

**PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING**

**WHO headquarters, Geneva  
Friday, 26 January 2024, scheduled at 18:00**

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

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## THIRTEENTH MEETING

Friday, 26 January 2024, at 18:20

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

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

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

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

**Engagement with non-State actors:** Item 25.4 of the agenda (continued from the twelfth meeting, section 1)

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

The CHAIR drew attention to the draft decision on engagement with non-State actors contained in document EB154/37, the financial implications of which were contained in document EB154/37 Add.1.

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 60–67 of document B154/4, particularly the recommendation therein that the Board note the reports in documents EB154/36 and EB154/37. The Committee further recommended that the Board adopt the draft decision contained in document EB154/37, with the exception of operative paragraph 1(a), on which it invited the Board to make a decision.

The representative of the UNITED STATES OF AMERICA thanked the Secretariat for its work to implement the Framework of Engagement with Non-State Actors. Her Government valued efforts to increase engagement with non-State actors, which had been critical partners in implementing national programmes and in championing issues that were not always the centre of attention. The Framework had made a positive difference in that regard. She supported the draft decision.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed deep concern regarding the proposal to consider The Center for Reproductive Rights, Inc. for admission into official relations with WHO. Although non-State actors could make valuable contributions to the work of the Organization, such efforts must be aligned with national contexts, priorities and laws. Activities by non-State actors relying on controversial mandates or transgressing Member States' laws and cultural norms were likely to face financial, legal and political challenges, which could threaten the credibility and reputation of WHO. The Board must therefore take into account the legal and operational implications of cooperation with such organizations. The Center for Reproductive Rights, Inc. promoted principles that were contrary to the culture and traditions of his Region and inconsistent with the national laws of most Member States.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that all members of the Programme, Budget and Administration Committee had clearly agreed that both Rare Diseases International and The Center for Reproductive Rights, Inc. met the criteria agreed upon in the Framework of Engagement with Non-State Actors. The Committee should, therefore, have recommended the admission of both non-State actors into official relations with WHO, in line with paragraphs 60 and 61 of the Framework. Expressing full support for implementation of the Framework, she further noted that both non-State actors already had ongoing relations with WHO and established status with other bodies of the United Nations. It was regrettable that the Committee had not agreed on a recommendation to the Board, thereby failing to fulfil its mandate under the Framework. Each application was carefully considered by the Secretariat in line with the criteria and procedures of the Framework; she therefore encouraged Board members to admit both non-State actors into official relations with WHO.

The representative of CANADA expressed support for the full draft decision, including the admission of Rare Diseases International and The Center for Reproductive Rights, Inc., into official relations with WHO. Following extensive negotiations, the Framework of Engagement with Non-State Actors had been adopted to bring consistency, transparency and rigour to the decisions made in that regard, including through the completion of due diligence and a risk assessment for all applications. The Secretariat had reviewed the applications from both non-State actors and had indicated that the established criteria had been fulfilled. For its part, the Committee had not identified any issues with the application of the eligibility criteria. Her Government was pleased that the Framework was in place to guide WHO in meeting its mandate, and was ready to accept the decision as drafted.

The representative of BARBADOS welcomed the reports and reaffirmed his Government's support for the Framework of Engagement with Non-State Actors. Given their contribution to WHO's work, it was important to have a transparent and legitimate process to allow non-State actors meeting the agreed criteria to be admitted into official relations with the Organization. His Government did not therefore object to the proposal to admit Rare Diseases International and The Center for Reproductive Rights, Inc. into official relations.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, commended the implementation of the Framework of Engagement with Non-State Actors, which had supported Member States to advance public health policy and respond to health challenges. A particularly positive outcome had been the mobilization of additional funding for a swift response to health challenges in the Region, including health emergencies. He also welcomed the launch of the Partners Platform 2.0, which enabled the prompt detection of, and response to, health emergencies, and commended efforts to build Member States' capacities to collaborate with non-State actors. Given the heavier workload generated by implementation of the Framework, he asked the Secretariat to allocate specific resources to the African Region to support the further strengthening of Member States' capacities to foster partnerships for population health and well-being over the long term. However, he expressed concern regarding the admission of non-State actors that did not respect Member States' cultures and values. He therefore requested the delay of the admission process, in order to better understand the implications of such decisions.

The representative of AUSTRALIA, recalling that partnerships with non-State actors advanced the common interest of better health for all, said that Member States should be wary of decisions that undermined the Framework of Engagement with Non-State Actors. He welcomed the Programme, Budget and Administration Committee's unambiguous support for the Framework, noting that the Committee had emphasized its trust in the Secretariat and had not identified any issues with the application of the Framework's eligibility criteria, due diligence or related processes. Those criteria had been painstakingly negotiated and were fundamental to the Framework's integrity; blocking the

approval process for applications that satisfied them would undermine its core purpose. The Framework must be protected as it enhanced transparency by giving Member States greater insight into the non-State actors engaging with WHO, and improved efficiency, since it removed the need for Member States to debate the admission of non-State actors during governing bodies meetings. Upholding the Framework meant accepting the conclusion of assessments under its criteria. Proposing postponement or a vote on applications satisfying the established criteria showed fundamental disrespect for any prior assessment using those criteria and rendered the Framework unusable. His Government therefore supported the full draft decision, including paragraph 1(a).

The representative of MALAYSIA said that, given that the Board had received a letter from a group of civil society organizations protesting against the establishment of official relations with The Center for Reproductive Rights, Inc., the members of the Board should advise the Secretariat on the matter. The Framework's principles stated that any engagement must not compromise WHO's integrity, independence, credibility and reputation. Since that principle was being questioned by civil society and some Member States, the Secretariat should exercise due diligence and address the matter before requesting the Board to endorse that organization.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the report of the Programme, Budget and Administration Committee indicated that consensus had not been reached. During that meeting, his Government and others had proposed postponing consideration of the application, for the reasons given by previous speakers. His Government maintained that position.

The representative of SENEGAL echoed the statement given on behalf of his Region and endorsed the statement delivered by the representative of Yemen on behalf of the Member States of the Eastern Mediterranean Region. While his Government prioritized maternal and child health, it categorically opposed any controversial motions that went against its culture and sovereignty.

