

**PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING**

**WHO headquarters, Geneva  
Wednesday, 24 January 2024, scheduled at 14:30**

**Chair: Dr H.M. AL KUWARI (Qatar)  
later: Dr M.T. BARAN WASILCHUK (Paraguay)**

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## SIXTH MEETING

Wednesday, 24 January 2024, at 15:00

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

**later:** Dr M.T. BARAN WASILCHUK (Paraguay)

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

#### 1. UNIVERSAL HEALTH COVERAGE: Item 6 of the agenda (document EB154/6) (continued)

The CHAIR recalled that the Executive Board had before it a draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035, and a draft decision on social participation for universal health coverage, health and well-being, both of which respectively contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly.

The representative of the SYRIAN ARAB REPUBLIC said that protracted war, coercive unilateral sanctions, the coronavirus disease (COVID-19) pandemic and a recent earthquake had significantly weakened the health sector in his country. He urged the Secretariat to work within WHO's mandate to lift the unjust measures that harmed the health of Syrian citizens and to support its universal health coverage plan. He expressed appreciation for the draft decision on social participation for universal health coverage, health and well-being.

The representative of THAILAND<sup>1</sup> said that, to accelerate progress towards universal health coverage, it was necessary to prioritize the reallocation of investment to primary health care development; focus on monitoring unmet health needs; and ensure the active engagement of communities, civil society, academic institutions and the private sector in health policy decision-making. The draft decision on social participation for universal health coverage, health and well-being would lead to collective decision-making on strengthening meaningful social participation.

The representative of EL SALVADOR<sup>1</sup> said that, to improve universal health coverage in low- and middle-income countries, it was important to provide political and technical health leadership by creating and reorienting health plans and models towards universal health coverage and by analysing gaps and prioritizing their root causes. It was also necessary to create robust, well-organized information systems in order to take advantage of the digital transformation as a springboard for universal health coverage; develop skills; adopt creative and innovative strategies; and engage more extensively in the sharing of best practices. However, such initiatives required greater and more sustainable funding and more efficient budget management. His Government supported the calls for a strong focus on the social determinants of health; the international community should consider social and political contexts in order to adopt an intersectoral and interinstitutional approach in that area.

The representative of HAITI<sup>1</sup> said that, given the alarming stagnation in progress and the global failures and inequity brought to light by the COVID-19 pandemic, achieving universal health coverage would be extremely difficult. Poverty, inequality, migration issues, conflict and urbanization continued

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

to hinder progress in that regard. It was imperative to move from words to actions and make the required investments in an equitable manner. He expressed support for the two draft decisions.

The representative of NAMIBIA<sup>1</sup> acknowledged the urgency of achieving universal health coverage given the alarming global trends highlighted in the report. Her Government supported the commitments made at the high-level meeting of the United Nations General Assembly on universal health coverage, including to provide health coverage for 1 billion additional people by 2025 and to ensure financial risk protection by eliminating impoverishment due to health-related expenses by 2030. She emphasized the importance of accelerated expansion of essential health services, especially for noncommunicable diseases and maternal health, supported the call to reduce financial hardship by minimizing out-of-pocket health spending – particularly for those close to the poverty line and reaffirmed her Government’s commitment to accelerating progress towards universal health coverage through a primary health care approach.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the Global Alliance for Tobacco Control, the International Diabetes Federation, the International Society of Nephrology, the World Hypertension League and the World Stroke Organization, said that while the political declaration of the high-level meeting on universal health coverage was welcome, essential circulatory health services lagged behind services in other areas and should be prioritized in universal health coverage benefits packages, given the significant financial burden that they placed on individuals and households. Countries should consider disease burden, financial risk protection and socioeconomic impact when determining which essential health services to include in cost-effective health benefits packages.

For benefits packages at the primary health care level, he recommended prioritizing, among others: screening and counselling for risk factors and opportunistic screening for hypertension, cardiovascular disease and stroke; pharmacological treatment of hypertension; primary prevention of rheumatic fever and rheumatic heart disease; and glucose screening tests for diabetes and screening for albuminuria for people living with diabetes. Secondary prevention interventions should include the provision of aspirin for suspected cases of myocardial infarction and the management of ischaemic heart disease through the provision of antiplatelet, anticoagulant, blood pressure-lowering and blood lipid-lowering therapies. He called on decision-makers to expand coverage of essential health services for circulatory conditions to all by 2030; prioritize primary care in public health funding and human resource allocation plans; and include existing evidence-based, cost-effective interventions for circulatory disease in universal health coverage packages at the primary health care level.

The representative of MOZAMBIQUE<sup>1</sup> expressed regret that, despite previous efforts towards achieving universal health coverage by 2030, unforeseen health events such as the COVID-19 pandemic had left most Member States – including her own – far behind the envisaged targets and facing complex, long-term social and economic instability. Since the poorest communities in deprived urban and remote areas were at greater risk of out-of-pocket payments for health, effective universal health coverage was essential to ensure equity, improve quality of care and foster users’ trust in public health systems. She expressed appreciation for the next steps set out in the report.

The representative of GUATEMALA<sup>1</sup> said that rapid prevention and monitoring of health threats was increasingly achievable and a vital mechanism for improving national health and quality of life. Highlighting the importance of universal health coverage, technical support, capacity-building and equity for the health and well-being of all, he thanked the Secretariat and partners such as the Republic of China (Taiwan)<sup>2</sup> for the support provided to his Government. He called on all Member States to

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

continue working closely together to create resilient, equitable, accessible and high-quality health systems.

The representative of ECUADOR,<sup>1</sup> sharing information on policies in her country, agreed that there was a need for bold measures and significant investment to achieve universal health coverage; primary health care and political commitment were of particular importance in that regard.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and also on behalf of The Worldwide Hospice Palliative Care Alliance, HelpAge International, the International Federation on Ageing, the Multiple Sclerosis International Federation, The International League of Dermatological Societies, the International Association for Hospice and Palliative Care, Inc., Alzheimer’s Disease International, the Handicap International Federation and CBM Christoffel Blindenmission Christian Blind Mission e.V., called on Member States to prioritize the commitments made in the political declaration of the high-level meeting on universal health coverage in order to implement effective, quality-assured, people-centred, disability-inclusive and gender-, race- and age-responsive interventions to meet the health needs of all throughout the life course. Member States could achieve universal health coverage only by tackling the stark health inequities across the continuum of care, with increased public investment in inclusive and rights-based health systems.

She urged Member States to implement the recommendations of the WHO global report on health equity for persons with disabilities and accelerate action to achieve the ambitions of the United Nations Decade of Healthy Ageing, with the full participation of persons with disabilities, older persons and caregivers. Member States must also ensure the availability, accessibility, acceptability, affordability and quality of person-centred health care, which must include accessible health information and services for, among others, mental health, sexual and reproductive health, nutrition and neglected tropical diseases. It must encompass the full spectrum of prevention and care, immunization, rehabilitation and assistive products, palliative and end-of-life care, and integrated, long-term and rights-based care and support within the community. Member States should also prioritize the right to health for those at higher risk of multiple and intersecting forms of discrimination and the negative social determinants of health, including by strengthening the collection and use of disaggregated data to inform equity-based decision-making.

The representative of NORWAY<sup>1</sup> said that universal health coverage improved health, reduced poverty, contributed to social inclusion and human dignity, and was the backbone of international and national health security as well as the basis for tackling public health challenges. Social participation based on equality, mutual respect, inclusiveness and transparency was key to ensuring progress towards universal health coverage, and the draft decision on that topic was a meaningful complement to the universal health coverage agenda. Achieving universal health coverage required countries to prioritize public spending and appropriate interventions based on their context; ensure a sufficient and appropriately skilled workforce and access to essential medicines; and expand primary health care services. Universal access to sexual and reproductive health care services was a right that was fundamental to the pursuit of universal health coverage; such services should be integrated into national strategies and programmes. Furthermore, the coordination and accountability of global health initiatives and international funding was essential to support countries’ path to universal health coverage. She welcomed the conclusions of the Future of Global Health Initiatives process (Lusaka Agenda) and the joint support of WHO and other agencies for country-led health priorities and systems.

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The representative of INDONESIA<sup>1</sup> shared information on initiatives to achieve universal health coverage in his country. He called on the Secretariat to support strengthening and innovation for his country's health financing system, in order to optimize resource allocation and overall efficiency, and the development of a robust taxation mechanism for health-impacting products and a suitable national health strategy, including employment packages to attract and retain a skilled health workforce in remote areas.

The representative of the INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS, speaking at the invitation of the CHAIR and also on behalf of CBM Christoffel Blindenmission Christian Blind Mission e.V., the Organisation pour la Prévention de la Cécité, The Fred Hollows Foundation, The Royal Commonwealth Society for Blind – Sightsavers, the World Blind Union and the World Council of Optometry, urged Member States to continue to prioritize eye health in health policy, planning and budgeting. Vision impairment – which commonly affected the poorest and most marginalized people in society and carried substantial societal and economic consequences – could often be treated with one of two cost-effective, high-return health interventions: refractive error correction or cataract surgery. Member States should promote collaboration across sectors and include comprehensive eye care services in primary health care.

