, jeopardizing job security and activities in individual countries, hampering meaningful planning and preventing effective coordination. It was important to stay focused on WHO shared goals, as identified in the road map, to continue making progress. Research and innovation were important for improved access to neglected tropical disease medicines and diagnostics. To that end, in the year 2024, the Secretariat would prepare a research and development blueprint that would be a strategic framework for guiding innovation in neglected tropical diseases, contributing to the achievement of the 2030 targets. He acknowledged the threat of climate change and shifting climate patterns which had an impact on the spread of neglected tropical diseases, including more frequent and larger outbreaks in countries where diseases already occurred and the expansion of geographical areas where cases were reported. He thanked Member States for their support for the Global Arbovirus Initiative, which supported countries in tackling the burden of key diseases. As a result of better detection and response capacities and case management practices, the fatality rate of dengue had decreased. Access to medicines for neglected tropical diseases remained a challenge globally; dialogue with pharmaceutical companies was ongoing to explore options to expand the local procurement of medicines. He thanked the Government of the United Arab Emirates for hosting the Reaching the Last Mile Forum in December 2023, which had secured substantial pledges from the international community for neglected tropical diseases and brought new momentum to WHO shared goals. He noted the political will to eradicate neglected tropical diseases at the international and national levels. He encouraged Member States to reaffirm their commitment to unite, act and eliminate neglected tropical diseases in the light of the forthcoming World Neglected Tropical Diseases Day.

The REGIONAL DIRECTOR FOR AFRICA said that Member States in the African Region were accelerating implementation of the road map through the Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030. She detailed notable progress made by African countries towards neglected tropical disease milestones, thanks to strong country leadership and effective partnerships. Of particular note was the role of the Expanded Special Project for the Elimination of Neglected Tropical Diseases, which had significantly contributed to progress by pooling resources and working closely with the global neglected tropical disease community. She called for sustained funding to further increase its successes in moving towards the last mile of neglected tropical disease elimination. On leadership, she highlighted the Mwele Malecela Mentorship Programme for Women in Neglected Tropical Diseases, named after a previous director of the Global Neglected Tropical Disease Programme, which was aimed at strengthening female leadership on neglected tropical diseases within the Region. Commending efforts by all stakeholders to eliminate neglected tropical diseases, she emphasized that progress must be maintained and accelerated by sustaining political commitment, enhancing multisectoral actions through effective partnerships and mobilizing additional domestic and international funding to achieve the road map targets.

**The Board noted the report.**

**3. ACCELERATION TOWARDS THE SUSTAINABLE DEVELOPMENT GOAL TARGETS FOR MATERNAL HEALTH AND CHILD MORTALITY:** Item 12 of the agenda (document EB154/12)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, entitled Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2, proposed by Egypt, Ethiopia, Paraguay, Somalia, South Africa and the United Republic of Tanzania. The draft decision read:

The Executive Board, having considered the report by the Director-General on the acceleration towards the Sustainable Development Goal targets for maternal mortality (3.1)<sup>1</sup> and newborn and child mortality (3.2),<sup>2</sup>

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

The Seventy-seventh World Health Assembly,  
Having considered the report by the Director-General;

(PP1) Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related to health and well-being, including Sustainable Development Goal targets 3.1 and 3.2 on maternal, newborn and child survival, and that it will contribute to realizing the enjoyment of the highest attainable standard of physical and mental health and well-being and achieve a more equitable and sustainable world;<sup>3</sup>

(PP2) Recalling the global commitments to achieve by 2030 Sustainable Development Goal target 3.1 on maternal mortality: reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average, and target 3.2 on newborn and child mortality: end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 deaths per 1000 live births and under-5 mortality to at least as low as 25 deaths per 1000 live births;

[(PP2 bis) Cognizant that haemorrhage, hypertensive disorders of pregnancy,<sup>4</sup> sepsis, embolism and unsafe abortion are the leading direct causes of maternal mortality, and prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of child under-5 mortality; and that most of these causes are preventable and treatable;]

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<sup>1</sup> By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

<sup>2</sup> By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

<sup>3</sup> United Nations General Assembly resolution REC/78/3 (2023) “Universal Health coverage: expanding our ambition for health and well-being in a post-COVID world”. Political declaration of the high-level meeting on universal health coverage (<https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/84/PDF/N2330684.pdf?OpenElement>, accessed 22 January 2024).

<sup>4</sup> Chronic hypertension, pre-existing hypertension complicating pregnancy, childbirth or the puerperium, pre-eclampsia superimposed on chronic hypertension, gestational hypertension, pre-eclampsia and eclampsia.

[(PP3) Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;]<sup>1</sup>

(PP4) Recognizing that universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (Sustainable Development Goal target 3.7) contribute to maternal, newborn, child and adolescent survival;<sup>2</sup>

[(PP5) Noting that universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences (Sustainable Development Goal target 5.6)<sup>3</sup> allows women and, as appropriate, girls to make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;]

[(PP6) Recalling also Sustainable Development Goal target 5.3 to eliminate child, early and forced marriage, recognizing child marriage as a driver of adolescent pregnancy and that adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections, and that babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions;]

[(PP6 ALT) (ADD Noting that child, early and forced marriage, adolescent pregnancy, demographic divide, inequality, maternal related stigma are the social determinants of maternal, newborn and children mortality.)]<sup>4</sup>

(PP7) Underscoring that based on current trends it is likely that more than 4 out of 5 countries (80%)<sup>5</sup> will not achieve their national maternal mortality target, 63 countries will miss the neonatal mortality target, and 54 countries will miss the under-five mortality target by 2030;<sup>6</sup> and that focused, urgent, and coordinated course-correcting, country-led action is needed in these countries for maternal, newborn, and child survival to achieve the Sustainable Development Goals;

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<sup>1</sup> Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. World Health Assembly Resolution 72.4; 24 May 2019, Geneva: World Health Organization. ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA72-REC1/A72\\_2019\\_REC1-en.pdf#page=25](https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25)).

<sup>2</sup> United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 3.7 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

<sup>3</sup> United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.6 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

<sup>4</sup> United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.3 target. A/RES/70/1. 2015; New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

<sup>5</sup> Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. And J. Cresswell, Pers. Comm. (<https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1>).

<sup>6</sup> United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2022, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2023. ([www.childmortality.org](http://www.childmortality.org)).

[(PP8) Recognizing that pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, addressing health-related risks factors and promoting health and wellbeing across the life-course;]<sup>1</sup>

(PP9) Recognizing the critical importance of prioritizing measures to promote and protect breastfeeding, and strengthen nutrition services as an integral part of essential maternal, newborn and child health services, given that almost half of all deaths among children under-five are attributable to undernutrition, as well as the detrimental intergenerational impacts of poor maternal nutrition, which contributes to low birth weight in newborns;<sup>2</sup>

[(PP10) Cognizant that the demographic dividend of improved maternal, newborn and child health and reduction in stillbirths can only be realized if children, and adolescents have equitable opportunities to thrive, thereby building human capital that will effectively reduce inequities and benefit current and future generations in line with the Survive, Thrive, Transform objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030);]

[(PP11) Recognizing that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene despite commitments made to of the strategic objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as well as specific road maps defined in the Ending Preventable Maternal Mortality and Every Newborn Action Plan initiatives, A Roadmap to Combat Postpartum Haemorrhage between 2023, the Nurturing Care Framework, Global Accelerated Action for Health of Adolescents, the Immunization Agenda 2030, and the ICPD Programme of Action Beijing Platform for Action and its review conferences, resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities as per the targets set by these plans such as:

- By 2030, reach the target of fewer than 12 stillbirths per 1000 total births;<sup>3</sup>
- By 2030, mortality among children 1–59 months at least as low as 13 deaths per 1000 children aged 28 days;<sup>4</sup>
- By 2025, 90% coverage of eight or more antenatal care contacts; with 80% of districts with at least 80% coverage;<sup>5</sup>
- By 2025, 90% births attended by skilled health personnel; 80% of districts with at least 80% of births attended by skilled health personnel;<sup>6</sup>
- By 2025, 80% early routine postnatal care (within 2 days); with 80% of districts with at least 80% coverage;<sup>5</sup>

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<sup>1</sup> Maternal and Child Nutrition Study Group, Black RE, Alderman H, Bhutta ZA, Gillespie S et al. Maternal and child nutrition: building momentum for impact. *Lancet* 2013; Vol 382, 9890; p372-375. DOI: [https://doi.org/10.1016/S0140-6736\(13\)60988-5](https://doi.org/10.1016/S0140-6736(13)60988-5).

<sup>2</sup> Resolution to the Seventy-seventh World Health Assembly on Infant and Young Child Feeding, *in preparation*.

<sup>3</sup> Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Technical Report 2023. Geneva: World Health Organization. (<https://iris.who.int/bitstream/handle/10665/366978/WHO-UHL-MCA-GS-23.01-eng.pdf?sequence=1>).

