

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

**WHO headquarters, Geneva
Wednesday, 24 January 2024, scheduled at 18:00**

**Chair: Dr E.A.A. DOS REIS AMARAL (Timor-Leste)
later: Dr H.M. AL KUWARI (Qatar)**

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SEVENTH MEETING

Wednesday, 24 January 2024, at 18:15

Chair: Dr E.A.A. DOS REIS AMARAL (Timor-Leste)

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

- 1. 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) (continued)

The CHAIR recalled that the Executive Board had before it a draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs, and a 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, both of which respectively contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, commended the Secretariat for applying the five-by-five approach on noncommunicable diseases. Member States needed access to data to develop evidence-based policies and support to mobilize financial resources for health promotion, for instance, by strengthening taxation on tobacco, alcohol and sugar-sweetened beverages and building public-private partnerships. Member States should be supported to implement their health strategies using a multisectoral approach and must integrate noncommunicable diseases into primary health care. He called on the Secretariat to organize regional consultations in preparation for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases in September 2025.

The representative of TOGO expressed regret that the international community was not on track to achieve target 3.4 of the Sustainable Development Goals by 2030. Universal health coverage should be strengthened by better mainstreaming noncommunicable diseases into primary health care. More data should be made available on the implementation of WHO programmes on the prevention and control of noncommunicable diseases and on financial protection for those affected.

The representative of YEMEN said that weak health systems and poor investment in health made it difficult to combat the high burden of noncommunicable diseases in low- and middle-income countries and to achieve universal health coverage. The Secretariat should support Member States to develop and implement national strategies and programmes on noncommunicable disease prevention and control, with a focus on mental health and its integration into primary health care, and to establish better data monitoring systems. Successful low-cost, high-return noncommunicable disease control and prevention programmes should be shared with low- and middle-income countries, and early detection and diagnosis should be strengthened.

The representative of BRAZIL noted the importance of the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs, sponsored by his Government. Transplantation was a public health necessity that had the potential to save lives and improve patients' quality of life by reducing long-term health care treatment costs and enabling workforce and social reintegration.

It was essential to facilitate the exchange of best practices among Member States and promote collaborative research to develop effective strategies for noncommunicable disease prevention and control. The inclusion of mental health in all preparedness, response and recovery activities; investment in local and community services; and culturally sensitive action to tackle stigma, exclusion and discrimination were fundamental to addressing mental health in emergency situations. In that regard, his Government appreciated 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.

The representative of CHINA said that the follow-up to the political declaration of the third high-level meeting of the United Nations General Assembly on the prevention and control of noncommunicable diseases had been instrumental in guiding Member States to take stronger measures on the topic. The highly cost-effective recommendations on noncommunicable disease risk factors could lead to more targeted solutions for less developed countries and regions. It was important to carry out evidence-based assessments of the effectiveness of noncommunicable disease prevention and control in all countries, share experience, and improve professional guidance to encourage health literacy.

The representative of MALDIVES applauded the collaborative mechanisms put in place to support Member States in tackling noncommunicable diseases. He noted the expansion of the approach to noncommunicable diseases to include mental health, air pollution, oral health, eye health, neurological conditions and palliative care. The cost-effective policy options and interventions included in the updated Appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 and the country- and region-specific implementation of the WHO package of essential noncommunicable disease interventions for primary health care, the HEARTS technical package and the WHO mental health gap action programme were extremely useful.

Small island developing States faced unique challenges in addressing the determinants of noncommunicable diseases, particularly the commercial determinants. Noting the outcomes of the high-level technical meeting on noncommunicable diseases and mental health in small island developing States, held in 2023, which had called for action on climate-induced health impacts, he urged the Secretariat to work more closely with those countries to create tailored interventions and ensure timely, adequate and flexible resources. He supported the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs, and recognized the importance of 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.

The representative of BARBADOS acknowledged the strides made in addressing noncommunicable diseases since the third high-level meeting on their prevention and control and commended WHO's leadership and commitment in that area. He appreciated the emphasis on WHO's strategic priorities, including universal health coverage, health emergencies and healthier populations, and fully supported the call for an integrated, whole-of-society approach to health.

To tackle noncommunicable diseases and build resilient health systems, small islands developing States needed earmarked funding, sustained investment, and targeted noncommunicable disease strategies and interventions tailored to their limited resources, geographic isolation and climate change vulnerabilities.

The Secretariat should provide strategic support to Member States to facilitate the exchange of best practices and lessons learned, in preparation for the fourth high-level meeting of the General

Assembly on the prevention and control of noncommunicable diseases. Continued collaboration, knowledge-sharing and capacity-building efforts would accelerate progress towards target 3.4 of the Sustainable Development Goals.

The representative of SLOVENIA said that the Secretariat should continue supporting Member States by providing evidence and technical advice to help them to adopt comprehensive policies and address the commercial determinants of noncommunicable diseases. Sufficient human resources must be available to that end. The focus should be on implementation of, and reporting on, the ambitious policies already adopted on noncommunicable diseases. Two years after the adoption of the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority, a progress report was needed that assessed trends in alcohol policy development and uptake of related best buy interventions. The Secretariat should consolidate reports on noncommunicable diseases and mental health and encourage investment in underfunded priority areas, such as reducing alcohol use and obesity.

There was insufficient mental health support for people experiencing distress, especially during armed conflicts and other emergencies. As such, she appreciated 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. It was vital to be responsive and prepared so that comprehensive mental health services were available and accessible to all in all circumstances.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA encouraged the Secretariat to expand support for digital and other innovative solutions to address noncommunicable diseases. They would be essential to accelerate progress in that area and ensure meaningful impact at the country level.

The representative of the FEDERATED STATES OF MICRONESIA said that Pacific island countries were disproportionately affected by noncommunicable diseases, and climate change was exacerbating the situation, particularly in the area of mental health. He called for more future-looking investment in the prevention and control of noncommunicable diseases, including in effective and appropriate mental health services, with a focus on the health of children and young people. Given the amount of cheap and unhealthy imported food commodities in small island developing States, WHO should explore opportunities for win-win partnerships for commonly traded food items.

