EB154/2024/REC/2

WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD

154TH SESSION

GENEVA, 22–27 JANUARY 2024

SUMMARY RECORDS

GENEVA
2024

ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

ASEAN – Association of Southeast Asian Nations
FAO – Food and Agriculture Organization of the United Nations
IAEA – International Atomic Energy Agency
IARC – International Agency for Research on Cancer
ICAO – International Civil Aviation Organization
IFAD – International Fund for Agricultural Development
ILO – International Labour Organization (Office)
IMF – International Monetary Fund
IMO – International Maritime Organization
INCB – International Narcotics Control Board
IOM – International Organization for Migration
ITU – International Telecommunication Union
OECD – Organisation for Economic Co-operation and Development
PAHO – Pan American Health Organization
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNCTAD – United Nations Conference on Trade and Development
UNDP – United Nations Development Programme
UNEP – United Nations Environment Programme
UNESCO – United Nations Educational, Scientific and Cultural Organization
UNFPA – United Nations Population Fund
UNHCR – Office of the United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
UNIDO – United Nations Industrial Development Organization
UNODC – United Nations Office on Drugs and Crime
UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP – World Food Programme
WIPO – World Intellectual Property Organization
WMO – World Meteorological Organization
WOAH – World Organisation for Animal Health
WTO – World Trade Organization

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PREFACE

The 154th session of the Executive Board was held at WHO headquarters, Geneva, from 22 to 27 January 2024. The proceedings are issued in two volumes. The present volume contains the summary records of the Board's discussions and details regarding membership of committees. The resolutions and decisions, and relevant annexes, are issued in document EB154/2024/REC/1. The list of participants and officers is contained in document EB154/DIV./1 Rev.1.

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[1] As adopted by the Board at its first meeting (22 January 2024).

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EB154/9	Immunization Agenda 2030 Progress towards global immunization goals and implementation of the Immunization Agenda 2030
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[1] See page ix.

[2] See document EB154/2024/REC/1, Annex 8.

EB154/12	Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality
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EB154/21	Social determinants of health Progress of the World Report on Social Determinants of Health Equity
EB154/22	Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
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[1] See document EB154/2024/REC/1, Annex 3.

[2] See document EB154/2024/REC/1, Annex 8.

[3] See document EB154/2024/REC/1, Annex 4.

[4] See document EB154/2024/REC/1, Annex 5.

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[1] See document EB154/2024/REC/1, Annex 6.

[2] See document EB154/2024/REC/1, Annex 8.

[3] See document EB154/2024/REC/1, Annex 7.

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Information documents

EB154/INF./1	Evaluation of WHO's Thirteenth General Programme of Work, 2019–2023

[1] See document EB154/2024/REC/1, Annex 2.

[2] See document EB154/2024/REC/1, Annex 8.

[3] See document EB154/2024/REC/1, Annex 1.

EB154/INF./2	Statement by the representative of the WHO staff associations
EB154/INF./3	Report of the Ombudsperson
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Diverse documents

EB154/DIV./1 Rev.1	List of members and other participants
EB154/DIV./2	Preliminary daily timetable
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COMMITTEES AND SELECTION PANELS[1]

1. Programme, Budget and Administration Committee[2]

Mr Blair Exell (Australia), Ms Zhang Yang (China), Dr Pak Jong Min (Democratic People's Republic of Korea), Dr Lia Tadesse Gebremedhin (Ethiopia), Ms Aishath Rishmee (Maldives), Dr Abdelkrim Meziane Bellefquih (Morocco), Dr Rosa Gutiérrez Palomino (Peru), Dr Hanan Mohamed Al Kuwari (Qatar, member ex officio), Dr Salih Ali Al-Marri (Qatar), Dr Ala Nemerenco (Republic of Moldova), Dr Sabin Nsanzimana (Rwanda, member ex officio), Dr Marie Khémesse Ngom Ndiaye (Senegal), Professor Jozef Šuvada (Slovakia), and Ms Barbara De Rosa-Joynt (United States of America).

Thirty-ninth meeting, 16–19 January 2024: Mr Yong Feng (China, Chair), Mr José Acacio (Australia), Dr Pak Jong Min (Democratic People's Republic of Korea), Mr M.M. Mohamed (Ethiopia), Ms S. Mohamed (Maldives), Ms Fatima Ezzahra Rachidi (Morocco, alternate to Dr Abdelkrim Meziane Bellefquih), Mr Luis Juan Chuquihuara Chil (Peru), Dr Hanan Mohamed Al Kuwari (Qatar, member ex officio), Dr Salih Ali Al-Marri (Qatar), Mr Andrei Cazacu (Republic of Moldova), Dr Sabin Nsanzimana (Rwanda, member ex officio), Mr B. Gning (Senegal), Professor Jozef Šuvada (Slovakia), and Ms Barbara De Rosa-Joynt (United States of America).

2. Ihsan Doğramacı Family Health Foundation Prize Selection Panel

The Chair of the Executive Board (member ex officio), the Chair of the Board of Trustees of Bilkent University, Türkiye, or the Chair's appointee and a representative of the International Children's Centre, Ankara, Türkiye.

Meeting of 23 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Professor Fatma Taskin (Vice-Chair of the Board of Trustees of Bilkent University), Dr Phyllis Erdogan (representative of the International Children's Centre).

3. Sasakawa Health Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board and a representative of the founder.

Meeting of 22 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Mr Marcus M. Samo (Federated States of Micronesia), Professor Kazuyo Ichimori (representative of the founder).

4. United Arab Emirates Health Foundation Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

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[1] Showing current membership and the names of those who attended the meetings to which reference is made.

[2] Showing the membership as determined by the Executive Board in decision EB153(5) (2023), with a change of representative for Australia, China, Ethiopia, Maldives, the Republic of Moldova, Peru and Senegal.

Meeting of 22 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Dr Abdelkrim Meziane Bellefquih (Morocco), Dr Mohammad Salim Alolama (representative of the founder).

5. The State of Kuwait Health Promotion Foundation Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board from a Member State of the WHO Eastern Mediterranean Region and a representative of the founder.

Meeting of 22 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Dr Hassan Mohammad Al Ghabbash (Syrian Arab Republic), Dr Abdulrahman Alqashaan (representative of the founder).

6. Dr LEE Jong-wook Memorial Prize Selection Panel

The Chair of the Executive Board (member ex officio), a member of the Executive Board and a representative of the founder.

Meeting of 23 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Dr Yasuhiro Suzuki (Japan), Ms Mira Hong (representative of the founder).

7. Nelson Mandela Award Selection Panel

The Chair and first Vice-Chair of the Executive Board (members ex officio) and a member of the Executive Board from a Member State of the WHO African Region. A representative of the Nelson Mandela Foundation invited as an observer.

Meeting of 23 January 2024: Dr Hanan Mohamed Al Kuwari (Qatar, Chair), Dr Yasuhiro Suzuki (Japan, second Vice-Chair, alternate to the first Vice-Chair who is also the member of the Executive Board from a Member State of the African Region), Dr Theophile Dushime (Rwanda). Ms Lebogang Lebese (representative of the Nelson Mandela Foundation as observer).

FIRST MEETING

Monday, 22 January 2024, at 09:45

Chair: Dr H.M. AL KUWARI (Qatar)
later: Dr Y. SUZUKI (Japan)

1. OPENING OF THE SESSION AND ADOPTION OF THE AGENDA: Item 1 of the provisional agenda (documents EB154/1 and EB154/1 (annotated))

Opening of the session

The CHAIR declared open the 154th session of the Executive Board.

Adoption of the agenda

The CHAIR noted that the Secretariat had proposed the deletion of provisional agenda item 24.4, Amendments to the Financial Regulations and Financial Rules, as no proposals for amendments had been put forward. She took it that the Board agreed to that proposal.

It was so agreed.

The representative of SWITZERLAND expressed concern regarding the large number of topics on the provisional agenda. The focus was no longer solely on health, and it was becoming increasingly difficult to reach consensus in negotiations. While she was not proposing any amendments to the provisional agenda for the current session of the Executive Board, in future the role of the Officers of the Board should be strengthened so that meetings could be streamlined and discussions managed more efficiently, which would enable delegations to give due attention to key issues. The reforms proposed by the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance were a step in the right direction. Member States should also exercise greater discipline, set priorities in keeping with the spirit of the Organization and use the governing bodies more effectively. The importance of the draft fourteenth general programme of work, 2025–2028, for instance, had been lost in the large number of consultations and many outstanding issues remained.