<sup>4</sup> Newborn health: draft action plan. Every newborn: an action plan to end preventable deaths. Report by the Secretariat. World Health Assembly Executive Board Report A67/21; 2 May 2014. Geneva: World Health Organization. ([https://apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_21-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_21-en.pdf)).

<sup>5</sup> Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization; 2023. (<https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1>).

<sup>6</sup> Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. Geneva: World Health Organization; 2018. (<https://iris.who.int/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf>).



- By 2025, 80% of districts with at least one Level 2 inpatient unit plus continuous positive airway pressure (CPAP);<sup>1</sup>
- By 2025, 80% of districts with at least 80% of population within 2 hours of emergency obstetric care;<sup>1</sup>
- By 2025, 25% reduction in zero-dose children for immunization lacking first dose of DTP [and p] containing vaccine) toward the 2030 goal of a 50% reduction;<sup>2</sup>
- By 2030, 90% of children immunized with measles containing vaccine (second dose);<sup>2</sup>
- By 2030, 90% of children received 3 doses of pneumococcal conjugate vaccine and rotavirus vaccine;<sup>2</sup>
- [(By 2030, 90% of girls receiving HPV vaccine;<sup>2</sup> DEL)
- By 2030, 100% of malaria cases in children under-5 years receiving a recommended first line antimalarial drug;<sup>3</sup>
- By 2025, 5% or less prevalence of childhood wasting;<sup>4</sup>
- [(By 2030, 50% reduction in adolescent birth rate per 1000 women in that age group compared to 2023; DEL)]
- By 2030, achieve a high level (>75%) of need for family planning satisfied by modern methods;<sup>5</sup>
- By 2030, 100% universal and equitable access to safe and affordable drinking water for all;]<sup>6</sup>

[(PP11 ALT) Deeply concerned that that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, and the impacts of conflict, climate change, and the COVID-19 pandemic, impeding efforts to fulfil commitments made to advance the objectives of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) and the road maps and detailed progress indicators developed by WHO-supported global technical platforms and initiatives to guide and support countries’ efforts to track and accelerate improvements in maternal, newborn and child health outcomes, including: the Ending Preventable Maternal Mortality initiative; the 2023–2030 Roadmap to Combat Postpartum Haemorrhage, the Every Newborn Action Plan; Agenda 2030 on Immunization; the Nurturing Care Framework, the Global Accelerated Action for Health of Adolescents; and Immunization Agenda 2030, and the ICPD Programme of Action, the Beijing Platform for Action and outcomes of Review Conferences, as well as resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities;]

<sup>1</sup> Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization; 2023. (<https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1>).

<sup>2</sup> Immunization Agenda 2030: A Global Strategy to Leave No One Behind.2021. Geneva: World Health Organization. (<https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030>).

<sup>3</sup> World malaria report 2022. Geneva: World Health Organization; 2022. (<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022>).

<sup>4</sup> WHO/UNICEF/WFP. Global nutrition targets 2025: wasting policy brief (WHO/NMH/NHD/14.8). Geneva: World Health Organization; 2014. ([https://iris.who.int/bitstream/handle/10665/149023/WHO\\_NMH\\_NHD\\_14.8\\_eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/149023/WHO_NMH_NHD_14.8_eng.pdf?sequence=1)).

<sup>5</sup> United Nations Population Division. SDG Indicator 3.7.1 on Contraceptive Use. Accessed 4 January 2024. (<https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use>).

<sup>6</sup> United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 6.1 target. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

[(PP12) Recognizing that approximately 50%<sup>1</sup> of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition care services, should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve Sustainable Development Goals;]<sup>2</sup>

[(PP13) Noting with concern that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age, and that complications in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls, especially in developing countries, and recognizing the need to address all social, economic and environment determinants of health in order to reduce the aforementioned disparities;]<sup>3</sup>

[(PP14) Acknowledging the critical importance of government leadership and a whole-of-government and whole-of society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to, integrated primary health care services with strong referral linkages to high-quality secondary care services including the full engagement of parliamentarians to ensure legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women's, children's and adolescents' health;]

[(PP15) Acknowledging that causes of maternal mortality and morbidity are diverse and those maternal health-related issues that carry stigma such as abortion, HIV infection, and obstetric violence can contribute to maternal mortality and morbidity but are likely to be deprioritized, underreported, or misclassified;]<sup>4</sup>

[(PP16) Acknowledging that lack of access to essential emergency, critical surgical, anaesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves, and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in low- and middle-income countries, and that people accessing surgical care in low- and middle-income countries will endure catastrophic health expenditure.<sup>5</sup>

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<sup>1</sup> Every Woman, Every Child. Global Strategy for Women's, Children's and Adolescents' Health. Geneva: United Nations, 2018. (<https://www.who.int/docs/default-source/child-health/the-global-strategy-for-women-s-children-s-and-adolescents-health-2016-2030.pdf>).

<sup>2</sup> Zeid S, Bustreo F, Tashir Barakat M, Mauer P, and Gilmore K. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. *Lancet* vol 385, 998, p 1917-2014, e47-48. 16 May 2015. (doi: [https://doi.org/10.1016/S0140-6736\(15\)60766-8](https://doi.org/10.1016/S0140-6736(15)60766-8)).

<sup>3</sup> United Nations Human Rights Council. Contribution of the implementation of the objectives of the International Year of the Family and its follow-up processes in the promotion and protection of human rights. A/HRC/54/L.17/Rev.1. Adopted without a vote, 47th meeting, 12 October 2023. (<https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session54/res-dec-stat>).

<sup>4</sup> Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 June; 2(6):e323-33. doi: 10.1016/S2214-109X(14)70227-X. Epub 2014 May 5. PMID: 25103301. (doi: 10.1016/S2214-109X(14)70227-X.).

<sup>5</sup> Abbas A and Samad L. Children at the heart of global surgery: children's surgery in low- and middle-income countries. *Journal of Public Health and Emergency* vol. 4, December 2020. doi: 10.21037/jphe-2020-gs-08. (<https://jphe.amegroups.org/article/view/6538/html>).

[INVITES Member States, in accordance with national context and priorities:]

[OP 1.1. to reorient an integrated climate-resilient health system based on the primary health care approach supported by strong country leadership and management capacity, by an adequately skilled, supported and safe-guarded health workforce, by ensuring availability of and access to essential quality-assured medicines and commodities, by integrating water, sanitation and hygiene (WASH) and nutrition, in order to provide people-centred, high-quality, respectful sexual, reproductive maternal, newborn, child and adolescent health care and nutrition services and to recover lost gains on childhood vaccinations and achieving Immunization Agenda 2030 goals, including through strengthening the delivery of health and nutrition services at the community level, and through community and school-based health services and thereby to reduce preventable maternal, newborn and child mortality and morbidity, and improve health and well-being of women, children and adolescents along the life course;]

[OP 1.2. to scale up evidence-based interventions to achieve the current and forthcoming service coverage targets needed to achieve Sustainable Development Goal targets 3.1 and 3.2;]

[OP 1.3 to facilitate universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health as contributing factors to maternal, newborn, child and adolescent survival;]<sup>1</sup>

[OP 1.4 to reinvigorate their commitment to Sustainable Development Goal target 5.6 through laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education;]<sup>2</sup>

[OP 1.5. to invest in country-led effective health information management systems, including through enhanced international cooperation in fragile settings to support evidence-based planning and delivery of health services, monitor implementation, measure progress, and strengthen accountability towards national and subnational targets through routine monitoring of health facility and/or population-based surveys of indicators for sexual, reproductive, maternal, newborn, child and adolescent health, including health workforce capacity;]

[OP 1.6. to identify and remove barriers that limit access to quality maternal, newborn and child health services, at both health system and societal levels, including harmful gender norms and/or inequalities that result in a low prioritization of the rights of women and girls, including to safe, quality and affordable sexual and reproductive health care services;]<sup>3</sup>

[OP 1.7. to enable access to essential quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated

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<sup>1</sup> Strong KL, Pedersen J, White Johansson E, et al. Patterns and trends in causes of child and adolescent mortality 2000-2016: setting the scene for child health redesign. *BMJ Global Health*. 2021 Mar;6(3). DOI: 10.1136/bmjgh-2020-004760.

<sup>2</sup> United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG Indicator 5.6.2. A/RES/70/1. 2015; New York, New York. (<https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>).