The representative of the PHILIPPINES<sup>1</sup> highlighted the role of migrant destination countries in supporting source countries' health systems through health workforce strategy investments to accelerate progress towards universal health coverage and equity. Reaching those left furthest behind required a transformational shift to reorient health systems towards accessible, continuous, comprehensive and coordinated primary health care. Member States must increase the fiscal space for health and expand investments in building primary health care systems. The Secretariat should facilitate multisectoral collaboration to foster investment and equity in: health worker education; the creation of jobs with clear prospects for personal and career development; and health worker retention, through decent work, financial and non-financial incentives and adequate safeguards. Secretariat support for collaboration was also needed on the expansion of health budgeting to include primary health care expenditure tracking, in order to inform policy while also ensuring financial risk protection, especially at the subnational level. His Government looked stood ready to share information on operational shifts and reforms.

The representative of BOTSWANA,<sup>1</sup> expressing concern about the lack of progress towards universal health coverage despite Member States' efforts, recalled that the provision of primary health care services was the cornerstone of sustainable health service delivery and that reorienting health systems towards primary health care was the most effective, efficient and equitable way to deliver universal health coverage. As such, progress would require targeted policies that promoted health, well-being and the empowerment of individuals, families and communities to optimize their health. He called for increased efforts to address the broader determinants of health, including social, economic and environmental factors such as unemployment, poverty and lack of adequate shelter. The Health in All Policies approach remained the appropriate strategy for achieving universal health coverage, which required mobilization of Member States and non-State actors to create evidence-based policies across all sectors. He expressed support for the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care. His Government wished to be added to the list of sponsors of the draft decision on social participation for universal health coverage, health and well-being.

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The representative of GERMANY<sup>1</sup> expressed concern at the insufficient progress towards universal health coverage and, particularly, the worsening situation concerning financial protection. Comprehensive sexual and reproductive health and rights were an essential part of universal health coverage. It was important to maintain and build on the renewed momentum and commitments of the high-level meeting on universal health coverage, particularly with regard to increased domestic investment in primary health care and financial protection systems. Sustained funding must be provided at the national level, with the support of WHO and other partners; quality services must be available and affordable to all and based on equity and solidarity, which should be enacted in national legislation; funding from bilateral and multilateral donors to support vulnerable groups should be channelled into national health financing systems; and a workforce strategy for the health and care sector was needed to increase the number of skilled health workers and ensure the accessibility of health services in rural areas. It was crucial to train, employ, remunerate and motivate a sufficiently large rural health workforce that had the skills to provide high-quality health care. She requested information on the number of WHO employees' whose daily work was dedicated to universal health coverage and on the funds available for that area. Her Government supported the decision on the development of a global strategy and action plan for integrated emergency, critical and operative care and looked forward to building consensus on the draft decision on social participation for universal health coverage, health and well-being during the intersessional period.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International College of Surgeons, the International Pediatric Association, the Alliance for Health Promotion, the International Pharmaceutical Federation, the World Federation of Societies of Anaesthesiologists, the International Society for Quality in Health Care Company Limited by Guarantee, The International Society of Paediatric Oncology and the NCD Alliance, said that, in order to foster responsiveness and inclusivity in health care delivery, a strategic shift was needed towards primary health care and patient-centred care that recognized individual needs and cultural diversity. He called on Member States to prioritize universal health coverage in national agendas and ensure that all children had access to medicines and health care, which would require strategic resource allocation and health workforce strengthening. He emphasized the need for increased public health funding to reduce out-of-pocket spending, particularly in low- and middle-income countries. WHO should invest in and strengthen capacity-building initiatives, which were crucial to advancing towards universal health coverage, and actively engage young people and communities in decision-making. He highlighted the significance of equity and inclusivity in health policies and governance.

The representative of SINGAPORE<sup>1</sup> said that a key shared challenge in achieving universal health coverage was building a health system that offered affordability, accessibility, quality and sustainability. Health financing policy was key in that regard, and she shared information on her Government's policies in that area. Her Government had prepared a white paper on its health system transformation strategy that it stood ready to share with interested Member States.

The representative of CHILE<sup>1</sup> said that achieving universal health coverage required the development and implementation of multisectoral policies that holistically addressed the social determinants of health and well-being. It also required sufficient funds to be raised, including through taxation as a progressive and flexible tool that provided a stable financial basis for health initiatives. Moreover, resources should be allocated based on efficiency and equity. Primary health care was central to achieving universal health coverage.

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The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND<sup>1</sup> expressed support for WHO's call to reorient health systems towards primary health care and urged the Secretariat and Member States to continue their efforts to prioritize and scale up public investment in primary health care for universal health coverage and resilience against threats to health. Reversing rising financial hardship also required a sustained focus on public funding and the elimination of the drivers of financial hardship for the poorest first; the Secretariat should work with Member States and partners, such as the World Bank, on practical steps that could be applied to that end. Efforts must also focus on ensuring alignment between increased domestic revenues and external funding in order to make the greatest feasible progress towards universal health coverage; such efforts should be aligned with and strengthen processes such as the Lusaka Agenda. Her Government agreed with the health workforce bottlenecks identified and the focus on countries facing critical shortages, welcomed WHO support in that area and was pleased to contribute to the Working for Health Multi-Partner Trust Fund. Member States, with the Secretariat's support, should develop and implement costed long-term health workforce plans that prioritized investments. Sustained and meaningful social participation was key to achieving universal health coverage and ensuring no one was left behind, including women and girls. Furthermore, nutrition had great potential to accelerate progress towards universal health coverage. She welcomed efforts to review universal health coverage monitoring frameworks and supported the inclusion of nutrition indicators.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of the Global Alliance for Tobacco Control, HelpAge International, the International Federation of Medical Students' Associations, the International Federation on Ageing, the International Pharmaceutical Federation, the International Pharmaceutical Students' Federation, the Multiple Sclerosis International Federation, The International Society of Paediatric Oncology, The Royal Commonwealth Society for the Blind – Sightsavers, the Union for International Cancer Control, World Cancer Research Fund International and The Worldwide Hospice Palliative Care Alliance, said that the political declaration of the high-level meeting on universal health coverage could have been strengthened by further commitments to address the needs of people living with noncommunicable diseases. She urged Member States to prioritize issues critical to achieving universal health coverage and the noncommunicable disease-related targets of the Sustainable Development Goals and to build momentum for greater progress at future high-level meetings, including by investing in noncommunicable disease prevention and control through resources for universal health coverage; including high-quality noncommunicable disease services and products in national universal health coverage benefits packages; aligning efforts on noncommunicable diseases with other global health priorities a; investing in data systems, including data disaggregation, to better monitor the implementation of noncommunicable disease prevention and control; and engaging with people living with noncommunicable diseases so that universal health coverage remained people-centred. She urged Member States to support the draft decision on social participation for universal health coverage, health and well-being.

The representative of BANGLADESH<sup>1</sup> said that the report essentially reflected the progress made towards universal health coverage in the pre-COVID-19 landscape, and more information on the gravity of the current situation, particularly concerning pockets of poverty and conflict-affected settings, would have been appreciated. Once adopted, the draft decision on social participation for universal health coverage, health and well-being would help to improve vulnerable people's access to essential services and systems. To meet the commitments made in the political declaration of the high-level meeting on universal health coverage, it would be necessary to address country-specific challenges, under WHO's leadership. His Government would appreciate technical support in assessing the impact of climate

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change on health, particularly concerning salinity intrusion. He asked for his Government to be added to the list of sponsors of the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care.

The representative of PORTUGAL<sup>1</sup> said that access to high-quality health care was a fundamental human right. A robust primary health care approach was essential to ensure equitable, efficient and sustainable progress towards universal health coverage. Health professionals also played a vital role in the pursuit of universal health coverage. He called on Member States to work together and share their experiences and strategies.

The representative of KENYA,<sup>1</sup> expressing support for the two draft decisions, called on WHO and other partners to continue providing support to countries based on their national plans and goals. There should be a continued focus on health promotion and the broader determinants of health in order to strengthen primary health care and achieve universal health coverage. The Secretariat should continue working to enable national health ministries to make the case for investment beyond the health sector, and to measure impact to ensure greater accountability. Beyond safeguarding citizens' health, investment in universal health coverage bolstered national, regional and global resilience against future crises.

The representative of COLOMBIA,<sup>1</sup> sharing information on initiatives to strengthen primary health care in his country, welcomed the commitments made in the political declaration of the high-level meeting on universal health coverage, of which primary health care was undoubtedly a cornerstone. He expressed the hope that the Board would view the draft decision on social participation for universal health coverage, health and well-being as another positive step towards universal health coverage.

