

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

**WHO headquarters, Geneva
Friday, 26 January 2024, scheduled at 21:30**

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

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FOURTEENTH MEETING

Friday, 26 January 2024, at 21:20

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

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

1. MATERNAL, INFANT AND YOUNG CHILD NUTRITION: Item 20 of the agenda (document EB154/22)

The representative of CANADA said that much work remained to be done to achieve the six global nutrition targets by the 2025 deadline. The Secretariat should hold consultations in the year 2024, applying a gender lens, to inform the development of a revised version of the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition for beyond the year 2025. She encouraged Member States do more to combat the digital marketing of breast-milk substitutes and welcomed WHO's guidance on regulatory measures aimed at restricting such marketing. Collective action was needed to limit and regulate actors that encouraged health care workers to recommend breast-milk substitutes for infants and young children when it was not appropriate.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the support provided by the Secretariat, particularly to developing countries, in implementing the Comprehensive Implementation Plan. Many Member States in the Region had adopted the Plan and set targets, but some faced challenges in its implementation due to political and economic instability. The strategy on nutrition for the Eastern Mediterranean Region 2020–2030 and the regional framework for action on obesity prevention 2019–2023 were guiding Member States in the Region in their efforts to address the double burden of malnutrition.

The Secretariat should consider strengthening integrated action on nutrition within health systems, especially in relation to growth monitoring, nutrition counselling and micronutrient supplementation. It should also work with UNESCO to include nutrition as a key subject in the school curriculum for all age groups and create an enabling environment for healthy diets within schools. Coherent policies should be developed by the trade, industry and health sectors to ensure healthy food supply partnerships with the private sector that supported implementation of WHO's agenda on childhood obesity and were free from conflicts of interest. He requested further guidance on how to mobilize policy-makers from non-health sectors to commit to implementing existing policy recommendations and programmes regarding the food system, food security and the promotion of healthy diets.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, highlighted the critical role of WHO in coordinating partners and other organizations, and in developing protocols and guidelines on nutrition. The Member States of the Region were lagging behind in five of the six global nutrition targets, namely those related to stunting, anaemia, low birth weight, overweight and wasting, while the progress made on increasing the rate of exclusive breastfeeding was being threatened by the persistent and growing use of digital platforms to market breast-milk substitutes. Food insecurity in some parts of Africa was a major contributing factor to the slow progress in reducing undernutrition. Droughts, flooding, ongoing conflicts, and the social and commercial determinants of health all contributed to poor health outcomes.

Better global collaboration was needed to support country-level implementation of policies to control the marketing of unhealthy foods, including the digital marketing of breast-milk substitutes and processed complementary foods. She welcomed WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes and called for informal Member State consultations on its implementation. The Secretariat and partners should intensify the provision of support for addressing nutrition-related challenges in the context of climate change.

The representative of the UNITED STATES OF AMERICA expressed concern at the mixed progress at the country level in achieving nutrition-related targets on stunting, anaemia, overweight and wasting, and at the declines in optimal breastfeeding practices in several countries. His Government firmly supported efforts to provide optimal nutrition for infants and promote exclusive breastfeeding, including through regulatory measures, which should be developed through thorough consultations to optimize outcomes while taking into account local and national contexts. It was therefore disappointing that Member States and relevant stakeholders had not been adequately consulted prior to the finalization of WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, in particular since it went beyond the scope of the International Code of Marketing of Breast-milk Substitutes and included recommendations prohibiting the promotion of some brands. Further consultations with Member States and relevant stakeholders were needed to improve the guidance by assessing the related technical, legal and practical challenges, and ensuring that WHO's recommendations remained within the Organization's mandate and reflected both a more comprehensive consideration of all applicable contexts and the decisions of the Health Assembly. The Secretariat should review country feedback on the utility of the guidance and refine it through an inclusive, open process and multidisciplinary approach.

The representative of TOGO commended the Secretariat on the progress made in realizing the targets and actions of the Comprehensive Implementation Plan. He outlined the measures taken in his country to meet those targets, with technical and financial support from partners, notably on reducing the prevalence of wasting, stunting and underweight in children, and in exclusive breastfeeding. Despite the progress made in his country towards the nutrition targets, challenges remained, including in strengthening universal health coverage, integrating essential nutrition actions, ensuring adequate financial resources for the effective, coordinating implementation of high-impact activities, and implementing the International Code of Marketing of Breast-milk Substitutes.

The representative of FRANCE supported the proposed global nutrition targets for the year 2030 and requested the extension of the Comprehensive Implementation Plan to the year 2030. The 2025 Nutrition for Growth Summit, to be held in France, would provide an opportunity to intensify efforts and mobilize Member States towards meeting the targets. She supported the International Code of Marketing of Breast-milk Substitutes and welcomed WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes.

The representative of BRAZIL said that, since the Comprehensive Implementation Plan would be coming to an end in the year 2025, the next steps should involve a thorough assessment of the Plan, building strategic partnerships and taking further action aligned with the Sustainable Development Goals. The International Code of Marketing of Breast-milk Substitutes, which had been developed over 40 years ago, was still not being appropriately implemented; that issue must be addressed. Member States were urged to strengthen the regulation of digital marketing of breast-milk substitutes, including by promoting adherence to the Code and contributing to global goals on maternal and child nutrition. His Government was planning to propose a resolution on the regulation of digital marketing of breast-milk substitutes.

The representative of JAPAN welcomed the progress made, particularly in relation to overweight and exclusive breastfeeding, and the development of WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes. Since the impact of marketing of breast-milk substitutes varied among countries, it was important to consider national contexts when introducing regulations and deciding on approaches. Active communication between the Secretariat and Member States was needed to evaluate and identify challenges in implementing the guidance.