<sup>3</sup> Maternal Mortality Fact Sheet. 30 August 2021. Copenhagen: World Health Organization; 2021. Accessed 4 January 2024. (<https://www.who.int/europe/news-room/fact-sheets/item/maternal-mortality>).

investigation, development, manufacturing, registration and supply of age-appropriate, quality-assured formulations of medicines for diseases that affect mothers, newborns and children;]

[OP 1.8. in view of increased availability of malaria vaccines, malaria-endemic countries to consider prioritizing its introduction into routine immunization programmes as part of their comprehensive malaria control plans when the level of effectiveness and safety allows it, as well as scale up malaria treatment in pregnant women and children in order to reduce malaria illness and child deaths;]

[OP 1.9. to consider implementing a universal newborn screening programme, including specific needs and considerations for diagnosis, management, and long-term care of children with birth defects;]

[OP 1.10. to address the social determinants of maternal and child health, including multiple and intersecting forms of discrimination, poverty, gender inequality including obstetric violence, lack of education and lack of access to clean water and sanitation, through strengthening multisectoral collaboration and holistic and integrated systems approaches within the global health architecture and at national level;]

[OP. 2. INVITES relevant stakeholders, as appropriate, to support, coordinate and align investments and technical assistance in support of the effective implementation of national plans and to contribute to the acceleration of progress towards the Sustainable Development Goal targets 3.1 and 3.2;]

[OP3. REQUESTS the Director General:]

[OP 3.1. to prioritize this unfinished agenda, and provide intensified technical support to Member States in updating legislation, policies, strategies, and national plans on sexual, reproductive, maternal, newborn, child and adolescent health and promoting the implementation of evidence-based health interventions to accelerate progress towards the relevant Sustainable Development Goal targets for sexual, reproductive, maternal, newborn, child and adolescent health, using data to prioritize interventions and implementation strategies to reach persons in vulnerable situations and those hardest to reach, such as adolescent mothers, elevating the importance of and prioritizing resources towards primary health care and to help mobilize resources towards their implementation;]

[OP 3.2. to develop relevant guidance to improve preconception/pre-pregnancy care including the ability to prevent unintended pregnancies, unsafe pregnancy practices and unsafe abortions, prenatal and postnatal care; quality and respectful care during pregnancy and childbirth, and maternal well-being to prevent stillbirths, low birth weight and prematurity, and address birth defects;]

[OP 3.3. to provide technical support for the implementation of midwifery models of care in line with international standards; to strengthen risk differentiated approaches to prevent child mortality; to address priority health needs of children 5–9 years of age; to promote health care services for childhood development; and to invest in adolescent well-being through school health, school health services, and digital solutions for adolescent-responsive primary care;]

[OP 3.4. to strengthen integration of preventative and curative nutritional services with special emphasis on the nutrition needs of pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the first 1000 days and mental health interventions into sexual, reproductive, maternal, newborn, child and adolescent health care services; to enhance capacity of the health workforce at all levels to deliver quality sexual,

reproductive, maternal, newborn, child and adolescent health care services, including through professional mentoring and training for midwives and neonatal nurses; foster multi-sectoral collaborations; to improve the capacity for sexual, reproductive, maternal, newborn, child and adolescent health data collection, analysis and use, work synergistically with the implementation of WHO's triple elimination efforts for HIV, syphilis and hepatitis B; and to ensure that guidance and services address the specific needs of underserved groups, including pregnant adolescents and adolescent mothers;]

[OP 3.5. to accelerate implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022), strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for securing better access to medicines for children, and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality-assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;]

[OP 3.6. to provide recommended water, sanitation and hygiene (WASH), waste management and energy indicators for health care facilities to use in regular health systems monitoring and to encourage countries to incorporate waste and energy data into regular health systems monitoring and regularly analyse and share data to inform planning, investment, and programming efforts;]

[OP 3.7. to continue to work closely with the Inter-Parliamentary Union to raise further awareness among parliamentarians about sexual and reproductive, maternal, newborn, child and adolescent health, based on quality data and evidence, and fully engage them both in pursuing advocacy and in providing sustained legislative and political support towards achieving the goals and targets in the Global Strategy for Women's, Children's and adolescents' Health (2016–2030);]

[OP 3.8. to report back to the Health Assembly on this resolution as part of the biennial substantive reporting on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) with a special focus on the effectiveness of renewed efforts to accelerate achievement of Sustainable Development Goal targets 3.1, 3.2, 3.7 and 5.6 in the subset of countries currently off-track to achieve the Goals by 2030.]

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

<b>Decision:</b>	Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.

<p><b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b> Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b> Six years (2024–2030).</p>
<p><b>B. Resource implications for the Secretariat for implementation of the decision</b></p>
<p><b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b> US\$ 721.00 million.</p>
<p><b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b> US\$ 184.00 million.</p>
<p><b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b> Not applicable.</p>
<p><b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b> US\$ 203.00 million.</p>
<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 334.00 million.</p>
<p><b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 40.00 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 144.00 million.</li> <li>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b> Additional resources are being mobilized from bilateral donors such as the United States Agency for International Development and from philanthropic foundations such as the Bill and Melinda Gates Foundation.</li> </ul>

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	15.00	4.00	4.00	2.50	6.00	4.00	13.00	48.50
	Activities	37.00	4.50	30.00	2.00	40.00	6.00	16.00	135.50
	Total	52.00	8.50	34.00	4.50	46.00	10.00	29.00	184.00
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	17.00	4.00	4.00	3.00	7.00	4.00	14.00	53.00
	Activities	41.00	5.00	33.00	2.00	44.00	7.00	18.00	150.00
	Total	58.00	9.00	37.00	5.00	51.00	11.00	32.00	203.00
<b>B.4. Future bienniums resources to be planned</b>	Staff	27.00	7.00	7.00	5.00	11.00	7.00	24.00	88.00
	Activities	67.00	8.00	54.00	4.00	73.00	11.00	29.00	246.00
	Total	94.00	15.00	61.00	9.00	84.00	18.00	53.00	334.00

The CHAIR said that consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period since that text was not yet ready for adoption.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region and welcoming the draft decision, said that a range of measures had been taken across the Region to prioritize women's, children's and adolescents' health and reduce maternal, newborn and under-5 mortality. However, despite significant improvements in health outcomes for mothers and children, several countries in the Region were not on track to achieve the Sustainable Development Goals by 2030. Approximately half of global maternal, newborn and child deaths occurred in fragile and humanitarian settings, such as those caused by conflict and natural disasters in his Region. He urged WHO and its partners to address gaps by implementing global and regional strategies and frameworks, prioritize maternal and child health, and ensure that sufficient resources were allocated to high-burden areas.

The representative of YEMEN outlined national measures to promote maternal and child health in his country. He called on the Secretariat to support middle- and low-income countries in developing and implementing national plans for maternal and child mortality prevention and provide specialized training in maternal and child health, in particular for midwives operating in rural areas; alongside the provision of medical equipment and support for rebuilding health facilities destroyed during conflicts.

The representative of SOMALIA<sup>1</sup> said that the widest disparity in health outcomes between high- and low-income countries was in maternal, newborn and child mortality, often from preventable or treatable causes. Without the introduction of appropriate interventions, it would be impossible to achieve universal health coverage by 2030. In that context, his Government, on behalf of the Member States of the Eastern Mediterranean region, during the Seventy-sixth World Health Assembly, in the year 2023, had proposed that the Health Assembly should adopt a resolution on action to accelerate progress towards the targets of the Sustainable Development Goals relating to maternal and child health and towards universal health coverage. To that end, he recalled that a draft decision, containing a proposed draft resolution for submission to the Seventy-seventh World Health Assembly, was before the Board, although it was not yet ready for adoption. His Government had held four informal consultations with

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

Member States on the draft text, the aim of which was to galvanize action on the direct and indirect causes of maternal and child mortality and to propose interventions to address them. Consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period.

The representative of the UNITED STATES OF AMERICA noted that Member States agreed on several strategic approaches to accelerating progress towards achieving Sustainable Development Goal targets 3.1 and 3.2, by expanding coverage and equitable access to an integrated package of high-quality essential health and nutrition services for women, newborns and children. He expressed appreciation for the Government of Somalia's leadership in proposing a draft decision, which was a critical step forward in reinvigorating Member States' leadership and commitment. He called on the Secretariat and Member States to increase technical assistance to Member States in need of strengthened capacity to monitor progress.

The representative of AFGHANISTAN recalled the high rates of maternal, infant and child mortality in his country and the unprecedented social and political challenges faced at the national level. The critical role of female health workers must not be forgotten, particularly in contexts with cultural sensibilities, like his country. Their ability to deliver services was directly linked to their access to education and professional development. He reiterated his call for urgent support in advocating for the right of Afghan women and girls to education. It was imperative to collectively use political and institutional leverage to ensure that the rights of women and girls to health and education was observed. Furthermore, sustained humanitarian aid linked to the health sector was essential to save lives and ensure sustainable health service delivery.

The representative of AUSTRALIA encouraged Member States to accelerate efforts to reach the targets for reducing maternal and child mortality by the year 2030 by scaling up implementation of prevention strategies. Tackling gender inequalities was key; universal access to sexual and reproductive health services was a fundamental human right, and was essential to reducing maternal mortality, ending preventable deaths of newborn children, and reducing neonatal mortality. WHO, together with its United Nations and other partners, should advance a rights-based approach to health. At the national level, there should be policy and commitment to support maternal health and newborn and child survival, and the international community should share best practices, technical guidance and well-coordinated donor and civil society support. Community health workers should be supported and integrated in health systems, including through investing in education, employment and retention. She looked forward to working with others to finalize the text of the draft decision.

