

**PROVISIONAL SUMMARY RECORD OF THE FIFTEENTH MEETING**

**WHO headquarters, Geneva  
Saturday, 27 January 2024, scheduled at 10:00**

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

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## FIFTEENTH MEETING

**Saturday, 27 January 2024, at 10:10**

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

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

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

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

#### **1. CLIMATE CHANGE, POLLUTION AND HEALTH:** Item 22 of the agenda

- **Impact of chemicals, waste and pollution on human health** (document EB154/24)
- **Climate change and health:** (document EB154/25)

The CHAIR invited the Board to consider the draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on climate change and health, which was proposed by Barbados, Fiji, Kenya, Monaco, the Netherlands (Kingdom of the), Peru, the United Arab Emirates and the United Kingdom of Great Britain and Northern Ireland. The draft decision read:

The Executive Board, having considered report[s] by the Director-General on Climate change and health [and “Climate change, pollution and health: Impact of chemicals, waste and pollution on human health”],<sup>1</sup>

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

[The Seventy-seventh World Health Assembly,]

(PP1) Recalling resolution WHA61.19 (2008) on climate change and health and welcoming the work carried out so far by WHO in pursuit of it;

(PP2) Recalling also resolution WHA68.8 (2015) on addressing the health impact of air pollution and resolution WHA76.17 (2023) on the impact of chemicals, waste and pollution on human health, which recognize the link between health, environment and climate change;

(PP3) Recognizing that climate change is one of the major threats to global public health, and noting the urgent call issued by the WHO Director-General for global climate action to promote health and build climate-resilient and sustainable health systems;<sup>2</sup>

(PP4) Aware that increasingly frequent extreme weather events and conditions are taking a rising toll on people’s well-being, livelihoods and physical and mental health, as well as threatening health systems and health facilities; and that changes in weather and climate are threatening biodiversity and ecosystems, food security, nutrition, air quality and

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<sup>1</sup> Documents EB154/25 and EB154/24, respectively.

<sup>2</sup> WHO issues urgent call for global climate action to create resilient and sustainable health systems. Geneva: World Health Organization, 24 May 2023 (<https://www.who.int/news/item/24-05-2023-wha76-strategic-roundtable-on-health-and-climate>, accessed 20 December 2023).

safe and sufficient access to water, and driving up food-, water-, and vector-borne diseases, underscoring the need for rapidly scaled-up adaptation actions to make health systems more climate resilient;

[(PP5) Further aware that modern health systems can also contribute to environmental pollution and approximately 5%<sup>1</sup> of global carbon emissions, including through the end-to-end supply chain from product manufacturing, procurement, distribution, use, waste creation and its disposal, thereby negatively impacting health; and underscoring the need for mitigation and adaptation actions and use of new technologies to make health systems more environmentally sustainable, including at the primary health care level;]

[(PP6) Also aware that the pace and scope of mitigation and adaptation efforts are being surpassed by climate change threats, which results in a range of sudden and long-term impacts to health and well-being; and underscoring the need to prepare and manage health sector needs for averting, minimizing and responding to loss and damage to help to protect and strengthen the resilience of individuals, communities, the workforce, livelihoods, and ecosystems in the face of climate change, including [operationalizing new funding arrangements for assisting developing countries that are particularly vulnerable to the adverse effects of climate change, including loss and damage with a particular focus on developing countries;]

(PP7) Recognizing that limited access to finance is one of the major obstacles to developing climate-resilient and sustainable health systems;

(PP8) Noting further that climate change is jeopardizing implementation of the 2030 Agenda for Sustainable Development and its targets, and the “leave no one behind” commitment,<sup>2</sup> and is undermining the efforts of the WHO Member States and Secretariat to improve public health and reduce health inequalities globally, through enabling timely, equitable and universal access to essential health services and products, especially in developing countries;

(PP9) Expressing concern over the latest assessment by the Intergovernmental Panel on Climate Change which states that “Continued emissions will further affect all major climate system components, and many changes will be irreversible on centennial to millennial time scales and become larger with increasing global warming. Without urgent, effective, and equitable mitigation and adaptation actions, climate change increasingly threatens ecosystems, biodiversity and the livelihoods, health and well-being of current and future generations”;<sup>3</sup>

(PP10) Recognizing that “any further delay in concerted anticipatory global action on adaptation and mitigation will miss a brief and rapidly closing window of opportunity to secure a liveable and sustainable future for all”;<sup>4</sup> and that accelerated climate change

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<sup>1</sup> Document EB154/25.

<sup>2</sup> Leaving no one behind: equality and non-discrimination at the heart of sustainable development. United Nations: New York; 2017 ([https://unsceb.org/sites/default/files/imported\\_files/CEB%20equality%20framework-A4-web-rev3.pdf](https://unsceb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3.pdf), accessed 22 January 2024).

<sup>3</sup> Intergovernmental Panel on Climate Change. Summary for Policymakers, p. 24. In: Climate change 2023: Synthesis report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change. Geneva: IPCC; 2023 (<https://www.ipcc.ch/report/ar6/syr/>, accessed 20 December 2023).

<sup>4</sup> Intergovernmental Panel on Climate Change. Summary for Policymakers, p.33. In: Climate change 2022: Impacts, adaptation and vulnerability. Working Group II contribution to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge and New York: Cambridge University Press; 2022 ([https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC\\_AR6\\_WGII\\_SummaryForPolicymakers.pdf](https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC_AR6_WGII_SummaryForPolicymakers.pdf), accessed 23 January 2024).

adaptation and mitigation measures can also provide co-benefits for health and sustainable development;

(PP11) Recognizing also that the scientific evidence, diverse expertise and global experience, including local, traditional and Indigenous knowledge, systems and practice to respond to the issue of climate change and health have considerably improved, and at the same time that investments in research are necessary to support appropriate policy responses with co-benefits for both health and the environment;

[(PP12) Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments,<sup>1</sup> which highlights the need to reduce the impact of drivers of climate change through more sustainable life choices; access to universal health coverage; health-based air-quality targets; more resilience of health systems and communities to climate change; access to safe water, sanitation and hygiene; reduced exposure to chemicals; reduced exposure to ultraviolet radiation; sustainable health care systems; occupational health and safety; international agreements to efficiently deal with global and regional drivers of health such as climate change; the capacity to manage health services in emergencies; and cross sectoral governance to secure health in all relevant policies;]

(PP13) Noting with appreciation the important work of the WHO-led Alliance for Transformative Action on Climate and Health (the Alliance) carried out so far to realize the ambition set at the 26th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26, the 26th United Nations Climate Change Conference) to build climate resilient and sustainable health systems, as well as the COP27 Initiative on Climate Action and Nutrition (I-CAN) institutionalized through the Alliance providing an informal network for WHO Member States and other stakeholders to share knowledge, facilitate access to technical assistance and financing, provide quality assurance and monitoring, and help drive a global shift on climate and health action, following the first-ever Health Day and climate and health ministerial at the 28th United Nations Climate Change Conference;

(PP14) Recognizing the complex, multidimensional challenges posed by climate change, pollution and biodiversity loss, as well as malnutrition in all its forms and emphasizing that addressing these crises requires a truly integrated perspective and coordinated action, based on a whole-of-government, whole-of-society and the One Health approach;

(PP15) Recognizing also that climate change exacerbates existing health and gender inequalities and increases vulnerability and that many of those in marginalized and vulnerable situations currently bear the brunt of climate-sensitive health risks from extreme heat, poor air quality, lack of adequate water, flooding, extreme weather events, food insecurity and vector-borne and emerging infectious diseases, which can contribute to the migration and displacement of people;

(PP16) Underscoring the importance of paying particular attention to those disproportionately impacted and those already in vulnerable situations, when shaping inclusive, [equitable and gender- [responsive]/[sensitive]] climate action and health systems, [recognizing gender [-based] differences in needs, opportunities and capacities,] striving for equitable participation and influence by women and men in climate-related decision-making processes, and gender-equitable access to financial resources and other

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<sup>1</sup> Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments. Geneva: World Health Organization, 2020 (<https://iris.who.int/bitstream/handle/10665/331959/9789240000377-eng.pdf?sequence=1&isAllowed=y>, accessed 22 January 2024).

benefits such as climate information, technologies and services that are resulting from investment in climate action;

[(PP17) Recalling the United Nations Framework Convention on Climate Change and the Paris Agreement;]

[(PP18) Recalling further Article 2, paragraph 1, of the Paris Agreement, which provides that the Agreement, in enhancing the implementation of the Convention, including its objective, aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty;]

[(PP19) Recalling also Article 2, paragraph 2, of the Paris Agreement, which provides that the Agreement will be implemented to reflect equity and the principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances;]

[(PP20) Recognizing the importance of the best available science for effective climate action and policy-making;]

(OP)1. CALLS UPON Member States:<sup>1</sup>

(1) to commit:

(a) to strengthen the implementation of the WHO Global Strategy on Health, Environment and Climate Change, adopting a health-in-all policies approach, without diverting resources meant for primary health care, and consider engaging constructively in the forthcoming Global Plan of Action;

(b) to conduct periodic climate change and health vulnerability and adaptation assessments toward the development of a health national adaptation plan or other adaptation planning strategies, as appropriate and according to the national context;

(c) to cooperate in the development and implementation of national action plans, in accordance with national context and priorities, geared toward decarbonization and ensuring environmentally sustainable health systems, facilities and supply chains including with regard to issues of consumption, procurement, transport, and disposal of resources such as water, energy, food and waste, as well as medical supplies, equipment, pharmaceuticals and chemicals, with a view to limit greenhouse gas emissions, only when doing so does not compromise health care provision and quality, in line with relevant WHO guidance;<sup>2</sup>

[(d) to integrate climate data into existing monitoring, early warning, surveillance, and data collection systems, including data disaggregated by sex, age, disability and any other relevant factor, where appropriate, to enable evidence-based decision-making and targeted interventions that respond to the impacts of climate change, including loss and damage, on health and health systems as well as health sector impacts on the environment;]

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Operational framework for building climate resilient health systems. Geneva: World Health Organization; 2015 (<https://www.who.int/publications/i/item/9789241565073>, accessed 20 December 2023).