The representative of MOROCCO stressed that the Programme, Budget and Administration Committee had not questioned the Secretariat's implementation of the Framework. However, it had been unable to issue a recommendation regarding the admission of The Center for Reproductive Rights, Inc. into official relations with WHO, chiefly due to concerns that such a step might go against the principles of the Organization. In the absence of a recommendation from the Committee, the Board should be given more time to consult with the Secretariat and improve its understanding of the proposed areas of collaboration with that actor. She agreed that engagement with non-State actors must not compromise WHO's integrity, independence, credibility and reputation, as stipulated in the Framework. It was also important to recall that false claims regarding WHO's mandate could circulate in the media, influencing public opinion and national policies. In that context, implementation of the Framework, notably the decision on collaboration with the Center for Reproductive Rights, Inc., was a test of the trust between the Secretariat and Member States.

The representative of BRAZIL highlighted the importance of WHO's engagement with non-State actors, observing that their input was necessary to properly address the complex issues under discussion. Indeed, the inclusion of diverse perspectives in public debate would advance health equity, which was a central concern for the Organization. She therefore welcomed the growing interest of non-State actors in the work of WHO and encouraged continued openness in engaging with them.

The representative of FRANCE recalled that the Programme, Budget and Administration Committee had noted that the two non-State actors concerned met all the eligibility criteria for admission into official relations with WHO. She thanked the Secretariat for its rigorous application of the Framework, which had enabled the effective formalization of relations with non-State actors for many years. On that basis, the Committee should have recommended the admission of both non-State actors

into official relations with WHO. The Board should likewise decide in favour of admitting them, as it had always done in the past. In the absence of a recommendation from the Committee, the Board's action should be guided by the principle of upholding the Framework, which had been agreed by consensus following complex negotiations. Moreover, the Secretariat must be allowed to consider applications for admission into official relations without impediment or needless overcomplication. She therefore called for the draft decision, including paragraph 1(a), to be adopted without amendment.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region and Egypt, endorsed the statement delivered by the representative of Malaysia and the statement given by the representative of Yemen on behalf of the Member States of the Eastern Mediterranean Region. She acknowledged the importance of the Framework, but reiterated the need to be sensitive to Member States' concerns.

The representative of PARAGUAY, stressing the importance of non-State actors in the work of WHO, said that it should nonetheless be taken into account that Member States were sovereign and independent. Her Government could not therefore support paragraph 1(a) of the draft decision, although it would continue to support the involvement of non-State actors, in accordance with national law.

The representative of the SYRIAN ARAB REPUBLIC expressed appreciation for the effective collaborative work of many non-State actors and thanked the Secretariat for establishing fair criteria for their admission into official relations with WHO. However, she noted with concern that the social, cultural and religious contexts of Member States were not taken into account in applying those criteria, which was important given WHO's position as an international organization that worked on the basis of fair and transparent consultation among Member States. In that context, she supported the statements made by the representatives of Malaysia and the Democratic People's Republic of Korea. Her Government did not wish to call into question the Secretariat's motivations in establishing the admission criteria, but believed that the applications should be re-examined in the light of the differences between Member States. She did not support the draft decision.

The representative of COLOMBIA,<sup>1</sup> speaking also on behalf of Argentina, Brazil, Canada, Chile, Ecuador, the United States of America, Haiti, Mexico, Peru, the Dominican Republic and Uruguay, said that non-State actors played an essential role in WHO's work to improve and promote public health. The Framework of Engagement with Non-State Actors was intended to ensure the integrity of partners and that their purpose was aligned with that of WHO; it also promoted transparency and plurality in decision-making processes, and prevented misinformation. To protect the integrity of the Framework and the independence of WHO, the Board should note that Rare Diseases International and The Center for Reproductive Rights, Inc. had met the requirements established by Member States under the Framework, as assessed by the Secretariat, and that the Programme, Budget and Administration Committee had upheld that assessment. Rejecting those applications in the absence of concerns about the basis for the Secretariat's recommendations could set a negative precedent for future applications. He therefore encouraged the Board to admit both organizations into official relations with WHO.

The representative of MEXICO,<sup>1</sup> speaking also on behalf of Norway, Germany, Belgium, the Kingdom of the Netherlands, the United Kingdom of Great Britain and Northern Ireland, Finland, Luxembourg, Spain, Colombia, Ireland, Sweden, Uruguay, New Zealand, Chile, Iceland, Monaco, Fiji, Romania, Estonia, Latvia, Portugal, Poland, Austria, Slovenia and Italy, thanked the Secretariat for its recommendation to admit Rare Diseases International and The Center for Reproductive Rights, Inc. into official relations with WHO. The Secretariat had come to that conclusion following a thorough process

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

in line with the criteria of the Framework of Engagement with Non-State Actors, which had been adopted by consensus. She agreed with the conclusion and therefore supported the admission of both non-State actors. However, she expressed deep concern regarding the attempts to undermine the Secretariat's neutrality and authority, which threatened the effective governance of WHO and could lead to the politicization of routine decisions that the Secretariat should be trusted to make within its mandate. In questioning the Secretariat and applying a selective approach to non-State actors, Member States were threatening its neutrality and autonomy. The strength of WHO lay in its technical, normative and independent role; Member States, in particular Board members, must safeguard that role.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR and also on behalf of the NCD Alliance, the World Heart Federation, the Union for International Cancer Control, the International Planned Parenthood Federation, FDI World Dental Federation, The International Society of Paediatric Oncology, the International Council of Nurses, World Cancer Research Fund International and the Global Health Council, welcomed WHO's efforts to expand its collaboration with non-State actors, notably the establishment of the WHO Civil Society Commission. However, further improvements were needed to ensure more meaningful and effective engagement of non-State actors in WHO governing bodies, and she looked forward to the forthcoming consultations in that regard, as mandated in decision EB152(29) (2023). She recommended improving interactions with non-State actors throughout the year, including non-State actors in information-only sessions held for Member States and creating a platform for civil society consultations on resolutions. The process for constituency statements could also be improved by sharing information on a more timely basis and maintaining the option of individual statements to allow for a more nuanced and representative expression of diverse views. More generally, the information-sharing and logistical arrangements for non-State actor participation in governing bodies meetings should be enhanced.