The representative of UKRAINE said that mental health needed to be addressed through comprehensive strategies that encompassed the promotion of mental health and well-being through a whole-of-society approach. Unfortunately, the mental health and psychological needs of people affected by armed conflicts, natural and human-caused disasters, and health and other emergencies required actions beyond those identified in the comprehensive mental health action plan 2013–2030. His Government had therefore proposed the related draft decision to address those gaps. Strengthening mental health and psychological support for those affected by humanitarian crises was crucial for advancing the right to the highest attainable standard of health and for achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Unmet mental health and psychological needs had far-reaching and long-term negative socioeconomic impacts on individuals, communities and society as a whole. He expressed the hope that the draft decision would be adopted by consensus at the forthcoming Seventy-seventh World Health Assembly.

The representative of SLOVAKIA expressed appreciation for the Secretariat's work to map out cancer programmes and prepare a global cancer status report. It was important to ensure that the draft fourteenth general programme of work, 2025–2028, adequately recognized noncommunicable diseases in relation to WHO's work on health emergencies, environmental health, patient safety, migrant health and communicable diseases. Specific actions were needed to reduce the intake of sugar and other

unhealthy foods and substances, the harmful use of alcohol, and environmental and other factors that had a negative impact on health. He urged the Secretariat to develop policies and guidelines on the prevention and management of obesity, diabetes, lung disease, trauma and violence-related health needs, on the establishment of school and community prevention programmes, and on the promotion of legislation, advocacy and education on issues such as substance abuse, health taxes, physical activity, the decriminalization of suicide and oral health.

A united approach was needed at all levels to enhance access to diagnostic and therapeutic support and palliative care for patients living with any type of noncommunicable disease, including cancer, with a particular focus on family health. Governments should be supported in integrating noncommunicable disease prevention and management in emergency and humanitarian response plans. He welcomed the two draft decisions.

The representative of CAMEROON, outlining the measures taken by his Government in response to the rise in noncommunicable diseases in his country, said that tackling the noncommunicable disease burden required governments to mobilize financing from innovative sources and take a multisectoral approach that included the private sector and ministries responsible for issues other than health.

The representative of ETHIOPIA commended the Secretariat for its work on the global strategy on oral health and acknowledged the comprehensive action taken at all three levels of the Organization. A more integrated approach to implementation of measures on the prevention and control of noncommunicable diseases was key; integrated service delivery, intervention packages and capacity-building at the national and subnational levels were needed. It was critical to ensure the availability, affordability and accessibility of essential health products and to support national and regional initiatives in promoting local manufacturing, supply chains and logistics.

The representative of DENMARK urged WHO to give mental health a more prominent role in its discussions and ensure it was recognized as a key component of the global health agenda. The WHO policy brief on the health aspects of decriminalization of suicide and suicide attempts was an important step towards destigmatizing mental health conditions.

It was vital to tackle risk factors, such as tobacco use, to reduce premature deaths from noncommunicable diseases. Ambitious tobacco control policies should include an increased focus on smoke-free nicotine products and other novel and emerging nicotine and tobacco products, especially those used by children and young people; the issue should also be a priority at the tenth session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control in February 2024. WHO should also be closely involved in the preparations for the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

The representative of SPAIN¹ noted inequitable and insufficient access to organ transplantation around the world. While preventing noncommunicable diseases should be the priority, expanding access to transplantation, not only of organs but also of tissues and cells, could help to reduce premature mortality associated with noncommunicable disease and accelerate progress towards target 3.4 of the Sustainable Development Goals. Transplantation improved the quality of life of patients, contributed to the sustainability of health systems and was more cost-effective than other therapies, such as dialysis. It was in that context that her Government had proposed the related draft decision.

The representative of the DOMINICAN REPUBLIC¹ expressed appreciation for 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. The mental health crisis

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

was growing despite significant efforts; two thirds of all people experiencing mental health difficulties did not receive the care they needed due to a lack of human and financial resources and social stigma. Her Government, along with the Governments of China, Denmark, Panama and Uruguay, had submitted a proposal to include mental health as a separate item on the agenda of the Board and wished to discuss the matter in more depth at the Seventy-seventh World Health Assembly.

The representative of MEXICO¹ welcomed the preparations being made for the fourth high-level meeting, including plans to update the global monitoring framework and targets. The Secretariat could make better use of its country offices to inform the public and political authorities about the limited progress made and the high costs incurred in relation to noncommunicable diseases. Such country-specific public information campaigns would help to build momentum towards renewed political commitment on noncommunicable diseases. Furthermore, the Secretariat should allocate more political and financial resources to tackle noncommunicable diseases in developing countries.

Although there was widespread political support for mental health initiatives within the United Nations system, a great deal remained to be done to improve access to mental health services. 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 would strengthen Member States' commitment to tackling mental health and ensure follow-up on the issue.

The representative of GEORGIA¹ said that mental health and psychosocial well-being were critical to the survival, recovery and daily functioning of people affected by armed conflicts, natural and human-caused disasters, and health and other emergencies, as well as to the enjoyment of their human rights. Her Government therefore wished to be added to the list of sponsors of the related draft decision.

The representative of HAITI¹ said that the underfinancing of health systems must be addressed to close the gap between needs and availability in care for noncommunicable diseases and to ensure that high-quality psychological support could be provided to vulnerable populations. Health financing should aim to strengthen health systems and promote primary health care and universal health coverage. Improved financial protection mechanisms should be developed and emergency preparedness and response plans should take into account communicable and noncommunicable diseases.

Taiwan² had made a significant contribution to the global fight against noncommunicable diseases and had been a key partner in improving primary health care and local medical services. He therefore called for the inclusion of Taiwan² in all WHO technical meetings, activities and mechanisms and its participation in the Health Assembly as an observer.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the Global Self-Care Federation and the International Generic and Biosimilar Medicines Association, said that a life course approach to tackling noncommunicable diseases was critical. Universal health coverage could not be achieved without making comprehensive treatment and care for noncommunicable diseases available to all, prioritizing the management of noncommunicable diseases and investing in primary health care. Prevention, treatment, diagnostic tools and care must be prioritized in essential benefits packages for noncommunicable diseases. Alongside collective advocacy efforts to keep noncommunicable diseases high on the global agenda, there was a need to develop solutions that ensured concrete access outcomes for people living with noncommunicable diseases regardless of their place of residence. To that end, WHO must find ways to leverage the capabilities of all non-State actors.