- (2) [to [recognize][note] the Alliance for Transformative Action on Climate and Health (ATACH) as a WHO-led platform for the exchange of knowledge and best practices, and for collaboration on building climate resilient and sustainable health systems;]
- (3) to mobilize high-level attention to climate and health and related aspects within multilateral fora, following the Health Day and climate and health ministerial at COP28, to help ensure sustained and concrete political visibility and momentum, and explore ways in which to integrate health into climate actions towards adaptation, mitigation and loss and damage;
- (4) to promote inter and multisectoral cooperation between national health ministries and relevant national authorities on climate change to address the interlinkages between the environment, the economy, health, nutrition and sustainable development, for a coherent and holistic approach to building resilience and addressing the root causes of climate change and climate-sensitive environmental and social determinants of health, [in line with the One Health approach,<sup>1</sup>] as appropriate;
- (5) to support efforts to mobilize resources from all sources for integrated action on climate and health and consider expanding opportunities, with a focus on developing countries, especially those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks, existing multilateral funds, including, among others, climate funds, innovative source;
- (6) to invest in climate adaptation measures that proactively address climate related health impacts, including early warning systems for climate related disease outbreaks and enhancing emergency preparedness and response;
- (7) to promote awareness among the public and health sector on the interdependence between climate change and health, as well as their engagement in the development of climate and health policies, fostering recognition of health co-benefits and sustainable behaviour in line with national context and priorities;
- (8) to encourage collaboration between policy-makers, researchers and developers in order to accelerate the translation of evidence to policy and innovation in the field of climate and health;
- (9) [to support the research and development of new health programmes to prevent, test and treat climate-sensitive diseases and support affected communities in their efforts to adapt to the impacts of climate change by creating an enabling environment to facilitate equitable access to health tools by those hit hardest by climate-sensitive diseases;]
- (10) [to promote research and development related to the improvement of the detection and response to climate-sensitive diseases and support affected communities in their efforts to adapt to the impacts of climate change on health, this includes facilitating equitable access to health tools by those hit hardest by climate-sensitive diseases];

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<sup>1</sup> The One Health Approach, including the work of the Quadripartite organizations (WHO, WOA, FAO, UNEP), the One Health Joint Plan of Action: 2022-2026 and the One Health High-Level Expert Panel.

(OP)2. REQUESTS the Director General:

- (1) [to develop a results based, needs-oriented and capabilities-driven global Plan of Action on climate change and health<sup>1</sup> within existing resources, as feasible, by the Seventy-eighth World Health Assembly (2025) and builds on the WHO Global Strategy on Health, Environment and Climate Change, integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;]
- (2) [to develop a results based, needs-oriented and capabilities-driven global Plan of Action on climate change and health within existing resources, as feasible, that is coherent with the [provisions [and long term goals] of the] UNFCCC and other relevant fora on the issue of climate and health by the Seventy-eighth World Health Assembly (2025), firmly integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;]
- (3) to include and accelerate actions on climate change and health in the implementation of the fourteenth General Programme of Work emphasizing the interlinkages between health and other sectors and the need for cross-sectoral cooperation;
- (4) to serve as a global leader in the field of climate change and health, including amongst others and where feasible, within available resources [as established by][by establishing] a Roadmap to Net Zero by 2030 for the WHO Secretariat, in line with the UN Global Roadmap;<sup>2</sup>
- (5) [to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster more integrated [gender-responsive/gender-sensitive] action on climate and health, highlight the need to ensure synergy and coherence between the work of WHO and other relevant international organizations and fora, in particular the United Nations Framework Convention on Climate Change, on the issue of climate and health;]
- (6) [to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster more integrated [gender-responsive/gender-sensitive] action on climate and health, and to promote synergy and coherence with other relevant international organizations and fora on the issue of climate and health;]
- (7) [to support Member States, upon their request, in the development of national strategies for sustainable and climate-resilient health systems by, among other actions, capacity-building of health professionals and providing training to health professionals on the interdependence between climate change and health as feasible;]
- (8) to report on progress in the implementation of this resolution to the World Health Assembly in 2025, 2027 and 2029, including on the development and implementation of the global plan of action on climate change and health.

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<sup>1</sup> Next to the already existing Plan of Action on climate change and health in small island developing States (document A72/16).

<sup>2</sup> Global Roadmap for Accelerated SDG7 Action in Support of the 2030 Agenda for Sustainable Development and the Paris Agreement on Climate Change. New York: United Nations; 2021 ([https://www.un.org/sites/un2.un.org/files/2021/11/hlde\\_outcome\\_-\\_sdg7\\_global\\_roadmap.pdf](https://www.un.org/sites/un2.un.org/files/2021/11/hlde_outcome_-_sdg7_global_roadmap.pdf), accessed 20 December 2023).

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

<b>Decision:</b>	Climate change and health
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	3.3.1. Countries enabled to address environmental determinants of health, including climate change
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	12 months (2024–2025). The time frame for developing the requested documents and reporting to the Seventy-eighth World Health Assembly in 2025 is 12 months, as is the continuing capacity-building and provision of support to Member States.
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 27.6 million.
<b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b>	US\$ 27.6 million.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b>	Not applicable.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	Not applicable.



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

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

US\$ 20.0 million.

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

US\$ 7.6 million.

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

The Secretariat is continuing its discussions with Member States, development agencies and philanthropic organizations to ensure financial support for the leadership, technical and country-support work of the Organization on this issue. It also has a continuing pipeline of applications to climate finance institutions for country-implementation projects, which are the largest component of WHO's work on climate change and health. Together, these should close the financing gap in the current biennium.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	2.32	0.91	0.28	0.97	1.16	0.94	1.93	8.50
	Activities	1.91	2.53	0.15	0.45	1.76	10.65	1.65	19.09
	Total	4.23	3.44	0.42	1.42	2.92	11.58	3.58	27.60
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.4. Future bienniums</b> resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

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

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

The representative of BRAZIL expressed concern regarding the affect climate change had on health systems and said that climate change considerations should be a part of every aspect of health. Global production and consumption models, and global supply chains had a negative impact on public health; Member States, with the support of the Secretariat, should develop more resilient and sustainable health systems and supply chains. To that end, WHO's actions on climate change and health should be aligned with the principles, objectives and commitments of the United Nations Framework Convention on Climate Change and other relevant international agreements. Resulting actions as part of national action plans should adhere to the principle of common but differentiated responsibilities and respective capabilities. Combining sustainable health production and innovation with a new model of care focused

on promotion, prevention and primary health care would create a dynamic, equitable and sustainable global development model.

The representative of CANADA encouraged WHO to contribute to two intergovernmental initiatives of the United Nations Environment Assembly of UNEP: a science-policy panel to contribute to the sound management of chemicals and waste and to prevent pollution; and the intergovernmental negotiating committee to develop an international legally binding instrument on plastic pollution, including in the marine environment. He expressed support for the options relating to WHO's role in the science-policy panel, given its relevance to the Organization's work. The Secretariat's participation in the panel would avoid duplication of effort; maintain WHO's standards of quality assurance; support health-related priority setting; and ensure the relevance and legitimacy of any outcome on health-related issues. It was important to better understand and respond to the disproportionate impacts of climate change including gender issues on the health and well-being of those living in vulnerable and marginalized situations. WHO should also contribute to a comprehensive health response to climate change, by implementing the Declaration on Climate and Health, resulting from the twenty-eighth session of the Conference of the Parties to the United Nations Climate Change Conference.