The representative of the UNITED REPUBLIC OF TANZANI<sup>1</sup> expressed appreciation for the Secretariat's efforts in actively engaging Member States, international financial institutions, development banks, philanthropic partners and civil society organizations through multistakeholder platforms and partnerships to drive progress towards universal health coverage through a primary health care approach. Primary health care was the most efficient, effective and sustainable vehicle for achieving universal health coverage, which would not be achievable without adequate funding. He called for knowledge, experience and resources to be shared between Member States, support to be provided to build capacities in developing countries, and strengthened strategies to ensure equitable access to quality-assured, affordable medicines. He echoed the need to improve data systems and governance and move from models and estimates to real-time data for monitoring progress towards universal health coverage at all levels.

The representative of the ISLAMIC REPUBLIC OF IRAN<sup>1</sup> said that his Government's efforts to advance towards universal health coverage were affected by two exogenous challenges: its status as a host country to a large number of refugees – the costs of refugee hosting should be more equitably shared among a greater number of Member States – and the impact of unilateral coercive measures, to which health systems as a whole were highly vulnerable. He welcomed the Secretariat report on the impact of economic sanctions on health and health systems in low- and middle-income countries and looked forward to further WHO reporting on such important issues.

The representative of the REPUBLIC OF KOREA<sup>1</sup> said that payment system reform was needed to advance expenditure management and ensure the sustainable financing of health systems. To secure a sufficient health and care workforce, it was necessary to foster a working environment that encouraged

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the development of expertise and tackle subnational and regional inequality within the workforce. She reiterated that universal health coverage could be achieved by integrating pandemic prevention, preparedness and response efforts, building robust primary health care infrastructure, ensuring more inclusive access to health services, and strengthening global support to boost universal health coverage capacity. In that light, her Government was actively involved in improving universal health coverage in the Western Pacific Region and stood ready to share its experience and expertise.

The representative of OMAN<sup>1</sup> said that, in the light of changes in morbidity and the emergence of chronic lifestyle-related diseases, it was essential to expand the primary health care network; restructure health centres and programmes; update clinical manuals and other standards in primary health care; further integrate older person, mental health and community care into primary health care; and promote public health. Country-specific training plans covering the cost and availability of training should be developed to address the global health workforce shortage.

The representative of INDIA,<sup>1</sup> sharing information on initiatives in her country, said that the report was a key resource to calibrate success and learn lessons on achieving universal health coverage and the health-related Sustainable Development Goals. She underscored the critical need for all actors to work together and exchange insights to improve health care access, health outcomes and overall well-being.

The Observer of PALESTINE called for strong health systems for all. There must be a strong commitment to translate words into action, without exception, especially during and after the ongoing Israeli military aggression and war against Palestinian civilians and the destruction of the public health system in the Gaza Strip. It was necessary to secure the funding needed to rehabilitate and rebuild the health system before holding any discussions on achieving universal health coverage and the Sustainable Development Goals. There was currently no functional health system in Palestine and Palestinians were facing several challenges and obstacles in maintaining minimum primary health care services. He called on the international community to strengthen technical support and address mental health gaps by implementing urgent trauma programmes, especially for women and children.

The observer of GAVI, THE VACCINE ALLIANCE, said that his organization shared the concerns expressed regarding the slow progress towards universal health coverage targets for 2030. He urged Member States, when considering ways to reverse that trend, to prioritize reaching zero-dose children and their communities by implementing national immunization recovery plans; to ensure that domestic and international funding was sufficiently mobilized and invested in primary health care, particularly in countries where recovery of immunization and other essential health services had been slow in the aftermath of the COVID-19 pandemic; and to invest in the health workforce – including community health workers, the majority of whom were women – and ensure that they enjoyed appropriate compensation and safe and decent working conditions.

The representative of UNFPA said that inequality in health care was rising, particularly in terms of access to sexual and reproductive health and rights. Comprehensive sexual and reproductive health and rights services must be integrated into national universal health coverage benefits packages delivered through primary health care, particularly for marginalized groups such as the poorest, young people, older people, rural residents, migrants, refugees, racial and ethnic minorities, the LGBTIQI+ community and persons with disabilities. Such services must include counselling and access to a range

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of modern contraceptives; comprehensive abortion care to the full extent of the law; post-abortion care in all settings; and referrals for cases of sexual and gender-based violence.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that to advance implementation of the political declaration of the high-level meeting on universal health coverage, Member States should provide their entire population with access to benefits packages that included a core set of comprehensive, safe, affordable, effective and high-quality services for cancer prevention, screening, diagnosis, treatment and rehabilitation, alongside supportive and palliative care to address quality of life, side-effects and all aspects of toxicity. They should also ensure access to cancer medicines, including opioids for pain relief and post-treatment medicines, and optimize the oncology workforce through measures to improve education, training and retention.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, called on governments worldwide to research and rethink the best mix of health professionals for each clinical setting; promote ethical and cost-effective standards in health care recruitment, namely through the standards for positive practice environments; create public-private partnerships to extend health care facilities and services while also increasing access and quality; and improve literacy on the availability of and access to health care resources.

The representative of PATH, speaking at the invitation of the CHAIR, called for robust health data governance regulation to harness the potential of health data while also managing risks and protecting individuals' rights and data, in order to improve public trust in health data systems and advance universal health coverage. Best practices and gaps could be identified and consensus built on minimum components for such regulations, in order to facilitate cross-border data sharing. The Health Assembly should adopt a resolution that could serve as a benchmark for strengthening national approaches while unlocking universal health coverage for all.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that, in the face of converging crises, governments must provide financial protection to the most vulnerable, including by removing out-of-pocket spending. In addition, to ensure that investments were aligned with people's needs, they must institutionalize social participation in all aspects of health policy-making. That was paramount for effective health governance and funding, and to ensure equitable access to services.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that nurses played an indispensable role in efforts to achieve universal health coverage and it was essential to invest in them and ensure their protection, education and retention. He urged Member States to prioritize nurses in workforce development efforts and recognize their transformative impact on global health.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, called on Member States to protect health care as a public good and address the inadequate levels of public funding for universal health coverage and the inimical private-sector, for-profit interests in that area. The concessional loans granted by the Health Impact Investment Platform would increase the debt burden of low- and middle-income countries, and Member States should instead call for those countries' debts to be cancelled, linking any such cancellation with expanded investment in primary health care. He further called on Member States to implement the recommendations of the High-Level Commission on Health Employment and Economic Growth, in order to address the shortage of suitable health and care workers.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, said that, in the light of limited access to high-quality neurological care in many regions, WHO's intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 was of paramount importance. In the pursuit of universal health coverage, it was essential to address the unique health care needs of individuals with neurological disorders, including by adopting a comprehensive, integrated approach to prevention and treatment.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, supported gender-equal leadership and decision-making at all levels of the health sector. She called for safe and decent workplaces to protect women health workers from violence, sexual abuse and harassment; the elimination of the gender pay gap in favour of adequate pay for health workers, particularly community health workers; the collection and analysis of data, disaggregated by sex, gender identity and other relevant stratifiers, during monitoring and evaluation of progress towards universal health coverage; and resources for, and universal access to, sexual and reproductive health services. Member States should also deliver on the commitments to gender equality set out in the political declaration of the high-level meeting on universal health coverage.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, stressed that successful health systems must include oral health. She urged Member States to reorient health systems towards a primary health care approach; prioritize the integration of oral health into health and care workforce training curricula at the country level; ensure access to a basic package of essential oral health services at the primary care level; and include oral health in existing and emerging national health surveillance efforts by fully implementing the Global Oral Health Action Plan (2023–2030) and submitting the required monitoring framework reports.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that, to achieve universal health coverage, governments must delink the incentives to invest in research and development from the granting of temporary monopolies. Evidence showed that medical technology monopolies led to restricted and unequal access to health care. Alternative incentives for investment in research and development could be progressively implemented. WHO could lead by convening a working group on the issue.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, said that to further advance the universal health coverage agenda, her organization recommended prioritizing gender equality and equity policies aimed at addressing the remaining gender disparity in health care. Implementation of resolution WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis should be prioritized and efforts in that area stepped up.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, called for greater focus on high-impact interventions that would reduce health care burdens and costs, increase government revenues and promote health equity. More attention should be paid to alcohol policy and to alcohol taxation in particular, which was a powerful tool that could support health for all by increasing fiscal space and reducing avoidable health care spending.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIR, urged Member States to meaningfully engage with empowered communities and people with lived experience of obesity. Primary health care must include obesity and noncommunicable diseases as the cornerstone of people-centred, integrated health systems and the foundation for achieving universal health coverage.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that universal health coverage should be a policy objective with goals and milestones; yet the limited progress towards its achievement largely stemmed from a lack of political will and economic support from governments and other global health leaders. His organization wished to know why the work and recommendations of the Council on the Economics of Health for All were not more visible in the report or in WHO's plans for universal health coverage.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that governments must address the health inequality affecting marginalized and disadvantaged groups by prioritizing health in government spending and implementing comprehensive and equitable health funding policies; disaggregating, analysing and using health data to identify and address health needs; prioritizing primary health care and providing a comprehensive health benefits package to ensure access to quality health services for all; ensuring gender equality in health systems leadership and decision-making at all levels; and strengthening the health and care workforce by creating safe and dignified working conditions. Member States should also show their support for the draft decision on social participation for universal health coverage, health and well-being.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked representatives for sharing their experiences of progress, particularly in terms of access to health care and financial hardship and for affirming that universal health coverage and strong health systems should underpin the draft fourteenth general programme of work, 2025–2028, and WHO's actions in areas such as health security, noncommunicable diseases and mental health. The Secretariat was fully committed to implementing the actions requested by Member States in areas such as primary health care, the health workforce, funding, financial protection, integration of services, digital health and artificial intelligence, and disaggregated data and information, all of which were priorities in the draft fourteenth general programme of work.