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

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

She welcomed recognition of the private sector as an important global health partner in the draft fourteenth general programme of work.

The representative of MONACO¹ asked for her Government to be added to the list of sponsors of 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. Health emergency preparedness and response programmes that took mental health into account were necessary to rebuild societies in both the short and long term. Paying attention to the mental health of those affected by crises, particularly children, could help to minimize trauma and support social reintegration and community resilience.

The representative of ISRAEL,¹ noting that the mental health needs of people, and particularly women and children, affected by armed conflicts, disasters and other emergencies went largely unmet, welcomed the related draft decision. In the light of the trauma experienced by the people of Israel during and after the attacks of 7 October 2023, she strongly supported the proposal to include mental health and psychosocial support in emergency preparedness, response and recovery activities, across all sectors, and in domestic plans. She also welcomed the call to invest in long-term local and community-based services for mental health and psychosocial needs, including services that addressed stigma. Overall, there needed to be a shift from the medical model to a human rights-based approach that also extended to mental health.

The representative of EL SALVADOR¹ said that it was necessary to strengthen national policies and programmes that addressed noncommunicable diseases throughout the life course. The focus should be on health promotion, including the promotion of healthy lifestyles, risk factor prevention, early diagnosis and treatment, and the provision of palliative care to those living with cancer and other noncommunicable diseases. WHO should continue implementing initiatives such as HEARTS in the Americas, the global strategy to accelerate the elimination of cervical cancer as a public health problem and the Global Initiative for Childhood Cancer. It was important to create cultural change towards healthier lifestyles through initiatives that promoted exercise, encouraged nutritious diets, promoted good sleeping habits and helped to reduce stress. WHO should harness digital tools, such as artificial intelligence, to achieve those aims.

The representative of NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of the Global Alliance for Tobacco Control, HelpAge International, the International Diabetes Federation, the International Federation of Medical Students' Associations, the International Federation on Ageing, the International Pharmaceutical Federation, the International Pharmaceutical Students' Federation, the International Society of Nephrology, 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 World Obesity Federation, welcomed the comprehensive preparations for the fourth high-level meeting and plans to update and extend related targets, but said that greater political commitment, policy coherence and resources were needed. Member States were urged to engage in preparations for the fourth high-level meeting and foster political and financial commitment to strengthen national responses to noncommunicable diseases, including through the forthcoming WHO second global dialogue on sustainable financing for noncommunicable diseases and mental health. In addition, they should take part in efforts to update the global monitoring framework by strengthening global targets on noncommunicable diseases with a comprehensive set of indicators and clear data baselines, and by supporting the improvement of accountability processes and the involvement of civil society.

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

Robust, well-funded national plans should include actions on mental health, neurological conditions and air pollution as part of the five-by-five approach; address the burden of multimorbidity associated with noncommunicable diseases; utilize best buy and other recommended interventions for the prevention and control of noncommunicable diseases; and strengthen noncommunicable disease and risk factor surveillance through disaggregated data collection to identify vulnerable populations. There was also a need to involve people living with noncommunicable diseases in the design and delivery of policies and services as well as to safeguard policymaking processes related to noncommunicable diseases from the undue influence of health-harming industries.

She 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. More action in those settings was urgently needed.

The representative of BRUNEI DARUSSALAM¹ commended WHO for its strong leadership on noncommunicable diseases but expressed regret that the world was not on track to achieve target 3.4 of the Sustainable Development Goals. While action plans, strategies and guidelines on noncommunicable diseases were readily available, implementation at the country level was lacking due to limited human resources and technical capabilities. To address the issue, the Secretariat must focus on what needed to be done and how. In the aftermath of the coronavirus disease (COVID-19) pandemic, there was a clear need to strengthen the global funding landscape for noncommunicable diseases, based on existing models, and to consider how Member States could tap into those funds to support their national initiatives.

The representative of ECUADOR¹ expressed support for the efforts of WHO to prevent and control noncommunicable diseases.

The representative of the KINGDOM OF THE NETHERLANDS¹ appreciated the Secretariat's important work to set standards and guide Member States on issues regarding mental health and psychosocial well-being, which were crucial to building resilient communities and societies and to ensuring the survival, daily functioning and recovery of persons affected by emergencies. His Government remained deeply concerned that the heightened mental health and psychosocial needs of persons affected by emergencies continued to go unmet and advocated for mental health and psychosocial support to be structurally integrated into all crisis response efforts. It was for that reason that his Government had proposed the related draft decision, which called for the continued implementation and integration of existing resources and services, such as the minimum services package, and for strengthened cross-sectoral and international cooperation. Consensus had been reached on most parts of the text with remaining issues expected to be resolved in consultations ahead of the Seventy-seventh World Health Assembly. It was encouraging that the draft decision was being discussed under the agenda item on noncommunicable diseases, since addressing mental health and psychosocial support in emergencies as part of the noncommunicable disease agenda could contribute to overall health systems strengthening and capacity-building, and help to rebuild mental health-inclusive systems over the long term.

The representative of THAILAND¹ took note of the progress report and encouraged WHO to serve as a role model when it came to fighting the four main risk factors of noncommunicable diseases. She commended the Secretariat for introducing regular physical activity breaks during Board meetings and called for the practice to be introduced at other WHO meetings. In

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the light of the success of the WHO Framework Convention on Tobacco Control in reducing tobacco use, further steps should be taken towards a framework convention on alcohol control.

The representative of the RUSSIAN FEDERATION¹ commended Member States for their continuous efforts to improve global instruments on noncommunicable diseases and expressed regret that negative trends persisted. He supported the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs and stood ready to continue consultations regarding 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.

The representative of ESWATINI¹ said that WHO must strengthen efforts to ensure that the African Region was adequately funded to address noncommunicable diseases, as the current underfunding hampered prevention, early detection and screening efforts in the Region. Small countries, such as Eswatini, were unable to attract suppliers of medicines and commodities related to noncommunicable diseases, which caused frequent supply chain disruptions. Implementation of priority lanes to expedite the customs clearance of medicines, commodities and supplies related to noncommunicable diseases was therefore encouraged. Logistics management systems should be strengthened to routinely assess stocks of the most at-risk medicines and supplies, and medicines and products for the most clinically vulnerable persons should be prioritized. It was also imperative to provide targeted support for health systems strengthening by creating investment synergies with heavily funded programmes, such as those concerning communicable diseases.