The representative of SLOVENIA said that all women should have access to high-quality maternity care, including counselling and nutrition, and highlighted the role of midwives in addressing inequalities and contributing to better reproductive health outcomes. She strongly supported breastfeeding as the best form of nutrition for infants and toddlers and welcomed WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, calling for its strict implementation. Technical consultations with Member States and civil society on the promotion and implementation of the guidance would be welcome. Her Government endorsed the Zagreb declaration on childhood obesity and commended WHO's continued development of innovative tools to address obesity, such as the Diet Impact Assessment tool.

The representative of PERU called on the Secretariat to develop global and national guidelines on regulatory and restrictive measures for the manufacture, import and export of processed and ultra-processed foods, including breast-milk substitutes, while preserving food sovereignty. Given that malnutrition was a global problem, it was important to promote international trade agreements with clear rules on the sale of processed and ultra-processed products and foods containing nutrients above permitted levels. Limiting the availability of such products would have an impact on their cost, which in turn could deter people from purchasing them.

A global digital marketing campaign, similar in scale to the campaigns of companies selling breast-milk substitutes, should be launched to promote the benefits of breastfeeding and encourage self-care, health and nutrition as a lifestyle choice, with the participation of opinion leaders, among others. His Government supported initiatives that promoted dialogue on the implementation of WHO guidelines and strengthened regulatory measures to control all marketing of breast-milk substitutes and other foods for infants and young children.

The representative of AFGHANISTAN said that the humanitarian crisis in his country was severely hindering progress towards achieving global targets on maternal, infant and young child nutrition. He thanked humanitarian organizations and the international community for their support and called for further support to strengthen efforts and address the country's urgent needs. He strongly supported the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, in view of the importance of disseminating accurate information in line with WHO and national health recommendations.

The representative of TIMOR-LESTE said that fostering multisectoral action on nutrition remained challenging, given the effects of the coronavirus disease (COVID-19) pandemic on the delivery of nutrition interventions. She recognized the need to further strengthen and streamline food safety regulations and introduce rules on food labelling and imports. WHO and partners should continue to provide support for the design and implementation of policies that could shift consumption patterns towards healthy diets. Timely implementation of the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes should be ensured.

The representative of MALAYSIA said that WHO, together with other organizations of the United Nations system, should hold a session to share information on achievements and progress made on maternal, infant and young child nutrition and discuss challenges and the way forward towards achieving the Sustainable Development Goals by the year 2030. Consultations should also be organized

on ways of strengthening country-level adherence to the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes.

The representative of SLOVAKIA supported efforts to develop nutrition policies, strategies, programmes and guidelines, but called for greater attention to be paid to children's and adolescents' health. Member States should intensify support for low-cost, high-impact programmes on breastfeeding promotion and lactation counselling. He encouraged the Secretariat and Member States to implement guidelines and audits on the promotion of options other than exclusive breastfeeding, which should be proposed only by capable health professionals – such as midwives, lactation advisers or physicians – based on clinical guidelines and regularly updated diagnostic evidence, and only if there was little negative impact on the health of the child. More work was needed to address disinformation in relation to implementation of the International Code of Marketing of Breast-milk Substitutes at the country level.

The representative of MALDIVES welcomed the progress made in implementing the Comprehensive Implementation Plan and the International Code of Marketing of Breast-milk Substitutes and recognized the importance of developing guidance to regulate the digital marketing not only of breast-milk substitutes, but also of products targeted at other age groups. To prevent malnutrition and reach global nutrition targets, it was vital to accelerate the development of proven interventions; share knowledge, expertise, resources and best practices; and enhance coordination between sectors and countries. Acknowledging WHO's initiatives to address the commercial determinants of health, she called for the development of a comprehensive transition plan, which should reflect regulatory measures aimed at restricting digital marketing of breast-milk substitutes and other products that negatively impacted the health of children and mothers.

The representative of CHINA said that the Secretariat should conduct evaluations of country-level data to assess progress in achieving nutrition targets and establish a platform for sharing success stories and lessons learned. Particular attention should be paid to issues such as anaemia among women of reproductive age and low birth weight, based on a comprehensive evaluation of progress in achieving the 2025 goals, with a view to developing a feasible plan up until the year 2030. It was important to promote exchange and communication among Member States on the regulation of digital marketing of breast-milk substitutes, with a focus on implementation. The Secretariat must play a more active role in supporting developing countries to improve maternal nutrition.

The representative of YEMEN said that the conflict in his country had increased the risk of famine, impeded access to basic health services and created challenges in ensuring maternal, infant and young child nutrition. He called on the Secretariat and Member States to support his country in achieving the targets of the Comprehensive Implementation Plan, including by sharing best practices.

The representative of ARGENTINA¹ said that regulations on the digital marketing of breast-milk substitutes should be balanced, allowing breast-milk substitutes to exist on the market and be used in cases where breastfeeding was not possible. She expressed concern that the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes went beyond the scope of decision WHA75(21) (2022) and could thus prove difficult to implement, and that it might not be consistent with other WHO norms.

The representative of NAMIBIA¹ welcomed the progress made in achieving some of the global nutrition targets, but noted with concern persistent challenges, particularly in relation to anaemia in

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

women of reproductive age and low birth weight. High-level political commitment in the areas of nutrition, food safety and resilient food security systems was commendable. He expressed concern, however, at the lack of robust food standard regulations and consumer protection, especially for children and adolescents, and the limited number of multisectoral actions to combat malnutrition. He called for further collaborative efforts to enhance effective health interventions with an impact on nutrition.

The representative of HAITI¹ described the initiatives implemented by his Government to combat malnutrition, including the establishment of legislation on food fortification and the promotion of exclusive breastfeeding.

The representative of ECUADOR¹ outlined the action taken in her country to promote, support and protect breastfeeding and said that her Government remained committed to preventing malnutrition.

The representative of CANADA said that it would not be productive to begin working towards a resolution on regulating digital marketing of breast-milk substitutes at the present time, given the already heavy workload planned for the intersessional period. Consideration of such a resolution should instead be postponed to a later date.