The unwillingness of Member States to compromise was regrettable, and many of the draft decisions and resolutions proposed for consideration at the current session would create further challenges for WHO in terms of additional areas of work and their funding. There were also positive developments, however, such as the introduction of guiding questions in the documentation for Board sessions and Health Assemblies. To advance WHO's work and make best use of the Board as the preparatory body for the Health Assembly, Member States must focus on the Organization's mandate and ensure dialogue and consensus; political debates should not take place within the specialized agencies of the United Nations system. Her Government would submit a proposal for improvements ahead of the forthcoming Seventy-seventh World Health Assembly.

The representative of the RUSSIAN FEDERATION,[1] reiterating the need to use the Organization's resources efficiently, proposed that the discussion on climate change and health under item 22 of the provisional agenda should be deleted to avoid the duplication of efforts. In line with decision WHA74(24) (2021), that issue had already been discussed within the framework of the WHO global strategy on health, environment and climate change at the Seventy-sixth World Health Assembly in 2023 and would be further discussed at the Seventy-eighth and Eighty-second World Health Assemblies, in 2025 and 2029, respectively.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA supported the proposal made by the representative of the Russian Federation to delete the discussion on climate change and health from the provisional agenda.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the call made by the representative of Switzerland for a more streamlined agenda going forward. The climate was a health-related priority and the discussion on climate change and health should therefore remain on the provisional agenda, particularly in the light of recent and forthcoming ministerial and other events in that field. It would be productive for the Board to discuss the topics that should be included in the draft fourteenth general programme of work as core health priorities.

The representatives of FRANCE, PERU, JAPAN, AUSTRALIA, DENMARK, CANADA and SLOVAKIA, echoing the remarks made by the representative of Switzerland on the scale of the provisional agenda, agreed that the discussion on climate change and health should remain on the provisional agenda.

The CHAIR noted that the Board wished to maintain the discussion on climate change and health under item 22 of the provisional agenda.

The agenda, as amended, was adopted.[2]

The representative of DENMARK, speaking on behalf of the European Union and its Member States, recalled that, as agreed in an exchange of letters in 2000 between WHO and the European Commission on the consolidation and intensification of cooperation, and without prejudice to any future general agreement between WHO and the European Union, the European Union attended sessions of the Board as an observer. He requested that, as at previous sessions, representatives of the European Union should be invited to participate, without vote, in the meetings of the 154th session of the Board and its committees, subcommittees, drafting groups or other subdivisions that addressed matters falling within the competence of the European Union.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

2. REPORT BY THE DIRECTOR-GENERAL: Item 2 of the agenda (document EB154/2)

The DIRECTOR-GENERAL said that, while much had been achieved in 2023, the year had been marred by conflict, disaster, preventable disease and death – including the deaths of

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

[2] Document EB154/1 Rev.1.

Dr Carissa F. Etienne, the former Regional Director for the Americas, and Dima Abdullatif Mohammed Alhaj, the WHO colleague who had been killed in the Gaza Strip along with a number of her family members. The year's achievements and challenges demonstrated the importance of a strong, sustainable, effective, efficient and empowered WHO. The full agenda before the Executive Board reflected the extent of WHO's work and included the draft fourteenth general programme of work, 2025–2028, which was based on five key priorities for health – promoting, providing, protecting, powering and performing.

With regard to promoting health, progress had been made in the previous year, particularly through a decrease in tobacco use, while the Conference of the Parties to the United Nations Framework Convention on Climate Change had included a day dedicated to health for the first time.

In terms of providing health, the Secretariat was supporting Member States on universal health coverage and the strengthening of primary health care and the health and care workforce. Access to medicines and other health products, maternal and child mortality, care for older persons and access to survivor-centred services for sexual violence were other areas of significant work. Work on vaccines included a joint initiative launched with UNICEF and Gavi, the Vaccine Alliance, to counter vaccine-preventable disease outbreaks and restore immunization programmes, while the Strategic Advisory Group of Experts on Immunization had recommended new vaccines for dengue, meningitis and malaria. A number of countries had eliminated one or more neglected tropical diseases and efforts to eradicate poliomyelitis had been stepped up. The Secretariat continued to provide support to help countries to tackle noncommunicable diseases, while the forthcoming high-level meeting of the United Nations General Assembly on antimicrobial resistance would provide a further opportunity to secure concrete commitments in that key area.

With regard to protecting health, COVID-19 and mpox remained global threats and he urged Member States to maintain and reinforce the capacities acquired during the COVID-19 pandemic as part of their commitment to ensure preparedness for future health emergencies. In 2023, WHO had responded to 65 graded public health emergencies, and, in the previous week, had launched the WHO Global Health Emergency Appeal, to raise US$ 1.5 billion. While progress was being made on a range of initiatives for health emergency prevention, preparedness, response and resilience, he expressed concern that Member States might not meet the May 2024 deadline for the conclusion of negotiations on the pandemic agreement and the amendments to the International Health Regulations (2005); urgency and purpose were needed to reach consensus.

In terms of powering health, the Secretariat continued to provide support on the delivery-for-impact approach and digital technologies and artificial intelligence for health. In October 2024, the WHO Academy would open in Lyon, France, which would serve as a game-changer for capacity-building for Member States and the Secretariat.

In the area of performing for health, measures taken included the roll out of new enterprise resource management and staff contracting systems and improved staff access to mental health care. Member States' progress in implementing the recommendations of the Working Group on Sustainable Financing was appreciated. He understood that, in return, Member States expected a more effective and efficient WHO that delivered measurable impact. He remained committed to the Secretariat implementation plan on reform, including zero tolerance of any form of sexual misconduct. The Secretariat had provided one year of support for the victims of sexual misconduct in the Democratic Republic of the Congo, in keeping with the United Nations standard, and was extending its support on a case-by-case basis. Strengthening country offices was a key priority for the coming year through the six-point action plan developed by the Action for Results Group and the delegation of authority to WHO Country Representatives to empower them to provide more responsive and timely support to Member States.

The year 2024 would be a defining year for global health and for WHO. It was also an opportunity to shape the global health strategy for the coming four years through the draft fourteenth general programme of work, the future of health emergencies through the pandemic agreement and the amendments to the International Health Regulations (2005), and the future of WHO through the investment round. He urged Member States to seize those opportunities to make the world a healthier, safer, fairer and more peaceful place.

The representative of BRAZIL said that the Board's main objective at the current session should be to help Member States to build resilient health systems and improve equity in access to health products, services and technologies. That objective would also be a priority during his Government's presidency of the G20. In the run-up to the Seventy-seventh World Health Assembly, the main challenge would be to ensure that pandemic prevention, preparedness and response efforts were focused on the local and regional production of medicines, vaccines and strategic health supplies. The successful conclusion of the negotiations on a pandemic agreement in May 2024 would represent a turning point for global health but depended on Member States' capacity to embrace equity and solidarity and go beyond entrenched positions.

Many of the topics on the Board's agenda were both sensitive and urgent, and addressed fundamental issues beyond the context of health emergencies. While the Board should not be burdened by excessive or unnecessary formalities, efficiency should not be pursued at the expense of transparency and inclusiveness. It was important to remain attentive to the discussion of topics that reflected the realities faced by developing countries.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Albania, Ukraine and Georgia aligned themselves with his statement. Reiterating that there could be no health without peace, and no peace without health, he called for an end to the conflicts causing devastation and deep human suffering in the Middle East, Ukraine, the Sudan, Ethiopia, Myanmar, the Democratic Republic of the Congo and elsewhere. Recalling resolution EBSS7.R1 on health conditions in the occupied Palestinian territory, including east Jerusalem, which the Board had adopted in December 2023, he expressed the hope that the draft decision on the Global Health and Peace Initiative would also be adopted as an important measure to protect people's health and well-being.

WHO's efforts to respond to numerous health emergencies, support health systems in crisis and protect civilians and health workers were commendable, as was its leadership role in raising awareness about the need to build climate-resilient and low-carbon health systems and the endorsement of the Declaration on Climate and Health at the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change in December 2023. WHO should continue its efforts to promote the Health in All Policies and One Health approaches.