The representative of the RUSSIAN FEDERATION,<sup>1</sup> speaking also on behalf of Algeria, Egypt, Indonesia, the Islamic Republic of Iran, Iraq, Nigeria, Palestine, Saudi Arabia, Sudan, Pakistan and Bangladesh, said that, as WHO was an intergovernmental organization, it was the Member States that had final approval of non-State actors selected by the Secretariat. Member States had a responsibility towards their citizens regarding their activities within WHO. Given that The Center for Reproductive Rights, Inc. was promoting sexual rights of girls that were not recognized at the international level, were fundamentally incompatible with universally recognized human rights and lacked legal status in many countries, he expected a further strong reaction from Member States. WHO's mandate did not extend to the promotion of sexual rights. Promoting such rights and adopting the draft decision might undermine the Organization's credibility in other areas, such as immunization. Given the divisive nature of the topic of sexual and reproductive rights, admitting The Center for Reproductive Rights, Inc. into official relations with WHO would set a dangerous precedent, whereby the Organization promoted the interests of select groups, while disregarding the concerns of others. Approving the draft decision would have legally untenable consequences for the work of Member States and non-State actors, and for the credibility of WHO.

The representative of EGYPT<sup>1</sup> said that there were obvious concerns regarding the risk of conflicts of interest, which might harm WHO's integrity, credibility and reputation. While civil society space and human rights forums were indispensable and must be expanded, specialized agencies such as WHO dealt with highly sensitive technical matters that should be free from undue influence from non-State actors. That was especially important when there were concerns regarding the promotion of agendas that did not enjoy consensus, when receiving government funding and when there were doubts regarding relevant health expertise. According to the principles of the Framework, any engagement must

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demonstrate a clear benefit to public health and conform with WHO's Constitution, mandate and general programme of work. Many Member States had concerns in that regard.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Medical Students' Associations, the International Association for Hospice and Palliative Care, Inc., the International Pediatric Association, the International Agency for the Prevention of Blindness, the Alliance for Health Promotion, the World Federation of Societies of Anaesthesiologists, The International Society for Quality in Health Care Company Limited by Guarantee, the World Organization of Family Doctors and the NCD Alliance, stressed the need to acknowledge the expertise and perspectives of non-State actors. Commending the implementation of the Framework, she underscored the pivotal role of systematic, meaningful engagement with non-State actors at all levels of WHO and the need to prioritize sustainable capacity-building and awareness programmes to equip the Organization's workforce with skills in that area. It was also important to engage with young people, who represented a key civil society demographic. She highlighted the need for transparency in collaboration with non-State actors, which must have access to well-defined communication channels and timely information.

The representative of CAMBODIA<sup>1</sup> commended the report on the implementation of the Framework and underscored the importance of engagement with non-State actors. He reiterated his Government's adherence to the one-China principle and said that United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO in that regard.

The representative of TUNISIA<sup>1</sup> said that the Programme, Budget and Administration Committee should not be held responsible for failing to reach an agreement on whether to recommend admission of the non-State actors into official relations with WHO. The Committee reflected the positions of Member States and every effort had been made to reach consensus. Moreover, the Board should not be pressurized into reaching a decision; the Organization should reflect Member States' positions, as expressed in the context of their sovereignty and through regional and other groupings. Noting that there was no consensus on the subject, he asked the Legal Counsel for guidance.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that her organization had long-standing concerns regarding the Framework of Engagement with Non-State Actors, though for different reasons to those expressed by other speakers. While she recognized that WHO was under pressure to use the Framework to enable funding, such a move presented great risks. The terminology regarding conflicts of interest was still confusing and incorrect. Although WHO was strong on the need to prevent tobacco industry interference, it was often silent on other health-harming industries, leading to misplaced trust, reputation transfer and problematic entanglements with industries promoting short-term commitments. The use of the term "partnership" in relation to for-profit industries was especially troubling in terms of roles and led to shared decision-making, which compromised freedom to act in the public interest. Any decision to engage with non-State actors should be rooted in careful assessment of roles, power imbalances and other risks.

The LEGAL COUNSEL said that paragraph 61 of the Framework stated that the Board, after considering the recommendations of the Committee, should decide whether an organization was to be admitted into official relations with WHO. That decision could be taken by consensus, which was

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preferable in practice, or by voting. Alternatives not set out in the Framework included postponing the decision to a future meeting, or requesting a subcommittee, namely the Programme, Budget and Administration Committee, to consider the matter further and advise the Board. The actions suggested could be taken separately for each non-State actor under consideration or for both together.

**Dr Al Kuwari took the Chair.**

The CHAIR took it that the Board wished to note the reports contained in documents EB154/36 and EB154/37.

**The Board noted the reports.**

The CHAIR took it that the Board concurred with the recommendations of the Programme, Budget and Administration Committee and asked whether the Board agreed to amend paragraph 1(a) of the draft decision contained in document EB154/37 to indicate that the Programme, Budget and Administration Committee would be tasked with conducting further discussions regarding the proposal to admit the two entities listed in Annex 1 to document EB154/37 and to provide a recommendation to the Executive Board at its 155th session. She invited the Board to adopt the draft decision on that basis.

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

The representative of the UNITED STATES OF AMERICA said that, although she accepted the amendment, she continued to support the original draft decision. It was disappointing that the Board had not reached consensus. The discussion had undermined the extensive efforts undertaken to establish the Framework of Engagement with Non-State Actors and threatened to reduce public confidence in WHO. As a result, key partners and stakeholders were unsure whether they would be welcome at the Organization. The requirements demanded of non-State actors were extremely rigorous; if Member States believed in WHO's technical and normative role, and the contribution of non-State actors to that role in line with the Framework, the decision should be straightforward. Nonetheless, her Government could accept the proposal for the Programme, Budget and Advisory Committee to conduct further discussions on the understanding that it must adhere strictly to the objective facts in the Secretariat's report and carry out its functions as outlined in the Framework and clarified by the Legal Counsel. Any decision made by the Board should advance the role of WHO as a technical body. Her Government was committed to making a final decision at the 155th session of the Board admitting both non-State actors into official relations with WHO, as they met the criteria already established by Member States.

The representative of CHINA, speaking in his national capacity, expressed support for the implementation of the Framework of Engagement with Non-State Actors and stressed that the establishment of formal relations between WHO and new non-State actors should be decided by Member States through consensus. He endorsed the Chair's proposal and hoped that dialogue would continue on the matter. The Secretariat should accommodate the concerns of all parties and support Member States to reach consensus.

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<sup>1</sup> Decision EB154(12).



**PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE****2. ANTIMICROBIAL RESISTANCE: ACCELERATING NATIONAL AND GLOBAL RESPONSES:** Item 13 of the agenda (document EB154/13) (continued from the twelfth meeting, section 4)

The CHAIR recalled that the Board had before it a draft decision on antimicrobial resistance: accelerating national and global responses, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC, highlighting national efforts to improve data collection to address antimicrobial resistance, called on the Secretariat to provide technical support and capacity-building for Member States to help them to implement their national action plans, with a particular focus on establishing specialized centres on antimicrobial resistance. She reiterated her Government's support for the one-China principle and cautioned against the politicization of WHO's technical work.

The representative of THAILAND<sup>1</sup> said that a lack of funding support and of multisectoral collaboration across the human and animal health and agriculture sectors was holding back implementation of national action plans on antimicrobial resistance. That could be resolved by translating political commitments into financial commitments and real action. In addition, WHO's strategic and operational priorities to address drug-resistant bacterial infections must be applied to national action plans in line with country contexts. He expressed the hope that the second high-level meeting of the United Nations General Assembly on antimicrobial resistance later that year would result in a clear, action-orientated political declaration.

The representative of BANGLADESH,<sup>1</sup> sharing details on national initiatives, noted that capacities to monitor and control antimicrobial resistance varied between countries. In order to address country-specific needs, enhanced support was required for the monitoring of misuse and overuse of antimicrobial agents and their impact on human health, together with improved access to affordable, high-quality diagnosis and treatment. Further research was also required on the control of antimicrobial resistance. WHO's antimicrobial resistance initiatives should prioritize human health.

The representative of the RUSSIAN FEDERATION,<sup>1</sup> noting the need to link work on antimicrobial resistance to other global strategies, said that the Secretariat should prepare further guidance on the matter, and support Member States to foster investment and create databases to tackle the issue. He welcomed continued work to develop the European Health Information Gateway and called on the Secretariat to promote scientific research and development, and advocacy to combat antimicrobial resistance. He reaffirmed his Government's support for the one-China principle.

The representative of the REPUBLIC OF KOREA<sup>1</sup> endorsed the strategic and operational priorities and reiterated her Government's commitment to reducing the burden of antimicrobial resistance, notably by participating in discussions on country-specific measures at forthcoming high-level meetings. A timeline should be created to assess action on the priorities, including progress reports, a mid-term assessment in 2030 and a final evaluation in 2035. That would help to assess and meet the needs of various stakeholders, thereby encouraging Member States to join efforts to fight antimicrobial resistance. Policy dialogue was also needed, together with in-depth discussions on supporting Member

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

States in implementing the priorities. Action in that area should include the provision of access to qualified diagnostics, more representative surveillance and the rational use of antimicrobial agents, all as part of a people-centred approach.

The representative of GERMANY<sup>1</sup> welcomed the strategic and operational priorities, which should be upheld while taking the individual needs of Member States into account. Where there was a lack of funding, it was essential to prioritize and use available resources where they would provide the greatest benefit. Since the number of infections and deaths caused by resistant pathogens was increasing worldwide, the issue of antimicrobial resistance should be included in the pandemic agreement to enable legal provisions to be established on that important topic. The political declaration of the upcoming high-level meeting should include concrete reduction targets and suitable indicators, and cover the One Health approach and the strategic and operational priorities.

The representative of SWEDEN,<sup>1</sup> noting that global work to counteract antimicrobial resistance had long been a priority for his Government, welcomed the inclusion of prevention of infections and universal access to diagnosis and treatment as strategic priorities. It was essential to establish a framework to address drug-resistant bacterial infections in the human health sector, which should clearly set out WHO's role within the Quadripartite. The Organization must keep antimicrobial resistance at the top of its agenda and allocate adequate resources to the issue; maintaining a dedicated assistant Director-General position and division for antimicrobial resistance would demonstrate commitment in that regard. Both the report and the draft decision on antimicrobial resistance would help Member States to prepare for the high-level meeting.

The representative of GEORGIA<sup>1</sup> shared information on national initiatives related to antimicrobial resistance, which notably included efforts to increase laboratory capacity and improve surveillance and control measures. Coordinated strategies, implemented as part of a One Health approach, would contribute to reducing the spread of antimicrobial resistance, ultimately improving the health of all people. In that regard, her Government wished to be added to the list of sponsors of the draft decision.

The representative of MEXICO<sup>1</sup> said that the strategic and operational priorities were generally relevant and useful. However, it should be specified that the list of recommended measures under prevention of infections was not exhaustive, as additional measures were possible depending on the country context. In terms of enabling actions to support Member States, national action plans should be comprehensive and take into account the One Health approach. Regarding accountability and targets, an indicator on immunization coverage with detailed results by age group should be included under prevention of infections. Member States should be consulted on all indicators to determine their capacity to meet them.

The representative of ECUADOR,<sup>1</sup> describing initiatives taken to implement the national action plan on antimicrobial resistance, welcomed the strategic and operational priorities outlined in the report. Her Government recognized the risk that antimicrobial resistance posed to public health and remained committed to addressing the issue through a One Health approach.

The representative of EGYPT<sup>1</sup> expressed appreciation for WHO's efforts to combat antimicrobial resistance.

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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 NAMIBIA<sup>1</sup> expressed concern regarding the poor implementation of national action plans on antimicrobial resistance and the limited budget allocations in that regard, noting that a more aggressive approach was needed. She therefore welcomed the strategic and operational priorities set out in the document, and their people-centred approach. Her Government was committed to revising its national action plan, which it would seek to align with the strategic and operational priorities and the forthcoming accountability framework, and encouraged other Member States to do the same to accelerate the response to the issue. Her Government eagerly anticipated the outcomes of the high-level meeting and related consultations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,<sup>1</sup> noting that more needed to be done globally to tackle antimicrobial resistance, expressed strong support for the report's focus on health systems strengthening and on the prevention of infection. WHO should continue to prioritize antimicrobial resistance, taking a One Health approach. She encouraged Member States to engage in the upcoming high-level meeting, which should lead to an action-orientated political declaration with measurable and relevant targets and indicators. She welcomed WHO's leadership in strengthening surveillance systems, but stressed the need to ensure that systematic health care challenges were considered in international and national surveillance aims. She underscored the importance of accountability and targets when addressing antimicrobial resistance. The Secretariat should seek to use existing guidance – such as the Access, Watch, Reserve (AWaRe) classification of antibiotics – and consider tasking an independent panel with the development of new targets.