The representative of SWITZERLAND, speaking on behalf of Canada, Colombia, Costa Rica, Ecuador, El Salvador, Mexico, Monaco, Norway, Panama and Peru, said that urgent action was needed to address the interlinkages between health and the environment and enhance WHO's engagement in related efforts. To that end, she welcomed the proposals to enhance WHO engagement with the science-policy panel and the intergovernmental negotiating committee. Inefficiency, duplication and cumbersome bureaucratic procedures must be avoided. The Secretariat should work in consultation with Member States to offer technical, administrative and practical support. She welcomed plans for the Secretariat to participate in capacity-building efforts and research initiatives and to further explore options for WHO involvement in future instruments. WHO should take a more active role in global chemicals management, including through the implementation of the Global Framework on Chemicals and a revision of the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. She welcomed the scheduled discussion on the topic at the Seventy-eighth World Health Assembly. Celebrating a health day at the fourth session of the intergovernmental negotiating committee would shed light on the importance for health of addressing plastic pollution. A health focus on environmental degradation and the adverse effects of climate change was indispensable, and she welcomed the inclusion of health and climate on the agenda of the Board. All efforts should be adequately funded, and creative funding mechanisms should be identified.

The representative of PERU, speaking on behalf of Netherlands (Kingdom of the), Kenya, Fiji, Barbados and the United Kingdom of Great Britain and Northern Ireland, the core group of Governments behind the draft decision on climate change and health, and its sponsors Monaco and the United Arab Emirates, said that Member States must allocate resources to essential services, such as health, in order to lessen the impact of climate change. Health systems were significant contributors to carbon emissions and must therefore be adapted to mitigate their climate impact. Sustainable and resilient health systems required adequate and predictable financing. The draft decision would build on the outcome of the twenty-eighth session of the Conference of the Parties. It called for a global plan of action on climate change and health, actions to mainstream combating climate change in the draft fourteenth general programme of work, 2025–2028, and guidance for Member States on developing climate-resilient and carbon-neutral health systems. Member States were also encouraged to join the Alliance for Transformative Action on Climate and Health.

Speaking in his national capacity, he reiterated the importance of understanding the impact of chemicals, pollution and waste on human health. Therefore, he supported the proposal to strengthen the links between the secretariats of the science-policy panel, the intergovernmental negotiating committee

and WHO. The WHO Secretariat should support work done to: assess the safety of additives, contaminants and natural toxic substances present in food; draw up health guidelines on air quality, drinking water quality and chemical products; and carry out risk assessments of chemical products.

The representative of MALAYSIA, acknowledging WHO's past activities on chemicals, pollution and waste, expressed support for WHO's potential role in the work of the science-policy panel. WHO's leadership on issues related to health and environment would provide guidance to Member States. Action was needed to minimize the health risks associated with plastic pollution, and the protection of human health should be one of the core objectives of an international legally binding instrument on plastic pollution. The Secretariat should support Member States in achieving health adaptation and mitigation goals, raising awareness, improving access to knowledge and data, and providing policy and technical support to address the health implications of climate change at the national level. Her Government expressed support for the draft decision.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that **the candidate countries North Macedonia, Montenegro, Serbia, Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. Recognizing WHO's leadership role**, she commended the Secretariat for its efforts to integrate climate change and health on the basis of a whole-of-government, whole-of-society and One Health approach; a "climate in all policies" approach was needed to ensure maximum benefit from climate change action. The Secretariat should further develop and scale up existing climate change and health work by gathering evidence and convening recommendations; providing technical support; and encouraging Members States to join the Alliance for Transformative Action on Climate and Health. Building on the work of the Quadripartite alliance on One Health, wider collaboration at all levels would foster the development of integrated actions and policies.

She expressed support for the creation of a global plan of action to integrate the climate perspective across the work of WHO and urged the Secretariat to strengthen its involvement in the science-policy panel and the intergovernmental negotiating committee. She welcomed the hosting of the first Health Day at the twenty-eighth session of the Conference of the Parties and the adoption of the Declaration on Climate and Health, which would sustain political visibility. Member States should seek to implement all pillars of the Paris Agreement on climate change, by improving the sustainability of health systems; committing to health promotion and disease prevention; and protecting the most vulnerable populations.

The representative of TOGO, speaking on behalf of the Member States of the African Region, called for further action on climate change adaptation and mitigation and requested the Secretariat to align its actions with the principle of common but differentiated responsibilities and respective capabilities. He welcomed the Secretariat's efforts to establish an expert group for the science-policy panel – expressing the hope that his Region would be represented in that group – and efforts to develop an international legally binding instrument to end plastic pollution. He urged the Secretariat to expedite those processes. A more ambitious and integrated approach to chemicals and waste management and pollution prevention was needed. The Secretariat should focus on capacity-building in Member States, the generation of evidence, and assuring the increased allocation of, and access to, international climate finance to support health systems strengthening and universal health coverage in developing countries.

The representative of PARAGUAY said that it was important to recognize the existence of climate change and its impact on human health, and to provide specific support to the most vulnerable countries, such as Paraguay. She expressed support for the development of a legally binding instrument to end plastic pollution. She drew attention to the physical and mental health impacts of climate change and called for a positive, rapid and effective response.

The representative of JAPAN said that access to clean and safe water was the foundation of infectious disease control and universal health coverage. Groundwater salinization due to rising sea levels and extreme climate events made access to safe water more difficult, and he urged Member States to establish resilient water supply systems. Climate-resilient actions should be incorporated into universal health coverage programmes. To become carbon-neutral by 2050, Member States should accelerate action towards decarbonization, including in the health sector.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, despite being responsible for only a fraction of global greenhouse gas emissions, his Region was experiencing disproportionately rapid climate change. Special attention should be paid to adaptation interventions, particularly in developing and the least developed countries. Most Member States in his Region had endorsed the Declaration on Climate and Health, which addressed a range of areas of action. In addition, a regional framework for action on climate change and health for the period 2023–2029 had been adopted in October 2023. The proposed actions for the Secretariat would support Member States to respond to the health threats presented by climate change and to implement the Declaration and the regional framework. He urged WHO and partners to work together more closely to support those efforts.

The representative of the UNITED STATES OF AMERICA strongly supported the ongoing processes to establish the proposed science-policy panel and develop an international instrument on plastic pollution, which should be complementary rather than duplicate other work on environment and health. He welcomed WHO's work on climate and health through the Alliance for Transformative Action on Climate and Health and the twenty-eighth session of the Conference of the Parties. Efforts to mitigate and adapt to climate change should prioritize the health needs of the most vulnerable populations, and climate change considerations should be integrated into all aspects of health. To that end, health systems should be more climate-resilient, and robust adaptation and locally-led sustainable mitigation actions should be implemented.

The representative of FRANCE commended the work of WHO on climate and health at the global and regional levels, and urged the Secretariat to ensure that related actions were implemented in every area of work. Member States should maintain political momentum towards meeting their commitments in that regard and strengthening the One Health approach. The Secretariat should encourage Member States to make their health systems more resilient and sustainable in the face of climate change. The WHO Academy should provide training in that regard. She expressed support for the draft decision, particularly the proposal to recognize the Alliance for Transformative Action on Climate and Health as an official mechanism of WHO.

The representative of MALDIVES, highlighting the impact of climate change on low-lying countries like his, said that global action was required and emphasized the need for climate-resilient health systems. He commended WHO's active engagement with relevant global partners, including on the planned science-policy panel and the ongoing negotiation for a binding legal instrument on plastic pollution. Plastic waste producers, such as the tobacco industry, should be held to account. The actions proposed in document EB154/24 were comprehensive and demonstrated a focused approach to supporting vulnerable nations, including small island developing States. It was encouraging that the draft fourteenth programme of work included strategic priorities on climate and health. He expressed support for the draft decision.

The representative of CHINA commended WHO for its efforts to address climate change, pollution and public health. The Secretariat should continue to provide targeted technical support to Member States, and human and financial support to country offices. It was important to fully uphold the principle of common but differentiated responsibilities and respective capabilities when formulating

relevant programmes, strategies and measures. Doing so, particularly in developing countries, would enhance the feasibility and effectiveness of relevant initiatives. The Secretariat should continue to develop an evidence base and improve its technical programmes. To that end, more experts from developing countries should be included in expert advisory groups.

The representative of ETHIOPIA called on the Secretariat to provide support in: developing and implementing comprehensive strategies on sustainable forestry and ecosystem restoration; strengthening the health and agriculture interface; integrating climate considerations into health care planning; implementing disease surveillance measures; enhancing pollution monitoring capabilities; enforcing air quality standards; implementing integrated water resource management strategies; and implementing climate-resilient health systems. Moreover, international collaboration was required to enhance access to funding, technology transfer and knowledge sharing.

The representative of AUSTRALIA called on the Secretariat to support Member States to implement continued action on climate change, particularly in Pacific island States. The Secretariat had a role to play in the proposed science-policy panel and noted that the commitments made by members of the Alliance for Transformative Action on Climate and Health represented an important step towards health system decarbonization and climate resilience, aligned to the Declaration on Climate and Health. He emphasized the importance of preventing and managing exposure to hazardous substances and waste. He expressed support for an international legally binding instrument on plastic pollution, which should include global rules to manage, phase out or ban the production and trade of plastics containing chemicals and polymers of concern.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Global Framework on Chemicals, with a clear focus on health protection, had been adopted in the year 2023 during the fifth session of the International Conference on Chemicals Management. She requested WHO to participate in the regional and national implementation of that Framework and strongly urged WHO and its partners to enhance their cooperation on the proposed development of a science-policy panel and an international legally binding instrument on plastic pollution.