Welcoming the participatory and inclusive process for the development of the draft fourteenth general programme of work, he expressed support for the clear focus on leveraging and reinforcing WHO's comparative strengths concerning its leadership, coordination, and operational and normative functions. Fostering inclusive collaboration between international actors and addressing fragmentation in the global health ecosystem were crucial to ensure an effective international system that left no region behind.

Turning to the programme budget, he remained concerned about the persistent imbalances in financing for different segments and priorities. The planned link between the investment round and the draft fourteenth general programme of work was therefore welcome. The European Union and its Member States remained committed to meaningfully strengthening the legal and normative framework for pandemic and emergency prevention, preparedness and response through a pandemic agreement and amendments to the International Health Regulations (2005) at the Seventy-seventh World Health Assembly, and to prioritizing global health for all.

The representative of CANADA said that multilateral engagement to enhance global health security would continue to be a priority for her Government, including to ensure the successful adoption of a pandemic agreement and amendments to the International Health Regulations (2005) in May 2024. The numerous crises affecting the world were severely weakening health systems and increasing humanitarian-based health needs. A strong WHO was critical to effectively respond to people experiencing health emergencies, particularly the most vulnerable. It was therefore essential to build resilient health systems at the community level, with health promotion at the core.

A robust draft fourteenth general programme of work and vision were needed to ensure that WHO could remain agile and responsive to evolving challenges and build on current successes. She supported the draft fourteenth general programme of work, with well-being forming the foundation of its goals and strategic objectives. Multisectoral action, coupled with gender equality and health equity, were critical to its success, as were a Health in All Policies approach envisioning health as a long-term investment for society. Supporting the development of enabling environments for all – especially for women and girls, Indigenous Peoples and populations living in vulnerability – to improve physical and mental health and well-being should also be a priority. Her Government stood ready to work with others to ensure that the draft fourteenth general programme of work would achieve concrete results, deliver impact and advance the health-related Sustainable Development Goals**.**

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, said that the importance of health and well-being had grown in the wake of the COVID-19 pandemic and demand for health services continued to rise, with calls for a more holistic, inclusive and equitable approach to health, and for health and well-being to guide humanitarian, economic and development programmes. Such an approach was particularly important in the light of emerging and re-emerging infectious diseases, the growing burden of noncommunicable diseases, neglected tropical diseases, hunger and climate change. The growing debt burden of developing countries, particularly those in sub-Saharan Africa, undermined their capacity to increase investment in health systems and hindered progress towards the Sustainable Development Goals. Major differences in countries' digital and health system infrastructure meant that new technological advancements could deepen inequalities. While the establishment of more regional institutions had helped to strengthen cooperation and build capacities in his Region, efforts to reinforce primary health care towards universal health coverage remained a priority.

He welcomed the strategic priorities of the draft fourteenth general programme of work, and looked forward to working with other Member States on its finalization, including with regard to its indicators and the strategic objective on climate change. He expressed the hope that the investment round would attract new donors and enable the Secretariat to continue its work with Member States. It was important for WHO to be predictably, flexibly and sustainably financed using all funding sources in order to achieve its strategic objectives.

The representative of JAPAN said that, during its presidency of the G7 in 2023, his Government had committed to working with the global community to build a healthier future by developing and strengthening the global health emergency architecture, contributing to building more resilient, equitable and sustainable universal health coverage through health systems strengthening, and promoting health innovation. The earthquake that had struck his country on 1 January 2024 had once again demonstrated the need to build strong and resilient health systems in preparation for any health emergency. He called on the Secretariat to support countries in strengthening their health systems.

He welcomed the inclusion of lessons learned from the Thirteenth General Programme of Work in the draft fourteenth general programme of work, alongside other improvements, such as the clarification of the theory of change. Further clarification was needed, however, concerning the outputs and outcomes and information availability, and the targets should be realistic. His Government supported WHO's efforts to ensure sustainable financing and would actively participate in discussions on the investment round.

The representative of the UNITED STATES OF AMERICA, acknowledging WHO's efforts to combat the world's most deadly diseases, as well as the importance of its technical and normative role, said that WHO's evidence-based work must be allowed to proceed unhindered. Her Government stood ready to work with WHO to ensure the implementation of the reforms approved the previous year aimed at increasing the effectiveness of the Organization's work, including by ensuring good governance, accountability and transparency at all levels.

She welcomed the consultations on the draft fourteenth general programme of work and reiterated the importance of focusing on concrete outcomes and outputs, and on how WHO could contribute and add value to achieve those results. WHO's efforts to attract new donors through the investment round were appreciated, and she looked forward to the Secretariat's continued engagement with Member States and partners to that end. With regard to the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005), while more work was needed to achieve consensus, it was important to conclude negotiations by May 2024 in order to reach an agreement that would ensure preparedness for future health emergencies or pandemics. She appreciated the work of WHO and other Quadripartite partners to galvanize momentum on addressing antimicrobial resistance, which required a multistakeholder, multisectoral response, and looked forward to the forthcoming high-level meeting of the United Nations General Assembly on the issue.

While health systems and access to health care should be emphasized, it was important to ensure that those priorities were rooted in equity, inclusion and opportunity, in order to include in decision-making the voices of women, minorities, LGBTQIA populations and other historically marginalized groups. Sexual and reproductive health and rights for all were of particular importance in that regard.

The representative of UKRAINE commended WHO staff members for their outstanding work in providing life-saving support to people in his country. While it was true that health should not be part of the political agenda, it was also important to continue to draw attention to the ongoing aggression of the Russian Federation against his country and its impact on public health. The Russian Federation had made the destruction of civilian infrastructure, including health care and education facilities, a part of its war strategy. Furthermore, the Russian Federation was again seeking to weaponize the harsh winter conditions by purposefully destroying electricity, heating and water supply systems. There must be accountability for such illegal actions. He thanked those Member States that continued to demonstrate solidarity with and support for the people of Ukraine.

The representative of SLOVENIA said that, in a context of numerous conflicts and natural disasters, it was difficult to focus efforts on seemingly less urgent matters; yet the world was behind in achieving the health-related Sustainable Development Goals and universal health coverage. Persistence and continuity in strengthening health systems were crucial to address both immediate and long-term health challenges. In that regard, she thanked the Government of Kazakhstan for organizing a side event on primary health care policy and practice before the start of the seventy-third session of the Regional Committee for Europe, and the Government of Estonia for organizing the high-level health systems conference in December 2023.

While the adoption and implementation of a pandemic agreement and amendments to the International Health Regulations (2005) were necessary to ensure preparedness in addressing communicable diseases, noncommunicable diseases remained a largely underfunded and underprioritized area of work despite their impact on health equity. Better ways of promoting progressive policies and the use of tools developed by WHO were needed, particularly in terms of best buy interventions.

The draft fourteenth general programme of work should be ambitious yet realistic, and sufficient resources should be allocated for its implementation. A successful response to antimicrobial resistance and climate-related health threats could only be achieved if the tools, mechanisms and guidelines already produced by the Secretariat were implemented in all Member States. In that regard, Member States needed a strong Secretariat that could provide technical support to strengthen countries' capacities. She expressed support for efforts to increase investment in WHO's capacities at all levels, in particular within countries, allowing for flexibility in line with regional and national specificities.

The representative of FRANCE said that an effective multilateral response was needed to the many health challenges the world faced. WHO's work was essential in that regard, and his Government was proud to have increased its support for the Organization's health emergency work in 2023, in particular to provide assistance to the populations in Ukraine and the Gaza Strip. His Government would continue to work with WHO in 2024 to address health crises and rebuild and strengthen health systems, and would support the WHO Academy, to be opened in his country later that year.

The COVID-19 pandemic had highlighted the importance of health systems strengthening and the concomitant need to protect and train health workers, as well as the need to reinforce the global health architecture. The negotiations on the pandemic agreement and amendments to the International Health Regulations (2005) were crucial and must be completed by May 2024; WHO, with its role at the core of the renewed global health architecture, must be strengthened. The launch of the investment round would be an important additional step in the financial reforms under way since 2022. An effective WHO was needed to address the fragmentation of the global health ecosystem.