The representative of BRUNEI DARUSSALAM<sup>1</sup> said that implementing the strategic and operational priorities at the country level was a major challenge that depended on Member States' health care infrastructure, capacity and resources. Financial constraints and a lack of trained staff were often a barrier in that regard. In addition, some Member States encountered issues with access to essential medicines; the availability and affordability of antimicrobial agents could significantly influence the success of initiatives to address antimicrobial resistance. It was therefore difficult to identify priorities, especially in resource-limited settings. More country-level support and guidance from the Secretariat would be invaluable for progress in that area.

The representative of INDIA,<sup>1</sup> underlining his Government's commitment to addressing antimicrobial resistance through its national action plan, agreed that interventions in that area must be linked to other strategies, notably relating to universal health coverage and health emergency preparedness. A system-strengthening approach should be taken rather than a siloed approach. The strategic and operational priorities proposed in the report should be aligned with the global action plan on antimicrobial resistance, so that they could be included in updated operational plans for the implementation of national action plans.

The representative of INDONESIA<sup>1</sup> welcomed the three proposed strategic priorities and the people-centred approach to addressing antimicrobial resistance. Technical support from the Secretariat, strong commitment from Member States, the engagement of relevant stakeholders, and effective health information systems would be key to integrating those strategic priorities into national action plans, as would financing and governance. Antimicrobial resistance should be established as a priority programme at the national level and receive close attention at the high-level meeting, in order to improve planning and secure human resources and funding, including from external sources. That work should

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be further supported by strong, evidence-based advocacy. His Government wished to be added to the list of sponsors of the draft decision.

The representative of ITALY<sup>1</sup> acknowledged the urgent need to improve governance and leadership in the response to antimicrobial resistance, accelerate political commitment to secure investment to scale up intersectoral action, and preserve antimicrobial agents as life-saving medicines. In that context, antimicrobial resistance had been identified as key topic for her Government's G7 presidency. She supported the strategic and operational priorities and the people-centred approach outlined in the report; her Government would seek to incorporate those priorities into its national action plan, with the participation of relevant stakeholders and as part of a One Health approach. The issue of antibiotic use in animal health settings was of particular concern at the country level.

The representative of SAUDI ARABIA<sup>1</sup> commended the strategic and operational priorities outlined in the report. Reiterating his Government's commitment to combating antimicrobial resistance, he expressed the hope that the Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance would foster meaningful discussions and shape policies to enhance global efforts in that regard.

The representative of ALGERIA<sup>1</sup> drew attention to the need to address the excessive use of antibiotics. Antimicrobial resistance was an urgent, multidimensional health crisis threatening all age groups around the world, especially in low- and middle-income countries. Raising awareness among health practitioners would contribute to controlling that phenomenon.

The representative of PAKISTAN,<sup>1</sup> highlighting efforts to implement his Government's national action plan on antimicrobial resistance, welcomed WHO's work on the issue. He reaffirmed his Government's support for the one-China principle, noting that United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for WHO in that regard.

The observer of GAVI, THE VACCINE ALLIANCE, observed that the vast majority of national action plans did not include immunization as a tool for preventing and reducing antimicrobial resistance, despite the fact that vaccines protected against disease while reducing the need for antibiotics and decreasing the transmission of antibiotic-resistant bacteria. They also helped to prevent bacterial infections commonly acquired in health settings, in addition to viral infections, which accounted for a large proportion of unnecessary antibiotic prescriptions. Member States should prioritize the strengthening of vaccination programmes as a preventive measure and redouble efforts to reach those without access to vaccination, particularly zero-dose children and their communities.

The representative of IAEA said that her organization was working with partners such as FAO on the detection and characterization of antimicrobial resistance in animal production environments, and on research and development on antimicrobial resistance in terms of food safety. That work addressed, inter alia, the strategic and operational priorities set out in the report.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that his organization faced serious challenges from drug-resistant infections. A decisive strategy with ambitious, context-specific targets was urgently needed to address the situation. Member States should establish a governance and financing mechanism to address antimicrobial resistance, with particular emphasis on low- and middle-income countries and

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

humanitarian contexts, and with the central involvement of civil society organizations and affected communities. They should also ensure equitable access to existing and novel antimicrobial agents, diagnostics and vaccines by diversifying manufacturing, establishing pooled procurement systems and building access conditions into research and development funding. Public and non-profit research and development initiatives must be supported to promote access and stewardship, while collaboration through mechanisms such as global clinical trial networks was needed to overcome innovation barriers and guarantee meaningful investment for access to quality health care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed broad support for the three strategic priorities in the report, but encouraged their expansion to cover all stakeholders. The important role of the private sector in developing new medicines and supporting sustainable and equitable access to them should be recognized. While the report noted the need for specific efforts to address the antibiotic pipeline and access crisis, it could better acknowledge that the broken research and development market was narrowing the clinical pipeline, harming antibiotic availability and creating gaps in global access, as investment and activity to support costly late-stage development continued to decrease. The report should also acknowledge the need for effective incentives to restore investment into antibiotic research and development, in support of the proposed strategic objectives. She further called on Member States and other stakeholders to consider ambitious, time-bound targets to accelerate global progress at the upcoming high-level meeting, building on previous global commitments.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the strategic and operational priorities set out in the report. Noting that antimicrobial resistance was undermining the significant progress made in cancer treatment, she urged Member States to provide adequate funding for national action plans on antimicrobial resistance, including for training on implementation and as part of a One Health approach. They should also participate in the Global Antimicrobial Resistance and Use Surveillance System; adopt multisectoral policies for sustainable access to quality antimicrobial agents, diagnostics and vaccines; and adopt robust practices to address substandard and falsified medicines. Multisectoral partnerships were also needed, as was investment in research and development on novel antimicrobial agents and rapid diagnostics. Member States should collaborate with partners working on cancer and noncommunicable diseases to raise awareness of antimicrobial resistance and share best practices.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that national and global funding was urgently needed for national action plans on antimicrobial resistance. Health systems strengthening must focus on adequate working conditions for health professionals and their education in the management and appropriate use of antimicrobial agents, including in surveillance and prevention, with antimicrobial prescribing rights restricted to health professionals with the necessary scope of practice. Efforts were also needed to build evidence on interventions to overcome inequities within countries, including in relation to socioeconomic status, gender and education. Access should not be limited to antibiotics but also extended to quality-assured diagnostics, therapeutics and vaccines, which should be included as sub-indicators.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, reaffirmed her organization's commitment to advancing antimicrobial stewardship and health literacy within communities. She called on WHO Member States to engage young people and civil society organizations in implementation of national action plans on microbial resistance and to incorporate One Health approaches, in alignment with the global action plan on antimicrobial resistance.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, commended the comprehensive One Health response and the efforts of WHO and its Quadripartite partners to tackle antimicrobial resistance. Her organization supported multisectoral actions for implementation of the global action plan on antimicrobial resistance and remained committed to addressing the issue through education, policy and public health initiatives.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed WHO's stewardship on antimicrobial resistance and its close collaboration with institutional partners in the development and fulfilment of a One Health approach. It was critical to account for the toll of antimicrobial resistance when addressing other global health topics and explore synergies with other actors. He therefore welcomed the efforts of the One Health Global Leaders Group on Antimicrobial Resistance to turn political will into consequential change. Member States should endorse the strategic priorities while considering alternative innovation mechanisms for the development of new and effective antibiotics.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that, as the implementation period of the global action plan on antimicrobial resistance drew to a close, it was vital to inject new urgency into combating the issue. He called on Member States to increase investment and innovation to develop quality-assured, new and improved antimicrobial agents, novel compounds, diagnostics, vaccines and other health technologies. WHO should continue to develop the AMR Diagnostic Initiative and establish a global antimicrobial resistance laboratory network, with external quality assessment programmes and a standardized WHO accreditation process. It should also work with the other Quadripartite organizations to hold an open and inclusive consultation process ahead of the high-level meeting, while continuing to promote public awareness of the issue and to enhance access to infection, prevention and control measures.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that antimicrobial resistance was a multifaceted challenge that called for an intersectoral approach involving all key stakeholders, especially young people. Harnessing the momentum of the forthcoming high-level meeting, WHO should continue to show commitment to addressing antimicrobial resistance and enhance the One Health approach by involving diverse stakeholders in all activities on the issue.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called for all Member States to commit to action-oriented, results-based outcomes to address antimicrobial resistance, including at the high-level meeting. In particular, they should support innovative initiatives for research and development for, and access to, new and existing therapeutics, vaccines and diagnostic tools, and other critical public health interventions, such as infection prevention and control and improved laboratory capacity. She urged Member States to support the draft decision.