The representative of ETHIOPIA, noting that digital marketing could reverse the gains made in the African Region in promoting and protecting breastfeeding, welcomed the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes and supported further discussions on the matter. It was important to ensure the translation and implementation of policies at the community level, strengthen functional coordination platforms at all levels, intensify innovative resource mobilization, and continue advocacy for investment in nutrition. In addition, WHO should enhance implementation of new initiatives, including the Global Action Plan on Child Wasting; continue efforts to optimize nutrition in the first 1000 days of a child's life; increase the focus on developing a nutrition workforce and care structure; and promote healthy lifestyles and physical activity. She called for increased support and collaboration to meet the nutrition targets and sustain efforts.

The representatives of the UNITED STATES OF AMERICA and SLOVAKIA endorsed the comments made by the representative of Canada concerning a potential resolution on regulating digital marketing of breast-milk substitutes.

The representative of BANGLADESH¹ underscored the need to enforce regulatory measures on digital marketing of breast-milk substitutes. His Government did not support the promotion of breast-milk substitutes, which should be used only if a lactating mother was not able to breastfeed her child at an optimum level and in line with the advice of a physician. The Secretariat should promote research on the negative impacts of breast-milk substitutes and organize consultations with Member States to discuss regulatory measures on the digital marketing of such products. His Government supported the development of a resolution on the matter, as proposed by the representative of Brazil.

The representative of BRAZIL took note of the comments made regarding the proposal by his Government for a future resolution on regulating digital marketing of breast-milk substitutes.

The representative of IRELAND¹ commended the Secretariat for its work to enhance maternal, infant and young child nutrition and welcomed WHO's new guideline on the prevention and management of wasting. Acknowledging the inadequate progress made towards achieving the 2025 global nutrition targets, he called for Member State consultations to be held on the extension of those

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

targets and on the preparation of a comprehensive implementation plan for the period until the year 2030. All key stakeholders must collaborate with Member States in implementing the multisectoral, multisystem approach reflected in the Global Action Plan on Child Wasting.

The representative of AUSTRALIA said that Member States should increase their efforts to reach the global nutrition targets. The Secretariat should work with Member States to take into account the most current data sources to support the monitoring of progress by the year 2025, and should ensure awareness of the policy briefs related to the targets. He noted the proposal to put forward a resolution on regulating digital marketing of breast-milk substitutes and recalled that new resolutions should be proposed by November of the year previous to their intended consideration, in accordance with the timelines indicated in decision EB153(2) (2023).

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes was vital to protect against the circumventing of existing laws giving effect to the International Code of Marketing of Breast-milk Substitutes, aggressive marketing, and the misuse and distortion of information to influence infant feeding decisions. He called on Member States to implement and incorporate the guidance into their existing laws and accelerate progress across all the 2025 global nutrition targets.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR and also on behalf of the NCD Alliance and the World Obesity Federation, strongly urged Member States to protect, promote and support breastfeeding within national legislation in line with the International Code of Marketing of Breast-milk Substitutes and WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes. Breastfeeding was a powerful and cost-effective policy that protected women against breast cancer and children against weight gain, overweight and obesity. Mothers and babies, alongside their communities and health care providers, must be protected from pernicious industry marketing strategies, and monitoring mechanisms should be introduced to ensure implementation of the International Code of Marketing of Breast-milk Substitutes. Member States were also urged to implement policies to shift consumption patterns towards healthier diets. The implementation of best practice policies, such as best buys for noncommunicable diseases, would reduce the global burden of cancer and noncommunicable diseases.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, welcomed the increase in exclusive breastfeeding. She urged Member States to implement a comprehensive set of policies to promote healthy diets, including the taxation of sugar-sweetened beverages and other unhealthy foods and beverages; introduce front-of-package nutrition labelling; and regulate the marketing of unhealthy foods, especially to children and adolescents.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that WHO should be proud of its marketing, including its guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes, which must be implemented. Digital marketing was out of control, with companies paying influencers and using algorithms and misleading techniques to target pregnant and lactating women and convince them that their expensive, risky and environmentally wasteful products were essential for children's health. The guidance did not prevent the purchasing of necessary products, but could help to stop predatory marketing. A resolution on that important matter could help Member States to strengthen their laws without fear of industry challenges.

The representative of IAEA said that nuclear and stable isotope techniques generated accurate data that could help to assess body composition, breastfeeding practices and micronutrient absorption, among other things. For example, the first international body composition reference charts for infants, based on an IAEA-supported study, could support the design of nutrition interventions and strengthen global efforts to prevent malnutrition in infants and young children and related longer-term poor health.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), thanking Member States for their comments, said that despite the collective achievements over the past decade, including a 10% increase in the exclusive breastfeeding rate, much remained to be done. Over 800 000 children still died every year because of inadequate breastfeeding. It was also crucial to address emerging issues, such as the digital marketing of breast-milk substitutes.

The Secretariat would collect feedback on Member States' experience in implementing the International Code of Marketing of Breast-milk Substitutes and the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes from a national and regional perspective and consider any challenges faced. Although the guidance had been developed in line with WHO's guidance development process, she had taken on board Member States' comments on its scope and implementation, as well as on the consultation process. Requests for further consultations reflected the importance of the topic at the national level. She agreed that a tailored approach to implementation of the guidance would be needed to take into account varying country contexts.

She shared the concerns expressed about the lack of progress towards the global targets on maternal, infant and young child nutrition and highlighted the need to intensify collective efforts to integrate nutrition services into routine health care delivery and primary health care as the foundation for universal health coverage. The Secretariat remained committed to working with Member States to address malnutrition and unhealthy diets. Requests for country support and stakeholder collaboration, including at the global level, had been noted.

The Board noted the report.