The representative of ECUADOR<sup>1</sup> said that health inequities caused by climate change must be addressed urgently and effectively. The health response to climate change should be comprehensive and include measures on adaptation and mitigation. Member States should develop more climate-resilient health systems, implement national adaptation plans, and improve response capacity for extreme climate events. The health sector should reduce greenhouse gas emissions and promote more sustainable practices. The technical support of the Secretariat was vital in that regard. Given the need to ensure that Member States had access to financing for climate and health initiatives, she supported the proposed co-financing facility. She supported WHO's leadership role in raising awareness and promoting a health-related response to climate change, for which the Secretariat's growing evidence base was essential.

The representative of the RUSSIAN FEDERATION<sup>1</sup> supported the work of WHO to analyse the adverse impacts of climate on human health on a scientific basis. However, she did not support the Secretariat's proposed increased participation in the science-policy panel, where WHO should remain an observer. Furthermore, the primary goal of an international instrument on plastic pollution should not be health; the Secretariat should not seek to predetermine the outcome of the intergovernmental negotiating committee. Climate reports should be submitted to WHO's governing bodies in accordance

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

with Health Assembly decisions. She did not support a strengthened role for WHO in reducing greenhouse gas emissions as that fell outside its mandate.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that Member States' actions on climate change and health must be closely aligned with multilateral agreements on climate change. In its leadership and awareness-raising efforts, the Secretariat should be more specific regarding how it would support Member States to put health at the centre of its climate policies and ensure tangible results. She supported efforts to identify funding needs and advocate for increased and sustainable investments, especially for vulnerable countries.

The representative of MONACO<sup>1</sup> said a more ambitious proposal was needed to deal with chemical products and waste based on holistic approaches, such as the One Health approach, so that emerging disease outbreaks could be anticipated and prevented. She welcomed WHO efforts to raise awareness in that regard. Her Government supported WHO initiatives that highlighted the nexus between climate and human health, in line with the Declaration on Climate and Health.

The representative of the DOMINICAN REPUBLIC,<sup>1</sup> recalling the disproportionate impact of climate change on health in low- and middle-income countries and small island developing States, emphasized the importance of the principle of common but differentiated responsibilities and respective capabilities when addressing climate change and health. The actions proposed for the Secretariat would building Member States' resilience, and she noted the need to prioritize health protection and promotion and scale up investment in countries and in WHO. The Secretariat should continue to promote and expand the scope of its work on climate change and health in all of its core functions, supporting Member States to achieve adaptation and mitigation targets. She expressed support for the draft decision.

The representative of BELGIUM<sup>1</sup> commended the integration of the climate crisis in the draft fourteenth general programme of work, in particular health engagement in adaptation and mitigation action. The delivery of health services, including the supply chain and health technologies, should be made more environmentally friendly, in order to enhance climate-resilience and achieve carbon neutrality. She encouraged WHO to continue scaling up its work and developing a "climate in all policies" approach.

The representative of NAMIBIA<sup>1</sup> welcomed the call for the Secretariat to provide policy and technical support to Member States to strengthen adaptation measures, but noted that the support should always be at the request of Member States. While all governments had a duty to mitigate the effects of climate change, the types of action taken should depend on respective capabilities and support received. Thus, the principle of common but differentiated responsibilities and respective capabilities should be fully recognized in the Secretariat's reports and in proposed actions, including differentiated targets for carbon emission reductions. The Secretariat should explore possibilities to substantially increase international climate finance allocations to support health systems strengthening and universal health coverage.

The representative of TÜRKIYE<sup>1</sup> said that political leadership and awareness-raising efforts were needed to combat the negative impact of climate change on health. The health sector should have a greater focus on adaptation and mitigation. She requested the Secretariat to provide guidance on how to implement the proposed actions, including details on the collection of evidence, monitoring and technical implementation. Tailored solutions were required to achieve climate-resilient and lower carbon health systems. Information should be provided to Member States on how to access and utilize

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

climate and health funding. The Secretariat should show leadership in collating global and regional evidence, identifying priority research agendas, supporting countries in conducting their own national assessments, and monitoring progress at the national and global levels. She expressed support for the draft decision.

The representative of EGYPT<sup>1</sup> drew attention to several actions taken by his Government on climate change and health.

The representative of THAILAND<sup>1</sup> said that WHO should foster comprehensive collaboration with the environmental sector to address climate-related health impacts. Her Government supported WHO involvement in efforts to establish the science-policy panel and develop an international legally binding instrument on plastic pollution. To enhance low-carbon and climate-resilient health systems and align with the Declaration on Climate and Health, the Secretariat should advocate for climate resilience and sustainable technologies to reduce emissions, and support Member States in strengthening health emergency management capacities during climate-related disasters.

The representative of GERMANY<sup>1</sup> welcomed WHO's proposed leading role in the science-policy panel and called on the Secretariat to support Member States in ending plastic pollution and fostering new alternatives. Acknowledging the increased focus on climate change and health, she said that climate change did not only affect human health, and that greater attention should be given to the One Health approach, particularly with the Quadripartite organizations. Addressing global biodiversity loss was essential. More guidance should be provided on how to address climate-related health inequities.

The representative of NORWAY,<sup>1</sup> speaking on behalf of the Nordic and Baltic countries, commended WHO for its leadership in adding health to the international climate agenda, which should continue. Moreover, the Declaration on Climate and Health gave WHO a strong mandate to continue its leadership under the draft fourteenth general programme of work. Welcoming the proposed actions by the Secretariat, she noted the importance of integrating human rights and gender equality into the development of national strategies and plans on climate change and health. The voices of vulnerable and marginalized persons should contribute to tackling climate-related health impacts. It was important to recognize the synergies that existed between the environment, the economy and health in order to achieve sustainable development. Multisectoral cooperation should be promoted together with a whole-of-government and whole-of-society approach.

The representative of BANGLADESH,<sup>1</sup> expressing appreciation for WHO's initiatives on climate change and health, suggested creating a new fund to support the transition towards decarbonization and net zero emissions, rather than diverting existing resources. He underscored the principle of common but differentiated responsibilities and respective capabilities as the bedrock for achieving adaptation and mitigation targets. His Government would welcome technical support to conduct research on the impact of climate change on human health.

**Dr Nsanzimana took the Chair.**

The representative of PAKISTAN<sup>1</sup> commended the open and constructive consultations on the draft decision. Any WHO action plan on combating the impact of climate change on health should be developed in line with the principles laid out in the United Nations Framework Convention on Climate Change and the Paris Agreement, in particular the principles of equity and common but differentiated

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

responsibilities and respective capabilities. He noted the inequitable health impacts of climate change that had a significant effect on developing countries.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> noted the importance of upholding the principle of common but differentiated responsibilities and respective capabilities when formulating plans and strategies on climate change and health. The specific context of developing countries should be taken into account to ensure that the effectiveness of initiatives. The Secretariat should continue providing targeted technical support to Member States, and increase the human and financial support provided to country offices in the area of climate change and environmental health. In the light of his national context, he called on the Secretariat to activate working group 3 on health and safety under the United Nations Coalition to Combat Sand and Dust Storms.

The observer of GAVI, THE VACCINE ALLIANCE, noted the disproportionate impact of climate change on infectious diseases in vulnerable and marginalized communities. Building on the political momentum from the twenty-eighth session of the Conference of the Parties, the Seventy-seventh World Health Assembly would be a critical opportunity for Member States to translate agreed principles into commitments. He called on Member States and partners to tailor national adaptation plans by incorporating appropriate public health measures; invest in immunization programmes and strengthen surveillance and vulnerability assessments of climate-sensitive diseases; and decarbonize health supply chains.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR and highlighting the links between air pollution and lung and breast cancer, urged Member States to develop legislation to align national air quality standards with WHO recommendations, in particular the annual limit value for fine particulate matter.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, said that adopting a comprehensive decision on climate change and health could accelerate action towards building more sustainable and resilient health systems. Measures should be taken to improve clean energy generation, foster active transportation and improve food systems with a view to curbing emissions. Member States should recognize fossil fuels as the driver of the climate crisis, make a commitment to whole-of-government mitigation and adaptation actions, capitalize on the health benefits of climate action and adopt the draft decision at the Health Assembly.

The representative of the MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, said that climate change was a threat to the elimination of vector-borne diseases. Support for better forecasting of disease prevention and treatment needs in vulnerable regions would ensure the timely deployment of supply capacity close to affected communities.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, urged the Board to adopt a strong, comprehensive resolution on climate and health that embraced policies with benefits for climate and health, such as encouraging active transportation, phasing out fossil fuel subsidies and use, strengthening healthy cities and building resilient health systems.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, urged Member States to recognize the impact of the climate crisis on the incidence and outcomes of noncommunicable diseases, including mental health conditions. She encouraged Member States to adopt the draft decision and develop a global plan of action on climate change and health that incorporated actions contributing to better human and environmental health.