The representative of CHINA commended the Secretariat for coordinating the response to global health emergencies, promoting universal health coverage and advancing WHO's governance reform. The Board's discussions on topical global health issues were welcome and his Government had sponsored a number of draft decisions for consideration by the Board at the current session. He expressed appreciation for the six strategic objectives set out in the draft fourteenth general programme of work.

The response to COVID-19 had shown that large gaps remained between developed and developing countries' access to equitable health services, and that vulnerable groups still lacked access to basic medical and health services. Governments and societies shared the responsibility to promote high-quality primary health care and realize universal health coverage, and his Government firmly supported WHO's leading role in promoting health equity. It also supported the ongoing work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) as part of efforts to build global capacities to respond to public health emergencies.

The Secretariat should work to enhance efficiency by focusing on its main areas of expertise, increasing transparency and accountability, and improving the representation of developing countries and attracting more health experts from those countries. The Secretariat should provide more details on the performance indicators to ensure the effective use of Member States' assessed contributions and should report regularly to Member States on their implementation. Funding should be geared towards Member States, and the decision-making process in that regard should be more open, transparent and Member State-led in order to further improve the health sector in developing countries and ensure the timely attainment of the health-related Sustainable Development Goals.

The representative of TIMOR-LESTE, emphasizing the importance of global health as a key enabler of development and progress, noted that new variants of COVID-19 continued to emerge; outbreaks of climate-sensitive diseases such as dengue and cholera were increasing; conflicts were causing untold misery; and climate disaster was looming. Nevertheless, there were reasons for hope, such as the inclusion of health in the agenda of the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change for the first time, and the ongoing elimination of infectious diseases in the South-East Asia Region.

She expressed support for the priorities set by the Director-General and his visionary approach of promoting, providing and protecting health, which would build system resilience with a focus on primary health care and ensure that health promotion and prevention formed the bedrock of health security. The leadership of the outgoing Regional Director for South-East Asia was appreciated, in particular her work to ensure that 75% of funds were allocated at the country level. Developing countries in her Region looked forward to the Secretariat's ongoing cooperation, collaboration and evidence-based technical support as they sought to ensure that health remained a priority amid conflicts and crises.

The representative of ETHIOPIA welcomed WHO's coordinated response to global health emergencies and disease outbreaks but expressed concern about slow progress on some targets and reversals of gains in certain areas. Renewed commitment was needed, and access to quality, affordable health care must be enhanced and the reorientation of health systems towards primary health care accelerated in order to meet the triple billion targets and the Sustainable Development Goals. There was also a need for increased domestic and international financing for health, especially for low-income countries. If designed well, the draft fourteenth general programme of work and the investment round would provide opportunities for a sustainably and flexibly financed WHO and therefore deliver impact in countries. Development models should be centred on health and social protection. While he expressed full support for WHO's ongoing reforms to improve effectiveness, efficiency and transparency within the Organization, he emphasized that regions' unique needs, such as the needs of the African Region, must be duly considered. While WHO's growing engagement with stakeholders, including civil society and the private sector, was appreciated, it was crucial to manage conflicts of interest to safeguard WHO's integrity and independence.

The forthcoming Seventy-seventh World Health Assembly would be pivotal for global health governance. Equity must be operationalized in both the pandemic agreement and the amendments to the International Health Regulations (2005), and he called on all delegations to work together to bring about meaningful change in people's lives.

The representative of MALAYSIA said that there was an urgent need to restructure health care delivery through reforms that shifted the focus away from treating illness and towards promotive and preventive care that empowered people to maintain their health and well-being. To that end, his Government was working to advance digital health and health financing reforms. Harnessing the power of digital technology would help to transform health services through a proactive, patient-centred approach, while innovative health financing mechanisms would facilitate health systems strengthening and progress towards universal health coverage. The principles of equity and fairness must be operationalized in both the pandemic agreement and the amendments to the International Health Regulations (2005).

The representative of SLOVAKIA commended WHO's work, including the efforts of WHO staff members in responding to 65 graded emergencies in 2023. In order for the Organization to meet the deadlines to which Member States had committed, political leadership would be needed to ensure space to build a trusted and transparent Organization, prevent disinformation and improve financing.

The representative of AFGHANISTAN said that WHO's technical work was not only crucial but also profoundly appreciated in the face of global health challenges. In a world of evolving geopolitical dynamics, WHO was at the forefront of efforts to address new challenges and was taking on responsibility that went beyond its technical expertise. The Organization was uniquely positioned to navigate the complex landscape of global health in a highly volatile environment. It was imperative for WHO to uphold its normative work while also leveraging its social and transnational capital for peace, in order to shape the global narrative, foster cooperation, understanding and unity, and ensure that health became a catalyst for lasting peace. Member States should take the opportunity to transform WHO into both the guardian of global health and a force for peace and diplomacy.

The representative of AUSTRALIA, expressing strong support for the Director-General's commitment to delivering in-country impact and supporting resilience and continuity in health systems and health security, welcomed the ongoing reforms to strengthen WHO's operating model, financing, workforce and culture. The months ahead would be critical in ensuring progress towards a pandemic agreement and amendments to the International Health Regulations (2005), and Member States should maintain momentum through collaboration, cooperation and compromise, to meet the May 2024 deadline. The year 2024 also presented an opportunity to strengthen WHO's role at the centre of global health through the draft fourteenth general programme of work, in which ongoing governance reforms

should be recognized as a key component of WHO's core work to improve transparency and accountability.

His Government would continue to work closely with other Member States to drive progress on governance reforms, improve the governing bodies and maximize impact at the regional and country levels. Moreover, his Government welcomed the prioritization of climate change in the draft fourteenth general programme of work, recognizing the risk it posed to health outcomes, particularly in the Western Pacific Region. Expressing concern at the dire humanitarian situations in a range of locations worldwide, he commended WHO's ongoing efforts to address urgent health needs. Humanitarian pauses should resume to enable the flow of humanitarian aid to those in need.

The representative of PARAGUAY, stressing the importance of fostering collaboration and cooperation, said that it was crucial to continue to work towards equity and equality in access to quality health services for all, regardless of social, economic or geographical origin. To achieve the goals set for the Organization and ensure a timely and effective response to health challenges, it was necessary to address cross-cutting factors that contributed to the spread of disease, such as water supply, agriculture, education, climate change and animal welfare. Equitable access to health care was the key to a world free of disease and pandemics. She called on WHO to continue to fulfil its mandate, taking into account countries' different socioeconomic realities, and to ensure accountability and transparency in its work. She reaffirmed her Government's commitment to the negotiation process for a pandemic agreement and amendments to the International Health Regulations (2005), underscoring the need for all to actively participate in those processes, particularly developing countries and small delegations.

The representative of the FEDERATED STATES OF MICRONESIA expressed support for the goals and strategies set out in the draft fourteenth general programme of work and appreciated WHO's efforts to drive impact at the country level. He welcomed efforts to strengthen health systems as part of WHO's transformative agenda and noted the importance of digital health in improving health equity and protection within the framework of universal health coverage. The impact of climate change on health continued to represent an existential threat to people's health and well-being, particularly in his country, where access to health care was also being severely impacted by climate change. He welcomed Member States' efforts to reach a consensus on the pandemic prevention and response agenda.

The representative of the SYRIAN ARAB REPUBLIC said that it was important to show solidarity in the face of pandemics, natural disasters, climate change and emergencies. The international community needed to work together to strengthen health systems and improve preparedness by mobilizing efforts to achieve universal health coverage. He thanked the Director-General for visiting his country in the wake of the devastating earthquake that had struck in February 2023. He also highlighted the difficulties his country faced as a result of the unilateral coercive measures imposed on it by certain Member States; such measures hindered the delivery of essential medicines and other medical supplies and the rebuilding of infrastructure. WHO had confirmed that such measures had an impact on health and he called for the immediate and unconditional lifting of those measures.

The world was facing many health emergencies, including in the occupied Palestinian territory. There was a risk that the crisis could spread throughout the region, leading to further health emergencies. It was therefore essential to end the aggression in the Gaza Strip, hold Israel to account for its crimes against the Palestinian people and ensure the delivery of humanitarian and medical supplies. It was also necessary to develop sustainable strategies to prepare for disasters, pandemics and emergencies.