Responding to a query concerning the allocation of resources to universal health coverage, he said that about 2200 full-time equivalent employees were working on universal health coverage across various departments and all three levels of the Organization, and WHO funding for universal health coverage activities stood at roughly US\$1 billion per year. Regarding the health workforce, he recalled that the WHO Global Code of Practice on the International Recruitment of Health Personnel would be reviewed in the current year, and Member States' participation in that process was of great importance. On the issue of data, reporting on national health workforce accounts was crucial to ensure progress. In the coming year, a primary health care and health systems baseline survey would be launched to help the Secretariat to collect and share knowledge and best practices. Going forward, the Secretariat was committed to supporting consultations on the draft decision on social participation for universal health coverage, health and well-being, to translating the consensus on integrated emergency, critical and operative care into a global strategy and action plan, to implementing the Lusaka Agenda and to supporting the sharing of best practices and policies in the area of funding and financial protection.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that Member States in her Region welcomed the political declaration of the high-level meeting on universal health coverage and were committed to achieving universal health coverage by strengthening primary health care, and to addressing changing health needs and the impacts of climate change. Progress towards universal health coverage required cross-sectoral collaboration, as reflected in a number of regional initiatives. Across her Region, there had been steady and sustained progress in the average service coverage index and on out-of-pocket spending and health workforce strengthening. However, such achievements must not obscure the extent of the ground left to cover in terms of access to essential health services and financial protection.

She reiterated the calls for increased strategic investments in universal health coverage, particularly in comprehensive and quality primary health care services; increased action to advance

health equity by addressing unmet health needs, with a focus on improving essential health service delivery and financial protection; intensified efforts to leverage new digital innovations and tools for maximum impact; and strengthened fit-for-purpose health information systems. She thanked Member States for their clear guidance on the development of the global strategy and action plan for integrated emergency, critical and operative care, and for providing clear direction on how to promote meaningful social participation for health and well-being as a means to foster engagement and ownership of people and communities in both policy-making and implementation. It would be necessary to translate that guidance into practice, according to local context. She expressed the hope that further consultations would lead to a successful outcome on social participation at the Seventy-seventh World Health Assembly.

The DIRECTOR-GENERAL, responding to concerns raised about the shift away from health investment, said that it was essential to ensure that funding for other sectors did not affect investment in health. Universal health coverage could not be achieved without sustainable funding, and continued investment in the sector would help to prevent the next pandemic and to improve emergency response capacities. He welcomed representatives' acknowledgement of the central role played by primary health care in achieving universal health coverage, since it offered an efficient way to expand service provision, facilitate health promotion and disease prevention, improve emergency preparedness and leverage the power of communities. Furthermore, the COVID-19 pandemic had demonstrated the importance of primary health care not only for low- and middle-income countries, but also for high-income countries.

Welcoming the focus on the comprehensive nature of universal health coverage, he emphasized the role that technology could play in improving access to health care. Technology should be given greater attention in the area of service provision but also in terms of early detection and response efforts, where artificial intelligence had the potential to accelerate progress on universal health coverage, particularly in low- and middle-income countries.

Turning to the health workforce, he said that while work on the Global Code of Practice on the International Recruitment of Health Personnel was essential, it would not address the root cause of the problem. It was necessary to increase the workforce supply by expanding health worker training in all countries. Low- and middle-income countries should be provided with more training-related support through joint national and regional initiatives.

The CHAIR took it that the Board wished to take note of the report contained in document EB154/6.

**The Board noted the report.**

The CHAIR took it that the Board wished to adopt the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035.

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

The CHAIR said that she took it that the Board wished to postpone the adoption of the draft decision on social participation for universal health coverage, health and well-being 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.**

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<sup>1</sup> Decision EB154(6).

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Albania and Georgia aligned themselves with her statement. Given the lack of progress towards gender equality and the persistent gender inequities in the fulfilment of the right to health, a gender-responsive approach was essential to achieve universal health coverage. Persistent opposition to the use of long-standing, consensually agreed gender-related language undermined the notion of gender equality and the substantial progress that had been made on the human rights agenda. It was concerning that agreed language from the 2030 Agenda for Sustainable Development to promote gender equality in health policies had been strongly contested in consultations on WHO governing bodies resolutions. Reiterating the commitment of the Member States of the European Union to the promotion, protection and fulfilment of all human rights, including to sexual and reproductive health and rights, and to the full and effective implementation of the Beijing Declaration and Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences, she expressed the hope that Member States would uphold and protect agreed language on those subjects, including language with reference to persons in vulnerable situations.

In seeking to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), it was important to prioritize science- and evidence-based actions and decision-making, with WHO providing leadership, guidance and technical support in close partnership with Member States. The European Union and its Member States would continue to vigorously promote and scale up international efforts towards gender equality, the advancement and full enjoyment of all human rights by all women and girls and their empowerment, placing the prevention and elimination of all forms of sexual and gender-based violence at the centre of those efforts. The European Union and its Member States were committed to engaging constructively in intersessional consultations with all Member States in order to reaffirm consensus on the issue ahead of the Seventy-seventh World Health Assembly.

**Dr Barán Wasilchuk took the Chair.**

**2. FOLLOW-UP TO THE POLITICAL DECLARATION OF THE THIRD HIGH-LEVEL MEETING OF THE GENERAL ASSEMBLY ON THE PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES:** Item 7 of the agenda (document EB154/7)

The CHAIR invited the Board to consider the report contained in document EB154/7, in particular the guiding questions set out in paragraph 80. She also drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs proposed by Argentina, Brazil, China, the Member States of the European Union, Peru and Qatar. 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;

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<sup>1</sup> Document EB154/7.

(PP2) Recalling Health Assembly resolutions WHA40.13 (1987) on development of guiding principles for human organ transplants,<sup>1</sup> WHA42.5 (1989) on preventing the purchase and sale of human organs<sup>2</sup> and WHA44.25 (1991) on human organ transplantation,<sup>3</sup> WHA57.18 (2004) on human organ and tissue transplantation<sup>4</sup> and WHA63.22 (2010) on human organ and tissue transplantation (updated WHO Guiding Principles);<sup>5</sup>

(PP3) Noting initiatives by WHO regions in advancing the implementation of current resolutions on transplantation, including decisions taken by the WHO Regional Committee for the Americas<sup>6</sup> and the WHO Regional Committee for Africa;<sup>7</sup>

(PP4) Noting the report by the Secretariat on principles on the donation and management of blood, blood components and other medical products of human origin, that promotes respect for human dignity, availability and safety, and good governance;<sup>8</sup>

(PP5) Welcoming the United Nations General Assembly resolution 77/236 on strengthening and promoting effective measures and international cooperation on organ donation and transplantation to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs;<sup>9</sup>

(PP6) Noting the Madrid resolution on organ donation and transplantation (2011),<sup>10</sup> an outcome of the Third WHO Global Consultation on Organ Donation and Transplantation (2010) that provides recommendations for countries to progress towards meeting the transplant needs of patients;

(PP7) Aware that transplantation is currently the preferred, if not the only, therapeutic alternative for patients with end-stage organ failure and that many other diseases benefit from the clinical application of human cells and tissues, and that such treatments depend on the altruistic donation of cells, tissues and organs;

(PP8) Conscious that, despite the priority given by many Member States to prevention strategies, the burden of noncommunicable diseases treatable through transplantation continues to grow, as does the commensurate need for transplantation of human cells, tissues and organs;

(PP9) Mindful that facilitating access to transplantation of human cells, tissues and organs can reduce the premature mortality associated with noncommunicable and other diseases, improve the quality of life of thousands of patients throughout the world, and help communities to diminish the high costs of alternative treatment modalities;

(PP10) Noting that expanded access to transplant therapies might contribute to the achievement of the United Nations Sustainable Development Goals, in particular, targets

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<sup>1</sup> Resolution WHA40.13.