The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, encouraged the Health Assembly to adopt a resolution that promoted a Health in All Policies approach; encouraged the inclusion of climate change education into training for health professionals; and stated that fossil fuels were the main source of greenhouse gas emissions. He urged Member States to reach carbon neutrality by the year 2030; support efforts to address the health consequences of climate change; and enhance regulation of industries contributing to climate change.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, urged the Secretariat and Member States to formulate stricter regulations on the use and disposal of hazardous chemicals and pollutants. They should also implement climate-resilient health care infrastructure and robust monitoring systems to mitigate the health challenges propelled by climate change and thus safeguard human and environmental health. Pharmacists should be consulted when developing evidence-based policies.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that, given the adverse impacts of climate change on the elimination of infectious diseases, investment in disease surveillance and vector control should be accompanied by ensuring universal and equitable access to testing and treatment tools for climate-sensitive diseases. She encouraged Member States to call for research and development of new health tools to prevent, test and treat climate-sensitive infectious diseases in the draft decision.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the current response to the climate crisis was inadequate. The health response should denounce fossil fuels as commercial determinants of health and health inequity. He urged Member States to take a stand against the fossil fuel industry and its influence, as had been done with the tobacco industry. That should include decarbonizing the health sector and adhering to the principle of common but differentiated responsibilities and respective capabilities. He urged Member States to strengthen primary health care by embedding climate resilience in health systems.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed the draft decision and supported the proposed actions therein. Member States should note that the Committee on the Rights of the Child had adopted general comment No. 26 (2023), highlighting governments' obligations to protect children's right to health in the climate crisis by transforming health systems to be climate-resilient, low-carbon, sustainable, equitable and children-centred. That required resources, and Member States should collaborate to expand access to finance and engage with civil society in policy development.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, called for the draft decision to describe fossil fuels as a critical threat to human health and the planet, to encourage Member States to phase out fossil fuels, and to request increased financing for mitigation and adaptation in health policies.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that young people should be actively engaged in the development, implementation and evaluation of the global plan of action on climate change and health and in health national adaptation plans. She called on Member States to acknowledge that the ability of the health sector to respond to climate change depended on the implementation of multisectoral and ambitious mitigation efforts through a Health in All Policies approach, starting with phasing out fossil fuels.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, welcomed the urgent call to the Codex Alimentarius Commission for a transformation of the world's food system. Corporate influence had prevented the adoption of effective laws and allowed industries to undermine local agriculture, breastfeeding and biodiverse food systems, and promoted ultra-processed products with large greenhouse gas, carbon and microplastic footprints as climate solutions. That situation had to change. She called on the Secretariat and Member States to prioritize the health of women and children, and hold companies accountable for any harm that they had caused.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that immediate action was needed to reduce climate hazards and bolster the resilience and sustainability of health systems. The health sector's engagement in climate change policy discussions was critical. She called on Member States to support the draft decision on climate change and health and recommend it for adoption at the Seventy-seventh World Health Assembly, ensuring that the final text was as robust and ambitious as possible.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, expressed appreciation for science-based efforts to advance the link between climate change and health. While she had wished to see a more explicit reference to fossil fuel as a driver of the climate crisis in the draft decision, she urged Member States to adopt it. Member States should recognize the extreme vulnerability of populations living in fragile and conflict-affected settings who were disproportionately affected by the health impacts of climate change and who required adapted responses in the forthcoming global plan of action on climate change and health and in the Research Agenda for Action on Climate Change and Health. She encouraged Member States to develop climate adaptation measures by including health in country vulnerability assessments and developing national health adaptation plans by the year 2030. Health sector needs should be measured, and responded to, by loss and damage mechanisms.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, welcomed the draft decision and supported the proposed actions. The climate and obesity crises were linked by prevailing modes of food production, agriculture, transportation, urban design and land use. She therefore called upon Member States to implement a whole-of-government approach to mitigation and adaptation in order to capitalize on the health benefits of climate action.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their input and their commitment to climate change and health. She recognized the progress already made by Member States, particularly in implementing climate adaptation measures, making health systems more climate-resilient, and improving readiness to respond to extreme climate events. The Secretariat was keen to maintain the current political momentum on climate and health, following the twenty-eighth session of the Conference of the Parties. The climate crisis was a health crisis; approximately 25% of the global burden of disease was linked to environmental risk, including the health impact of chemical waste and pollution. WHO would therefore continue to work with UNEP to ensure that health considerations were at the centre of global and national instruments on environmental risk. She noted the challenges and importance of better protecting vulnerable populations, applying a gender and human rights lens to WHO's climate-related work, and meeting the funding needs of resource-limited countries. Flexibility in the development of tailored national and regional action plans was vital, so that local needs and context could be taken into account, particularly for small island developing States.

She highlighted the collective effort on climate and health, including by promoting the benefits of climate action in the health sector and beyond. The Secretariat had supported more than 50 Member States in strengthening their national capacity and had aligned its work on climate change and health

with the Declaration on Climate and Health and the Alliance for Transformative Action on Climate and Health. She noted the importance of a One Health approach and acknowledged three strategic needs highlighted by Member States: to address low investment in health prevention and promotion; to promote multisectoral work to maximize benefits; and to build capacity at the national level through the provision of technical support.

The REGIONAL DIRECTOR FOR THE AMERICAS said that climate change was a critical public health risk that threatened to reverse public health gains and hinder the attainment of the Sustainable Development Goals, and was a catalyst for political instability. His Region was one of the most vulnerable to climate change, and it contained populations that were the least responsible for it. The impact of excess heat and dry conditions included wildfires and an increased risk of dengue fever, malaria and other viruses. However, with the support of the European Union, the Green Climate Fund and other partners, progress had been made on climate-resilient health systems, national adaptation plans and the surveillance of climate-sensitive diseases. That progress was unequal, however, and few governments had established basic mitigation and adaptation measures and policies in the area of health, while the health sector did not consider the magnitude of the impact of climate change on health and on health equity. The root causes of the social and environmental determinants of health should be taken into account. It was time to take decisive steps on climate change and health and integrate health equity concerns into mitigation and adaptation efforts.

The DIRECTOR-GENERAL thanked the Government of the United Arab Emirates for holding the Health Day during the twenty-eighth session of the Conference of the Parties, and expressed the hope that the tradition would be continued during the twenty-ninth session, to be held in Azerbaijan.

The multiple impacts of climate change on health included increased levels of asthma in children, the expansion of malaria and other diseases, and deaths caused by excess heat. Climate change was not an issue of the future, but rather of the present. Mitigation and adaptation efforts should begin with the health sector, which contributed 5% of global emissions. Fossil fuels must be phased out. Recognizing that the impact of climate change was not the same everywhere, he agreed that communities disproportionately affected, such as small island developing States, should receive particular attention.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/24 and EB154/25.

**The Board noted the reports.**

The CHAIR further took it that the Board wished for further consultations to be held on the draft decision on climate change and health during the intersessional period.

**It was so agreed.**

**Dr Al Kuwari resumed the Chair.**

**2. ECONOMICS AND HEALTH FOR ALL: Item 23 of the agenda (document EB154/26)**

The CHAIR invited the Board to consider a draft decision on the economics of health for all proposed by Belgium, Brazil, Ecuador, Finland, Iceland and the United Arab Emirates. Consultations on the draft decision would be required during the intersessional period, since it was not ready for

adoption. The draft decision, which contained a draft resolution to be submitted to the Health Assembly, read:

The Executive Board, having considered the report by the Director-General,<sup>1</sup>

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

The Seventy-seventh World Health Assembly,

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

(PP2) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;

(PP3) Recalling also United Nations General Assembly resolution 70/1 and the commitments made to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner through the 2030 Agenda for Sustainable Development, in particular Goal 3 “Ensuring healthy lives and promote well-being for all”, including indicator 3.8.2 on the proportion of the population with large household expenditures on health as a share of total household expenditure or income, as well as its pledge to leave no-one behind;

(PP4) Recalling further the United Nations General Assembly’s Political declaration of the high-level meeting on universal health coverage (resolution 78/4), “Universal health coverage: expanding our ambition for health and well-being in a post-COVID world”;

(PP5) Further recalling the Convention on Biological Diversity, the United Nations Framework Convention on Climate Change, the Kyoto Protocol to the Framework Convention, and the Paris Agreement, adopted under the United Nations Framework Convention on Climate Change, and through the Global Framework on Chemicals, and taking note the Declaration on Climate and Health of the 28th Conference of the Parties of the United Nations Framework Convention on Climate Change (COP28), including by implementing a One Health approach, for their respective area of application;

(PP6) Recalling also the Thirteenth General Programme of Work, 2019–2025 and its strategic priorities, requiring a shift in the ways of working across health and other sectors and need for new partnerships and areas of collaboration;

(PP7) Noting Health Assembly resolutions WHA58.33 (2005) on sustainable health financing, universal health coverage and social health insurance, WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA64.9 (2011) on sustainable health financing structures and universal health coverage, WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.6 (2021) on strengthening local production of medicines and health technologies to improve access, WHA74.16 (2021) on social determinants of health, and WHA75.19 (2022) on well-being and health promotion;

(PP8) Recalling the Declaration of Alma-Ata (1978) and noting the work done within WHO at global and regional levels on the linkage between the economy, health and well-being, including the Geneva Charter for well-being;

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<sup>1</sup> Document EB154/26.