The representative of the MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, stressed the need to address the growing threat of antimalarial drug resistance, especially in Africa, where there was risk of a public health catastrophe unless immediate mitigation measures were taken. Research and development on next-generation treatments was essential, along with work to scale up country plans to pilot or expand the use of multiple first-line antimalarial therapies. She welcomed the draft decision, but recommended including a specific reference to the need to scale up action against antimalarial resistance.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) thanked speakers for their comments and written statements, including during the consultation process to develop

the strategic and operational priorities. The Secretariat noted the strong support for those priorities and the people-centred approach. It further noted calls to focus on equity and the needs of vulnerable populations, including in the context of climate change, and the need for a strong human health response to antimicrobial resistance as part of a multisectoral One Health approach. Efforts would also be made to support research and development on novel vaccines, diagnostics and microbial agents, and other therapies, and ensure equitable access to them. In addition, the Secretariat would continue to develop an accountability framework with indicators, in consultation with all relevant stakeholders.

She acknowledged Member States' calls for urgent financial and technical support, including to help them to access funding from the Pandemic Fund and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. Member States had also expressed a strong desire to take advantage of the high-level meeting of the United Nations General Assembly on antimicrobial resistance and the Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance to reaffirm commitments and set targets that would drive progress on the issue. The Secretariat stood ready to provide relevant technical inputs and briefings in that regard. She thanked the Member States that had supported the draft decision, which she hoped would contribute to the preservation of essential medicines for current and future generations.

The ASSISTANT DIRECTOR-GENERAL (Antimicrobial Resistance) thanked Member States for their comments and support, and assured them that antimicrobial resistance would remain a focus at the national, regional and global levels.

The REGIONAL DIRECTOR FOR THE AMERICAS said that the escalating threat posed by microbial resistance demanded unwavering attention and concerted efforts. Member States must renew their commitment to developing and implementing their national action plans, through a people-centred approach and ensuring alignment with action on primary health care, universal health coverage and health emergency preparedness and response. The report reaffirmed WHO's commitment to the One Health approach, which was also enshrined in key regional instruments. Collaboration between Member States was a driving force in accelerating health development and achieving results, as was collaboration with WHO's Quadripartite partners. PAHO would continue that partnership work to support the response to antimicrobial resistance. The high-level meeting would also be a crucial platform for the development of strategies reflecting global and regional perspectives.

The DIRECTOR-GENERAL stressed that antimicrobial resistance remained a priority for the Organization. The high-level meeting would boost to efforts to address the issue and the Secretariat would make preparations accordingly, with the support of Member States.

The CHAIR took it that the Board wished to note the report contained in document EB154/13.

**The Board noted the report.**

The CHAIR took it that the Board wished to postpone the adoption of the draft decision on antimicrobial resistance, accelerating national and global responses so as to allow for further consultations among Member States during the intersessional period on the text of draft resolution contained therein.

**It was so agreed.**

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

#### **3. SOCIAL DETERMINANTS OF HEALTH: Item 19 on the agenda (document EB154/21)**

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, drew attention to regional work to address the social determinants of health, which included policy dialogue and capacity-building, and the development of partnerships to foster information exchange between countries. He looked forward to the publication of the world report on social determinants of health equity, noting that much had changed since the 2008 report of the Commission on Social Determinants of Health. It was positive that health, migration and forced displacement were covered in the proposed recommendations to improve health equity, as those areas required increased attention at the regional and global levels. The international community must redouble its efforts to ensure that planning and programming had a strong health equity perspective, and was people-centred and inclusive.

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 and Georgia aligned themselves with her statement. She looked forward to the publication of the world report and commended the efforts made since 2008 regarding the three guiding targets defined in the agenda of the Commission on Social Determinants of Health. She drew attention to the reduction in life expectancy in many countries of the European Union in the years 2020 and 2021, and stressed the need to address the social determinants of health, including by accelerating progress towards the Sustainable Development Goals, given the significant inequalities in health status across and within Member States. Public health strategies and public health and social services could play an important role in addressing inequities in health through systematic and coordinated policy interventions; such complex issues required intersectoral solutions linked to broader governance and the development of evidence-based and participative policies.