The representative of CANADA emphasized the importance of strategic partnerships, especially at the country level, to accelerate progress. Member States should increase support for and focus on comprehensive sexual and reproductive health and rights, and programmes that strengthened health and data systems, improved nutrition and combated infectious diseases. Access to comprehensive sexual and reproductive health and rights was critical to advancing health, gender equality and human rights, and supporting the empowerment of all women and adolescent girls. Using a rights-based approach, the underlying causes of adverse maternal and child health outcomes must be addressed. The work of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction to generate robust evidence to help counter disinformation and misinformation and leverage high-quality research to improve access to information and services to reduce maternal and child mortality was commendable.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA encouraged Member States to pay greater attention to community health workers to overcome existing challenges in advancing equitable access to safe, comprehensive health services in urban and rural areas. National



maternal and child health programmes should identify and address the gaps preventing attainment of the Sustainable Development Goal targets, including by adopting high-impact interventions. Finally, the Secretariat should invest more at the country level on providing quality health services to children, especially newborns, by strengthening partnerships and engagement with global partners.

The representative of MALAYSIA, noting the obstacles to reaching the 2030 maternal and child mortality targets, provided details of progress made and challenges faced in that regard in her country. She highlighted her Government's focus on reducing preventable deaths and reducing noncommunicable diseases among women of reproductive age. She therefore requested the Secretariat to highlight the impact of noncommunicable diseases on maternal health, promote more investment and research in that area, and share best practices and lessons learned from Member States.

The representative of TIMOR-LESTE noted the need to adopt a comprehensive approach to accelerating progress towards achieving the Sustainable Development Goal targets for maternal health and child mortality, centred on expanding primary health care and ensuring a skilled health workforce providing high quality interventions integrated into a community-based service delivery system. Expressing concern that progress in reducing the high burden of neonatal deaths in Member States was slow, not least because of the disruption to health services due to the coronavirus disease (COVID-19) pandemic, he said that developing country-specific strategic plans for accelerating progress was crucial. To that end, the Secretariat should play a vital role in facilitating partnerships, sharing global expertise and providing targeted assistance to implement effective maternal and child health strategies.

**Dr Nsanzimana took the Chair.**

The representative of BRAZIL said that a multifaceted approach to achieving Sustainable Development Goal targets 3.1 and 3.2 required technical support, collaboration and global efforts to accelerate progress in maternal and child health, and he highlighted the Secretariat's role in that regard. To effectively reduce maternal mortality, it was crucial to address not only perinatal care, but also comprehensive women's health, pre-conception family planning and integration of prenatal care and childbirth assistance. Promptly identifying risk situations and providing appropriate care to pregnant women, children and mothers were fundamental. He welcomed the draft decision.

The representative of PERU highlighted the importance of: strengthening the monitoring of pregnant women by community health workers in areas with the highest burden of maternal mortality; bolstering the work of subnational committees responsible for the prevention of maternal, foetal and neonatal mortality, including their focus on identifying and preventing critical incidents; closing human resource gaps by attracting and retaining staff, and improving skills and knowledge in basic and specialized maternal care; improving health infrastructure, equipment, warning systems and referral systems; and providing technical guidelines for the design of interventions aimed at achieving safe pregnancies and deliveries that incorporated strategies with an intercultural approach. The Secretariat should increase its technical support in those areas and should share successful strategies used by countries that had made the greatest progress towards meeting the targets.

The representative of SENEGAL, outlining measures taken and planned in maternal, newborn and child health, said that he was pleased to report that his country was on track to achieve the corresponding Sustainable Development Goal targets by the year 2030. In view of the number of goals to be achieved by that year, he called on all stakeholders to take a more far-reaching and innovative approach to interventions, especially in the priority area of reproductive health. More funding must be found to improve reproductive, maternal, child and adolescent health, in particular through innovative and domestic means and he called on the Secretariat to increase its support.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that it was alarming that many States were not on track to meet the Sustainable Development Goal targets for reducing maternal and child mortality by the year 2030, especially in sub-Saharan Africa. He reiterated the importance of strengthening and reorienting the health system towards primary health care and strengthening interventions well known for their return on investment. Access to quality and comprehensive reproductive, maternal, child and adolescent health services should be equal and universal. Ensuring protection from harmful practices, sexual- and gender-based violence and physical and intimate partner violence was crucial, including during humanitarian situations. Lessons learned from the COVID-19 pandemic should be used to scale up innovative health care service delivery, thereby enhancing service continuity and ensuring universal access. He highlighted the need for high-level leadership and oversight, sectoral action, and accountability in the health sector. Sustained efforts were needed to build the capacity of the health care workforce, especially at the primary care level. WHO should spearhead the design and implementation of context-specific strategies that galvanized global momentum to reach women and children affected by crises, by providing evidence-based guidance and continuing to synthesize data to inform interventions. WHO's leadership and support were essential in advancing political commitment, mobilizing resources and strengthening multisectoral actions. He welcomed the draft decision.

The representative of BARBADOS, highlighting the scientific links between maternal and child health morbidity and climate change, emphasized the increasing impact of climate change on the annual number of additional deaths. A growing body of knowledge linked climate change to adverse maternal, newborn and child health outcomes. He requested the Secretariat to work closely with Member States to improve their primary health care plans, so as to achieve better and more sustained outcomes in that area.

The representative of PARAGUAY said that current trends in maternal and child mortality called for immediate and coordinated action and the implementation of innovative measures. In that regard, her Government had made significant progress in the digitization of its health system, with the help of the Republic of China (Taiwan),<sup>1</sup> which was internationally recognized for its success in implementing innovative solutions in health. In that connection, her Government advocated for the inclusion of the Republic of China (Taiwan)<sup>1</sup> in the working mechanisms of WHO and to be invited to participate in the World Health Assembly as an observer. WHO's activities should seek to ensure universal access to quality prenatal and neonatal care, and nutrition, immunization and disease control services for all women and children. It was also essential to improve maternal health education and awareness. To that end, the Secretariat should provide technical support and mobilize financial resources in accordance with the needs of each Member State.

The representative of BELARUS provided a detailed account of the measures, including legislative measures, taken in his country to protect maternal and child health; to provide integrated health care, including prenatal and postnatal care; and to reduce mortality rates. He highlighted the significant research undertaken in his country into causes of maternal mortality.

The representative of CHINA noted with regret that some representatives, in disregard of the relevant provisions of the Rules and Procedures, insisted on making statements that were outside the scope of the agenda item under discussion. She opposed any infringement of China's sovereignty. She urged the Chair to remind those Member States that the Executive Board was a platform for discussion of health-related issues and that they should refrain from politicizing the discussion. She shared details of steps taken by her Government to reduce maternal and child mortality, which had led to the

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

achievement of Sustainable Development Goal targets 3.1 and 3.2 ahead of schedule. She recommended that the Secretariat should: continue to encourage Member States to prioritize maternal and child health; help Member States to identify the main causes of maternal and child mortality; increase policy and technical support; and provide a platform to facilitate the sharing of experiences.

The representative of BELARUS said that his Government continued to support the one-China principle.

The representative of NIGERIA<sup>1</sup> welcomed the draft decision and asked that his Government be added to the list of sponsors. He said that he recognized the urgent need for global coordination, emphasizing the need for universal health coverage. Nigeria, like many nations, particularly African nations and developing countries, faced challenges in meeting the 2030 targets. Those challenges called for urgent, concerted efforts to safeguard the lives of mothers and children, ensuring that they not only survived but thrived.

The representative of MEXICO<sup>1</sup> shared the concern that globally, and especially in developing countries, universal coverage of essential sexual, reproductive, maternal, newborn and child health services was far from being achieved, with particular regard to family planning, breastfeeding and treatment of childhood illnesses. In order to achieve the established targets, Member States should promote family planning and contraceptive services; implement comprehensive sex education; ensure funding, availability and access to services for the prevention and care of gender-based violence, with an emphasis on sexual violence and safe abortions; and improve maternal and newborn monitoring and care. He welcomed the draft decision.

The representative of GERMANY<sup>1</sup> said that improving the quality of health services was key to reducing maternal mortality; one of the best ways of doing so was by investing in midwives. All women and girls must be empowered to make their own decisions on health. Member States should intensify efforts to end child marriage, which was a major driver of teenage pregnancies; prioritize newborn health; educate mothers to reduce child mortality; and improve maternal and child health. Stillbirths were overlooked in the Sustainable Development Goals; improving care before and during childbirth would reduce mortality. Vertical programming must be replaced by an approach based on health systems strengthening that supported country leadership and national structures.

The representative of INDIA<sup>1</sup> provided statistics on the decline in maternal and infant mortality rates and the total fertility rate in his country, which meant that it was on track to meeting the Sustainable Development Goal targets by the year 2030. He described initiatives and programmes introduced by his Government to reduce child and maternal mortality and improve mother and child health.