(PP9) Recognizing that economic policies need to be fiscally sustainable, socially responsible and inclusive, and recognizing the need to consider environmental health in economic policy-making, as well as the role of equity, gender equality, solidarity, cohesion and sustainability for all in mainstream economic analysis, modelling and evaluation;

(PP10) Recognizing also that health and economy are interconnected, and that in this regard, the economy of well-being perspective can be used to put people and their health and well-being at the centre of decision-making, underlining the mutually reinforcing nature of health, well-being and the economy;

(PP11) Recognizing further that a sound and sustainable economic policy highlights the importance of investing in effective, efficient and equitable measures and structures, including health system infrastructure, that ensure equal access for all, particularly women and girls, to public services, including health services, with a particular focus on equitable access to primary health care, health promotion and disease prevention, as well as social services, long-term care, while providing protection against financial risks and recognizing that long-term investments in health and well-being contribute to curbing the rise in healthcare and social welfare costs, and are therefore an investment in future generations;

(PP12) Recognizing also that efficient, long-term investments in the determinants of health and well-being can contribute to curbing the rise in health and social welfare costs, and are therefore an investment in future generations;

(PP13) Further recognizing that the COVID-19 pandemic and other crises and their direct and indirect impacts, as well as major developments such as digitalization, demographic change and macroeconomic constraints underline the critical importance of investments in health systems, including in the health workforce and in tackling broader determinants of health, including social exclusion factors, malnutrition, poor housing and bad working conditions, lack of access to education and other entrenched inequities, and that these investments are critical for pandemic prevention, preparedness and response and for resilient societies, communities and economies;

(PP14) Recognizing also that insufficient health expenditure significantly undermines population health outcomes by restricting access to health services, hampering the development of health infrastructure, contributing to shortages of skilled health professionals, limiting preventive measures, increasing the burden of both communicable and noncommunicable diseases, reducing the capacity for emergency response and exacerbating health inequalities, leaving those in vulnerable situations at a greater disadvantage, while also noting with concern the negative impact of economic constraints in some countries that undermine their ability to invest in the health sector;

(PP15) Recognizing further that while the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, the progressive realization of that right requires commitment to long-term comprehensive, equitable and sustainable investment that matters for health and well-being for all;

(PP16) Recognizing also that the enjoyment of the highest attainable standard of physical and mental health throughout the life course of all women and girls, the achievement of gender equality, and the recognition of the value unpaid care and domestic work and the roles of women in constituting the majority of the health workforce globally are crucial for sustainable, equitable and inclusive economies, development and well-being for all;

(PP17) Acknowledging that Health for All is not just the concern of health ministries but is relevant across the whole of Government and whole of society and from a Health in All Policies perspective, requiring policy coherence and accountability across sectors, to shape and redesign public policies, partnerships, institutions and tools for common goods for health, while [mainstreaming gender] and leaving no one behind;

(PP18) Recognizing the need to increase the engagement of nongovernmental actors, including the private sector in contributing to equitable health and well-being and the importance of healthy people as foundation for prosperous economies and societies, as well as the critical role of the government in ensuring stewardship and providing for access to equitable health services for all and accountability, while acknowledging different national contexts;

(PP19) Recognizing also the importance of the health of people and [the planet]/[their living environment] as a foundation for prosperous economies and societies, as well as the need for a holistic approach when making decisions regarding the well-being of people, and therefore the importance of engaging with civil society and local communities, ensuring diversity and inclusion in designing and implementing policies that recognize the interlinkage between well-being, health and the economy;

(PP20) Recognizing the critical role of WHO in strengthening leadership for health and well-being in national and international development policies to prevent and mitigate social, environmental and economic and other risks to health, and underlining the importance of WHO showing leadership on advocating for financing for health and well-being across sectors as the United Nations agency responsible for health;

(PP21) Taking note of the work done on the interlinkage between well-being, health and the economy by the United Nations, its specialized agencies, and other relevant international organizations, the World Bank Group, the International Monetary Fund, the International Labour Organization, the Organisation for Economic Cooperation and Development, among others, and the strengthening of dialogue between health and finance sectors towards sustainable financing of health,

(OP)1. URGES Member States<sup>1</sup> in accordance with national context and priorities:

- (1) to consider the interlinkage between health and the economy and include an economy of well-being perspective horizontally into national policies and put people and their health and well-being at the centre of policy-making;
- (2) to implement, where appropriate, evidence-based and effective policy interventions at national level that reorient economic and innovation strategies towards health and well-being for all, including consideration for the needs of those in vulnerable situations;<sup>2</sup>
- (3) to invest in health system infrastructure, including capacitating and retaining human resources for health, in order to deliver on essential public health functions and access to quality health services, including through domestic financing and official development assistance based on needs for achievement of universal health coverage;
- (4) to work towards shifting public and private investments from activities that are harmful for people's health and well-being towards investments that improve them, including through enhancing corporate social responsibility;
- (5) to consider the mutually reinforcing linkages between the economy and the health of humans, animals, plants and the environment, critical to the resilience and stability of economies worldwide, requiring multi-sectoral and cost effective actions and the prevention of drivers of biodiversity loss, pollution and climate change;
- (6) to address social and economic determinants that result in health inequities, including gender inequalities and differences in the level of development, and that disproportionately affect those in vulnerable and marginalized situations, [people

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> And those under foreign occupation.]

under foreign occupation] and hard-to-reach populations, and shape their unequal distribution within and across countries;

(7) to recognize that health is a pre-requisite for development and that as part of broader sustainable development strategies, policies need to actively pursue in a mutually reinforcing manner inclusive economic development and healthy populations, as well as sustainable societies, including resilient health systems, with a view to a balance of short-term and long-term multisectoral investments that enable sustained health and well-being over time and for future generations;

(8) to recognize the importance of putting in place multisectoral capacities and mechanisms at the national level to reorient the economy that characterize financing for health as an investment rather than as an expenditure, calling for shifts, including equipping and enabling engagement between all relevant sectors including the health and financial sectors and drawing from the evidence base on the linkage between health and the economy and the importance of mobilizing domestic financing, and the potential role of innovative and complementary financing in this regard;

(OP)2. ENCOURAGES Member States, international and regional financial institutions and other international, regional and national partners, nongovernmental stakeholders, donors and partners consistent with their respective mandates:

(1) to support, together with the Secretariat, the balance between economic, social and environmental dimensions in decision-making, including by creating opportunities for dialogue between the public finance and health sectors, including engaging regional economic associations and international finance institutions, national and regional development banks to consider in their agenda, as appropriate, the economics of health for all as well as the cost-effectiveness and fiscal sustainability of health systems;

(2) to support knowledge and information exchange on fiscal policy in support of shifting greater investment in and development of common goods for health to promote economic, environmental and social sustainability, according to the budgetary possibilities, while ensuring their efficiency and fiscal sustainability;

(OP)3. REQUESTS the Director-General:

(1) to develop, in consultation with Member States and within available resources as appropriate, a strategy on how to implement an economics of health for all approach, including priority actions for Member States and other actors, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session.

(2) to develop and sustain a cross-cutting programme of work on economics and health for all, within existing resources as appropriate, including strategic, normative, advocacy, technical, analytical and engagement components, within the WHO Health Finance and Economics programme area, including increasing the expertise and capacity of the Secretariat at all levels on economic issues and cross-cutting issues, [including gender [equality];

(3) to consider, as appropriate, the report of the WHO Council on the Economics of Health for All, with relevance at national, regional and global levels, to advance an economics of health for all approach;

(4) to support strengthening the capacity of national health authorities with the aim to better engage and negotiate with finance and other sectors, towards an economics of health for all in national policies, and negotiations with regional and global actors;

- (5) to provide technical support to countries on domestic resource mobilization and other fiscally sustainable ways to finance the progressive realization of the right to the enjoyment of the highest attainable standard of health, including financing universal health coverage, primary health care, as well as addressing broader social determinants of health, and ensuring health systems strengthening, preparedness and resilience;
- (6) to work with Member States, the Secretary-General of the United Nations and other relevant United Nations specialized agencies to define key messages on the economics of health for all and to bring them into the preparation process of future United Nations conferences, as critically important components of sustainable development;
- (7) to strengthen the country offices' access to expertise to provide technical support, at the request of Member States, to engage with finance and other sectors, towards economics of health for all in national policies, including through capacity-building via the WHO Academy [and WHO collaborating centres];
- (8) to report on the implementation of this resolution to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, and then to submit progress reports to the Eighty-first and Eighty-third World Health Assemblies.