2. WELL-BEING AND HEALTH PROMOTION: Item 21 of the agenda (document EB154/23)

The CHAIR drew attention to the draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on strengthening health and well-being through sport events proposed by China, Egypt, Iraq, Japan, Malaysia, Mexico, Morocco, Oman, Qatar, Serbia, Sri Lanka, Thailand, Türkiye, the United Arab Emirates, Yemen and the Member States of the European Union. The draft decision read:

The Executive Board, having considered the report by the Director-General,¹

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) Reaffirming the commitment to the principles of the Alma-Ata Declaration (1978), the Ottawa Charter for Health Promotion (1986), the Jakarta Declaration (1997), the Bangkok Charter (2005) and other relevant international agreements on health promotion and disease prevention;

¹ Document 154/23.

(PP3) Recalling the global burden of noncommunicable diseases accounting for 74% of all global deaths¹ and 1.62 billion disability-adjusted life years (DALYs),² and noting with concern the rising prevalence of noncommunicable diseases, injuries and other health challenges;

(PP4) Reaffirming the importance of advancing the United Nations Sustainable Development Goals set in 2015 (United Nations General Assembly resolution 70/1), including Goal 3, while acknowledging the lack of progress in meeting Sustainable Development Goal 3.4 to reduce premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being by one third by 2030, as well as United Nations General Assembly resolution 75/18 on sport as an enabler of sustainable development and of the UNESCO Fit for Life sports flagship initiative;

(PP5) Recognizing the significance of the Global alcohol action plan 2022–2030 (decision WHA75(11), 2022), as well as the global action plan for the prevention and control of noncommunicable diseases 2013–2020 (resolution WHA66.10, 2013), as extended to 2030, and its call for multisectoral actions to address the determinants of noncommunicable diseases, including those related to physical inactivity, unhealthy nutrition and social inequalities;

(PP6) Recognizing the critical impact of regular physical activity on both physical and mental health, and the concerning shortfall in meeting WHO's recommended levels of physical activity included in the global action plan on physical activity 2018–2030 (resolution WHA71.6, 2018) and the challenges presented by the pandemic of coronavirus disease (COVID-19);

(PP7) Building on Health Assembly resolution WHA75.19 (2022) on well-being and health promotion and decision WHA76(22) (2023) on a global framework for integrating well-being into public health utilizing a health promotion approach, as well as resolutions WHA76.7 (2023) on behavioural sciences for better health and WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies;

(PP8) Recognizing the significant challenges related to the health security of sport events and reaffirming resolution WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, which underlines that preparing for and responding to health emergencies is primarily the responsibility and crucial role of governments, as well as resolution WHA75.7 (2022) on strengthening health emergency preparedness and response in cities and urban settings, which recognizes the important role that cities and local authorities have in preventing, preparing for and responding to health emergencies;

(PP9) Reaffirming the resolutions adopted at previous sessions of the United Nations General Assembly and World Health Assembly emphasizing the significance of collaboration between public and private sectors, aiming at promoting health integration within sport events, in full accordance with the Framework of Engagement with Non-State Actors (resolution WHA69.10, 2016);

(PP10) Recognizing the significant role of sport in promoting health and well-being and the importance of sport events as a channel for reaching a large number of people and the influence of sport events in the society at all levels, as well as their potential to impact human behaviour, physical and mental health, and well-being;

¹ WHO NCD Factsheet, available online via <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>.

² The Lancet, Non-communicable diseases—Level 1 cause, available online via [non-communicable-diseases.pdf \(thelancet.com\)](https://www.thelancet.com).

(PP11) Recognizing that sport plays an important role in promoting respect for human rights and is a bridge between cultures to promote dialogue, mutual understanding, fairness, non-discrimination, respect, and equal opportunities for all, as aimed by the United Nations Alliance of Civilizations, and acknowledging the wide reach of sports, forming a conduit for societal change through empowerment and inclusion;

(PP12) Recognizing the importance of access to sport and sustainable physical activity for all, including people with disabilities as per resolutions WHA74.8 (2021) and WHA76.6 (2023) who have higher barriers to access sports and sport events, including infrastructure that does not allow for participation;

(PP13) Stressing the potential of digital technologies, as stated in resolution WHA71.7 (2018), to advance health outcomes, and for this purpose to promote innovation in the planning, organization and evaluation of sport events and beyond, as well as to enhance physical activity measurements, epidemiological surveillance, behavioural change and innovation,

(OP)1. URGES Member States,¹ in accordance with the national context and priorities:

(1) to leverage the power of sport events and sport settings, according to the best available evidence, to address broader public health challenges, such as health emergencies preparedness and response, noncommunicable diseases, violence and injuries, mental health conditions, social inclusion, and improve societal well-being, through collaboration and partnership with all relevant stakeholders, while addressing the risk of undue influences, through transparency and accountability measures, and the potential negative impacts on human health;

(2) to implement effective, evidence-based health promotion measures in sport events at international, regional and national levels and in subnational community-based, organized, sport settings, including by utilizing innovative digital technologies as well as behavioural science, to improve impact on population health through reducing risk factors of noncommunicable diseases and enhancing mental and social health, and well-being;

(3) to facilitate and strengthen capacity in health emergency preparedness, readiness and response and to ensure that activities are planned by applying a risk-based approach and implemented in line with WHO guidance on mass gatherings² to avoid adverse health consequences and to maintain and strengthen the full operation of existing health systems without disruption and overload during sport events;

(4) to cooperate with the WHO and other relevant organizations, as necessary, in the preparation of mega sport events, including through emergency medical care planning and response, also by applying the Emergency Medical Teams initiative principles, core and technical standards as appropriate;

[(5) to ensure that actions are undertaken at sport events and settings to support global health priorities including nutritious food, clean air, clean water, and physical activity, to limit the marketing of products for unhealthy diets, as well as to prohibit or restrict the advertising, promotion, and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control (WHO FCTC), to promote alcohol control policies, and to curtail gambling and minimise gambling-related harm;]³

¹ And, where applicable, regional economic integration organizations.

² Managing health risks during mass gatherings (who.int).

³ The paragraph will be subject to further consultations with Member States.