The representative of the RUSSIAN FEDERATION<sup>1</sup> commended the significant drop in maternal mortality in the WHO South East Asian Region. She highlighted the project run by her Government to train obstetricians, gynaecologists, neonatologists and paediatricians using cutting-edge simulation equipment in different scenarios.

The representative of THAILAND<sup>1</sup> said that women's and children's health services should be integrated into universal health coverage and primary health care. Data from civil registration and health statistics services could be used to identify trends and determine the performance of the health sector.

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

The low fertility rate in some countries could have a negative impact on national development, and she urged the Secretariat to intensify efforts to tackle that challenge.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> welcomed the references to strengthening health systems, and to broader determinants of maternal and newborn health in the report. Her Government championed care and nutrition for marginalized groups, including adolescent mothers; recognized the vital importance of sexual and reproductive health and rights; and encouraged increased recognition of the impact of adolescent pregnancy and unsafe abortion. She asked the Secretariat to address the gap in fully trained and regulated midwives at the global level. Member States should use the targets outlined in the report to guide actions to reduce mortality rates. Her Government would contribute to the consultations on the draft resolution during the intersessional period.

The representative of EGYPT<sup>1</sup> expressed his Government's appreciation for WHO efforts and remained committed to continued cooperation.

The representative of NAMIBIA<sup>1</sup> expressed concern that the majority of Member States in Africa were not on track to meet the Sustainable Development Goal targets, including her country. She encouraged the Secretariat to intensify efforts to support Member States in her Region in implementing the 16 key interventions referred to in the report. She called for strengthened financial and technical support to adapt and implement guidelines and policies, and to ensure robust surveillance of maternal and child health and high-level accountability for maternal and adolescent health.

The representative of the REPUBLIC OF KOREA<sup>1</sup> agreed that strengthening community health services would improve maternal and child health. The establishment of a community-based system for maternal and child health services would ensure continuous health management from planning pregnancy to postnatal health care. Health promotion and education programmes for pregnant women were recommended; as was the development of dedicated medical infrastructure for pregnant women and newborns diagnosed with high-risk illnesses, premature babies and babies with congenital abnormalities.

The representative of ECUADOR<sup>1</sup> outlined measures taken by her Government to ensure access to comprehensive sexual and reproductive health and maternal and neonatal health services.

The representative of JAMAICA<sup>1</sup> said that action had been taken to put an end to preventable maternal mortality, despite the challenges of an increasing maternal mortality ratio and a critical shortage of midwives. She welcomed technical cooperation and support for capacity-building in maternal and child health.

The representative of NORWAY,<sup>1</sup> speaking on behalf of the Nordic and Baltic countries and welcoming the draft resolution presented by the representative of Somalia, highlighted the importance of maternal and child health and the related Sustainable Development Goal targets. She highlighted concerning trends in preventable maternal mortality, adolescent pregnancy and mental health. Those challenges could be addressed through a primary health care approach and efforts to tackle health care workforce shortages and working conditions, including that of midwives and women health workers. Access to sexual and reproductive health and rights, including free and safe abortion, was crucial, and access to education and research in that area was vital. The Secretariat should maintain global momentum, and develop evidence-based technical guidance for Member States. The WHO road map to

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

advance gender equality, human rights and health equity described bold new actions for the Secretariat and its support of Member States, particularly regarding sexual and reproductive health and rights.

The representative of the UNITED REPUBLIC OF TANZANIA<sup>1</sup> detailed some of the measures taken by his Government to reduce maternal and child mortality. He reaffirmed the Government's commitment to continue implementing interventions to reduce maternal and child mortality and attain the Sustainable Development Goal targets by the year 2030. He expressed support for the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> expressed support for the draft decision and urged Member States to refrain from the incorporation of non-consensual language. He noted progress made to reduce maternal, neonatal and child mortality in his country, despite hardship and the imposition of economic sanctions. He reiterated his Government's position concerning the one-China principle.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC<sup>1</sup> said that her Government was of the view that it was not right to raise the issue of the participation of Taiwan<sup>2</sup> in WHO-related mechanisms during the current meeting of the Executive Board, as Member States were focused on programme-based and strategic discussions. She reaffirmed her Government's consistent position on the participation of Taiwan<sup>2</sup> in the World Health Assembly, pursuant to United Nations General Assembly Resolution 2758 (XXVI) and World Health Assembly resolution WHA25.1, expressing support for the one-China principle and noting that Taiwan<sup>2</sup> was part of Chinese territory.

The observer of GAVI, THE VACCINE ALLIANCE, underscored the pivotal role of immunization in improving child survival, bolstering primary health care platforms and achieving universal health coverage. He called on Member States to: invest in routine immunization, particularly among zero-dose children; scale up vaccine coverage to prevent major causes of child mortality such as pneumonia, diarrhoea and measles; and consider introducing malaria vaccines in countries where it was endemic.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that, since cardiovascular disease was the leading cause of maternal death, detection and universal multidisciplinary care before, during and after pregnancy were essential. Women were often unaware that they had cardiovascular disease until pregnancy, and obstetric providers sometimes lacked the expertise to treat complex conditions. Standardized, comprehensive cardiovascular disease care in pregnancy was crucial for reducing maternal morbidity and mortality.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, expressed her organization's concern at the slow and unequal progress on women's, children's and adolescents' health. She called on Member States to strengthen primary health services to more effectively prevent, diagnose and treat the causes of maternal and child mortality; invest in a strong health care workforce; and remove out-of-pocket payments for the most vulnerable. She welcomed the draft decision.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, urged Member States to ensure affordable access to vital medications for pregnancy, childbirth and paediatric care, especially in low- and middle-income countries. Collaborative efforts were crucial in reducing maternal and child mortality

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

<sup>2</sup> World Health Organization terminology refers to "Taiwan, China".

rates and advocating for quality health care, essential medicines and reproductive health. Strategies for improved health care infrastructure, nutrition programmes and sanitation access should be evidence-based and adequately resourced.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that the lack of integration of sexual and reproductive health services into health benefits packages, policies and laws stemmed from deep-rooted inequalities and gender discrimination. Investing in sexual and reproductive health and education would accelerate progress to end maternal mortality by ensuring prenatal and postnatal care, reducing unintended pregnancy, eliminating unsafe abortion, and ensuring access to modern contraceptives and testing and treatments for sexually transmitted infections.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, welcomed the draft decision and the proposed call for increased research and development of health tools to address the medical needs of women and children. Children required specific formulations of drugs, which were often either not developed or delayed. She therefore called for support for the work of the Global Accelerator for Paediatric Formulations Network. There were also gaps in knowledge of the impact of medicines on women, as they were often excluded from clinical trials.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that a lack of access to quality health care, critical interventions and skilled birth attendants heightened the vulnerability of women and children. A holistic approach was required when developing resilient health systems for the well-being of mothers and children in resource-constrained environments. She urged Member States to prioritize investment in maternal and child health, enhance health systems for universal coverage, and involve youth organizations, including health students, in health policy development and implementation.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that the incidence of cancer in childhood was highest in the under-5 age group and highlighted the disparity between survival rates in low-, middle- and high-income settings. She applauded the efforts of the Global Initiative for Childhood Cancer and called on Member States to expand and support its implementation.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding was the single most effective intervention in preventing deaths in children under 5 years of age and protecting mothers against disease. Women should be supported in their right to feed their babies as they wished and they should be protected from the misleading marketing of unnecessary products. In addition, Member States should make decisions that protected people and the climate.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern about the persisting omission of alcohol as a major risk factor for maternal and newborn health and child survival. He called on WHO and its Member States to increase awareness of alcohol as an obstacle to achieving Sustainable Development Goal targets 3.1, 3.2 and 5.6, and to implement policy solutions against alcohol.

The representative of the MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, commended the draft decision, which would accelerate progress and provide necessary support. Stakeholders should scale up access to preventive tools and treatments and include

pregnant and lactating women in research and clinical trials, to improve the quality of data and the availability of therapeutic options. For children, there should be continued support for innovative child-friendly technologies. She suggested that the draft decision should include a reference to the Global Accelerator for Paediatric Formulations Network.

The representative of UNFPA echoed the need for increased investment in maternal and newborn health, integrating it into a broader spectrum of sexual and reproductive health services. A significant focus should be placed on enhancing midwifery capacity, given that trained midwives were able to deliver 90% of all essential sexual and reproductive health services across the life course. Global benchmarks for midwifery were key for directing focused investments, ensuring integrated service delivery and enhancing global accountability.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked the Government of Somalia for bringing such a crucial issue back before the Executive Board. The Secretariat shared the concerns of Member States over the fact that 63 countries were not on track for the target relating to newborn mortality, 53 countries were not on track for the target relating to under-5 mortality, and that 80% of countries would not meet the maternal mortality target. Despite renewed pledges under the Sustainable Development Goals, maternal and child mortality was likely to become an unfinished agenda. The fact that many deaths were preventable was a major concern, and he recognized the challenges to be overcome, many of which were systemic. Intensified efforts were needed to address gaps in the health care workforce and midwifery as a major priority, as well as out-of-pocket payments and infrastructure. He noted the progress made in some countries to reorient their systems towards the primary health care approach and to make the reduction of maternal mortality a national priority.