Countries with financial capacities, technology and know-how must be encouraged to collaborate more with developing countries. The Governments of China and Taiwan² had set an example in that regard, having collaborated with countries around the world on capacity-building for local primary health care and medical services. Given that willingness and capacity to help, Taiwan² should participate in WHO activities.

Timely and reliable data was essential for optimal health systems planning and forecasting. Existing data systems for noncommunicable diseases must be improved within the context of health systems strengthening. Above all, it was necessary to develop indicators that could be incorporated into countries' routine data systems.

The representative of IRELAND¹ supported the work of WHO on the prevention and control of noncommunicable diseases, particularly the Global Oral Health Action Plan (2023–2030). To implement the Action Plan, oral health surveillance systems would be needed and would facilitate the early signalling of trends and identification of vulnerable groups. In addition, Member States should be required to report on oral health targets prior to the fourth high-level and at three-year intervals thereafter. Given serious shortages of dentists, innovative solutions would be required to implement oral health-related best buy interventions.

The classification of noma as a neglected tropical disease was an important milestone that would help to mobilize resources to eradicate the disease. It was vital to ensure that communities who suffered from noma reaped the benefits of that classification.

The representative of NAMIBIA¹ appreciated the provision of evidence-based guidance on the prevention and control of noncommunicable diseases but highlighted the need to accelerate progress towards target 3.4 of the Sustainable Development Goals. Her Government recommended strengthening existing evidence-based strategies and implementing a cost-effective, integrated and multisectoral

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² World Health Organization terminology refers to “Taiwan, China”.

approach, with an emphasis on enhancing data collection and surveillance and on securing financial investment to support countries in prioritizing best buy interventions for noncommunicable disease prevention. Providing technical support in the development and refinement of national action plans for the prevention and control of noncommunicable diseases was important and would enhance Member States' readiness for the fourth high-level meeting. The Secretariat should build the capacities of Member States to integrate noncommunicable disease strategies into broader health and development agendas and help them to align primary health care and universal health coverage approaches, with a view to ensuring services were accessible, affordable and comprehensive. The integration of noncommunicable diseases into emergency preparedness and response plans was vital, given the increased vulnerability of individuals with pre-existing conditions during health emergencies.

The representative of CHILE¹ supported the statement made by the representative of Japan concerning the global action plan on the public health response to dementia 2017–2025, noting with concern that WHO was not on track to achieve any of the related targets. Many risk factors for dementia, including obesity, smoking and social isolation, could be mitigated. WHO should consider extending the time frame of the global action plan.

The representative of KENYA¹ said that, to accelerate progress on target 3.4 of the Sustainable Development Goals, WHO should focus on addressing barriers to access to essential medicines and technologies and work more intently on developing better financing mechanisms for action on noncommunicable diseases. In that regard, she drew attention to the efforts of the United Nations Multi-Partner Trust Fund to Catalyse Country Action for Non-Communicable Diseases and Mental Health and the Global Group of Heads of State and Government on Prevention and Control of Noncommunicable Diseases.

The Observer of PALESTINE drew attention to the traumatic situation currently faced by Palestinians, particularly children, who were in desperate need of mental health care. It was essential to set up a mechanism to support traumatized children, many of whom had no surviving family members.

The representative of IAEA reiterated the critical importance of global partnerships and collaborative approaches among international organizations, the private sector and non-State actors to address the challenges that low- and middle-income countries faced in fighting cancer.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION, underscoring the importance of the law as a tool to prevent and control noncommunicable diseases, called for more attention to and funding of rule of law-based responses to enhance progress towards target 3.4 of the Sustainable Development Goals.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, urged governments to ensure that the cancer services provided in national health benefits packages were proportionate to the size of the cancer burden in their respective countries, in order to optimize resources and achieve equity in cancer care. Her organization's Magnitude of Clinical Benefit Scale could play a critical role in those processes. National cancer control plans should be tailored to individual countries' needs, and the WHO cancer priority-setting and costing tool could support national strategic health planning in low- and middle-income countries.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, noted with concern that access to essential medicines and diagnostic tools for

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people living with noncommunicable diseases was severely lacking, including in emergency and humanitarian settings. She called on the Secretariat to urgently issue clinical guidance on the management of type 1 and 2 diabetes, including on the use of newer medicines for diabetes that were primarily available in high-income settings. The Secretariat should also support Member States in developing national and regional guidance on hypertension, in line with the 2021 WHO guideline for the pharmacological treatment of hypertension in adults; develop programmatic guidance to support the integration of diabetes and hypertension care into primary health care, including the principle of differentiated service delivery; and provide support for the pooled procurement of medicines for noncommunicable diseases with fair prices based on cost-of-production data. There was also a need to ensure price transparency for all diabetes medicines on the WHO Model List of Essential Medicines, including all forms of insulin.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that Member States must include the prevention, diagnosis and treatment of noncommunicable diseases in efforts to achieve universal health coverage and strengthen health systems to ensure the necessary capacity and human resources. While she welcomed the five-by-five approach to noncommunicable disease, including the prioritization of mental health, she called for adequate surveillance, prevention and treatment of risk factors, in consultation with physicians and with full consideration of the social determinants of health. The economic return from noncommunicable disease interventions must be reinvested in the health and care workforce, with a focus on primary health care, to ensure continued progress.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, urged Member States to draw on the updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases, in order to ensure the implementation of cost-effective policies and interventions on cardiovascular diseases and include them in national health benefits packages. It was important to increase national investment in noncommunicable disease prevention, diagnosis, treatment and care, particularly for cardiovascular diseases, and to redirect funding to primary care to ensure the provision of cardiovascular services.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, said that palliative care was a largely unmet need, especially in low- and middle-income countries, where access to essential medicines was particularly challenging. Palliative care and essential medicines must be an integral part of planning for noncommunicable disease care.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, strongly supported efforts to reorient health systems to primary health care and to step up investment in the prevention and management of noncommunicable diseases. Given the extensive range of primary health care services provided by nurses, it was vital to invest in the education, retention and development of the nursing workforce to increase universal access to primary health care and implement effective interventions for noncommunicable diseases throughout the life course. Member States were encouraged to include nurse leaders and clinical experts in the planning and implementation of national and regional strategies on noncommunicable diseases.