<sup>2</sup> Resolution WHA42.5.

<sup>3</sup> Resolution WHA44.25.

<sup>4</sup> Resolution WHA57.18.

<sup>5</sup> In resolution WHA63.22, the Health Assembly endorsed the updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. See resolution WHA63.22 (accessed 26 December 2023).

<sup>6</sup> See document CD57.R11 and resolution CD57.R11 (accessed 26 December 2023).

<sup>7</sup> See document AFR/RC70/12 (accessed 26 December 2023).

<sup>8</sup> Document A70/19 (accessed 26 December 2023).

<sup>9</sup> See resolution A/RES/77/236 (accessed 26 December 2023).

<sup>10</sup> The Madrid resolution on organ donation and transplantation: national responsibility in meeting the needs of patients, guided by the WHO principles. Transplantation. 2011; 91: S29–S31. doi: 10.1097/01.tp.0000399131.74618.a5.

3.4 (reduction of premature mortality from noncommunicable diseases) and 3.8 (access to universal health care);<sup>1</sup>

(PP11) Aware that, despite the progress made over the past two decades, transplantation is not fully developed in all Member States, making access to these therapies neither universal nor equitable, a problem that impacts countries regardless of their level of development;<sup>2</sup>

(PP12) Noting with concern that the COVID-19 pandemic had a profound, negative effect on donation and transplantation activities,<sup>3</sup> revealing the need to consider including transplant therapies in approaches designed to strengthen the resilience of health care systems;

(PP13) Convinced that insufficient access to transplantation therapies is one of the root causes of trafficking in persons for the purpose of organ removal and trafficking in human organs, practices that undermine human rights and pose serious risks to public health;

(PP14) Alarmed that armed conflicts, natural disasters and humanitarian emergencies are fuelling migration, particularly among disadvantaged populations and those in the most vulnerable situations, thereby increasing the risk of trafficking in persons for the purpose of organ removal and trafficking in human organs, and exacerbating inequities in access to therapies based on human cells, tissues and organs;

(PP15) Noting with concern the lack of full implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation,<sup>4</sup> particularly regarding transparent data reporting and health authority oversight of transplant practices;

(PP16) Aware that technological innovations applicable to human cells, tissues, and organs are increasingly enabling therapies that, given the unique origin of these novel treatments, require specific regulations with a particular focus on ethical considerations,<sup>5</sup>

(OP)1. URGES Member States, in accordance with their national context:

- (1) to implement or strengthen existing preventive strategies targeted at reducing the burden of noncommunicable and other diseases treatable with transplantation;
- (2) to integrate donation, transplantation and transplant follow-up activities into health care systems, so deceased donation is routinely considered as an option at the end of life and transplantation is incorporated in the continuum of care of patients with noncommunicable and other diseases or conditions that may benefit from this therapy, by pursuing policies that support universal health coverage and eliminate financial barriers to access quality, safe, effective, affordable and essential health services;<sup>6</sup>
- (3) to protect living donors by requiring informed consent and appropriate medical and psychosocial evaluation, as well as by providing proper follow-up care;

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<sup>1</sup> Domínguez-Gil B, Ascher NL, Fadhil RAS, et al. The reality of inadequate patient care and the need for a global action framework in organ donation and transplantation. *Transplantation*. 2022 1;106(11):2111-2117.

<sup>2</sup> See document A75/41 (accessed 26 December 2023).

<sup>3</sup> Aubert O, Yoo D, Zielinski D, et al. COVID-19 pandemic and worldwide organ transplantation: a population-based study. *Lancet Public Health*. 2021;6(10):e709-e719. doi: 10.1016/S2468-2667(21)00200-0.

<sup>4</sup> See document A63/24 (accessed 30 December 2023), annex adopted by reference in resolution WHA63.22.

<sup>5</sup> WHO Expert Committee on Biological Standardization: seventy-seventh report. Geneva: World Health Organization; 2023 (WHO Technical Report Series, No. 1048) (<https://iris.who.int/bitstream/handle/10665/373128/9789240078116-eng.pdf?sequence=1>, accessed 30 December 2023).

<sup>6</sup> United Nations General Assembly resolution 78/4. Political Declaration of the high-level meeting on universal health coverage.



- (4) to increase the availability of human cells, tissues and organs for transplantation with special attention to developing deceased donation to its maximum therapeutic potential, including donation after the neurological determination of death and, where appropriate, donation after the circulatory determination of death, and in line with the relevant WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;
- (5) to establish, where appropriate, official international cooperation for the exchange of human cells, tissues and organs or transplant services, based on the principles of reciprocity and solidarity, as a means to facilitate universal access to transplantation therapies;
- (6) to develop and implement regulatory frameworks aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, in particular by encouraging donation as an altruistic, voluntary and non-remunerated act and by promoting equitable access to transplantation therapies;
- (7) to designate authorities and improve capacities to provide governance and implementation of donation and transplantation activities in their jurisdictions;
- (8) to promote that donation and transplantation activities take place in centres specifically authorized, accredited or registered and establish control measures, such as periodic or risk-based inspections and the collection and timely reporting of data on every donation and transplant procedure, including transplants carried out on residents in other jurisdictions;
- (9) to promote the safety and efficacy of transplantation by collecting data on the outcomes of recipients and living donors, conducting biovigilance and relevant surveillance, ensuring capacity to trace cells, tissues and organs from donor to recipient, and vice versa, and encouraging the use of global consistent coding systems for human cells, tissues and organs;
- (10) to consider including donation and transplantation in national and regional preparedness plans designed to increase the resilience of health care systems and to facilitate an effective response to transplant needs in the event of crisis;
- (11) to take measures to prevent and combat trafficking in persons for the purpose of organ removal and trafficking in human organs and to protect victims and survivors of these crimes by strengthening legislative frameworks, enforcing clinical protocols for the psychosocial evaluation of prospective living donors, engaging health care professionals, governments and other stakeholders in reporting suspected or confirmed cases of trafficking to law enforcement agencies, promoting international cooperation,<sup>1</sup> and collecting data and conducting research on the trends in both crimes;<sup>2</sup>
- (12) to promote research and innovation to maximize the use and optimize the outcomes of transplantation of human cells, tissues and organs, as well as enable development of alternative therapies to those based on the clinical use of human cells, tissues and organs;
- (13) to implement regulatory frameworks applicable to innovative therapies developed from substantially manipulated cells, tissues and organs that ensure the

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<sup>1</sup> World Medical Assembly statement on measures for the prevention and fight against transplant-related crimes. Seventy-first WMA General Assembly. Cordoba; 2020 (<https://www.wma.net/policies-post/wma-statement-on-measures-for-the-prevention-and-fight-against-transplant-related-crimes/#:~:text=The%20WMA%20emphasises%20the%20responsibility,assisting%20international%20organisations%2C%20medical%20associations>) (accessed 26 December 2023).

<sup>2</sup> Global Report on Trafficking in Persons, in accordance with the provisions set out in General Assembly resolution 70/179 of 17 December 2015.

protection of donors and recipients, and that pursue equity in access to these novel therapies and sustainable health care systems;

(14) to participate in consultations organized by WHO to develop a global strategy on donation and transplantation; and

(15) to consider providing appropriate support to WHO in implementing this resolution;

(OP)2. REQUESTS the Director-General:

(1) to provide Member States, upon request, with technical assistance for developing national legislation and regulations aligned with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation,<sup>1</sup> assessing transplantation needs, establishing or strengthening national authorities, improving capacities to increase the availability of cells, tissues and organs, and implementing ethical, effective and safe transplant programmes;

(2) to assist Member States, upon request, to strengthen their regulatory capacity to effectively oversee donation and transplantation practices, including through monitoring and evaluating transplantation programme performance and donor and recipient outcomes;

(3) to continue collecting, analysing and making available to Member States global data on the legislation, regulations, practices, safety, quality, effectiveness, epidemiology and ethics of donation and transplantation of human cells, tissues and organs;

(4) to revise the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation to incorporate additional principles that address new ethical challenges posed by scientific advancements in the field, in particular principles to safeguard the intrinsic value of novel products and treatments that are developed from human cells, tissues and organs;

(5) to continue and strengthen cooperation with United Nations agencies, including the United Nations Office on Drugs and Crime, interagency mechanisms, Member State ministries and other relevant stakeholders to improve country, regional and global capacity to respond to identified cases of trafficking in persons for the purpose of organ removal and of trafficking in human organs;

(6) to provide, in cooperation with key international professional associations and other relevant stakeholders, reference guidance to Member States on the diagnosis of death by neurological and by circulatory criteria;

(7) to develop, in consultation with Member States, nongovernmental organizations and other relevant stakeholders in accordance with the Framework of Engagement with Non-State Actors and within existing resources, a global strategy on donation and transplantation, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, that supports Member States to integrate donation and transplantation into health care systems and promotes the implementation of the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation;

(8) to further explore, as part of the global strategy referred to in OP2(7), and in accordance with the current framework for world health days, the feasibility and potential impact of establishing a World Donor Day to raise public awareness and enhance understanding on the need for altruistic donation of human cells, tissues and organs and propel global action by Member States to structure appropriate donation

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<sup>1</sup> In resolution WHA63.22, the Health Assembly endorsed the updated WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. See resolution WHA63.22 (accessed 26 December 2023).

and transplantation systems, taking into consideration the existence of other relevant events either observed by WHO or established by other international entities;

(9) to establish an expert committee in accordance with the Regulations for Expert Advisory Panels and Committees,<sup>1</sup> to assist the Secretariat in developing the proposed global strategy on donation and transplantation and support its implementation;

(10) to provide a consolidated report on progress in the implementation of this resolution in 2026 to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, as well as on progress in the implementation of resolution WHA63.22 on human organ and tissue transplantation.