The representative of PORTUGAL[1] said that WHO's efforts over the previous year had been pivotal in mitigating the public health impact of challenges such as conflicts, disease outbreaks and climate change events, and in ensuring that health services remained accessible even in the most challenging circumstances. While notable progress been made in combating communicable diseases,

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

the ongoing threat of emerging and re-emerging diseases required sustained surveillance, global cooperation and the bridging of health inequities. WHO's coordination of those efforts – ensuring universal access to vaccines and treatments irrespective of geographical or economic barriers – was commendable. In addition, the Organization's focus on reinforcing primary health care infrastructure and improving essential services had enhanced the collective capacity to respond to health crises.

The year ahead would be a test of Member States' capacity to achieve consensus and foster cooperation. It would be essential to find common ground not only on the pandemic agreement and the amendments to the International Health Regulations (2005), but also on other important matters, such as the draft fourteenth general programme of work. He reaffirmed his Government's commitment to multilateralism and underscored WHO's pivotal role in global health governance. Member States should work together to build a healthier and more resilient world.

The representative of GERMANY[1] said that 2024 had the potential to be a game-changer for global health and for WHO. While the focus of the draft fourteenth general programme of work on WHO's comparative strengths was welcome, the Organization must have a clearer understanding of where it was best positioned relative to other actors and must better fulfil its coordination role. He called on the Board to approve the investment round, which would enable the Secretariat to meet Member States' expectations by increasing the flexibility and predictability of funding. In addition, Member States must not fail to adopt a pandemic agreement and amendments to the International Health Regulations (2005) in May 2024. He welcomed the inclusion of climate change on the agenda of the current session of the Board and as a key priority in the draft fourteenth general programme of work. The opportunity presented by the forthcoming high-level meeting of the United Nations General Assembly on antimicrobial resistance must be harnessed. The Board's increasing difficulty in finding consensus on previously agreed language and technical issues was a cause of concern and had direct consequences for health and the principle of leaving no one behind.

The representative of TUNISIA[1] welcomed WHO's efforts, in particular to reform the global health system and improve the Organization's working methods and resources. He expressed the hope that agreement would be reached on the text of the draft decision proposed by his Government and others on social participation for universal health coverage, health and well-being. Adopting a pandemic agreement remained WHO's primary objective for the year ahead. His Government was actively engaged in those efforts and in those to amend the International Health Regulations (2005). He expressed support for the mRNA vaccine technology transfer hub and the selection of six Member States of the African Region that would benefit from that technology. His Government supported and was keen to benefit from that process and called for coordinated action with all stakeholders to that end. Drawing attention to the severity of the health situation in the occupied Palestinian territory, he called on the international community, in particular WHO, to intervene to save the Palestinian people and ensure their access to health care; an immediate ceasefire was needed in the Gaza Strip to allow urgent access to humanitarian aid.

Dr Suzuki took the Chair.

The representative of BANGLADESH[1] said that the principles of equity, solidarity and inclusiveness should be applied when transforming the global health system. Member States must be bold in order to create meaningful instruments, actions and deliverables to meet the needs of people and countries. As a climate-vulnerable country, his Government prioritized climate-related issues, however, decarbonization and the transition to net zero emissions within health systems should not undermine the priority of ensuring basic health services in developing countries. WHO's work on the local manufacturing and diversified production of health emergency and pandemic products needed to be strengthened through a disciplined approach. The major shift in the political narrative since the

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COVID-19 pandemic had the potential to weaken the process of overhauling the global health architecture and governance; stronger leadership from WHO was therefore required.

The representative of the RUSSIAN FEDERATION[1] said that it was important for WHO to step up its work, in particular on achieving universal health coverage and on the prevention and control of communicable and noncommunicable diseases. Concerning the environmental agenda, while WHO could make a significant contribution to assessing the adverse effects of certain climate-related risk factors and to developing climate adaptation measures, the combating of climate change should be addressed by the instruments with a specific mandate to do so. In order to meet the May 2024 deadline for the adoption of the amendments to the International Health Regulations (2005), the pandemic agreement and the draft fourteenth general programme of work, it would be necessary to adopt a systematic approach, take due account of national specificities, and ensure mutual respect and strict compliance with the principles of consensus and of non-intervention in Member States' domestic affairs. Her Government would continue to support countries in areas such as noncommunicable diseases, tuberculosis, maternal and child health, capacity-building in relation to the amended International Health Regulations (2005) and health emergency response efforts. In its role as Chair of both the Commonwealth of Independent States and the Brazil, Russian Federation, India, China and South Africa group in 2024, her Government would attach great importance to health issues and do its utmost to ensure that countries in those groupings worked towards achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of NORWAY,[1] speaking on behalf of the eight Nordic and Baltic countries, expressed concern that in 2023 alone more than 700 health workers and patients had been killed as a result of attacks on health care. In the Gaza Strip, medical personnel were treating severely injured and highly traumatized patients at great risk to their own safety and security, while the Russian Federation's unprovoked, unjustified and illegal war against Ukraine continued, with serious consequences for health in Ukraine. He welcomed WHO's efforts to coordinate and address urgent health needs, and ensure the protection of health workers and facilities.

The draft fourteenth general programme of work clearly put WHO at the centre of the global health architecture, giving the Organization a clear voice on climate and health, and a strong mandate to lead global efforts and to guide and support countries in finding synergies across sectors, actors and initiatives. The Nordic and Baltic countries remained committed to increasing assessed contributions and supported the investment round. Efforts to build a strong and robust WHO based on good governance, accountability and transparency, along with more strategic and accessible reporting on results, were welcome. While the Organization had made progress in strengthening the prevention of and response to sexual exploitation, abuse and harassment, the Secretariat must remain fully committed to addressing all serious misconduct.

The Secretariat played an increasingly important role in supporting Member States to achieve universal health coverage and the Sustainable Development Goals. The promotion and protection of universal access to sexual and reproductive health and rights was essential to achieving gender equality and a precondition for sustainable development; it was a cause of concern that well-established gender-related approaches that addressed the root causes of gender inequalities in health systems and societies had become contested. All Member States must safeguard WHO's technical and normative functions and uphold the Secretariat's autonomous role. As Member States prepared for the negotiations on the pandemic agreement, it was essential to bear in mind WHO's mandate and the consequences of failing to provide better pandemic prevention, preparation and equitable response.

The representative of THAILAND[1] expressed confidence that the pandemic agreement, the draft fourteenth general programme of work and related results framework, and the investment round would all be successfully implemented under the capable leadership of the Director-General. Highlighting the

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Director-General's success as the first African and the first non-medical leader of the Organization, he called for more non-medical staff members from developing countries to be recruited to top-level positions within the Secretariat.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] said that she looked forward to a successful investment round, which should be underpinned by a general programme of work that set out clear priorities for WHO. The Organization's place in the global health architecture should help to accelerate progress towards the Sustainable Development Goals through a gender-responsive approach. Her Government was committed to the adoption of a pandemic agreement and to targeted amendments to the International Health Regulations (2005), in order to ensure preparedness for future health threats while also respecting national sovereignty.

The forthcoming high-level meeting of the United Nations General Assembly on antimicrobial resistance would provide an unprecedented opportunity to advance the global agenda in that area. The focus on climate and health was welcome; WHO needed to play a key role in collective efforts to address climate change as a health crisis. Health systems currently faced several challenges, including ageing populations, and her Government stood ready to share lessons learned in that area. The next session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control would also provide an opportunity to focus on a key public health issue.

The representative of KENYA[1] expressed appreciation for the continued support of the Secretariat at all three levels of the Organization. With regard to WHO's ongoing work in emergencies, she called for a greater focus on the Horn of Africa region, which was currently facing severe food insecurity and a Grade 3 health emergency. To prevent a further deterioration in the health situation, more sustained funding, including for the management of human resources, supplies and logistics, was urgently needed. WHO should focus its efforts on its core mandate and ensure that the unfinished work of the Thirteenth General Programme of Work was carried forward in the draft fourteenth general programme of work. To build resilient and sustainable health for all, it would be essential to harness the power of multilateralism.