The representative of FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Association for Dental Research, welcomed the inclusion of the Global Oral Health Action Plan (2023–2030) in the noncommunicable disease agenda and the first-ever oral health best buy interventions. Member States were encouraged to implement the actions set out in the Action Plan and the oral health best buy interventions; ensure adequate surveillance capacity; and report on their progress in the area of oral health every three years until 2030. There was

a need to prioritize oral health in the preparatory process for the fourth high-level meeting and ensure high-level participation in the global oral health meeting that would be held in December 2024.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, underscored the importance of integrating bleeding disorders into national plans on noncommunicable diseases, universal health coverage and primary health care. Greater political will was required to reduce the health inequities faced by those living with bleeding disorders. She called on Member States to adopt a resolution that would enable coordinated action to address key barriers to increasing access to diagnosis, treatment and care for people living with haemophilia and other bleeding disorders worldwide.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, called for more investment in effective prevention and management of noncommunicable diseases for women. Efforts that addressed the gender gap in research should be prioritized, given that women were underrepresented even in the priority research areas for noncommunicable diseases, such as cardiovascular disease. In that respect, she drew attention to the report of the Innovation Equity Forum entitled *Women's Health Innovation Opportunity Map 2023*, which consolidated the global consensus on the 50 high-return opportunities to advance global women's health research and development, including for noncommunicable diseases.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, noted the lack of adequate statistical evidence on inequities in access to new treatments for cancer and rare diseases. He called on the Secretariat to submit to the Seventy-seventh World Health Assembly a report on measures that could be undertaken to systematically monitor and report on access to new medicines, vaccines, and cell and gene therapies for the treatment of cancer and rare diseases. That report could include a follow-up on the implementation of resolution WHA72.8 on improving the transparency of markets for medicines, vaccines, and other health products and set out the units of products sold by country. Technical support from the Secretariat would help Member States to create exceptions to patent rights for treatments that could be classified as services, such as autologous chimeric antigen receptor T-cell therapy.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that, given the need to better understand the effects of the COVID-19 pandemic on trends in alcohol use and harm, the timely submission of the first assessment report on the implementation of the action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority was critical. In addition, a dedicated space should be created at the fourth high-level meeting to discuss alcohol and noncommunicable diseases, with a view to taking stock of scientific and policy developments regarding the impact of alcohol on major noncommunicable diseases and to considering the potential of alcohol policy to prevent and reduce the noncommunicable disease burden.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that there was a need to accelerate action and mobilize political will, all actors and resources to tackle noncommunicable diseases. The implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 continued to serve as a guide to accelerate urgently needed responses, along with the updated menu of policy options and cost-effective interventions, which offered solutions tailored to country needs and helped to increase access to essential health services, medicines and health products.

In 2024, several critical high-level dialogues would be held, including dialogues on noncommunicable diseases and mental health financing, noncommunicable diseases in emergencies, and noncommunicable diseases and mental health in small island developing States. Those dialogues

would lay the groundwork for the fourth high-level meeting of the United Nations General Assembly on the prevention and control of non-communicable diseases. Briefings and global and regional consultations with Member States and other partners would take place as part of the preparatory process for the fourth high-level meeting, thus ensuring multistakeholder involvement. The year 2025 would mark the deadline for WHO targets on noncommunicable diseases. With that in mind, the Secretariat would soon publish an updated global monitoring framework for the prevention and control of noncommunicable diseases and a renewed set of global targets for 2050, to ensure continued accountability and progress.

He took note of comments on the need to include noncommunicable diseases and mental health in primary health care and universal health coverage, and to increase financial protection and reduce out-of-pocket costs to boost access and equity. Member States' emphasis on mental health and psychosocial support in emergencies was also appreciated.

Alongside its work to raise political visibility for noncommunicable diseases and mental health conditions, the Secretariat was taking targeted action with Member States on specific noncommunicable diseases and mental health conditions, such as oral conditions, cervical cancer, diabetes, childhood cancer, heart disease and hypertension, neurological diseases, including dementia, and chronic respiratory diseases. He recognized that the Secretariat must show leadership, engage in normative work, carry out surveillance and monitoring with the provision of data to ensure accountability, apply best practices and build capacities for the response to noncommunicable diseases and mental health.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations), taking note of the guidance provided and the concerns and suggestions raised, said that addressing the root causes of ill health, building healthier populations, and prioritizing and investing in disease prevention and health promotion were policy choices, and she commended the Member States that had made commitments on the prevention and management of obesity. By joining forces, the international community could have an impact – as demonstrated by the fact that tobacco control measures had resulted in 19 million fewer smokers over the previous two years. Uptake of new harmful products, such as e-cigarettes, by children and adolescents was increasing, however, which required urgent action by Member States. Action was also needed to address the many risk factors driving noncommunicable diseases, such as low levels of physical activity, high alcohol consumption, unhealthy diets and air pollution. The Secretariat stood ready to work closely with Member States towards the prevention and control of noncommunicable diseases, in particular through well-known preventive measures at the country level.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines and Health Products) took note of comments regarding access to health products for noncommunicable diseases and appreciated the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs. The Secretariat had developed the WHO Guiding Principles on Human Cell Tissue and Organ Transplantation and had been supporting Member States that had not yet established national strategies in alignment with those principles. Despite progress, huge gaps in access to transplantation remained.

A global strategy on donation and transplantation, as described in the draft decision, would help to strengthen political commitment to the issue; support Member States in developing legislative frameworks and building regulatory capacity on donation and transplantation, with a view to ensuring proper and timely oversight; increase access to affordable health coverage; and boost social awareness and generosity. It would therefore be a good step towards reducing the burden of noncommunicable diseases, especially for patients with end-stage organ failure, decreasing premature mortality associated with noncommunicable diseases and improving the quality of life of those affected.