The financial and administrative implications for the Secretariat were:

<b>Decision:</b>	Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
<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>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course</p> <p>1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services</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>	Two years (June 2024–May 2026).
<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\$ 4.37 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\$ 4.37 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.

<sup>1</sup> Regulations for Expert Advisory Panels and Committees. Geneva: World Health Organization; 2022 (<https://apps.who.int/gb/bd/PDF/bd47/EN/regu-for-expert-en.pdf>, accessed 30 December 2023).

<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.
<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\$ 1.20 million.
– <b>Remaining financing gap in the current biennium:</b>
US\$ 3.17 million.
– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b>
Efforts are being made to increase resources through collaboration with China and Qatar, both of which have expressed an interest in supporting the transplantation programme.
A joint effort with UNODC is also being discussed to mobilize funding for specific projects on organ trafficking.
Through cooperation with the European Union in respect of its work to implement the European Neighbourhood Policy, action is being taken to explore the possibility of securing development funds to support countries bordering the European Union.

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

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
<b>B.2.a.</b> 2024–2025 resources already planned	Staff	0.31	0.26	0.22	0.26	0.22	0.24	1.36	2.87
	Activities	0.14	0.14	0.14	0.14	0.14	0.14	0.66	1.50
	Total	0.45	0.40	0.36	0.40	0.36	0.38	2.02	4.37
<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 resources to be planned</b>	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

The CHAIR also drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and

health and other emergencies proposed by Ecuador, Estonia, Finland, Guatemala, Latvia, Lithuania, Netherlands (Kingdom of the), Portugal and Ukraine. The draft decision read:

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

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

The Seventy-seventh World Health Assembly,

(PP1) Reaffirming the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

(PP2) Recalling United Nations General Assembly resolution 77/300 (2023)<sup>1</sup> on mental health and psychosocial support, Human Rights Council resolution 52/12 (2023)<sup>2</sup> on mental health and human rights and United Nations Security Council resolution 2668 (2022)<sup>3</sup> on United Nations peacekeeping operations in which the importance of mental health services for peace operations personnel was emphasized;

(PP3) Reaffirming United Nations General Assembly resolution 46/182 (1991)<sup>4</sup> and subsequent resolutions including 78/119 (2023)<sup>5</sup> on strengthening of the coordination of humanitarian emergency assistance of the United Nations, and the principles of neutrality, humanity, impartiality and independence in the provision of humanitarian assistance mentioned therein;

(PP4) Recalling World Health Assembly resolutions WHA64.10 (2011)<sup>6</sup> on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA65.20 (2012)<sup>7</sup> on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and WHA73.1 (2020)<sup>8</sup> on COVID-19 response and decision WHA74(14) (2021)<sup>9</sup> on mental health preparedness for and response to the COVID-19 pandemic;

(PP5) Noting the adoption at the Thirty-third International Conference of the Red Cross and Red Crescent of resolution 33IC/19/R2 (2019)<sup>10</sup> on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies;

(PP6) Noting the role of the Inter-Agency Standing Committee to formulate guidance on humanitarian matters<sup>11</sup> and the relevant intersectoral guidelines and tools that

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<sup>1</sup> Resolution A/77/300.

<sup>2</sup> Resolution A/HRC/RES/52/12.

<sup>3</sup> Resolution S/RES/2668.

<sup>4</sup> Resolution A/RES/46/182.

<sup>5</sup> Resolution A/RES/78/119.

<sup>6</sup> Resolution WHA64.10.

<sup>7</sup> Resolution WHA65.20.

<sup>8</sup> Resolution WHA73.1.

<sup>9</sup> Decision WHA74(14).

<sup>10</sup> Resolution 33IC/19/R2.

<sup>11</sup> Resolution A/RES/46/182.

it has published, including the Mental Health and Psychosocial Support Minimum Service Package;<sup>1</sup>

(PP7) Noting the Joint Interagency Call for Action on Mental Health and Psychosocial Support 2020<sup>2</sup> and the role of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, which supports country-level intersectoral coordination, normative guides and surge capacity;

(PP8) Recognizing the role of the WHO Comprehensive Mental Health Action Plan 2013–2030<sup>3</sup> adopted by the Health Assembly in resolution WHA65.4<sup>4</sup> (2012) and updated in decision WHA74(14)<sup>4</sup> on mental health preparedness for and response to the COVID-19 pandemic, reaffirming its goals and objectives, and noting that the mental health and psychosocial needs of people affected by armed conflict, natural and human-caused disasters and health and other emergencies require actions beyond those identified by the WHO Comprehensive Mental Health Action Plan 2013–2030;

(PP9) Deeply concerned that persons with mental health conditions and psychosocial needs who are especially vulnerable to the impacts of armed conflicts, natural and human-caused disasters and health and other emergencies and continue to be subject to widespread, multiple and intersecting discrimination stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, neglect, unlawful and arbitrary deprivation of liberty, institutionalization, overmedicalization and treatment practices that fail to respect their human rights;

(PP10) Underlining the importance of implementing integrated quality mental health services available, accessible and affordable to all, including in fragile conflict-affected and vulnerable settings, as well as the need to introduce, through training and standardization of services, evidence-based approaches and best practices to the promotion of mental health and psychosocial well-being, the provision of mental health services and psychosocial support and the prevention of mental health conditions and harmful behavior, addiction or suicide;

(PP11) Noting WHO's *World mental health report: Transforming mental health for all*,<sup>5</sup> which, drawing on the latest evidence, highlights why and where change is most needed and recommends how it can best be achieved, to deepen the value and commitment given to mental health and psychosocial well-being, reshape the environments that influence mental health and psychosocial well-being and strengthen mental health systems, including in emergency and humanitarian settings;

(PP12) Expressing deep concern about the increased but unmet mental health and psychosocial support needs of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, and noting that pre-existing conditions may resurface or be exacerbated, and underscoring the urgent demand to increase efforts

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<sup>1</sup> The Mental Health and Psychosocial Support Minimum Service Package. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 1 December 2023).

<sup>2</sup> Joint Interagency Call for Action on MHPSS 2020. Geneva: Inter-Agency Standing Committee; 2020 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2020-12/Joint%20Interagency%20Call%20for%20Action%20on%20MHPSS%202020.pdf>, accessed 1 December 2023).

<sup>3</sup> WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 1 December 2023).

<sup>4</sup> Resolution WHA65.4.

<sup>5</sup> World mental health report: Transforming mental health for all. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240049338>, accessed 1 December 2023).

to prepare for and respond to these needs by means of prevention, mitigation, promotion, protection and assistance;

(PP13) Recognizing that mental health and psychosocial well-being are critical to the survival, recovery and daily functioning of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, to their enjoyment of human rights and fundamental freedoms and to their access to protection and assistance;

(PP14) Noting the Inter-Agency Standing Committee's six core principles on sexual exploitation and abuse;<sup>1</sup>

(PP15) Recognizing the long-term negative human, social and economic development impacts of armed conflicts, natural and human-caused disasters and health and other emergencies on mental health and psychosocial well-being especially when limited human and financial resources, fragile infrastructure, and socioeconomic vulnerabilities exacerbate the challenges faced by individuals in accessing services and support;

(PP16) Recognizing, in particular, the increased risk faced by [persons] in vulnerable or marginalized situations such as children, youth, women, [caregivers], [persons] with disabilities, older [persons], and survivors of all forms of violence, including gender-based violence;

(PP17) Recognizing the severe and multifaceted impact of armed conflicts, natural and human-cause disasters and health and other emergencies on the mental health of children and youth, who are disproportionately at risk of experiencing potentially traumatic events and other stressors including exposure to violence and loss, disruption of their cognitive and emotional development, as well as increasing social exclusion, and emphasizing the urgent need for attention and concerted action to reduce their suffering and improve mental health and psychosocial well-being;