- (6) to integrate, as part of the objectives of sport events, the promotion of regular, adapted, and sustainable physical activity, in people of all ages and abilities, as well as sustainable safe green mobility, and thus contributing to air quality control and improvement;
- (7) to encourage the event organizers to conduct health impact assessments of sport events, events legacy and associated programmes, to guide evidence-based decision-making, planning and evaluation, as appropriate, and to ensure adequate planning and resources to conduct post-event short, medium- and long-term evaluations to assess the public health impact including the societal cost-benefit resulting from these actions;
- (8) to share and recognize best practices, lessons learned, and innovative approaches to integrating health promotion into sport and sport events, and to foster global collaboration, research and knowledge exchange in order to inform public health policies, across sectors, including through WHO's dedicated activities and Healthy Cities Networks, aiming at improving health and creating urban environments that support well-being, reduce health inequalities and build resilient communities;
- (9) to increase accessibility to sport events and to inclusive sport and physical activity interventions, as part of sport event legacy, in community settings including sport clubs, educational institutions, medical and social centres, and workplaces, using evidence-based approaches, in order to increase participation in sport and physical activity, whilst paying special attention to meeting the needs of the most vulnerable and disadvantaged populations, and reduce health inequities;
- (10) to foster opportunities and partnerships with relevant stakeholders, while addressing the risk of undue influence, to implement and evaluate the use of awareness-raising and behavioural change interventions and campaigns aiming at promoting health and well-being through sport events, including through traditional and social media platforms, according to context and target audience, and to build the evidence on cost-effective approaches;
- (11) to consider establishing a national annual "Sport and Physical Activity Day" to strengthen advocacy and promotion of the benefits of sport and physical activity for health and well-being;
- (12) to enhance collaboration and partnerships with other relevant stakeholders, while addressing the risk of undue influence, to develop and test new ways of resourcing health promotion in and through sport events and their legacy;

(OP)2. INVITES other relevant international organizations and relevant non-State actors to cooperate with Member States:

- (1) to jointly implement effective, evidence-based health promotion measures, and to contribute and support health emergency preparedness and response when organizing sport events in order to promote and protect population health, improve community well-being, and mitigate any negative impacts on health;
- (2) to strengthen partnerships with other relevant stakeholders and to mobilize expertise and resources, in order to support the delivery of health promotion through sport events on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect;
- (3) to support evaluation of health promotion and health emergency preparedness and response in sport events and make available such data and information to strengthen the evidence base associated with the planning, implementation and evaluation of sport events and their legacy in the short, medium- and long-term;

(OP)3. REQUESTS the Director-General:

- (1) to develop and strengthen the evidence base on the short, medium- and long-term impact of sport events and their legacy programmes on health;
- (2) to develop technical guidance for Member States on how to implement and leverage the opportunities and reach of sport events and their legacy programmes in order to improve health and well-being, and minimize detrimental effects on health, as well as to provide technical assistance upon the request of Member States, in the application of the guidance within country context;
- (3) to provide Member States with appropriate technical tools, support and training to conduct health impact assessments of sport events and their legacies;
- (4) to provide technical assistance and training to Member States, upon request, on the application of existing WHO mass gathering guidance and tools, including for the development of Emergency Medical Teams as appropriate, and to develop additional instruments as required for the planning, implementation and evaluation of sport events;
- (5) to set up a platform to coordinate efforts and activities of the Member States, to facilitate exchange of experiences and best practices in order to ensure synergies and increase the positive impact of sport events and their legacy programmes for health and well-being;
- (6) to support Member States to effectively use appropriate national and international days on sport or relevant health issues to stress the importance of physical activity and sport to promote health and well-being;
- (7) to establish and strengthen partnerships with other international organizations, and non-State actors, in full accordance with the Framework of Engagement with Non-State Actors, to mobilize expertise and resources, and review and analyse possible models, including funding, to strengthen health promotion through sport events, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;
- (8) to provide a progress report to the Health Assembly in 2027 and 2030, outlining achievements and challenges related to the integration of health and well-being into sport events.

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

Decision:	Strengthening health and well-being through sport events
A. Link to the approved Programme budget 2024–2025	
1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:	<p>2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities</p> <p>2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities</p> <p>3.2.1. Countries enabled to address risk factors through multisectoral actions</p> <p>3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p>
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:	Not applicable.

<p>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</p> <p>Not applicable.</p>
<p>4. Estimated time frame (in years or months) to implement the decision:</p> <p>Six and a half years, from July 2024 to December 2030.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</p> <p>US\$ 28.85 million.</p>
<p>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</p> <p>US\$ 8.35 million.</p> <p>This does not include staff or activity costs associated with the provision of intensive event-specific technical assistance or resources for intervention activities in specific sport events in the biennium 2024–2025. Such types of assistance would be at the request of Member States, and would require separate additional resources based on the requirements of the specific sport event or setting. Additional resource mobilization would be required to respond to such requests from Member States.</p>
<p>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</p> <p>Not applicable.</p>
<p>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</p> <p>US\$ 7.97 million.</p> <p>The note in section B.2.a. also applies here.</p>
<p>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</p> <p>US\$ 12.53 million for the biennium 2028–2029, and 2030.</p> <p>The note in section B.2.a. also applies here.</p>
<p>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 1.12 million. – Remaining financing gap in the current biennium: US\$ 7.23 million. – Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium: <p>Resource mobilization efforts are under way through discussions with Member States, in particular with those Member States identified as having confirmed or planning bids for hosting future international and regional sport events, to support general technical work as well as event-specific technical assistance. In addition, outreach is under way to introduce the work programme outlined in the draft decision to other stakeholders.</p>

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.46	0.38	0.33	0.40	0.33	0.35	2.72	4.98
	Activities	0.12	0.12	0.12	0.12	0.12	0.12	2.68	3.37
	Total	0.58	0.50	0.45	0.51	0.45	0.47	5.41	8.35
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.45	0.37	0.32	0.38	0.32	0.34	2.29	4.46
	Activities	0.12	0.12	0.12	0.12	0.12	0.12	2.79	3.51
	Total	0.56	0.49	0.44	0.50	0.44	0.46	5.08	7.97
B.4. Future bienniums resources to be planned	Staff	0.70	0.58	0.50	0.60	0.51	0.54	3.62	7.05
	Activities	0.19	0.19	0.19	0.19	0.19	0.19	4.35	5.47
	Total	0.89	0.77	0.69	0.79	0.69	0.73	7.97	12.53

^a The row and column totals may not always add up, owing to rounding.