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

<b>Decision:</b>	Economics of health for all
<b>A. Link to the approved Programme budget 2024–2025</b>	
<b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b>	<p>1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage</p> <p>1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making</p> <p>1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy</p> <p>3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures</p>
<b>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:</b>	Not applicable.
<b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b>	Not applicable.
<b>4. Estimated time frame (in years or months) to implement the decision:</b>	Six years (2024–2030).
<b>B. Resource implications for the Secretariat for implementation of the decision</b>	
<b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b>	US\$ 50.07 million.



<b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b>	US\$ 8.38 million.
<b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b>	Not applicable.
<b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b>	US\$ 16.28 million.
<b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b>	US\$ 25.41 million.
<b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b>	
– <b>Resources available to fund the decision in the current biennium:</b>	US\$ 0.64 million.
– <b>Remaining financing gap in the current biennium:</b>	US\$ 7.74 million.
– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b>	Action has been taken to mobilize financing for the WHO Council on the Economics of Health for All and post-Council dissemination work. Resource mobilization efforts will continue.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a. 2024–2025</b> resources already planned	Staff	0.97	0.27	0.18	0.91	0.20	0.29	1.82	4.64
	Activities	0.42	0.26	0.08	0.48	0.10	0.40	2.00	3.74
	Total	1.39	0.53	0.26	1.39	0.30	0.69	3.82	8.38
<b>B.2.b. 2024–2025</b> additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3. 2026–2027</b> resources to be planned	Staff	2.03	0.56	0.38	1.90	0.41	0.59	2.63	8.50
	Activities	0.87	0.54	0.17	1.00	0.21	0.83	4.16	7.78
	Total	2.90	1.11	0.54	2.90	0.62	1.43	6.79	16.28
<b>B.4. Future bienniums</b> resources to be planned	Staff	3.16	0.88	0.59	2.97	0.64	0.93	4.11	13.28
	Activities	1.36	0.84	0.26	1.56	0.32	1.30	6.49	12.13
	Total	4.52	1.72	0.84	4.53	0.97	2.23	10.60	25.41

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the clear and concise recommendations on how to enhance and leverage the links between economy and health to boost economic development and improve health and well-being. The coronavirus disease (COVID-19) pandemic had highlighted the need to translate theory into action and his Region therefore welcomed the new narrative presented by the Council on the Economics of Health for All, which reaffirmed health as a fundamental human right, and health expenditure as an investment in human capital and the economy. He welcomed the Council's recommendations, and underlined the importance of a multisectoral, Health in All Policies approach in building economies that promoted social justice. The Secretariat should support Member States in implementing the recommendations.

The representative of BRAZIL said that the right to health required a powerful economic base. As such, she supported the work of the Council on the Economics of Health for All. Positioning the economy in service of life could lead to the development of policies designed to meet social needs. She called on Member States to support the draft decision.

The representative of SLOVENIA, recognizing the link between health and wealth, expressed support for the draft decision. Health was a cross-sectoral issue that demanded a comprehensive and collaborative Health in All Policies approach. WHO should advocate for health in other areas of work, particularly economic forums, to ensure recognition of the interplay between health and economic policies. She commended efforts to ensure that health was not overlooked in global and regional decision-making processes, in order to counterbalance market forces and vested interests. Member States should embrace innovative solutions to improve health care systems and contribute to resilient societies and economic well-being.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, welcomed the establishment of the Council on the Economics of Health for All and welcomed the Council's recommendations. Health was a fundamental human right, and national economies should be reoriented towards health as the cost of inaction would be much higher than the cost of action itself. Health financing should be seen as a long-term investment, in order to enhance economic sustainability and resilience. He noted the links between economy and health highlighted in the draft decision, and commended Member States for their efforts to develop sustainable national health policies and address the social and economic determinants of health. The lack of investment in the health care sector, especially in Africa, was a cause of concern, particularly in the light of the high disease burden, the slow progress on maternal, infant and child mortality, and the harmful health impacts of climate change.

He commended the Secretariat for supporting Member States in drawing up national policies to facilitate the development of inclusive economies, a healthier planet and sustainable health systems. He called on the Secretariat to strengthen dialogue between all stakeholders at the country level, with a view to increasing investment in health and highlighting the link between the health sector and the economy. The capacities of health ministers should be strengthened so that they were able to incorporate health in economic development policies and the Secretariat should support Member States in identifying bottlenecks, trends and policy questions related to health care personnel, productivity and economic output.

The representative of the UNITED STATES OF AMERICA noted the focus on vulnerable populations and gender equity in the draft decision. He welcomed the Secretariat's emphasis on multisectoral action to improve health; investment in health, the health workforce and health systems; and the need to improve health equity. However, such an expansive portfolio, which would increase WHO's workload, should not be added without a clear Member State-led mandate; especially given the constrained financial environment of other multilateral organizations. His Government had concerns

about some of the recommendations by the Council on the Economics of Health for All and would appreciate further discussions in that regard between the Secretariat and Member States.

The representative of BARBADOS said that the collective commitment to advancing an economy for health required a shared vision to build a resilient and equitable health care system. The value of multisectoral action and a whole-of-government approach to address the many determinants of health could not be overstated. Member States must recognize the symbiotic relationship between a robust economy and the health of citizens.

The representative of ETHIOPIA said that, in order to achieve health for all, economic efforts needed to be reoriented towards health, and measures implemented to tackle the determinants of health. He supported the draft decision and said that his Government wished to be added to the list of sponsors.

The representative of TOGO welcomed the recommendations of the Council on the Economics of Health for All, its new narrative on economics and health, and the resulting implications for WHO. He looked forward to the implementation of the actions proposed in the report.

The representative of CHINA welcomed the work of the Council on the Economics of Health for All. Moreover, he expressed support for the draft decision, and requested that his Government be added to the list of sponsors. He welcomed recognition of the relationship between economics and health. While the health sector could function as a catalyst for the economy, there should also be increased coordination between economic development and health investment. Promoting the economics of health for all was not the responsibility of the health sector alone but should involve other sectors, in order to address the social, economic and commercial determinants of health. The Secretariat was encouraged to continue driving investment in health. However, care should be taken when implementing the Council's recommendations in order to avoid any exploitation by commercial entities. The Secretariat should collaborate fully with experts from Member States, especially those from developing countries, in the implementation of the Council's recommendations, so as to take into account the actual situation in each country when designing technical programmes.

The representative of JAPAN expressed appreciation to the Government of Finland for its leadership in developing the draft decision. Intellectual property and patents should be handled with caution, in view of the impact of the related recommendation on ongoing discussions under other frameworks.

The representative of FINLAND<sup>1</sup> expressed appreciation for the contribution of the Council on the Economics of Health for All in developing the new narrative on the relationship between the economy and health. She drew attention to the concept of economic well-being – a new approach which called for investment in people's health to accumulate human and social capital, in order to enhance well-being, productivity and resilience. The economics of health must be built on health systems strengthening, health promotion, a Health in All Policies approach and consideration of the economic, social and environmental determinants of health. Her Government had led the development of the draft decision in order to propose innovative action towards attaining the Sustainable Development Goals, and she looked forward to further consultations prior to its adoption.

The representative of TÜRKIYE<sup>1</sup> said that the recommendations of the Council on the Economics of Health for All were invaluable not only for WHO, but also for Member States, and said that they should be implemented cohesively across the three levels of the Organization. The Secretariat should

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

use its technical expertise to provide normative guidance and facilitate the innovative use of digital tools. Member States and the Secretariat should work together to build capacity and reorient national economies towards health for all.

The representative of BELGIUM<sup>1</sup> commended the work of the Council on the Economics of Health for All and expressed support for the draft decision. She highlighted the landmark progress that had been made, which provided a compelling case for investment in health and well-being. While recognizing the challenge of balancing the roles of governments and the private sector, she welcomed the call for public and private alliances that prioritized health. New economic thinking on health and well-being was essential for building healthy, inclusive, equitable and sustainable societies and for maintaining trust in health systems.

The representative of NAMIBIA<sup>1</sup> acknowledged the insightful work of the Council on the Economics of Health for All and expressed support for its recommendations. He recognized the Secretariat's efforts to address health financing and wider fiscal policies related to universal health coverage. Noting the inequalities caused by the global financial system, which increased national debt and affected the ability of developing Member States to invest in education or health, he urged WHO to continue engaging with international financial institutions and regional development banks to address the debt crisis and improve health financing for universal health coverage.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> welcomed work to recognize the role of well-being in economic growth. Taking note of the recommendations of the Council on the Economics of Health for All, she emphasized that the international intellectual property rights framework must not be undermined. Intellectual property fuelled innovation, enabled better health outcomes, and enhanced health emergency preparedness.