(PP18) Recognizing further the profound and lasting impact of armed conflicts on the mental health and psychosocial well-being of former combatants, [including children associated with armed forces and armed groups,] and prisoners of war and the unique challenges faced by them in reintegrating into society, overcoming the stigma associated with their experiences; and emphasizing in this regard the importance of addressing their specific mental health and psychosocial needs, acknowledging the significance of providing comprehensive services to support their psychological recovery;

(PP19) Recognizing the necessity of addressing the mental health and psychosocial needs of refugees, internally displaced persons, and migrants [, in line with national capacities and policies], promoting access to culturally sensitive [and gender-responsive] mental health services and psychosocial support to promote their ability to participate meaningfully in society;

(PP20) Emphasizing the imperative to bolster health systems in countries, including ensuring the availability of, acceptable, quality and sustainable accessible and affordable mental health services and psychosocial support that not only address immediate needs but also foster long-term resilience, which contributes to the holistic recovery of affected individuals and communities, which is critical to achieving universal health coverage that gives mental health equitable value and priority as physical health, and access to quality and affordable services;

(PP21) Recognizing that the mental health and psychosocial well-being of humanitarian and health and care workforces and volunteers is often affected as they work under highly stressful conditions and are often exposed to risks and potentially traumatic

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<sup>1</sup> IASC Six Core Principles. Geneva: Inter-Agency Standing Committee; 2022 ([https://interagencystandingcommittee.org/sites/default/files/migrated/2019-01/iasc\\_six\\_core\\_principles\\_relating\\_to\\_sexual\\_exploitation\\_and\\_abuse\\_2002.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2019-01/iasc_six_core_principles_relating_to_sexual_exploitation_and_abuse_2002.pdf), accessed 1 December 2023).

events and stressors, and that their safety, security, health and well-being are vital to provide quality services, as well as the importance of leadership for mental health, including in ensuring capacities and skills for mental health and psychosocial services as well as in supporting resilience;

(PP22) Recognizing that safe digital technologies including quality self-help approaches and telemedicine have the potential to contribute substantially to national efforts to achieve universal health coverage that gives mental health the same value and priority as physical health, and improve access to mental health services, while taking into account data protection and ethics in their development and implementation;

(PP23) Noting the existing relevant work and initiatives by the United Nations High Commissioner for Refugees and other relevant agencies and parts of the United Nations system as well as the International Red Cross and Red Crescent Movement, regional organizations, States, humanitarian organizations and other relevant actors aimed at addressing mental health and psychosocial needs, and emphasizing the importance of coordinating the response, including information sharing, with other local and international actors and building on local needs and available resources;

(PP24) Recognizing that emergencies, despite their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need,

(OP)1. URGES Member States:

(1) to continue to implement the WHO Comprehensive Mental Health Action Plan 2013–2030, [in accordance with national context and priorities] integrating its goals and objectives for strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, within their health and care strategies, investment plans and programmes at national and subnational levels [and to consider, as appropriate, the application of the joint WHO/OHCHR publication “Mental health, human rights and legislation: guidance and practice”];

(2) to include mental health and psychosocial support as an integral component of preparedness, response and recovery activities in all emergencies and across sectors, including health, protection, education, shelter, food, water, sanitation, hygiene and livelihoods, [taking into account, as appropriate, provisions of] the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support Minimum Service Package and with particular attention to persons in vulnerable situations;

(3) to invest, [in line with national context] long-term in local and community-based services to prevent, prepare for and respond to mental health and psychosocial needs, including by strengthening local and community resilience and the capacities of local personnel, including capacities to identify and guide people with mental health conditions and psychosocial needs towards the appropriate level of mental health and psychosocial support through formal referral systems;

(4) to enhance coordination to address these needs and to ensure that mental health and psychosocial support responses include a range of complementary services and supports such as community self-help approaches, safe digital technologies, mental health care integrated with general health services, mental health and psychosocial support in schools and social services, and specialized mental health services;

(5) to stimulate and facilitate country-level mental health and psychosocial support intersectoral technical working groups [in] emergency settings [to] support coordination and collaboration across sectors, [to develop] comprehensive response



[strategies for MHPSS, including it in the national] disaster preparedness and response plans [to] monitor the quality of the integrated response, and to collect [and integrate] lessons learned;

(6) to [support MHPSS as] an integral component in domestic emergency response systems, including disaster laws, risk management or preparedness plans and emergency response coordination mechanisms [and to support the inclusion of MHPSS in international response systems guided by, as appropriate and in line with national context, the IASC Technical Note “Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS)”];

(7) to take action to address stigma, exclusion and discrimination related to mental health and psychosocial needs in emergencies through approaches that are culturally sensitive [and gender-responsive], respect dignity and informed consent and reinforce the participation of affected people, in particular persons with lived experiences;

(8) to take measures to protect and promote the mental health and psychosocial well-being of the humanitarian, health and care workforce, including volunteers by developing and implementing organizational policies (e.g. related to security, supervision, rest, discrimination, and harassment, including sexual misconduct) that protect their mental health, while equipping these workers and volunteers as well as their managers with the necessary skills, tools and supervision to cope with stressful situations and responding to their specific mental health and psychosocial needs;

(9) to aim to mobilize and allocate [sustainable and], predictable resources through domestic, bilateral and multilateral channels, including international cooperation and development assistance, [and to explore voluntary innovative financing mechanisms and partnerships, including with the private sector, for MHPSS];

(10) to support the continuation of education and the integration of mental health and psychosocial support in schools and education settings, [taking into account, as appropriate provisions from] the Inter-Agency Standing Committee’s Mental Health and Psychosocial Support Minimum Service Package, to contribute to effective and adapted learning and protect children, youth, older persons [, persons with disabilities] and other persons in vulnerable or marginalized situations from the negative and long-lasting effects of emergencies increasing their capacity to comprehend and better face challenging environments, as well as create capacity and skills at the level of teachers and teaching staff, allowing them to recognize the need for mental health and psychosocial support in children of various ages;

(11) to address long-term mental health needs, whether or not related to an immediate emergency, by seizing the opportunity to use emergencies and emergency preparedness as a catalyst for mental health reform by converting short-term interest in mental health and psychosocial well-being into momentum for building [health systems that deliver sustainable and quality] community-based mental health and psychosocial support;

(OP)2. REQUESTS the Director-General:

(1) to support initiatives that celebrate the date of 10 October as a World Mental Health Day, including of emergency-affected people, and to collaborate with and encourage Member States and relevant stakeholders to consider taking appropriate measures in that regard;

(2) to provide technical guidance and advice to Member States, upon request, that supports implementation of the Comprehensive Mental Health Action Plan 2013–

2030, especially in addressing challenges related to the implementation of integrated mental health and psychosocial support for all;

(3) to [ensure that WHO has the capacity and resources at all levels to] facilitate inter-agency coordination on mental health and psychosocial support to support to Member States;

(4) to support Member States by making mental health and psychosocial support a key aspect of preparedness and integrating it into all pillars across WHO emergency response and recovery activities, supported by [dedicated budget lines within allocated budgets] and indicators, guided, as appropriate, by the Inter-Agency Standing Committee's Mental Health and Psychosocial Support Minimum Service Package;<sup>1</sup>

(5) to support strengthening evaluation and research capacities in the field of mental health and psychosocial support in humanitarian crisis situations to ensure evidence-based support measures and interventions;

(6) to support Member States in emergency and disaster risk management, preparedness and readiness actions for mental health and psychosocial support [in order to strengthen MHPSS capacities during emergencies in a way that contributes to the development of sustainable mental health services, including community-based services, within the health system];

(7) to consolidate reporting on the progress achieved on the implementation of the present resolution and previous decisions and resolutions on mental health,<sup>2</sup> dementia,<sup>3</sup> harmful use of alcohol,<sup>4</sup> the world drug problem,<sup>5</sup> and epilepsy and other neurological disorders,<sup>4</sup> with an annual report to be submitted to the Health Assembly through the Executive Board, from 2025 to 2031, annexing reports on implementation of relevant decisions, resolutions, and action plans, in line with existing reporting mandates and timelines, superseding the request by the Seventy-second World Health Assembly<sup>6</sup> to consolidate reporting on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health.

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<sup>1</sup> IASC Minimum Service Package: Mental Health and Psychosocial Support. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 11 January 2024).

<sup>2</sup> Decision WHA74(14).

<sup>3</sup> Decision WHA70(17) (2017).

<sup>4</sup> Decision WHA75(11) (2022).

<sup>5</sup> Decision WHA75(20) (2022).

<sup>6</sup> Decision WHA72(11) (2019).