He took note of the requests made to the Secretariat and said that it would prioritize sharing best practices and lessons learned, generating an evidence base, and working hard to address the midwifery gap, among other areas. The Secretariat would also support the consultations on the draft decision in the intersessional period. It was regrettable that the maternal mortality rate, in particular, had not improved in seven years. While only six years remained to the 2030 deadline, it was possible to make changes in that period.

The DIRECTOR-GENERAL expressed sadness that a woman died every two minutes from preventable maternal causes; no woman should die while giving life. While progress had stalled towards achieving the Sustainable Development Goal targets, it was important to believe that they could be achieved if the right action was taken. Focusing on maternal mortality, he said that it was vital to implement the road map to combat postpartum haemorrhage by the year 2030. It was important to ensure that the root causes of maternal mortality in each country were properly assessed and that tailored measures were implemented. WHO and its partners would focus on actions in high burden countries, however, every Member State should demonstrate its political commitment to achieving the targets.

**The Board noted the report.**

The CHAIR took it that the Board agreed to postpone the adoption of the draft decision on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2 so as to allow for further consultations among Member States during the intersessional period on the text of the draft resolution contained therein.

**It was so agreed.**

**4. ANTIMICROBIAL RESISTANCE: ACCELERATING NATIONAL AND GLOBAL RESPONSES:** Item 13 of the agenda (document EB154/13)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on antimicrobial resistance: accelerating national and global responses, proposed by Australia, China, Ecuador, Egypt, Japan, Mexico, Norway, Oman, Qatar, Saudi Arabia, South Africa, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Member States of the European Union. The draft decision read:

The Executive Board, having considered the report by the Director-General on WHO strategic operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035,<sup>1</sup>

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

The Seventy-seventh World Health Assembly,

(PP1) Having considered the report by the Director-General;

(PP2) Recalling resolution WHA68.7 (2015), in which the Health Assembly adopted the global action plan on antimicrobial resistance<sup>2</sup> and urged Member States, inter alia, to develop and implement national action plans that are aligned with the global action plan;

(PP3) Recognizing the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance (2016) (United Nations General Assembly resolution 71/3), and the commitment therein to develop multisectoral national action plans in line with the global action plan on antimicrobial resistance adopted by the Health Assembly in resolution WHA68.7 (2015);

(PP4) Noting the contributions to addressing antimicrobial resistance of the global high-level ministerial conferences on antimicrobial resistance in 2014 and 2019 in the Netherlands, and in 2022 in Oman, which resulted in the endorsement by 47 Member States of the Muscat Ministerial Manifesto on Antimicrobial Resistance; and welcoming the forthcoming fourth Global High-Level Ministerial Conference on Antimicrobial Resistance in the Kingdom of Saudi Arabia in November 2024, and the high-level meeting of the General Assembly on antimicrobial resistance, which will take place in September 2024;

(PP5) Recalling the recommendations made by the ad hoc inter-agency coordination group on Antimicrobial Resistance, established by United Nations General Assembly resolution 71/3 (2016), to the United Nations Secretary General in April 2019 and resolution WHA72.5 (2019), in which the Health Assembly requested the Director-General to ensure a unified and non-duplicative effort;

(PP6) Noting the establishment of the Antimicrobial Resistance Multi-Stakeholder Partnership Platform to catalyse global action by fostering cooperation between a diverse range of relevant stakeholders at all levels; the contributions of the One Health Global Leaders Group on Antimicrobial Resistance to raising political importance and visibility of, and accelerating actions on, antimicrobial resistance; the work of the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme);

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<sup>1</sup> Document EB154/13.

<sup>2</sup> “Antimicrobial resistance” refers to the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections.



the One Health High-Level Expert Panel; the Antimicrobial Resistance Multi-Partner Trust Fund; and the ad hoc Codex Intergovernmental Taskforce on Antimicrobial Resistance;

(PP7) Acknowledging the growing global threat and crisis of antimicrobial resistance, rising incidence of resistant infections, and loss of effectiveness for an increasing number of antimicrobials, driven by factors such as inappropriate use of antimicrobials in the human health, food production, animal health, and environment sectors;

(PP8) Further acknowledging drivers of antimicrobial resistance, including lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment guidelines; excessive use of antimicrobials during the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured antimicrobials;

(PP9) Noting the importance of infection prevention and control programmes in health care facilities, and noting with concern the increasing burden of health care-associated infections, often by antibiotic-resistant pathogens, which harm patients and health care providers and usually spread to the community; and recognizing that at least half of the world's health care facilities lack basic hand hygiene services;

(PP10) Noting that, as at December 2023, 178 WHO Member States had developed multisectoral national action plans on antimicrobial resistance, but Tracking Antimicrobial resistance Self-Assessment Survey (TrACSS) 2023 data show only 27% of Member States monitored and implemented their national action plans effectively and only 11% of Member States had allocated national budgets for implementation; and noting further that achievements were hampered by the lack of multisectoral and health-sector coordination, implementation capacities and availability of technical and funding support;

(PP11) Noting also that the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics provides evidence-based guidance and can be applied to improve antibiotic prescribing and dispensing for the most common clinical infections in children and adults;

(PP12) Recognizing that the Global strategy on infection prevention and control, adopted by the Health Assembly through decision WHA76(11) in May 2023, requires full implementation by WHO Member States in order to achieve its vision that “by 2030, everyone accessing or providing health care is safe from associated infections”;

(PP13) Noting that in his progress report to the Seventy-sixth World Health Assembly,<sup>1</sup> the Director-General highlighted the need to accelerate the implementation of national action plans on antimicrobial resistance and proposed the development of a WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector;

(PP14) Noting also that the WHO Secretariat has developed WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, which, inter alia, cover the needs for a national and global concerted response, and set out priorities for: (a) prevention of infections; (b) universal access to quality diagnosis and appropriate treatment; and (c) strategic information and innovation, for example surveillance of antimicrobial resistance and antimicrobial consumption and use, and research and development for vaccines, diagnostics and treatments – all of which will support a broad, health system-wide response to antimicrobial resistance;

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<sup>1</sup> Document A76/37, D.

(PP15) Noting further that the WHO Secretariat conducted a global online consultation of the draft WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, and that the consultation results were considered by the Executive Board at its 154th session;

(PP16) Noting also that the United Nations General Assembly in its resolution 76/257 (2022) decided to hold a high-level meeting of the General Assembly on antimicrobial resistance in 2024, in collaboration with the Quadripartite organizations and with the support of the One Health Global Leaders Group on Antimicrobial Resistance,

(OP)1. CALLS UPON the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme) at national, regional and global levels to continue working with their Member States on collaborative efforts to address antimicrobial resistance through a One Health approach, and to ensure alignment and collaboration with other United Nations agencies and international organizations, where appropriate;

[(OP)2. ADOPTS the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;<sup>1</sup>]

(OP)3. URGES Member States:<sup>2</sup>

(1) to fully engage in the preparation of the high-level meeting of the General Assembly on antimicrobial resistance in 2024, including the development of a concise and action-oriented, consensus-based political declaration, which may include measurable and relevant targets and indicators, and to participate in this high-level meeting at the highest level, preferably at the level of Heads of State and Government;

(2) to continue strengthening their national multisectoral governance mechanisms for the oversight, monitoring and improvement of the performance of national action plans on antimicrobial resistance; to provide funding support for the implementation of such plans; and to strengthen multisectoral collaboration with relevant partners at national, regional and global levels, to address antimicrobial resistance in a synergistic way;

[(3) to apply, in their national action plans, the three strategic priorities of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 (prevention of infections that give rise to the use of antibiotics; universal access to quality diagnosis and appropriate treatment of infections; and strategic information and innovation); to establish ambitious yet achievable objectives, targets and indicators and timelines for their achievement; to provide funding for effective implementation; to strengthen monitoring and evaluation systems in the national action plan; to integrate the core package of interventions in the WHO's people-centred approach to addressing antimicrobial resistance in human health in universal health coverage benefit packages; and participate in the Tracking Antimicrobial resistance Country Self-assessment Survey (TrACSS) to monitor progress of national action plan

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<sup>1</sup> This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

<sup>2</sup> And, where applicable, regional economic integration organizations.

implementation; and to undertake all the above-mentioned actions in accordance with the national context;<sup>1]</sup>

(4) to strengthen prevention of antimicrobial resistance through, inter alia, implementation of WHO's global strategy on infection prevention and control (2023), the Immunization Agenda 2030, and the WHO water, sanitation and hygiene strategy 2018–2025, and by monitoring and addressing substandard and falsified antimicrobial agents;