She welcomed the broad approach encapsulated in the four overarching recommendations proposed for the forthcoming report, which would act as enablers of change across the whole of government and whole of society. She also commended the 14 specific recommendations, noting their wide scope, and encouraged all Member States to implement them through a whole-of-government and whole-of-society approach. Multisectoral action would also be needed across the United Nations system to effectively address the social determinants of health.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, said that, while the social determinants of health were rooted in other sectors, their negative impacts were felt by health systems across the globe. Progress in addressing the social determinants of health had been slow, with the targets unlikely to be met in her Region. Indeed, most countries in her Region were yet to prioritize action to address the social determinants of health, while many faced conflict, which caused poor health and population displacement. In addition, access to high-quality, equitable maternal and child health care remained a challenge, and the increasing burden of both communicable and noncommunicable diseases significantly reduced the life expectancy of its adult population. The ongoing effects of the coronavirus disease (COVID-19) pandemic, the negative consequences of climate change and the widening gap between rich and poor also had an impact. However, efforts were under way to address the social determinants of health equity, notably through the adoption in the year 2023 of a regional multisectoral strategy to promote health and well-being in the African region and a regional strategy for community engagement. She supported the proposed recommendations and called on all Member States to allocate adequate resources for action on the social determinants of health equity.



The representative of AFGHANISTAN said that the social determinants of health were poorly understood by stakeholders outside the health sector, especially in fragile States and conflict zones such as his country, where the complex health challenges demanded a holistic, cross-sectoral approach. Investment in enhancing the capacities of national and international health institutions in health education advocacy was crucial to ensure that understanding of the role and impact of the social determinants of health was not confined to those institutions, but communicated to all stakeholders. Failure to communicate that understanding would render resource mobilization for health, intersectoral collaboration and the integration of a Health in All Policies approach a formidable challenge. It was also vital to bridge the gap between institutional knowledge and community awareness to foster a comprehensive approach to health. In contexts where State institutions were affected by conflict and instability, WHO's work must extend to building partnerships and coordinating with other humanitarian and development stakeholders. Such a collaborative approach would ensure synergy and complementarity, preventing efforts from being undermined by other determinants of health outside the Organization's direct circle of influence.

The representative of MALAYSIA, echoing the call for a continued global commitment to reducing inequalities, expressed support for the proposed recommendations. Their effective implementation would require a whole-of-country approach in executing robust evidence-based strategies to guide policy and monitor and evaluate interventions. Her Government continued to face challenges in addressing child and maternal mortality, and improving life expectancy, but aspired to develop an equitable, accessible and resilient health system. In that regard, it particularly welcomed the recommendation to use progressive taxation and income transfers to promote equity and expand domestic fiscal space for improving access to quality health care, education, housing and sanitation. It also recognized the importance of empowering local governments to implement culturally competent community-centred programmes to address the needs of diverse populations.

The representative of TOGO drew attention to the considerable challenges his Government continued to face in addressing the social determinants of health, and outlined the legislative and technical measures taken in that regard. He called for ongoing support from the Secretariat to mobilize the resources necessary to address the social determinants of health to ensure health equity across the population.

The representative of BRAZIL, sharing details on national initiatives to address the social determinants of health, said that intersectoral action was crucial to achieve health equity. Given that health inequities were not solely defined by individual choice or genetic factors, but also shaped by the broader social environment and economic conditions, it was essential for governments, civil society, WHO and other global organizations to unite in taking action to improve the lives of citizens by overcoming exclusion, inequity and barriers to access in health care.

The representative of CANADA expressed broad support for the proposed recommendations, welcoming the emphasis on combating structural discrimination, inequitable economic systems and other essential structural determinants of health. The Secretariat should provide technical guidance and support capacity-building and knowledge exchange to help Member States to develop implementation approaches adapted to their national contexts. She noted, however, that there was no reference to the importance of combating pollution as a determinant of health equity; including that element under specific recommendation (viii) would increase awareness of the triple planetary crisis of climate change, biodiversity loss and pollution as determinants of health and health equity.

The representative of the UNITED STATES OF AMERICA welcomed the extensive consultations undertaken during development of the world report, noting the need to incorporate a wide range of views to fully understand the complex landscape. His Government recognized the impact of

social, economic and environmental determinants on health outcomes in all communities, and their impact on global resilience and emergency preparedness. Resilient, accessible and equitable primary health care was essential to respond to health emergencies, promote health across the life course and ensure that everyone could enjoy the highest attainable standard of health. His Government continued to support WHO's commitment to non-discrimination and inclusivity to ensure that every person could live a healthy life, regardless of identity status, including race, ethnicity, sex, sexual orientation, sex characteristics, gender identity, gender expression, age, immigration status and socioeconomic level. He welcomed the proposed recommendations, particularly their emphasis on health equity, multisectoral action and addressing structural factors to improve health and well-being.

The representative of PERU said that addressing the social determinants of health equity required political commitment at the highest level. The current post-COVID-19 situation and climate crisis, which worsened inequities, made it more urgent to address the issue. Beyond initiatives in the health sector, action was needed to modify structural economic, social and environmental determinants, and such work was under way in his country. Strengthened information systems for measuring inequality and improved evaluation of earlier interventions were necessary to make the changes needed to achieve the targets. Technical support was also needed to optimize those processes at the subnational scale, in order to refine interventions on the basis of the best available evidence. His Government agreed with the proposed recommendations, but suggested including corporate responsibility under the recommendation to address economic inequality and invest in universal public services for health equity and well-being.

The representative of SWITZERLAND, expressing concern at the lack of progress in combating health inequities, said that reliable disaggregated data was needed to provide scientific evidence to advocate for policies and programmes targeting inequity, taking current societal changes into account. In that regard, collaboration at all levels would allow national data to inform global political and normative work, while regional work could address structural gaps across multiple countries. Multisectoral and multidisciplinary collaboration was also necessary as part of a holistic approach covering all factors influencing the social determinants of health. However, she noted that action on the social determinants of health remained chronically underfunded at both the global level and within WHO. Her Government supported the proposed recommendations.

The representative of MALDIVES drew attention to the challenges of addressing the social determinants of health in his country, where climate change was threatening economic activities, which lead to increased reliance on the Government for basic services. He also highlighted the increasing presence of commercial actors in the policy-making sphere, which led to the prioritization of profit over health equity; governments must consider their economic activities from a health equity perspective. He looked forward to the forthcoming world report.