Ensuring access to quality-assured diagnostic tools and medicines for noncommunicable diseases was a crucial part of national essential health services. Two key challenges in that regard were the need for expanded partnerships that involved not only Member States and agencies of the United Nations

system, but also key professional associations and civil society, and the importance of cross-cutting collaboration. Collaboration should be enhanced across all relevant disease areas and disciplines, including health systems and health economics, to increase productivity and empower regional and country offices to more efficiently support implementation at the country level.

The DIRECTOR (Programmes for Disease Control), REGIONAL OFFICE FOR THE WESTERN PACIFIC, speaking on behalf of all six regions of WHO, said that it was vital to accelerate the implementation of global and regional action plans on noncommunicable diseases through joint action and commitment. Although WHO data showed that global targets on noncommunicable diseases could be reached through the implementation of cost-effective interventions, no country was currently on track to achieve all targets by 2025 and only a handful of countries were on track to meet target 3.4 of the Sustainable Development Goals by 2030. The implementation road map 2023–2030 for the global action plan for the prevention and control of noncommunicable diseases 2013–2030 served as a guiding document, outlining the drivers and trajectory of the noncommunicable disease burden, helping WHO to scale up impactful and feasible interventions, and ensuring the availability of timely and reliable data. The 2023 Bridgetown Declaration on NCDs and Mental Health was another tool to support the implementation of noncommunicable disease interventions in vulnerable settings.

The WHO Regional Office for the Western Pacific had put in place a regional action framework for noncommunicable disease prevention and control in order to shift from a treatment-centred to a health-enabling system, based on an integrated cross-sectoral approach tailored to each country's needs. The Regional Office was also working with countries to combat childhood obesity, promote breastfeeding practices and strengthen regulation around tobacco and nicotine products, with nearly all countries in the Region experiencing a decline in tobacco use. The South-East Asia Region had also witnessed a sharp decline in tobacco use and, together with the African region, was on track to achieve the targeted 30% reduction in tobacco use by 2025. Four countries in the region had taken regulatory action on eliminating trans-fats from the food supply, while five countries were working towards reducing salt intake. The Member States of the South-East Asia Region remained committed to the SEAHEARTS initiative to prevent and manage cardiovascular diseases. The WHO Regional Office for Africa was currently expanding its packages on essential noncommunicable disease interventions, and had recently added interventions on more severe noncommunicable diseases, such as sickle cell disease, rheumatic heart disease and type 1 diabetes. In the Region of the Americas, efforts had been made to strengthen primary health care and create a comprehensive approach to noncommunicable diseases. PAHO was scaling up the integration of quality services for noncommunicable diseases in the first level of care and prioritizing communities and people in vulnerable situations as part of universal health coverage. The Member States of the Eastern Mediterranean Region had galvanized action on childhood cancer, providing country-level stakeholders with resources and technical support. They were doing particularly well on governance, human and technical capacity-building, monitoring and surveillance, and service coverage. In the European Region, where noncommunicable diseases were responsible for 90% of deaths, the focus was on accelerating the decline in premature mortality through the 100-week challenge and the introduction of country-specific packages.

The representative of SLOVENIA said that, while it was important for the Secretariat to provide information on action at the regional level, such information should be distributed in a manner that was easier for Member States to follow, for instance, by posting it online.

The DIRECTOR-GENERAL said that it was imperative to increase investment in mental health, which should be mainstreamed in health systems, especially primary health care, and addressed in schools and workplaces. Fighting the stigma associated with mental illness was also essential, as it prevented people from seeking support. Turning to tobacco use, he said that the growing prevalence of vaping among children was troubling. It was also concerning that vaping was being marketed as harm reduction even while the industry was deliberately targeting children who had not previously smoked to

ensure that they became life-long consumers. He called on Member States to take the issue seriously and to do more to combat vaping.

The CHAIR took it that the Board wished to note the report contained in document EB154/7.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision on increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs.

The draft decision was adopted.¹

The CHAIR took it that the Board agreed to postpone the adoption of 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 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.

Dr Al Kuwari took the Chair.

2. DRAFT GLOBAL ACTION PLAN FOR INFECTION PREVENTION AND CONTROL:
Item 8 of the agenda (documents EB154/8, EB154/8 Add.1 and EB154/8 Add.2)

The CHAIR invited the Board to consider the reports contained in documents EB154/8 and EB154/8 Add.1, and drew attention to the draft decision, which contained a draft decision to be submitted to the Seventy-seventh World Health Assembly, contained in document EB154/8. The financial and administrative implications of the draft decision were contained in document EB154/8 Add.2.

The representative of the UNITED STATES OF AMERICA supported the adoption of the draft global action plan and monitoring framework on infection prevention and control, appreciating, in particular, the inclusion of specific actions, targets and indicators. While some of the ambitious targets were readily within reach – such as ensuring that 90% of hospitals met WHO’s minimum requirements for infection prevention and control programmes by 2030 – others were unachievable without a major paradigm shift. She acknowledged the continued threat of antimicrobial resistance, which demonstrated the critical need to increase efforts on infection prevention and control. Member States were encouraged to create national action plans on infection prevention and control and integrate them into their health programmes in a cross-cutting way, while leveraging different funding streams, disease specific programmes and regional cooperation mechanisms.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the draft global action plan and monitoring framework. Since infection prevention and control was at the core of several health priorities, including patient safety, health emergency preparedness and response, water, sanitation and hygiene, and maternal and neonatal

¹ Decision EB154(7).

health. As such, it was important to ensure that the actions, targets and indicators in the draft global action plan and monitoring framework were applied in national programmes and monitoring systems. The Member States of the Eastern Mediterranean had made progress on infection prevention and control since the coronavirus disease (COVID-19) pandemic, with five additional countries establishing dedicated infection and control programmes or units and 17 developing related guidelines. Such gains needed to be sustained and expanded, and capacities that had been temporarily strengthened during the pandemic must be made permanent in order to boost health security and strengthen health systems. The benchmarks set out in the monitoring framework would help to improve management and enhance flexibility to ensure that Member States were well equipped to respond to disease outbreaks and epidemics, to which his Region was particularly vulnerable. It would be important for the Secretariat to ensure close collaboration on antimicrobial resistance and infection prevention and control at all operational levels. Regional and country offices should provide Member States with technical support, assess the progress made on infection prevention and control on the ground, and coordinate the exchange of experiences and capabilities among Member States.