The representative of QATAR, introducing the draft resolution contained in the draft decision, said that it stressed the need for evidence-based actions on health promotion and disease prevention, calling for effective cross-sectoral collaboration, global cooperation and enhanced accessibility, and underscored the significance of evaluating the short-, medium- and long-term health impacts of sport events. The Secretariat was requested to develop the necessary evidence base, guidance and tools to support Member States in integrating health and well-being into sport events and settings. Although consensus had been reached on most of the text of the draft resolution, operative paragraph 1(5) required further discussion.

Recognizing the impact of mega sport events, the draft decision envisioned a future where sport events and settings became platforms for health, not just entertainment, and helped to bridge health inequities by reaching the most vulnerable populations. Achieving its goals would require concerted efforts from Member States, international organizations and non-State actors in mobilizing expertise and resources; developing and testing innovative approaches; and evaluating and sharing results to inform public health policies and improve future events.

The representative of JAPAN, expressing support for efforts to strengthen health and well-being through sport events, proposed that paragraph 1(5) of the draft decision should be amended to read: “to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control, to promote policies on alcohol in line with the WHO Global Alcohol Action Plan 2022–2030, and to minimize the negative consequences of gambling to health and well-being.”

The representative of the UNITED STATES OF AMERICA, speaking also on behalf of Japan and Morocco as members of the newly launched WHO Commission on Social Connection, highlighted the importance of social connection to the health and well-being of individuals, communities and societies. Studies showed that social isolation and loneliness were widespread across all age groups and regions, particularly since the COVID-19 pandemic, with clear links to physical and mental health outcomes such as cardiovascular disease, diabetes, depression and cognitive decline, and he commended WHO for contributing to the measurement of those disturbing global rates. Conversely, social

connection helped to prevent adverse health outcomes and promote well-being, thus extending lifespans and enhancing quality of life. It could also improve education outcomes for young people; enhance economic opportunities and job performance; contribute to prosperous, safe communities; and foster civic engagement and representative government.

The power of social connection had been overlooked and undervalued in medicine and policy-making. The Commission on Social Connection would work to raise awareness, harness support and accelerate the scaling up of evidence-based solutions, with a focus on the most vulnerable populations. It was important to draw attention to the issue and find the most effective solutions through dedicated efforts and collaboration that would ultimately benefit countries, communities and individuals around the world.

The representative of BELARUS, highlighting the importance of physical activity for physical and mental health, expressed support for the draft decision and said that his Government wished to be added to the list of sponsors.

The representative of FRANCE commended WHO's efforts to promote health and well-being, notably through the global framework for integrating well-being into public health utilizing a health promotion approach. She welcomed, in particular, the implementation of public health policies designed to reduce sedentary lifestyles and increase physical activity and recognized the key role sport events could play in that regard. The forthcoming summer Olympic and Paralympic Games, to be held in Paris later that year, demonstrated her Government's commitment to promoting health and well-being through sport events.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the development of the global framework and its strategic directions, which took into account the importance of sustainable development and universal health coverage in ensuring physical, mental and social well-being for all. He commended Member States for developing inclusive public policies to promote social protection, thereby reducing inequalities and supporting the most vulnerable populations, but noted the need for further support in implementing the Health in All Policies approach, which was vital to achieving universal health coverage.

At its 73rd session, the Regional Committee for Africa had adopted a regional multisectoral strategy to promote health and well-being, and a regional strategy to strengthen community engagement and resilience, as part of efforts to promote health and well-being. He welcomed the technical support provided by the Secretariat in developing briefing notes for high-level decision-makers on governance and financing for well-being and health promotion and expressed support for the draft decision.

The representative of TOGO, welcoming the progress made on well-being and health promotion in the post-COVID-19 pandemic context, supported the implementation and monitoring plan for the global framework and took note of its strategic directions. Outlining action taken in his country, he called for the mobilization of additional resources to support countries in implementing measures that promoted well-being and reduced inequalities.

The representative of MALAYSIA endorsed the strategic directions of the global framework, which would not only establish conditions conducive to health, but also empower societies to exert greater control over, and enhance, their health and well-being. Recognizing that health and well-being were influenced by various factors, many of which went beyond the health sector, she highlighted the need to adopt a whole-of-government and whole-of-society approach, with multilateral and multisectoral collaboration, to empower communities towards healthy living and well-being, using health promotion and behavioural science strategies.

The representative of PERU said that well-being promotion should be included in national strategies, in line with the Sustainable Development Goals. To support country implementation and monitoring, an evidence base should be developed to show that health inequities could be reduced by addressing the social determinants of health, which could in turn be used to strengthen the development of national policies. Guidelines should also be developed to support the implementation of programmes and interventions aimed at reducing inequities with the engagement of societies, national authorities and the health sector. In addition, information technologies should be used to gather geographical, social, environmental, economic and health data at the national level, taking into account each country's disaster risk management capacity and exposure to climate change, while social projects aimed at reducing health inequities, overcoming infrastructure challenges and boosting well-being should be promoted at the local and regional levels through a results-based management approach. He supported the draft decision.

The representative of BRAZIL highlighted the need to assess the challenges faced by health systems in the wake of the COVID-19 pandemic, which had emphasized the importance of robust and adaptable health systems capable of addressing unforeseen challenges and ensuring access to health care for all. To empower communities to enhance their own quality of life and well-being, coordinated, multisectoral efforts were needed to address health determinants, and a sense of responsibility for individual health should be instilled among societies. Indeed, the construction of resilient societies required behavioural change across the entire population, coupled with a reduction in socioeconomic inequality.