The representative of ETHIOPIA said that the forthcoming world report would be particularly important given the lack of adequate, action-orientated information on the social determinants of health equity. Sharing information on initiatives taken in her country as part of a Health in All Policies approach, she said that, despite notable improvements with regard to the health of women and children, disparities persisted due to socioeconomic factors, regional economic imbalances, infrastructure limitations and uneven budget distribution. She therefore agreed that there was a need for further action on structural determinants to address the interlinked crises of climate change, the COVID-19 pandemic and conflict. Moreover, Member States would not be able to achieve universal health coverage without employing clear strategies to address the social determinants of health. She urged the Secretariat to support implementation of the proposed recommendations.

The representative of SLOVAKIA expressed strong support for further work on the social determinants of health, which were not isolated from the cultural, behavioural and political determinants of health. His Government would welcome greater consideration of the social determinants of health in conflict settings and emergencies, and improved measurement of the determinants, outcomes and outputs of implemented programmes.

The representative of CHINA called for enhanced accessibility and equity in basic public health services, increased advocacy for healthy and environmentally friendly lifestyles, and sustained, society-wide tobacco control efforts. He also supported the promotion of traditional medicine, including the provision of more convenient services in that domain. Drawing attention to the dangers to human health posed by contaminated water, he expressed strong opposition to the discharge of water from the damaged Fukushima nuclear power plant into the ocean. In taking that action, the Japanese Government had put its own short-term interests before the world's safety and had violated people's right to the highest attainable level of health; it must dispose of the contaminated water in a responsible manner and cooperate fully in the establishment of a long-term, effective international monitoring mechanism with the participation of neighbouring countries.

The representative of MEXICO<sup>1</sup> welcomed the proposed recommendations, which took into account the most significant barriers to health equity, including economic inequality, racism, gender inequality and commercial determinants of health. It was also positive that the policy options stressed the importance of primary health care to achieve universal health coverage. Although many determinants of health were outside the health sector, it was important for Member States to tackle inequities within that sector through policies to strengthen health systems, improve health security, ensure equitable access to medical technology and products, and improve information systems.

The representative of the REPUBLIC OF KOREA<sup>1</sup> welcomed the work done on the world report and looked forward to its publication. However, he expressed concern regarding the insufficient progress made in acting on the recommendations in the 2008 report of the Commission on Social Determinants of Health. Achieving health equity was crucial to tackle the social determinants of health. That required improved access to health care services, including through the use of digital technology, and efforts to reduce inequities for groups in vulnerable situations. Policy measures were also needed to address issues such as mental illness, social isolation and increased medical expenditure, which were associated with structural crises like the COVID-19 pandemic.

The representative of BANGLADESH<sup>1</sup> said that, since the social determinants of health were influenced by forces both within countries and outside them, consolidated, inclusive efforts by Member States were needed to act on the proposed recommendations. Inequitable economic systems, structural discrimination, the digital divide and the negative impacts of climate change were cross-cutting issues involving many interlinked processes. It was important to streamline efforts to make the best use of resources. WHO should redouble its efforts to reach political leadership and commercial actors to create a paradigm shift in minimizing health inequities.

The representative of THE WORLD MEDICAL ASSOCIATION, INC. speaking at the invitation of the CHAIR, urged Member States to implement the operational framework for monitoring social determinants of health equity using a multisectoral approach. In that regard, the Secretariat should provide further technical support and guidance to assist with integration of the framework into national strategies. In efforts to build a fairer society, Member States should focus on sustainable, resilient

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

universal health coverage systems that comprehensively addressed the needs of vulnerable populations and the differential impacts of climate change.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, expressed concern regarding the insufficient progress made in implementing the recommendations of the Commission on Social Determinants of Health. Key structural and environmental determinants and societal infrastructure had a significant impact on cardiovascular health, which was worse in low- and middle-income countries and among individuals living in overcrowded and impoverished conditions. Member States must address economic inequality and invest in universal public services to improve standards of living; implement universal health coverage and primary health care to improve health equity; and strengthen partnerships beyond health to address structural and environmental determinants.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of World Cancer Research Fund International, called for Member States to support the proposed recommendations, since they mapped the way forward to improve health equity, including in relation to noncommunicable diseases. Member States should also identify priority multisectoral policy actions with population-wide impact; accelerate the implementation of universal health coverage, alongside noncommunicable disease prevention and care services; and establish national monitoring mechanisms to measure health equity based on the operational framework for monitoring social determinants of health equity.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, expressed support for the proposed recommendations. Member States should ensure equitable access to quality oral health services across the life course, including by strengthening primary health care as outlined in the Global Oral Health Action Plan (2023–2030), and protect populations from the risk of poverty caused by out-of-pocket expenditure on oral health care. In addition, adequate research infrastructure was needed to provide disaggregated data for measuring progress on the commercial and social determinants of oral health and noncommunicable diseases.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of Movendi International, expressed concern regarding the persistent inequity within and between countries, and the insufficient uptake of the 2008 recommendations of the Commission on Social Determinants of Health. Member States must engage with the updated recommendations to advance health equity, which would support improvements across the cancer care continuum. In addition, they should address the impact of commercial actors on health and health equity, including by implementing policies to improve regulation of health-harming commodities such as alcohol, tobacco and foods high in fat, salt and sugar.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, reaffirmed the urgent need to address determinants of health from a social, economic and environmental perspective, with a focus on resilient health systems and the development of communities and structures that fostered well-being. Social determinants must be tackled by adopting a Health in All Policies approach tailored to national contexts. Communities affected by different conditions must be consulted on policy formulation to ensure inclusive health services.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their guidance, which the Secretariat would take into account in finalizing the world report on social determinants of health equity, and welcomed their commitment to addressing

the social determinants of health despite significant national and regional challenges. Noting the concerns expressed regarding the slow progress in implementing the 2008 recommendations of the Commission on Social Determinants of Health, she stressed that the forthcoming world report would build on those earlier recommendations while incorporating the latest scientific evidence. In particular, it was intended to reflect the impact of interconnected crises on health equity, and would propose multisectoral actions that went beyond the health sector. The Secretariat would continue to support Member States in developing their institutional capacities, including through implementation of the new operational framework for monitoring social determinants of health equity.

**The Board noted the report.**

**The meeting rose at 21:15.**

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