The representative of MOZAMBIQUE[1] welcomed the inclusion of the lessons learned from the Thirteenth General Programme of Work and the COVID-19 pandemic in the development of the draft fourteenth general programme of work, the pandemic agreement and amendments to the International Health Regulations (2005). She expressed appreciation to the Director-General and the Regional Director for Africa for visiting his country in 2023, and for the support provided by WHO to better prepare for and respond to health emergencies, such as poliovirus, cholera and measles, which had hampered health system efforts to recover from the COVID-19 pandemic. The shortage of human resources was a major challenge to building resilient health systems and achieving the Sustainable Development Goals and other health and well-being objectives. Even if trained health professionals were available, the limited fiscal space in developing countries often prevented their recruitment. The availability of quality human resources for health was pivotal to promoting, providing and protecting health towards universal health coverage.

The representative of POLAND[1] strongly condemned the unprovoked, unjustified war of aggression by the Russian Federation against Ukraine and welcomed the inclusion of the item on the implementation of resolution WHA75.11 (2022) on the agenda of the current session of the Board. The humanitarian crisis in the Gaza Strip was deeply regrettable, and all partners involved must continue talks to restore peace in the region and improve the situation for the civilian population. WHO's efforts to respond to numerous health emergencies were commendable, as was the collective work to amend

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the International Health Regulations (2005) and draft a pandemic agreement. To make progress on that front, Member States needed to take a realistic approach.

The representative of the UNITED REPUBLIC OF TANZANIA[1] commended the Director-General for steering WHO towards universal health coverage in challenging and complex times, and for the support provided to his country to successfully end a Marburg virus disease outbreak in 2023. The impact of the COVID-19 pandemic had differed significantly among Member States, widening inequalities and hindering progress towards the Sustainable Development Goals in most developing countries.

He welcomed the draft fourteenth general programme of work, which built on the lessons learned and unfinished agenda of the Thirteenth General Programme of Work and would guide WHO's work and serve as an agenda-setting instrument for Member States. The Secretariat should support Member States in integrating the draft fourteenth general programme of work into their national plans, including by transferring the monitoring framework to the national context.

Climate change and health should be considered within the Organization's mandate; his country was experiencing increasing health challenges as a result of extreme climate events. The Secretariat should work to strengthen Member States' capacity to mitigate the health impacts of climate change.

The representative of BOTSWANA[1] said that issues, such as worsening poverty, humanitarian crises, increasing geopolitical instability and climate change required collective action and global solidarity. For WHO to effectively deliver on its mandate, it needed predictable, flexible and sustainable resources, and the progress in that area was commendable. He supported the investment round, which would supplement the approved increase in assessed contributions. The Organization needed to ensure the equitable allocation of resources at all three levels, including for chronically underfunded programmes. In particular, more human and financial resources needed to be shifted to the country level in order to reinforce country offices, strengthen national health systems and promote more equitable access to health services. His Government looked forward to working with the Secretariat and Member States on the finalization of the draft fourteenth general programme of work and its strategic priorities, and on the pandemic agreement and the amendments to the International Health Regulations (2005), which must seek to deliver equity and move towards universal health coverage.

The representative of the REPUBLIC OF KOREA[1] said that, while the COVID-19 pandemic had resulted in setbacks in universal health coverage, it had also highlighted the importance of issues such as ensuring equitable access to medical countermeasures and strengthening the preparedness and response capabilities of all countries. Her Government would continue to work to improve global pandemic preparedness and response capacities, including by providing training courses through the global biomanufacturing training hub. It was committed to proactively engaging in discussions with other Member States to strengthen the global health architecture and would be actively involved in the discussions on the pandemic agreement and amendments to the International Health Regulations (2005), which together would form the cornerstone of a robust and stable global health cooperation system.

The representative of BELGIUM[1] expressed regret that people's health was suffering as a result of the numerous conflicts worldwide and noted that peace was a precondition for health. He expressed the hope that resolution EBSS7.R1 on health conditions in the occupied Palestinian territory, including east Jerusalem, would be implemented, and called for a humanitarian ceasefire and the establishment of humanitarian corridors to allow aid to reach people in the Gaza Strip.

He expressed support for the draft fourteenth general programme of work, which closely aligned with the objectives of his Government's presidency of the Council of the European Union. His Government looked forward to working closely with WHO in that role, particularly on building health system resilience with a focus on health workers, safeguarding investments in health, combating

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

antimicrobial resistance and ensuring equitable access to health products. It also attached great importance to WHO's normative role, which required the Organization to remain independent and scientifically rigorous. His Government was committed to participating in the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), which should be completed by the May 2024 deadline.

The representative of EL SALVADOR[1] said that the COVID-19 pandemic had put health at the top of the global agenda and it was important to build on that momentum in order to bring about change. The health sector required an evidence- and system-based, intersectoral approach, strong political and technical leadership, and a focus on key health processes, with a view to improving quality of life and life expectancy, closing gaps in care and identifying factors that needed to be addressed. Moreover, it was essential to work with sectors involved in education, the environment, healthy lifestyles, water and road safety.

The representative of SPAIN[1] said that universal health coverage had been achieved in his country. His Government was working to make health a central element of climate change policies, and would host the first meeting of the Alliance for Transformative Action on Climate and Health in March 2024. Efforts were also being made to improve gender equality through a non-androcentric approach to health.

The DIRECTOR-GENERAL thanked Member States for their confidence, support and input and for committing to work together to find solutions to current challenges. He reiterated that 2024 would be a historic year, with the negotiations on the draft fourteenth programme of work, the investment round, the pandemic agreement and amendments to the International Health Regulations (2005). Other key issues included climate change and health, and antimicrobial resistance. The Brazilian presidency of the G20 represented an opportunity for coordination, in particular on the investment round.

Highlighting the direct links between peace and health, he said that the health services in the Gaza Strip were barely functioning, and many of the dead were women and children; a ceasefire was therefore needed. It was to be hoped that a political solution would be found, so that all populations could live in peace. The Secretariat would continue to work to the best of its ability to help people in the Gaza Strip. The special session of the Executive Board convened in December 2023 to address the matter had been helpful, and he expressed the hope that Member States would continue to give attention to the issue and to call for a ceasefire.

The Board noted the report.

The meeting rose at 12:40.

SECOND MEETING

Monday, 22 January 2024, at 14:40

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

1. REPORT OF THE PROGRAMME, BUDGET AND ADMINISTRATION COMMITTEE OF THE EXECUTIVE BOARD: Item 4 of the agenda (document EB154/4)

The CHAIR reminded the Board that the Programme, Budget and Administration Committee of the Executive Board had considered items on the agenda for the current session of the Board. The Board would be invited to consider the Committee's recommendations on each relevant agenda item as it came under discussion by the Board.

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, said that the Committee had made a number of recommendations to the Board, including with regard to: the WHO investment round; matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance; engagement with non-State actors in official relations with WHO; the membership renewal of the Independent Expert Oversight Advisory Committee; and amendments to the Staff Regulations and Staff Rules.

The Committee had also considered and noted the report of the Independent Expert Oversight Advisory Committee. It had welcomed the Advisory Committee's role in monitoring the implementation of recommendations, including in the areas of risk management; the Business Management System; the prevention of and response to sexual exploitation, abuse and harassment; internal and external audit; evaluation; security; and the handling of potential allegations against the Director of the Office of Internal Oversight Services. It had welcomed the Advisory Committee's visit to the WHO African Region and three of its country offices and had appreciated the Advisory Committee's work in building confidence in the Organization. It had also requested the Advisory Committee to provide more regular briefings to Member States in preparation for the discussions at meetings of the Programme, Budget and Administration Committee.

The representative of the UNITED STATES OF AMERICA said that strengthening and reforming WHO constituted a key priority for her Government. She expressed the hope that the outstanding actions in the Secretariat implementation plan on reform would be addressed and welcomed the continued work of the Agile Member States Task Group. The extensive consultation process on financing was appreciated and she was optimistic that the new approach to resource mobilization would increase the predictability and sustainability of funding. Work in that area should be conducted in coordination with partners and complement existing efforts. She thanked the Secretariat, in particular the Director-General, for its continued commitment to zero tolerance of sexual misconduct, which should be embedded in the culture of the Organization.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, welcomed the discussions on the draft fourteenth general programme of work, 2025–2028. It was crucial to build on the lessons learned from the Thirteenth General Programme of Work, 2019–2025, and to hold further Member State consultations to refine the indicative outputs for measuring the Secretariat's performance, the results framework and the theory of change, as well as the indicative budget envelope. He commended the Independent Expert Oversight Advisory Committee for its visit to the African

Region and for its recommendations, and agreed that the Advisory Committee should provide more regular briefings to Member States.