The representative of MALAYSIA, expressing support for the draft decision, said that the draft global action plan and monitoring framework were invaluable tools that would support Member States in executing the WHO global strategy on infection prevention and control.

The representative of BRAZIL welcomed the draft global action plan, especially in the light of the increasing burden of health care-associated infections. Implementation of the draft global action plan should take into account the promotion of equitable access to the right to health for all, with a particular focus on the most vulnerable. He emphasized the importance of strengthening patient safety through the World Alliance for Patient Safety in order to reduce risks and mitigate adverse events in health care. Measures on the prevention and control of infections in health care must be adaptable to the specific needs and conditions of each health facility. Collaboration between health facilities, personnel and officials was paramount in achieving that goal. His Government supported the adoption of the draft global action plan and monitoring framework.

The representative of CHINA said that the situation of developing countries and other low- and middle-income countries must be fully considered in the formulation of action plans in order to ensure such plans were both practical and feasible. It was necessary to clarify the responsibilities of the various sectors involved in infection prevention and control and ensure the inclusion of sectors other than health. Investment in infrastructure should also be increased.

The representative of CANADA said that her Government was committed to adopting inclusive and cooperative approaches when implementing strategies that protected communities. Since health disparities could hinder the successful implementation of infection prevention and control measures, it was important to employ targeted interventions to ensure equitable health care access and outcomes for all. She therefore recognized the need to allocate more resources to strengthen health infrastructure globally and increase funding for research and development on innovative tools and strategies for infection prevention and control. Interconnectedness – through information-sharing, collaborative research and leveraging of relevant expertise and best practices – was vital in addressing infectious diseases and promoting a culture of preparedness, shared responsibility and resilience in the face of health challenges.

The representative of PERU highlighted the vital importance of building countries' capacities to develop a national financial investment case that was aligned with the global business case for infection prevention and control. That would make it possible to secure financing and ensure the sustainability of relevant programmes. The draft global action plan and monitoring framework were useful tools that

would support Member States in the implementation of the WHO global strategy on infection prevention and control. He supported the draft decision.

The representative of TOGO, speaking on behalf of the Member States of the African Region, recognized the importance of infection prevention and control in patient care and in public health generally, particularly during epidemics and pandemics. He commended the Secretariat for the draft global action plan and monitoring framework and expressed appreciation for the involvement of many different stakeholders in its development, through global, regional and national consultations. He urged the Board to recommend its adoption at the Seventy-seventh World Health Assembly.

It was paramount to improve water, sanitation and hygiene to prevent and control the spread of certain infections, including sepsis. The Member States of the African Region had taken steps in that regard, such as improvements to national water supplies and water monitoring systems and assessments of water, sanitation and hygiene practices in health care facilities. Member States must take decisive action and step up their efforts on infection prevention and control in order to sustain the gains made during the COVID-19 pandemic. WHO should increase investment in infection prevention and control and raise public awareness of the issue.

The representative of AUSTRALIA supported the draft global action plan and monitoring framework, particularly the inclusion of actions to strengthen antimicrobial resistance surveillance, and appreciated the consultations held with Member States in the initial drafting phases. All Member States should step up political efforts to address the increasing burden of antimicrobial resistance ahead of the high-level meeting of the United Nations General Assembly on antimicrobial resistance later that year.

While monitoring implementation of the draft global action plan would be important, close consultations with Member States were needed to reach agreement on the requirements for the related legal framework and on the global targets and indicators. The proposed targets for achievement by 2030 would be challenging for some Member States, particularly those where new policies would need to be introduced or where health system governance arrangements did not directly map onto the key actions set out in the draft global action plan. It would be beneficial to discuss where greater flexibility in implementation could be introduced. For instance, longer time frames for implementation would enable Member States to consider their national circumstances, including potential policy changes and resourcing implications.

The representative of TIMOR-LESTE said that, although infection prevention and control was the cornerstone of high-quality health care, as demonstrated during the COVID-19 pandemic, many programmes in low- and middle-income countries were inadequate. It was crucial to prioritize international plans on infection prevention and control. There was a need for strong leadership and commitment, mobilization of domestic financial resources and strengthened country capacity, especially in low-resource settings. She urged the Secretariat to provide technical support at all three levels of the Organization to help Member States to implement the global strategy and the draft global action plan. It was important to build the capacities of Member States and to drive investment through multisectoral partnerships.

The representative of SLOVAKIA, commending the Secretariat for its extensive work on infection prevention and control, said that there was a need for more intersectoral work and collaborative research on antimicrobial resistance. He welcomed the draft global action plan and monitoring framework. It was important to ensure continuous data collection and analysis and to develop models of improvement, including by providing training on consultative processes.

The representative of NAMIBIA¹ welcomed the draft global action plan and monitoring framework, particularly the key actions, core targets and indicators for the national, subnational and facility levels. Member States in the African Region faced critical challenges in implementing measures on infection prevention and control, primarily due to limited funding. Heightened political commitment, increased resources and strengthened expertise would be needed to successfully implement the draft global action plan and monitoring framework.

He expressed concern regarding the lack of surveillance of health care-associated infections. Such surveillance was crucial for patient safety, health care quality improvement, optimal resource utilization, outbreak response, and advancements in research and education. The Secretariat should support Member States, particularly in the African Region, to strengthen surveillance of health care-associated infections. He supported the draft decision.

The representative of the REPUBLIC OF KOREA¹ welcomed the draft global action plan and monitoring framework, which contained well-designed measures. To ensure the global targets set out in the draft global action plan were met, the Secretariat should monitor Member States' progress in implementing the proposed actions and provide support and guidance where needed, while Member States should prioritize the development of national action plans and monitoring mechanism for infection prevention and control. When implementing national action plans, it would be important to identify the main issues affecting implementation and establish countermeasures.

The representative of the RUSSIAN FEDERATION¹ said that it was important to develop national programmes on infection prevention and control based on the WHO global strategy on infection prevention and control. Such programmes should contain specific goals, targets and quality indicators and a plan for their roll-out. Adequate funding should be available for all aspects, including for measures aimed at strengthening infection prevention and control within medical facilities. Her Government supported the draft global action plan and monitoring framework and supported the draft decision.