Member States must prioritize recovery strategies that addressed the physical, mental and social impact of the pandemic on individuals and communities and strengthened universal health care systems. It was essential to bolster international collaboration in order to share lessons learned and best practices, including in research and development and in the global distribution of resources for health promotion. His Government welcomed initiatives that encouraged healthy lifestyles, such as physical activity, nutritious diets and stress management, in alignment with broader sustainable development approaches, and supported the draft decision.

The representative of CHINA commended the Secretariat for its efforts to promote health and well-being and welcomed the six strategic directions of the global framework, as well as the associated implementation and monitoring plan. Sharing information on measures implemented in her country, she called on Member States to formulate policies and plans that prioritized health and well-being and were tailored to the national context; engage in regular monitoring and evaluation; and progressively work towards achieving the Sustainable Development Goals.

The representative of ETHIOPIA said that individuals and communities should be empowered to make healthy choices and emphasized the importance of health literacy and community engagement. Context-specific health promotion strategies should be developed to address the determinants of health, promote multisectoral ownership and buy-in, and ensure the sustainability of efforts. National health promotion policies and strategies should be mainstreamed into existing public health programmes, supported by training for the health and care workforce, the allocation of adequate resources and the establishment of sustainable structures. It was equally important to generate evidence on the impact of well-being policies and programmes, including their cost and benefits; develop local capacity; generate and use local-level social and behavioural data; and promote behavioural insights in science and health. She supported the draft decision.

The representative of MALDIVES said that sport events provided an excellent opportunity to promote health and well-being, but for too long had been used to promote unhealthy products. Her Government supported the draft decision and wished to be added to the list of sponsors.

The representative of AFGHANISTAN, acknowledging the importance of sport events in promoting health and providing enjoyment to all people, including those living in conflict zones, said that his Government supported the draft decision and wished to be added to the list of sponsors.

The representative of BARBADOS recognized the potential of health promotion interventions to boost the ability of people, communities and countries to attain the highest quality of life. Noting the influence of cross-cutting factors on positive health and quality-of-life outcomes, he encouraged the health sector to work with non-health sectors to ensure health and well-being. National multisectoral committees appointed by ministries of health were well-placed to facilitate the promotion of health and well-being through their advisory and implementing roles. His Government supported the six strategic directions of the global framework and the draft decision.

The representative of the REPUBLIC OF KOREA¹ said that multisectoral collaboration was needed across economic sectors and social security systems to advance progress on well-being and health promotion. It was important to foster collaboration between ministries and departments, as well as between central and local governments. In that regard, he noted the recent launch of the WHO initiative on urban governance for health and well-being and requested the Secretariat to share best practices of city- and community-level collaborative initiatives on well-being and health promotion. Acknowledging the positive impact of sport events on society, he expressed support for the draft decision.

The representative of SAUDI ARABIA¹ said that her Government supported the draft decision and wished to be added to the list of sponsors.

The representative of PANAMA recognized the important role of sport in fostering respect for human rights, building bridges between cultures and encouraging physical activity. Sport events gave WHO a platform to implement measures in support of global health priorities, including to restrict the advertising, promotion and sponsorship of tobacco and processed and ultra-processed foods. Such events were also an opportunity to make collective progress on well-being and health promotion, as well as on the prevention and control of noncommunicable diseases. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of EGYPT² expressed appreciation for the Secretariat's efforts in promoting the well-being of societies.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, commended the focus on building healthy ecosystems for healthy people. Observing that physical inactivity was one of the most significant risk factors across noncommunicable diseases, he urged WHO to address physical inactivity in the global framework's implementation and monitoring plan and encouraged Member States to implement the policy recommendations presented in the global action plan on physical activity 2018–2030 and in the World Heart Federation policy brief entitled "More People, More Active, More Often for Heart Health – Taking Action on Physical Activity".

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of World Cancer Research Fund International, welcomed the direction of the implementation and monitoring plan and the draft decision, noting its call to leverage existing tools to improve health promotion through sport events, and urged Member States to adopt it. She encouraged Member States

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

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

to prohibit the marketing of unhealthy products at sport events and safeguard collaborations in such events from undue influence. The impact of healthy environments in sport settings should be optimized in the context of a comprehensive approach to implementing other best buys for noncommunicable diseases.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, welcomed the global framework and its six strategic directions, in particular the need to promote equitable universal health coverage through primary health care, health promotion and preventive services and to address upstream determinants of health and the role of stakeholders in protecting health and preventing disease.

Since oral health was a key indicator of overall health, well-being and quality of life, she urged Member States to implement the Global Oral Health Action Plan 2023–2030 and its monitoring framework, which provided guidance on oral health promotion. Member States should consider the global framework within broader United Nations processes, such as the Summit of the Future, as there were currently no Sustainable Development Goal indicators that measured well-being.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that efforts should be focused on building healthy societies, rather than on healthy lifestyles. If action remained focused on individual lifestyles without systematically protecting people from social, economic, commercial and environmental determinants of health, it would not be possible to protect future generations. She urged the Secretariat and Member States to address the root causes of ill health and build societies and structures that promoted and enabled health and well-being. Acknowledging challenges in adopting a contextualized Health in All Policies approach, she recommended establishing a platform to share effective practices and guide the implementation of health policies tailored to specific local and national contexts.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, strongly welcomed the draft decision, in particular the call to improve participation in sport and physical activity, noting that comprehensive action on obesity included improving overall health, not solely a focus on weight loss. All people should be encouraged to engage in physical activity in their daily lives, given the associated physical and mental benefits, and Member States should implement the policy recommendations contained in the global action plan on physical activity 2018–2030. To advance efforts in tackling the obesity crisis, it was important to address the risks of undue influence at sport events and implement the call to limit marketing of unhealthy products.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that governments had a human rights obligation to protect children, young people and other vulnerable groups from exposure to alcohol marketing – an industry that was spending billions of dollars promoting and glamorizing carcinogenic and otherwise harmful products. It was therefore vital that sport events were free from alcohol marketing.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) said that renewed ambition for health would be required to advance the agenda on well-being and health promotion, the importance of which had been highlighted by the COVID-19 pandemic. Innovative approaches should be developed, including for measuring health and development outcomes, which would help to advance a culture of vertical and horizontal collaboration. The Secretariat was itself on a learning curve and did not have all the solutions on how to implement the ambitious global framework. It could, however, facilitate the sharing of country experiences and success stories.