(5) to strengthen the capacities and standards of laboratories, including in respect of a trained workforce and systems of surveillance for antimicrobial resistance; to participate in the WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS); to monitor antimicrobial consumption and use in the human health sector and inform health facility and national policy decisions to improve antimicrobial stewardship; and to collect nationally representative data on prevalence and profiles of antimicrobial resistance, and mortality attributable to antimicrobial resistance; and to undertake all the above-mentioned actions in accordance with the national context;

(6) to promote timely and equitable supply of quality and affordable essential vaccines, diagnostics and antimicrobials, and ensure their appropriate use including by applying the WHO Access, Watch and Reserve (AWaRe) list; to strengthen diagnosis, infection prevention and control and water, sanitation and hygiene (WASH) services in health care facilities; and to support access to services by patients; and to undertake all the above-mentioned actions in accordance with national context;

(7) to increase coverage of national immunization programmes and maximize their benefits for infection prevention, including reducing the risk of secondary infections and supporting antimicrobial stewardship efforts;

(8) to support targeted awareness-raising measures, including communication and information campaigns and behavioural change initiatives for both health care workers and communities; to strengthen antimicrobial stewardship competencies in health care professionals; to build the technical competency of the health workforce by integrating antimicrobial resistance modules in pre- and in-service education and training curricula; and to sensitize the general public to the importance of appropriate use of antimicrobial agents; and to undertake all the above-mentioned actions in accordance with the national context;

(9) to support innovative initiatives that foster research and development for new vaccines, diagnostic tools, antimicrobials, therapeutics, and alternatives to traditional antibiotics, including basic, applied and implementation research and research on novel approaches to infection prevention and control and antimicrobial stewardship; to preserve the effectiveness of the existing antimicrobial medicines through collaboration with academic institutions, civil society organizations and the private sector through appropriate mechanisms; and to promote the local production of antimicrobials and other health products to address antimicrobial resistance;

(10) to strengthen international cooperation in addressing antimicrobial resistance, especially to enhance implementation capacities;

(OP)4. REQUESTS the Director-General:

(1) to provide support and guidance to Member States in the preparations for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

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<sup>1</sup> This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

(2) to support the negotiations of the political declaration and proceedings of the 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance by producing an updated report on progress, achievements and challenges in implementation of national action plans, including multisectoral and multistakeholder coordination mechanisms, and proposing solutions, as technical inputs; and to coordinate Member States briefing sessions to facilitate informed discussions;

(3) to continue to work with the Quadripartite organizations and other relevant United Nations and international organizations to address antimicrobial resistance through multisectoral approaches and in line with a One Health approach, including to align and reduce duplication of efforts and to prepare for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

[(4) to provide technical support to Member States upon request on the application of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 in national action plans; to establish ambitious yet achievable national objectives, targets and indicators in line with the three strategic priorities; to apply the WHO’s people-centred approach for addressing antimicrobial resistance in the human health sector and the WHO Access, Watch and Reserve (AWaRe) classification to improve antimicrobial stewardship, and estimate attributable mortality from antimicrobial resistance;<sup>1]</sup>

(5) to support Member States, upon request, in mobilizing domestic and international funding for implementing national action plans on antimicrobial resistance, and facilitate learning and sharing experiences and good practice across Member States;

[(6) to continue providing support for strengthening Member States’ capacities through capitalizing antimicrobial resistance expertise from the countries, WHO regional offices, WHO collaborating centres, and relevant Secretariat departments, including but not limited to the WHO Academy;<sup>2]</sup>

(7) to support Member States, upon request, in their participation in the WHO Global Antimicrobial Resistance and Use Surveillance System, including to monitor antimicrobial resistance and antimicrobial consumption and use in the human health sector, and to inform policy at health care facility and national levels;

(8) to continue submitting consolidated biennial reports on progress achieved in implementing this resolution to the Health Assembly, as requested by resolutions WHA68.7 (2015) and WHA72.5 (2019), with reports to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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<sup>1</sup> This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

<sup>2</sup> Subject to further clarification from the Secretariat on the function of the WHO Academy prior to the Seventy-seventh World Health Assembly.

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

<b>Decision:</b>	Antimicrobial resistance: accelerating national and global responses
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	11 years (2025–2035).
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 503.25 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b>	US\$ 41.03 million. Only anticipated costs for 2025 have been included to align with the estimated time frame.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b>	US\$ 85.34 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 376.88 million.

**5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**

– **Resources available to fund the decision in the current biennium:**

US\$ 10.22 million.

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

US\$ 30.81 million.

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

US\$ 23.00 million.

Partners supporting WHO's work on antimicrobial resistance: Asia-Europe Foundation, Centers for Disease Control and Prevention (United States of America), Denmark, European Commission, Fleming Fund (United Kingdom of Great Britain and Northern Ireland), Foundation for Innovative New Diagnostics, France, Global Antibiotic Research and Development Partnership, Germany, Japan, Netherlands (Kingdom of the), Norwegian Agency for Development Cooperation, Republic of Korea and Saudi Arabia.

**Table. Breakdown of estimated resource requirements (in US\$ millions)<sup>a</sup>**

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	2.31	1.20	1.95	1.85	1.22	1.00	11.90	21.41
	Activities	1.95	1.43	1.95	2.36	1.74	1.13	9.06	19.61
	Total	4.26	2.63	3.89	4.21	2.96	2.13	20.95	41.03
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	4.80	2.49	4.05	3.84	2.54	2.07	24.74	44.54
	Activities	4.06	2.98	4.05	4.91	3.61	2.35	18.84	40.80
	Total	8.86	5.47	8.10	8.75	6.15	4.42	43.58	85.34
<b>B.4. Future bienniums resources to be planned</b>	Staff	21.20	11.01	17.87	16.96	11.22	9.16	109.27	196.70
	Activities	17.94	13.14	17.89	21.68	15.95	10.36	83.21	180.18
	Total	39.14	24.15	35.77	38.64	27.17	19.52	192.48	376.88

<sup>a</sup> The row and column totals may not always add up, owing to rounding.

The CHAIR said that consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period since that text was not yet ready for adoption.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the strategic and operational priorities proposed in document EB154/13, which would guide Member States in scaling up coordinated action across the human health sector using a One Health approach. Member States should strengthen national health systems to address the impact of antimicrobial resistance, and encourage multisectoral and cross-cutting actions. Moreover, the response to antimicrobial resistance had to be tailored to the different contexts within the Region in order to be effective. Progress was being made in tackling antimicrobial resistance in hospitals, but more needed to be done at the primary and emergency health care levels and in public health programmes,

with a particular focus on infection prevention. The WHO AWaRe (Access, Watch, Reserve) antibiotic book was an important resource to improve the rational use of antibiotics. Antibiotics should no longer be used as a substitute for basic hygiene, accurate diagnosis and more appropriate treatment. Related workforce concerns should be addressed, including the need for a sufficient, motivated and trained health workforce.

The representative of the UNITED STATES OF AMERICA requested more information on how WHO's strategic people-centred approach and the global antimicrobial resistance technical assistance mechanism would operate and enable accelerated support for Member States. She appreciated the Secretariat's dedication to prioritizing antimicrobial resistance on the global political agenda and its support in preparing draft commitments for the second high-level meeting of the United Nations General Assembly on antimicrobial resistance in September 2024. She looked forward to collaboration among Member States, the Secretariat, members of the Quadripartite alliance on One Health and others to address the growing threat of antimicrobial resistance. As the Secretariat's cooperation with all stakeholders was a vital part of its mandate, she urged the Secretariat to ensure that WHO was fully inclusive of all partners, including Taiwan.<sup>1</sup> Her Government expressed support for the participation of Taiwan<sup>1</sup> as an observer to the World Health Assembly and in WHO's work.

The representative of JAPAN, emphasizing the importance of the three urgent strategic priorities, said that Member States should allocate resources for their implementation at the country level. He expressed concern that, while most Member States had developed national action plans on antimicrobial resistance, only a limited number had allocated funds from the national budget to countermeasures. The high-level meeting in September 2024 would provide a good opportunity to boost political momentum for countermeasures. In addition, it was important to benefit from lessons learned in past successes in antimicrobial resistance. In that regard, participation by observers from regions such as Taiwan<sup>1</sup> which had achieved notable public health successes, would contribute to preventing the spread of infectious diseases worldwide. He emphasized that no region should be left behind in addressing global health issues such as infection prevention and control.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, highlighted the urgent need to accelerate the development and implementation of national action plans on antimicrobial resistance in order to address identified major gaps, alleviate the burden on health systems, and foster better preparedness and response to health emergencies. That would require support from WHO regional and country offices. The priorities and actions outlined in the report were well aligned with the African Regional Strategy for Expediting the Implementation and Monitoring of National Action Plans on Antimicrobial Resistance, 2023–2030. The Member States in his Region looked forward to the high-level meeting in September 2024 and its outcome.

The representative of TOGO detailed measures taken by his Government to address antimicrobial resistance, including through multisectoral and One Health actions and the processing of surveillance data. His Government valued the possibility of sharing information with other Member States.