The financial and administrative implications for the Secretariat were:

<b>Decision:</b> Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies
<b>A. Link to the approved Programme budget 2024–2025</b>
<p><b>1. Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:</b></p> <p>1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results</p> <p>2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings</p> <p>4.1.3. Strengthened evidence base, prioritization and uptake of WHO generated norms and standards and improved research capacity and the ability to effectively and sustainably scale up innovations, including digital technology, in countries</p>
<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></p> <p>Not applicable.</p>
<p><b>3. Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:</b></p> <p>Not applicable.</p>
<p><b>4. Estimated time frame (in years or months) to implement the decision:</b></p> <p>10 years (2024–2033).</p>
<b>B. Resource implications for the Secretariat for implementation of the decision</b>
<p><b>1. Total budgeted resource levels required to implement the decision, in US\$ millions:</b></p> <p>US\$ 123.42 million.</p>
<p><b>2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US\$ millions:</b></p> <p>US\$ 22.79 million.</p>
<p><b>2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US\$ millions:</b></p> <p>Zero.</p>
<p><b>3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US\$ millions:</b></p> <p>US\$ 23.70 million.</p>

<p><b>4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:</b> US\$ 76.93 million.</p>
<p><b>5. Level of resources already available to fund the implementation of the decision in the current biennium, in US\$ millions</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available to fund the decision in the current biennium:</b> US\$ 12.48 million.</li> <li>– <b>Remaining financing gap in the current biennium:</b> US\$ 10.31 million.</li> <li>– <b>Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:</b> Various donors have been funding WHO’s work in mental health in humanitarian emergencies, including, in alphabetical order: Canada, European Civil Protection and Humanitarian Aid Operations, Federal Ministry for Economic Cooperation and Development of Germany, Foreign, Commonwealth and Development Office of the United Kingdom of Great Britain and Northern Ireland, France, Humanitarian Relief Society, Japan, Kuwait, Ministry of Foreign Affairs of the Kingdom of the Netherlands, Norwegian Agency for Development Cooperation, Swiss Agency for Development Cooperation, United States Agency for International Development, United States Bureau of Humanitarian Assistance and World Bank.  The development of new proposals and additional donor negotiations will continue over the coming years.</li> </ul>

**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	5.66	1.03	1.17	1.24	4.16	0.77	2.17	16.19
	Activities	3.00	0.20	0.40	0.40	1.60	0.20	0.80	6.60
	Total	8.66	1.23	1.57	1.64	5.76	0.97	2.97	22.79
<b>B.2.b.</b> 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
<b>B.3.</b> 2026–2027 resources to be planned	Staff	5.88	1.07	1.21	1.28	4.32	0.80	2.26	16.83
	Activities	3.12	0.21	0.42	0.42	1.66	0.21	0.83	6.86
	Total	9.00	1.28	1.63	1.70	5.99	1.01	3.09	23.70
<b>B.4. Future bienniums resources to be planned</b>	Staff	19.10	3.47	3.94	4.17	14.04	2.60	7.33	54.65
	Activities	10.13	0.68	1.35	1.35	5.40	0.68	2.70	22.28
	Total	29.23	4.15	5.29	5.52	19.44	3.27	10.03	76.93

<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 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 DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the

Republic of Moldova and Georgia, as well as the European Free Trade Association country Norway, member of the European Economic Area, aligned themselves with her statement. The European Union and its Member States supported WHO's work to prevent and control noncommunicable diseases but expressed concern that the world was not on track to achieve target 3.4 of the Sustainable Development Goals on reducing premature mortality from noncommunicable diseases by one third. While welcoming the attention to mental health in the report, she called on the Secretariat to ensure a stronger focus on mental health in the global health policy agenda. Investment in noncommunicable diseases and mental health should be increased, and WHO should ensure that noncommunicable diseases and mental health were given full attention in the draft fourteenth general programme of work, 2025–2028.

Equitable and affordable access to essential health services, not least for those who were underserved and in vulnerable situations, was necessary to meet the needs of people living with noncommunicable diseases and mental health conditions. To reduce morbidity and mortality associated with noncommunicable diseases, measures such as alcohol control policies, restricting tobacco use and air pollution, and reducing exposure to advertising for unhealthy and harmful products – were needed, based on a Health in All Policies approach. Strengthened multisectoral action was needed to tackle the growing challenge of noncommunicable diseases and mental health conditions, particularly in the context of health and humanitarian crises and conflict. She therefore welcomed the draft decision on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies.

Recognizing the need for further progress on access to affordable oral health services, she expressed support for the global strategy on oral health and the Global Oral Health Action Plan (2023–2030). She welcomed the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs, since transplantation could help to decrease premature mortality associated with noncommunicable diseases. Strong WHO engagement was needed in the preparations for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases, scheduled for 2025, in order to guarantee sufficient cross-sectoral engagement by governments and global stakeholders.

The representative of CANADA said that, to enable Member States to effectively prepare for the fourth high-level meeting on the prevention and control of non-communicable diseases, the Secretariat should provide details of forthcoming meetings and consultations, particularly regarding objectives and anticipated outcomes. To support Member States' strategic decision-making in relation to the high-level meeting and updates to the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases, the Secretariat should assess the current global noncommunicable disease targets with a view to their continued relevance and possible adjustments based on modelling and feasibility, taking into account different country contexts. She looked forward to receiving additional information on the process of updating the global monitoring framework, including timelines.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region noted that tobacco advertising, promotion and sponsorship had been completely banned in over half of the countries in the Region, and expressed appreciation for the support provided by the High-level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region. Many countries in the Region had taken steps to eliminate industrially produced trans-fatty acids in foods, with Saudi Arabia expected to receive WHO recognition in the year 2024 for its efforts in that regard. Member States were also prioritizing the integration of noncommunicable diseases into primary health care, with five countries having introduced human papillomavirus vaccination to tackle cervical cancer. In addition, noncommunicable disease surveillance systems were being strengthened to better track progress towards the relevant targets of the Sustainable Development Goals. The Secretariat should provide more focused support for high-level multisectoral engagement in response to emerging noncommunicable diseases and to encourage investment in prevention.

The representative of PERU said that community-based care and organized community participation were key to addressing noncommunicable diseases and mental health, which was an essential component of overall health. He stressed the necessity of developing a strong preventive element to complement community-based, recovery-related mental health care. To that end, it was vital to conduct research on existing measures that would enable preventive and health promotion interventions to be adapted to regional and local contexts. It was also important to build capacities to conduct economic studies on best buy interventions that could be submitted to financial institutions and government ministries.

The representative of PARAGUAY said that, while it was important to recognize countries' progress in tackling mental health, greater efforts and multinational collaboration were needed. To accelerate progress, it was important to optimize the implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the menu of policy options and cost-effective interventions, and to promote greater cooperation between the Secretariat and Member States in sharing practices, exchanging knowledge and promoting effective prevention and control strategies. Given the extensive public health experience of the Republic of China (Taiwan)<sup>1</sup> and its commitment to noncommunicable disease prevention and control, she called for its inclusion in all WHO technical meetings and activities and its participation in the Health Assembly as an observer.

The representative of AFGHANISTAN said that the health care system in his country was unable to respond to its current burden of disease; levels out-of-pocket expenditure were high; and noncommunicable disease care was largely unavailable. The situation had been further exacerbated by the brain drain and mass exodus of Afghan human capital, as well as by the recent cessation of support from the International Committee of the Red Cross. In discussing the prevention of noncommunicable diseases, the human faces behind the statistics should not be forgotten. It was the international community's collective responsibility to ensure that adequate support, in terms of resources and policies, was extended to address such pressing issues and prevent further suffering for those in conflict and post-conflict contexts.

The representative of MALAYSIA said that varying epidemiological situations and sociocultural, economic and political contexts meant that Member States needed to develop and strengthen their own national plans to achieve target 3.4 of the Sustainable Development Goals. Successful implementation of those plans would require a whole-of-government and whole-of-society approach. Technical expertise and adequate resources were required to strengthen noncommunicable disease prevention and control. The adoption of the global strategy on oral health reflected Member States' commitment to accelerating progress towards universal health coverage for oral health. In that regard, she called for oral health promotion and service provision capacities to be strengthened within primary health care, and urged the Secretariat to support Member States in prioritizing actions based on outcomes and available resources. The Secretariat must focus on advocating for, and allocating adequate resources to, achievement of the related targets of the Sustainable Development Goals.

The representative of JAPAN said that, since progress indicated that none of the targets set out in the global action plan on the public health response to dementia 2017–2025 were likely to be achieved by 2025, the global action plan should be extended beyond that year. Dementia had become a major problem worldwide, and the number of patients with dementia was expected to continue to increase.

He emphasized the importance of oral health for healthy future generations and healthy ageing and welcomed the adoption of the Global Oral Health Action Plan (2023–2030) and the Health

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

Assembly's decision to request progress reports every three years. Noncommunicable diseases should be tackled alongside other challenges through broad discussions linked with topics such as universal health coverage and health systems strengthening; measures to address mental health, for example, were based on the interaction between mental health and universal health coverage.

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

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