While he appreciated the increase in country-level allocations, more needed to be done to ensure the predictable, flexible and sustainable funding of WHO. A more even distribution of funding was needed to erase pockets of poverty, build country capacity – including in relation to data and innovation – and enhance regional support for countries. He therefore supported the WHO investment round and called for the finalization of the investment case. The work carried out by the Agile Member States Task Group was also welcome; continued Member State leadership was needed to maintain the momentum towards achieving the desired reforms.

Commending the Secretariat's work on the prevention of sexual exploitation, abuse and harassment, he called for a greater focus on building an organizational culture and a comprehensive victim- and survivor-centred approach, especially in health emergencies. It was also important to strengthen the monitoring and evaluation functions at the country and regional levels, notably by allocating the required budget and funding; evaluation was crucial in enhancing governance, including results-based management. He recognized the important role played by non-State actors, but highlighted the need to fully understand the implications of their involvement to reach informed decisions. Acknowledging the immense contribution of the WHO workforce, he called for a greater focus on safeguarding their health, well-being, safety and security.

The representative of CHINA said that a clear timeline would accelerate the implementation of the Agile Member States Task Group's recommendations on reform, with regular reporting to Member States in line with the principles of openness and transparency. With regard to the use of contributions and donations, performance indicators should be established at the national and regional levels, and communicated to Member States in a timely manner. It was also necessary to increase budget distribution at the national level and prioritize Member States' needs. Discussions on establishing any new mechanisms or institutions must be conducted on the basis of consensus and avoid imposing an additional financial burden on Member States. His Government further underscored the importance of abiding by the Framework of Engagement with Non-State Actors, and of improving geographical representation among WHO staff. Observing that the Programme, Budget and Administration Committee should play a more prominent role, he encouraged the Secretariat to continue providing regular support to the Committee to enable it to contribute to work on the Secretariat implementation plan on reform and the recommendations of the Independent Expert Oversight Advisory Committee.

The representative of AFGHANISTAN said that it was vital to align resources with strategic priorities and ensure that all spending resulted in tangible benefits at the country level. Innovation and adaptability were essential in the light of the rapidly evolving global health landscape; collaborative platforms and other technology could be leveraged to facilitate faster, more targeted responses, while a proactive stance on emerging health threats would demonstrate that the Organization's support was both effective and anticipatory. The Programme, Budget and Administration Committee should explore avenues for increasing transparency and accountability to further enhance WHO's credibility. He noted the need to expedite reform initiatives and the opportunity to recalibrate WHO's approach, especially in conflict zones.

The representative of BRAZIL welcomed the extended duration of the meeting of the Programme, Budget and Administration Committee, which had allowed for more in-depth discussion, and commended the Secretariat's quick response to comments made at the meeting. The engagement of Member States and the Secretariat in the work of the Committee demonstrated their commitment to building a stronger WHO that was more sustainable, efficient and fit for purpose, and which responded to the needs of Member States.

The representative of SLOVAKIA highlighted the importance of issuing meeting documents on time, which could be supported through the use of new technologies, to ensure Member States' effective engagement in discussions. The consultative process should continue during the intersessional period

on the draft fourteenth general programme of work, the results framework and the delivery-for-impact approach in order to understand how countries' and the Secretariat's priorities were aligned. Discussions were also needed on budget matters, including on alternative ways of ensuring sustainable financing and the timely implementation of recommendations to increase the effectiveness of the governing bodies. The Organization's short- and long-term performance would depend on collective efforts and ensuring sufficient capacity at the regional and country levels to deal with evolving challenges.

The Board noted the report.

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

2. BUDGET AND FINANCE MATTERS: Item 24 of the agenda

Draft fourteenth general programme of work: Item 24.2 of the agenda (documents EB154/28 and EB154/INF./1)

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the guidance and recommendations proposed by the Committee on the draft fourteenth general programme of work, 2025–2028, set out in paragraph 38 of document EB154/4.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine and Georgia, and the European Free Trade Association country Norway, member of the European Economic Area, aligned themselves with his statement. He welcomed the participatory process for developing the draft fourteenth general programme of work, its structure and the focus on WHO's comparative strengths. It was vital to safeguard the Organization's essential normative function, and to ensure that its guidance was based on rigorous, up-to-date and quality-assured scientific knowledge.

He expressed support for WHO's leadership and its ongoing cooperation with other relevant actors in the global health ecosystem, as well as efforts to ensure that the Organization was fully fit for a changing world. A Health in All Policies approach would be key to addressing challenges efficiently. Efforts to strengthen WHO's capacities at the national and regional levels were also welcome, and engagement with civil society and communities should be encouraged. The continued integration of equality, equity and human rights into the work of WHO was positive and the proposed outcomes and indicators should include a greater focus on gender responsiveness and human rights, as rights-based health care reduced inequities. A particular emphasis should be placed on leaving no one behind, while a better integration of sexual and reproductive health and rights was also needed. He welcomed the inclusion of training for health workers and the strong link between the draft programme of work and the WHO investment round, highlighting the importance of adequate, sustainable and predictable financing.

The representative of JAPAN welcomed the consultative process for developing the draft fourteenth general programme of work, as well as its reflection of lessons learned from implementing the Thirteenth General Programme of Work, 2019–2025, and clarification of the theory of change. However, outputs and outcomes should be further clarified, and account should be taken of data availability and the need for realistic target-setting for the triple billion targets. He appreciated efforts to share and update the indicators of the Thirteenth General Programme of Work and related data as a means of ensuring transparency, and requested continued reporting on progress towards achieving the indicators of the draft programme of work.

The representative of PERU said that the draft fourteenth general programme of work provided a robust road map to guide the Organization's future work. He welcomed its six strategic objectives and the focus on the needs of populations in vulnerable situations and on the impact of climate change on health. The inclusion of other important topics, such as the social determinants of health, mental health, gender equality and migrants, was also positive. During implementation, WHO must ensure that its actions were aligned with the Sustainable Development Goals and work with the international community to ensure better health and well-being for all. Adequate funding and high-level political commitment were also needed to achieve a measurable, significant impact. He appreciated the involvement of Member States in defining the programmatic priorities and the emphasis on establishing mechanisms to monitor and evaluate implementation, which in turn would help to strengthen actions in regional and country offices and achieve a measurable impact on health.

The representative of CANADA appreciated the consultative development process for the draft fourteenth general programme of work. As a science-based organization, WHO should drive the mobilization, translation and implementation of high-quality evidence-based guidance and assess its impact, including through an equity lens. She welcomed the continued shift towards country-level impact and the close fit between the draft programme of work and the conclusions of the Future of Global Health Initiatives process (Lusaka Agenda). The emphasis on multisectoral cooperation and community engagement was also commendable, and she agreed that integrated and horizontal ways of working should be reinforced to deliver on the overarching goal of the draft programme of work.

She welcomed WHO's commitment to health equity, gender equality, human rights and the promotion of healthy lives and well-being across the life course. In strengthening its work on the social determinants of health, the Organization should work with partners and promote evidence-based policies to address power imbalances and other barriers to gender equality and health for all. The draft programme of work should align with WHO's commitments under the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and serve as a future guide for Member States when they sought support from or provided support to the Organization.

The representative of AUSTRALIA welcomed the overall direction of the draft fourteenth general programme of work and supported the renewed focus on the Sustainable Development Goals and the triple billion targets. Efforts to achieve the unmet targets of the Thirteenth General Programme of Work, 2019–2025, were also welcome, as were the inclusion of climate change as a central theme and the emphasis on principles of inclusivity, gender equality, equity and human rights. He supported the focus on innovation, including digital and artificial intelligence solutions for health, and on improving country- and regional-level operational capacities. Budgetary restraint and efficiencies that maximized impact and value were important in the light of the growing expectations of WHO. He therefore strongly supported efforts to sustainably finance the Organization, including by expanding the donor base. With regard to improving governance, he welcomed ongoing efforts to enhance transparency, accountability and efficiency, and the continued work on the Secretariat implementation plan on reform.