The representative of YEMEN said that addressing antimicrobial resistance was important because of its impact on human, animal and plant health, and on mortality and morbidity rates. Policy and legislation should be adopted to ensure the rational use of antibiotics. He outlined some of the measures taken by his Government to address the issue.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

The representative of MALAYSIA, commending WHO leadership in spearheading global efforts against antimicrobial resistance, gave details of steps taken by her Government to tackle the problem. The Secretariat should provide tailored technical support to Member States to integrate the strategic priorities into national action plans, including through the proposed global antimicrobial resistance technical assistance mechanism and diagnostic initiative, robust laboratory infrastructure and cost-effective diagnostics, improved patient care, early illness diagnosis and antimicrobial resistance management. Her Government supported the development of an accountability framework and urged Member States to sustain their commitment to combating antimicrobial resistance.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, and the European Free Trade Association country Norway, a member of the European Economic Area, aligned themselves with her statement. She welcomed the progress made in addressing antimicrobial resistance, although it remained a major global health threat. Strong action and ambitious policies under the One Health approach should underpin the implementation of national action plans, for which adequate funding must be ensured. The prudent and responsible use of antimicrobial agents and high standards of infection prevention and control should be implemented to reduce the risk of antimicrobial resistance. She welcomed the Secretariat's evidence-based guidance in that regard.

Welcoming the strategic and operational priorities, she encouraged support for research and development on new antimicrobial agents and other medical technologies. Setting measurable targets, especially for reducing antimicrobial consumption, would be an effective tool, and the development of an accountability framework was therefore welcome. She urged Member States to cooperate to build the capacity to implement targeted antimicrobial resistance initiatives, particularly in low- and middle-income countries. She appreciated the people-centred approach taken by WHO; nevertheless, collaboration with the quadripartite organizations to expand work on antimicrobial resistance to all sectors and disciplines should continue.

The representative of CANADA said that the lack of dedicated funding for implementation of national action plans posed a critical challenge; innovative avenues should be explored to secure financial and technical support for the effective execution of the plans, especially in lower-income settings. The forthcoming high-level meeting would draw greater attention to the escalating multisectoral crisis. Setting clear targets and emphasizing accountability would drive meaningful outcomes, including on taking a One Health approach. In developing indicators for an accountability framework, he asked the Secretariat to define or explain the proposal to use global burden of disease data to understand what scope of data might be provided for such indicators and ensure actions were feasible across Member States.

The representative of the COMOROS drew attention to the fact that Member States were at different stages in terms of leadership, governance, funding, multisectoral action, specialized human resources, monitoring of systems and health training. She called for a resolution to increase investment in health, including to combat antimicrobial resistance, to improve global health security and attain universal health coverage. She called for recognition of the needs of small island developing States, in order to receive targeted support from the Secretariat and stakeholders.

The representative of TIMOR-LESTE provided details of initiatives taken by his Government to address antimicrobial resistance. The proposed strategic and operational priorities for antimicrobial resistance had already been incorporated into his Government's national plans for the health sector and for antimicrobial containment. His Government called on the Secretariat and WHO partners to continue supporting its efforts to implement its national action plan for antimicrobial containment.



The representative of MALDIVES affirmed her Government's steadfast commitment to combating antimicrobial resistance at the national and global levels. To facilitate people-centred approaches in Member States, global forums must exchange information, knowledge and research findings to inform antimicrobial resistance containment and prevention policies and practices. She noted with appreciation the proposed comprehensive WHO strategic and operational priorities, and recognized the challenges faced by some Member States, especially low- and middle-income nations. She supported the draft decision.

The representative of AUSTRALIA, welcoming the people-centred approach to antimicrobial resistance, said that monitoring implementation was important and that consultation with Member States was essential to reaching agreement on an accountability framework, global targets and financing. Inclusivity had never been more important; no population or potential partners should be excluded from collective actions. The draft decision would enhance political efforts and mobilize funding to accelerate the implementation of national antimicrobial resistance action plans.

The representative of ETHIOPIA said that, to address antimicrobial resistance in the human health sector, it was crucial to: integrate strategic and operational priorities to combat drug-resistant bacterial infection into national antimicrobial resistance action plans; share of best practices; receive customized support from regional offices; strengthen financing mechanisms and governance structures to implement global and national action plans, including monitoring systems; and advocate enhanced political commitment across all levels of governance. Furthermore, WHO should support consultations to ensure that the proposed strategic and operational priorities were adequately reflected in the discussions and outcomes of the 2024 high-level meeting.

The representative of BRAZIL welcomed the notable shift in the approach of the antimicrobial resistance response document, which placed more focus on its impact on the population and health systems. His Government supported the development of strategies and actions by Member States to slow down the progress of antimicrobial resistance; which should include strengthening health sector governance structures, sustainable financing, monitoring and evaluation, and updating legislation. He emphasized the need to integrate the action and prevention strategies for other diseases with the antimicrobial resistance strategy, especially in the preparation and response to public health emergencies. He expressed support for the draft decision.

The representative of BARBADOS said that many small island developing States did not have the necessary human, financial and technical resources to make a significant impact on the control of antimicrobial resistance at the global level. However, much could be done at the regional and local levels, including public awareness and education; strengthening laboratory systems through access to new and emerging technologies and training laboratory staff in antimicrobial resistance; expanding research and development capabilities; and collaborating with other stakeholders to promote a One Health policy and framework. His Government supported the strategic priorities, and urged the Secretariat to continue its commitment to tackling antimicrobial resistance in the Region. He looked forward to the high-level meeting and its outcome.

The representative of SLOVENIA said that his Government supported the proposed strategic priorities, the people-centred approach to antimicrobial resistance and the development of an accountability framework. He highlighted the benefit of involving key partners and networks, including civil society and youth, particularly to enhance health literacy. His Government fully supported the planned actions, the implementation of which should be supported by the Secretariat.

The representative of SWITZERLAND welcomed the planned accountability framework which, together with the strategic and operational priorities set, could serve as the basis for defining global

targets for human health. The year 2024 would be important for the fight against antimicrobial resistance, and she expressed the hope that ambitious commitments would be made at the high-level meeting, and at the Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance.

The representative of the REPUBLIC OF MOLDOVA called for more funds and expertise to address antimicrobial resistance at the national level to: strengthen national capacities, coordination mechanisms and policy development in the human, veterinary and agricultural sectors; harmonize national legislation with European Union and international standards; strengthen national laboratory networks for surveillance of antimicrobial resistance; and raise awareness of antimicrobial resistance. Mechanisms for the market authorization, prescription and distribution of antimicrobial products in the human, veterinary and agricultural sectors should be strengthened, and the market circulation of antimicrobial agents and circulating antimicrobial-resistant microorganisms should be monitored.

The representative of PERU said that the core package of interventions recommended in the report were essential and should be incorporated into updated national antimicrobial resistance action plans, which must be sufficiently funded and implemented by all relevant stakeholders, including quadripartite partners. Instruments were therefore required to establish an integrated framework, which would set in motion multisectoral action, with the consensus of all regional organizations. That would avoid fragmentation and ensure the implementation of a One Health approach.

The representative of DENMARK, speaking in her national capacity, said that a strong global response to antimicrobial resistance was important; concrete and ambitious global targets must be set for a reduced burden of infections with resistant microorganisms and for antibiotic use. There was also a need for increased and transparent global sharing of data to guide national and global action. Increased support for implementation, especially in low- and middle-income countries, was crucial. Infection prevention and control, along with water, sanitation and hygiene, and vaccination programmes, continued to be crucial weapons in the fight against antimicrobial resistance, especially in the context of increased infection risk resulting from climate change.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA encouraged the Secretariat to increase its technical and logistical support to help Member States to integrate the three strategic priorities into national action plans and to develop affordable, rapid and accurate diagnosis and treatment of drug-resistant bacterial infections in primary health care units. Turning to the participation of the Chinese Taiwan region<sup>1</sup> in WHO meetings, his Government reiterated its recognition of the one-China principle, and opposed any politicization of technical matters in WHO.

The representative of CHINA said that, as a member of the Executive Board, his Government had been actively fulfilling its responsibilities and discussing technical global health issues with all Member States. However, his Government once again noted with regret that individual Member States had made statements that were inconsistent with the technical matters under discussion, infringing on the sovereignty of China, to which his Government objected. He urged the Chair to remind Member States that the Board was a platform for discussion on health-related technical issues. Reaffirming that his Government attached great importance to the management of antimicrobial resistance, he detailed measures taken and planned to address the issue in the human and animal health, and environmental sectors.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

The representative of BELARUS said that his Government could not support the participation of Taiwan<sup>1</sup> as an observer in the Health Assembly. The one-China principle must be adhered to, and WHO's platforms should not be politicized.

(For the continuation of the discussion, see the summary record of the thirteenth meeting, section 2.)

**The meeting rose at 17:45.**

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".