The representative of BANGLADESH<sup>1</sup> said that the restructuring of global economic systems was an arduous task in the light of influences on policy-making and unequal treatment, which, in turn, contributed to widening health inequalities. During the COVID-19 pandemic, vaccine production had been facilitated by public financing, advanced procurement and no-fault compensation mechanisms. In the future, however, contracts should be completed before new vaccines were developed.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, welcomed the call to treat prevention as an investment and not a cost. She urged Member States to prioritize long-term health investments, especially the prevention and control of noncommunicable disease; incorporate health needs in budgets of other ministries; align budgets to health-oriented fiscal policies; and highlight the value of health for economic prosperity.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that the challenges facing the research and development system required governments to reorient health innovation towards health for all and address the chronic failure to ensure equitable access to appropriate health tools and achieve health equity. New funding for research should be accessed.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that societies and economies were structured to prioritize financial interests at the expense of public health. She commended the efforts of the global framework for integrating well-being into public health utilizing a health promotion approach

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

and through the work of the Council on the Economics of Health for All to address those concerns and reshape economies based on social and planetary well-being. Her organization called on Member States to use a wide range of indicators on health and well-being to track progress against core societal values; implement legislative and financial measures to combat industries harming health, and engage civil society in a cross-sectoral, whole-of-society approach to achieve health equity and tackle the determinants of health.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the contribution of the Council on the Economics of Health for All to identifying priorities, trends and solutions on global health. The Council should continue its work, and its recommendations on health financing, innovation and the role of the public sector should be followed up and implemented at the global, regional and local levels. While WHO should provide leadership in the Health in All Policies approach, cooperation from other multilateral organizations, the private sector and government was critical. His organization expressed support for a new knowledge governance framework that prioritized common interest and equitable access; life-saving health technologies should be considered global public goods.

The representative of the KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, acknowledged the recommendations of the Council on the Economics of Health for All, but noted some omissions. Supporting the call for better regulation of patent monopolies on new medical technologies, he said that it was regrettable that WHO's proposals to de-link biomedical research and development incentives from monopolies and high prices had not been mentioned.

The representative of the MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that alcohol harm had a negative impact on health, health systems, productivity and economic growth. The Copenhagen Consensus Centre had recently demonstrated that alcohol policy and taxation were effective ways to promote health, the economy and development and thus achieve the Sustainable Development Goals.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, supported the recommendations of the Council on the Economics of Health for All. The narrative on health and the economy was not new; the need for an economic strategy that prioritized health over wealth had been highlighted by the Alma-Ata Declaration on primary health care and the COVID-19 pandemic. To that end, the global financial architecture should be restructured to provide debt relief, prioritize health as a public good, promote intersectoral action and support the involvement of civil society and communities. He urged Member States to address the structural and political impediments to implementing the Council's recommendations.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) said that most of the health-related topics considered by the 154th session of the Executive Board were ultimately related to the economics of health for all. The new understanding of the relationship between the economy and health put well-being, equity and sustainability at the heart of economic policy. The Council on the Economics of Health for All sought to find ways to implement action to that end. Recasting health financing from a cost to an investment would require a fundamental shift in policy, and he reassured Member States that the Secretariat would provide support in that regard. The Secretariat was seeking to align WHO's work with health-related social, environmental and economic goals. He took note of comments on the importance of maximizing the value of investment in health and on the need to protect against commercial interests. Acknowledging concerns about the additional demands that the work on economy and health could make on the Secretariat, he said that a strategy was being developed for the integration of that work across all three levels of the Organization which took into consideration existing expertise and how WHO would work with international financing institutions.

The Secretariat would continue to work with Member States on the draft decision and would consider how best to support Member States in implementing the Health in All Policies approach.

The CHAIR took it that the Board wished to note the report contained in document EB154/26.

**The Board noted the report.**

The CHAIR took it that the Board agreed to postpone the adoption of the draft decision on the economics of health for all so as to allow for further consultations among Member States during the intersessional period on the text of the draft resolution contained therein.

**It was so agreed.**

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

**3. MANAGEMENT AND GOVERNANCE MATTERS:** Item 25 of the agenda (continued)

**Nomination and appointment of Regional Directors:** Item 25.5 of the agenda (documents EB154/38, EB154/38 Add.1 and EB154/38 Add.2) (continued from the fourth meeting)

The CHAIR drew attention to draft decision 1 on the election of Regional Directors and draft decision 2 on the election of the Director-General, which were contained in document EB154/38 Add.2. The financial and administrative implications for the Secretariat of the draft decisions were contained in document EB154/38 Add.1. She first invited the Board to consider draft decision 1.

The representative of MALAYSIA commended the efforts of the Secretariat to further enhance the credibility and legitimacy of the process for the nomination and appointment of Regional Directors. The Regional Committees should play an important role in those discussions so that procedural measures could be tailored to the unique needs of each region. Her Government supported draft decision 1, including the proposal to summarize the outcomes of regional consultations, since amendments would need to be made to the Rules of Procedure of the Regional Committees. She proposed that draft decision 2 should be deleted since it was not relevant to the agenda item under discussion, and the election of the Director-General had not yet been discussed in sufficient detail.

The representative of JAPAN supported draft decision 2 and requested that it be retained and adopted.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, supported draft decision 1 but requested that draft decision 2 be deleted, as proposed by the representative of Malaysia.

The representative of the UNITED STATES OF AMERICA supported draft decision 1 but agreed that the subject of draft decision 2 had not been discussed in enough detail. The Secretariat should arrange further consultations to discuss proposals relating to the election of the Director-General, building on the discussions relating to the election of the Regional Directors.

The representative of CHINA stressed that the appointment of the Regional Directors should respect the autonomy of each region, and as such, Regional Directors should be elected by the Member States of the region in question rather than the Executive Board. The report contained in document EB154/28 could be used as a point of reference for the regions but should not be considered a single standard procedure. He supported the proposal made by the representative of Malaysia concerning draft decision 2. The Secretariat had not provided sufficient information on the election of the Director-General and therefore he asked the Secretariat to clarify how draft decision 2 was relevant to the agenda item.

The LEGAL COUNSEL clarified that the election of the Director-General had not been addressed in the report contained in document EB154/38. However, during the informal meeting of members of the Executive Board in December 2023, it had been suggested that, in parallel to the review of the election of the Regional Directors, a process concerning the election of the Director-General could prove useful. It was up to Member States to decide whether to proceed with the consideration of draft decision 2 or whether to make provision for further consultations in that regard.

The representative of JAPAN asked the Secretariat to clarify that there would be informal consultations to discuss the process for the election of the Director-General.

The CHAIR invited the Board wished to adopt draft decision 1 on the election of Regional Directors.

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

The CHAIR suggested that, given that no consensus had been reached on the way forward regarding the election of the Director-General, discussions on draft decision 2 should be postponed and invited Member States to make proposals on the matter for consideration at the 155th session of the Executive Board.

The representative of the UNITED STATES OF AMERICA suggested that draft decision 2 should be amended to request the Legal Counsel to prepare a report on the election of the Director-General, similar to the one contained in document EB154/38, in order to expedite the review process.

The LEGAL COUNSEL said that the development of a consultation document incorporating the outcome of the review process for the election of Regional Directors had been envisaged in the preparation of draft decision 2, and his office stood ready to prepare that document. He asked Member States to clarify what kind of consultation document they wished to receive. One option was to set out a general revision of the election process for the Director-General, which would be a considerable undertaking, requiring time and resources. Another option was to provide a document that detailed a parallel process to the review of the election of Regional Directors, but there were considerations relating to timing; while it would be more efficient to that document once the process for the election of Regional Directors had been agreed, changes to the election process for the Director-General must be made by the year 2025, in order to be ready for the next cycle of elections in the year 2026. Therefore, he indicated that, as an alternative to adopting draft decision 2, Member States could ask the Secretariat to develop a consultation document on the possible changes to the process for electing the Director-General, with a

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<sup>1</sup> Decision EB154(14).

view to aligning it with the proposed new process for the election of Regional Directors. That document could then be discussed at future meetings.

The representative of JAPAN asked whether it was feasible to prepare such a document in time for discussion at the Seventy-seventh World Health Assembly.

The LEGAL COUNSEL, noting that the deadline for documents to be considered at the Seventy-seventh World Health Assembly was 5 February 2024, said that it would be possible to prepare a document, even if it did not contain a full analysis.

The representative of CHINA reiterated that the process for the election of the Director-General was not relevant to the current agenda item. Therefore he could not support the adoption of any decision in that regard.

The representative of SLOVENIA clarified that the Board was considering a request for the Secretariat to prepare an initial document on the election of the Director-General, on which future consultations could be based.

The CHAIR suggested that, rather than adopting a decision, the Board should request that the Secretariat hold an informal consultation to understand exactly what Member States wished to achieve from the review of the process for the election of the Director-General.

The representative of CHINA asked whether Member States were initiating the reform of the process for the election of the Director-General by requesting that the Secretariat prepare a consultation document.

The LEGAL COUNSEL said that the formal review of the process for the election of the Director-General would only begin when it was placed on the agenda of the Board. The current proposal was that the Secretariat should hold informal consultations with Member States to understand exactly what kind of document they wished the Secretariat to prepare.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed opposition to revisiting the procedures for the election of the Director-General, which had already been established. That said, she expressed support for the suggestion that the Secretariat should develop a consultation document, clarifying the aims of any future informal or formal processes.

The CHAIR took it that the Board agreed to delete draft decision 2, and instead request the Secretariat to hold informal consultations in relation to a consultation document on the process for the election of the Director-General.

**It was so agreed.**

**The meeting rose at 13:10.**

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