The representative of THAILAND¹ said that the draft global action plan and monitoring framework, while comprehensive, would be challenging to implement given the high number of actions, indicators and targets. WHO should prioritize actions that could lead to tangible outcomes, such as a reduction in health care-associated infections. He urged Member States to scrutinize the draft global action plan with regard to its practicality and feasibility prior to its adoption at the Seventy-seventh World Health Assembly. National action plans on infection prevention and control should be harmonized with other relevant national action plans, such as those on antimicrobial resistance and public health emergencies.

The representative of ECUADOR¹ expressed support for the draft global action plan and monitoring framework.

The representative of EGYPT¹ expressed appreciation for the work to develop the WHO global strategy on infection prevention and control, and outlined some of the measures taken within his own country in that regard.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the draft global action plan. Highlighting the significant threat that antimicrobial resistance posed to cancer care, she urged Member States to engage the health workforce responsible for noncommunicable diseases in coordination and training on infection prevention and control at the national and health facility levels. The noncommunicable disease community should be included in advocacy and communication efforts, and work with relevant

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

stakeholders to raise awareness of antimicrobial resistance and the importance of implementing good infection prevention and control practices.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, welcomed the draft global action plan and monitoring framework, including its comprehensive vision, but expressed concern that it did not set out actions for an evidence-based policy and programme response to sepsis. The draft global action plan should integrate recommendations and indicators to monitor implementation of resolution WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis, given that less than 10% of Member States had taken specific action in that regard.

The representative of the WORLD FEDERATION OF HEMOPHILIA, speaking at the invitation of the CHAIR, expressed concern about the inclusion of pathogen-reduced and non-pathogen-reduced cryoprecipitate in the current WHO Model List of Essential Medicines and WHO Model List of Essential Medicines for Children. Non-pathogen-reduced cryoprecipitate should be immediately removed from those lists, in line with the goals of the WHO global strategy on infection prevention and control.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft global action plan and monitoring framework, but noted that some gaps had yet to be addressed. The precautionary principle should be integrated into the draft global action plan, and procurement and stockpiling of infection prevention and control supplies, including personal protective equipment, should not be governed by market logic. Low- and middle-income countries should be supported in building institutional capacity for disease surveillance, national public health standards and quality assurance. The draft global action plan should include measures to implement infection prevention and control at the community level and call on Member States to provide funding to subnational governments to ensure clean water and adequate sanitation.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, welcomed the draft global action plan. To achieve the goal of improving patient outcomes, Member States should collaborate with anaesthesiologists in developing and implementing integrated infection prevention and control initiatives. It was important to mitigate chronic shortages in the infection prevention and control workforce by investing in training and continuous education. Efforts to strengthen early detection, diagnosis and treatment of sepsis should be intensified, while ensuring synergy with antimicrobial stewardship and infection prevention and control programmes.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) said that, while the draft global action plan and monitoring framework were very ambitious and challenging, they were also essential, particularly given that infection prevention and control brought together many other pertinent issues, including antimicrobial resistance, health security, emergency preparedness and response, and water, sanitation and hygiene. He took note of all the requests and recommendations made by representatives, including the need to provide support at all three levels of the Organization, build capacities and align infection prevention and control work with all other relevant WHO programmes. He said that there could be some flexibility in the timelines for implementation of the draft global action plan and monitoring framework, and agreed that work on infection prevention and control needed to be prioritized. Efforts would be made to mobilize resources at all levels of the Organization and across all programmes. The draft global action plan and monitoring framework reflected the sepsis agenda and, if necessary, the Secretariat could provide more clarity in that regard in future.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/8 and EB154/8 Add.1.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB154/8.

The decision was adopted.¹

Rights of reply

The representative of the RUSSIAN FEDERATION,² speaking in exercise of the right of reply, regretted the many unfounded allegations made against the Russian Federation, which had nothing to do with the health agenda. She commended the Minister of Culture of Slovakia for resuming cultural cooperation with the Governments of the Russian Federation and Belarus.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,² speaking in exercise of the right of reply, wished to respond to a statement made under agenda item 6 on universal health coverage. Autonomous sanctions imposed by her Government were focused on deterring, constraining and ultimately changing egregious behaviour by individuals and entities. Her Government did not directly sanction the export, supply or sale of food, medical supplies or other humanitarian goods. Trade sanctions were limited to specific categories of items, such as tools and machinery, as well as sources of revenue for governments. Targeted sanctions were one part of a comprehensive and proportionate strategy. To guard against any unintentional humanitarian impact, sanctions imposed by her Government included a range of humanitarian provisions, and the utmost was done to ensure that sanctions were well understood by industry through engagement and guidance to minimize the risk of overcompliance. Her Government also regularly reviewed its sanctions to ensure that they met the purposes outlined in relevant international law.

The representative of DENMARK, speaking in exercise of the right of reply and on behalf of the Member States of the European Union, wished to respond to the statement made by the representative of Belarus under agenda item 6 on universal health coverage. Any restrictive measures imposed by the Member States of the European Union were in support of efforts to fight terrorism and the proliferation of weapons of mass destruction, and to uphold respect for human rights, democracy and the rule of law. They were imposed in full conformity with European Union obligations under international law. European Union sanctions were targeted, temporary and non-punitive in nature, and intended to induce a change of conduct. They did not target countries but rather specific situations resulting from a breach, and were regularly reviewed and subject to close judicial scrutiny. The targeted nature of sanctions was intended to reduce as much as possible any adverse humanitarian effects or unintended consequences, especially on civilian populations and humanitarian aid workers. The Member States of the European Union were committed to preserving the humanitarian space. European Union sanctions had no extraterritorial application and did not create obligations for non-European Union operators, unless the business was conducted at least partly within the European Union. Restrictive measures were applied under the Common Foreign and Security Policy to preserve peace and strengthen international security.

The representative of SLOVAKIA, speaking in exercise of the right of reply, requested the representative of the Russian Federation to use official channels to approach his Government and to focus on the topic of public health.

¹ Decision EB154(8).

² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of BELARUS, speaking in exercise of the right of reply, said that children, older persons and the sick suffered the most as a result of sanctions, as they were unable to access the treatments they needed.

The meeting rose at 21:25.

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