Sport was a powerful tool to address low levels of physical activity around the world. Indeed, 1.4 billion adults worldwide were insufficiently active, including 80% of adolescents. The draft decision

on strengthening health and well-being through sport events could therefore help to advance collective efforts. Empowering both individuals and communities was essential to building healthier populations. However, it was also important to address other contributing factors, such as environmental contexts, and tackle the root causes of the issue, including social determinants such as poverty, education and employment.

The well-being approach could provide an opportunity for innovative approaches to addressing old and emerging challenges in global health. One such challenge was social isolation and loneliness, which were not new concepts but had become more visible during the COVID-19 pandemic. The newly established WHO Commission on Social Connection was tasked with tackling that serious issue, which was an important part of the mental health, psychosocial support and well-being agenda.

The DIRECTOR (Communicable Diseases, Environment and Health), REGIONAL OFFICE FOR EUROPE, speaking on behalf of the Regional Director for Europe, said that there had been a concerning decline in people's well-being globally, with stark inequities that were leaving more people behind, in spite of economic growth, and were negatively impacting societal cohesion. It was important to remember that society and economies prospered when people prospered. However, a prospering economy did not necessarily lead to well-being and prosperity for everyone, equally. The European Region was advocating for inclusive economic policies that placed people's well-being and environmental considerations at the centre, demonstrating that reorienting economies to prioritize health and well-being could bring benefits both to economies and societies.

Through the Universal Well-being Economy Initiative, the European Region was developing an impact investment alliance. The Secretariat would step up its support in strengthening countries' capacity to leverage fiscal policies to deliver well-being and health equity, building new forms of dialogue with the finance sector and central banks. Collaborative efforts across government sectors, coupled with innovative financing mechanisms, would play a pivotal role in shaping societies that prioritized the well-being of every individual.

The CHAIR invited the Board to note the report contained in document EB154/23.

The Board noted the report.

The SECRETARY read out the proposed amendment to the draft resolution contained in the draft decision on strengthening health and well-being through sport events. Operative paragraph 1(5) would be amended to read: "to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control (WHO FCTC), to promote policies on alcohol in line with the WHO Global Alcohol Action Plan 2022–2030, and to minimize the negative consequences of gambling to health and well-being."

The decision, as amended, was adopted.¹

Rights of reply

¹ Decision EB154(13).

The representative of CHINA, speaking in exercise of the right of reply, said that a number of delegations had made irresponsible remarks that seriously infringed on China's sovereignty and territorial integrity, and which his Government strongly opposed. The participation of Taiwan¹ in WHO's activities must adhere to the one-China principle, in keeping with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972).

The representative of JAPAN, speaking in exercise of the right of reply, urged China to engage in constructive dialogue. As confirmed by the findings of IAEA, Japan's discharging of water treated by the Advanced Liquid Processing System had been carried out safely and in full compliance with international standards, and the level of radionuclides in the discharged water was far below regulatory standards. An assessment conducted by IAEA had also concluded that the transboundary radiological impact of such water on the environment would be negligible. The claims made by China against Japan therefore had no scientific basis. His Government would continue to provide transparent explanations of its handling of water treated by the Advanced Liquid Processing System. It was important not to be misguided by politically motivated, unscientific scaremongering and to uphold the authority of IAEA.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the COVID-19 pandemic had highlighted the urgency of engaging all public health experts and authorities and the value of exchanging information on lessons learned in real time. All stakeholders must be included in WHO's efforts to coordinate international health work. Isolating Taiwan¹ from the global health community served only to prevent the broader international community from benefiting from its experience, technical expertise and lessons learned from the pandemic. Taiwan¹ had been an observer at the Health Assembly from the year 2009 to the year 2016 and there was no reasonable justification to exclude its participation at the current time.

The representative of CHINA, speaking in exercise of the right of reply, said that the central Government of China had made arrangements for the participation of Taiwanese health experts in global health affairs, including in WHO's activities, while respecting the one-China principle. There was therefore no gap in global epidemic prevention efforts. He urged Member States to stop politicizing WHO's agenda and to stop interfering in China's internal affairs.

The Government of Japan was evading its responsibilities in relation to the discharging of nuclear wastewater. The wastewater contained many radionuclides; discharging it into the sea would therefore endanger the health of future generations. He called on the Government of Japan to address the concerns of the international community and dispose of its nuclear wastewater in an ethical and responsible manner.

The representative of JAPAN, speaking in exercise of the right of reply, said that it was not his intention to politicize WHO's agenda, but stressed that geographical gaps should not exist when addressing global health. In responding to COVID-19 and other infectious diseases, it was important to share information and knowledge among all countries and regions in a free, transparent and timely manner, and Taiwan¹ must be included in such efforts.

With regard to the discharging of water treated by the Advanced Liquid Processing System, a number of oceanic dispersion simulations, including some conducted by Chinese institutions, had concluded that the impact of such water was generally undetectable. China's attempts to unnecessarily incite anxiety without any scientific basis were irresponsible and dangerous.

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

The representative of CHINA, speaking in exercise of the right of reply, said that the Government of Japan could not evade accountability and hide the truth. Selective sampling was no substitute for international supervision. He again urged the Government of Japan to dispose of its nuclear wastewater responsibly and to cooperate fully with international monitoring efforts.

The meeting rose at 23:25.

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