The representative of the UNITED STATES OF AMERICA expressed support for the current framing of the draft fourteenth general programme of work and its emphasis on Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), equity and climate change. Balancing and integrating efforts in those areas would be key, as would ensuring a return on investment in the light of limited resources. She supported the Programme, Budget and Administration Committee's recommendation on intermediate outcomes. It was important to clearly articulate WHO's unique added value and to develop metrics to help to measure progress on reform, including to track the results of investment rounds and to identify efficiencies across programmes.

Given that the success of the draft programme of work hinged on the effective operation of the Organization, she looked forward to learning of the proposed outputs and outcomes on oversight and administrative functions under parts 3 and 4 of the draft on powering the global health agenda and optimizing WHO's performance. It was also important to clearly articulate and ensure a solid foundation for the investment case and take on board lessons from the Thirteenth General Programme of Work,

2019–2025. Collaborative efforts were key to creating a transparent monitoring and evaluation framework, while the use of existing metrics would help to avoid additional reporting burdens on Member States. She looked forward to further consultations.

The representative of FRANCE appreciated the more strategic focus of the draft fourteenth general programme of work, the open and constructive development process and the priority themes. Training for health workers was of strategic importance to achieving universal health coverage; continuous professional development was needed in view of the rapid evolution of medical science. The Organization should therefore continue to place training at the heart of its activities, notably through the new WHO Academy.

The representative of MALAYSIA expressed overall support for the draft fourteenth general programme of work, which emphasized the need for further efforts to achieve the health-related Sustainable Development Goals, and welcomed its focus on the principles of health equity. He called for an increase in the funding allocated to the Western Pacific Region, which would enable more impactful, meaningful work in the Region to support Member States. The results framework had been an effective tool in measuring progress related to the Thirteenth General Programme of Work, 2019–2025. He was therefore pleased to note that the triple billion targets would be recalibrated, including in relation to indicators on climate change and mental health.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, commended the Secretariat for its efforts in developing the draft fourteenth general programme of work in line with the Secretariat implementation plan on reform, and welcomed the inclusive development process. The focus on advancing health equity and health system resilience by promoting, providing and protecting health and well-being for all reflected the needs of the Member States of the Region, as did the promotion of the health of refugees, migrants and their host communities. The draft programme of work should ensure a tangible impact at the national level, and integrate the tools and frameworks of the Thirteenth General Programme of Work, 2019–2025, to facilitate progress towards the achievement of the Sustainable Development Goals and targets at the country level. Furthermore, as a technical strategy, it should support the WHO investment round to enable more equitable financing of health programmes.

He noted with concern the inclusion of controversial and divisive language and concepts in the draft programme of work which had not been agreed by consensus. Its wording should remain in line with universally agreed principles and standards, taking into account the cultural sensitivities of all Member States, and avoid creating the false impression that such terminology had been globally approved. The common goal should be to strengthen ownership of WHO's activities and broaden the engagement of Member States. The Member States of the Region were committed to participating in future consultations to further refine the draft programme of work.

The representative of BRAZIL welcomed the overarching goal for the draft fourteenth general programme of work of promoting, providing and protecting health, and its alignment with the Sustainable Development Goals, which should continue to guide WHO's work until 2030. However, some points required further discussion and clarification, especially with regard to measuring outcomes. Climate change was an important issue, but should not be treated in isolation from other environmental determinants of health. In addition, it was unclear how some developing countries would be able to commit to lowering their carbon emissions given their limited health system capacity; that issue must be resolved. He welcomed the focus on the root causes of ill health and the determinants of health. In view of the strategic importance of that issue, he requested all Member States to support the convening of a high-level meeting on the topic in 2025, as had been proposed by the members of the Foreign Policy and Global Health Initiative.

The representative of CHINA endorsed the overarching goal of promoting, providing and protecting health and appreciated the Secretariat's commitment to advancing the global health agenda.

There was room for further improvement to the draft fourteenth general programme of work to enhance cooperation among countries and international organizations. At the global level, WHO should focus its work on developing technical guidelines and standards that would help countries and regions to improve their technical capacity. Consensus should be forged among countries to formulate more implementable technical norms in line with global realities. In addition, dialogue with countries should be strengthened and a more effective and transparent mechanism established to take into consideration their priorities and strengthen country offices accordingly.

It was essential to maintain continuity between the Thirteenth General Programme of Work, 2019–2025, and the draft fourteenth general programme of work, particularly in relation to the consistency of the indicators and output scorecard, and ensure evaluation methods were open and transparent. The Secretariat should therefore organize consultations with Member States on the indicators and outputs prior to the Seventy-seventh World Health Assembly. Further clarification was also needed regarding the indicative funding for the draft programme of work and certain objectives in the results framework that did not yet have a corresponding indicator.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, appreciated the extensive consultative process for developing the draft fourteenth general programme of work and welcomed its overarching goal, which resonated with regional efforts to build resilient health systems and achieve universal health coverage. He looked forward to the continued systematic engagement of Member States in its further development, which should take on board the lessons learned from the Thirteenth General Programme of Work, 2019–2025, and apply results-based management principles. The draft programme of work should also serve as a road map for the investment round.

The representative of TIMOR-LESTE welcomed the consultative development process and was pleased to note that the draft fourteenth general programme of work built on the WHO transformation agenda and the strengths and priorities of the Thirteenth General Programme of Work, 2019–2025, while incorporating the lessons learned from the independent evaluation of its implementation. The overarching goal of promoting, providing and protecting health, and the focus on an improved results framework for use at the country, regional and global levels were appreciated. Comprehensive, inclusive, equitable and cost-effective primary health care across the life course would be key to achieving that goal. A greater country focus was also needed, as well as strengthened technical systems, especially for small island developing States such as Timor-Leste.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the six strategic objectives of the draft fourteenth general programme of work, noting that the joint action of all Member States, the Secretariat and partners would be crucial to achieving its outcomes. It was important not only to strengthen leadership and governance, but also to engage more actively in advocacy, as well as in partnerships with Member States and civil society and nongovernmental organizations and in fundraising activities. His Government remained committed to the ongoing consultations and asked the Secretariat to keep Member States fully informed of the process in a timely manner.

The representative of TOGO supported the overarching goal and priority areas of the draft fourteenth general programme of work, which took due account of national priorities. Nevertheless, increased resource mobilization would be needed to implement its ambitious actions.

The representative of PORTUGAL[1] appreciated the inclusive and collaborative development process and endorsed the emphasis on using WHO's comparative advantage in setting norms and standards and providing science-based knowledge. She supported WHO's leadership, its ongoing collaboration with global health partners and efforts to adapt to the evolving world, and appreciated its focus on data. The inclusion of migrant health in the draft programme of work was also appreciated,

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

given the current unprecedented levels of migration and displacement. In that regard, Member States should implement comprehensive measures involving all stakeholders and incorporate national and international interventions into their strategic planning.

The representative of BELGIUM[1] welcomed the strong focus on ensuring more climate-resilient and lower-carbon health systems and societies, improving health equity and tackling health determinants through an intersectoral approach, as well as on the importance of primary health care. In the context of increasingly heavy agendas for meetings of the governing bodies and poor prioritization of items for discussion, the draft fourteenth general programme of work should guide Member States in evaluating the need to propose draft resolutions and decisions. That would ensure that the governing bodies provided relevant guidance for work at all three levels of the Organization, in line with shared objectives.

The representative of THAILAND[1] underscored the importance of measuring progress through the results framework, both in terms of impact at the country level and WHO's delivery of outputs. Expressing concern at the global trends highlighted in the draft fourteenth general programme of work, she called on WHO to leverage its social and intellectual capital to navigate the evolving global health landscape and ensure adequate resource mobilization to meet emerging challenges. To optimize WHO's performance, concrete strategies were required to enhance staff capacity at all levels. Collective action and a results-oriented approach would be needed to achieve the ambitious goals of the draft programme of work.

The representative of GERMANY[1] welcomed the transparent consultative development process. Clarity on WHO's comparative advantage and added value was more important than ever before. The Organization should therefore provide a clear understanding of its role in an increasingly diverse and fragmented global health architecture, highlighting its leadership and coordinating role in addition to its standard-setting role. To ensure a successful investment round, outcomes and outputs must be measurable, with clear baselines and targets that were developed in consultation with Member States to ensure their effective ownership. He requested clarification of the role of the envisaged increase in assessed contributions in financing the draft fourteenth general programme of work.

The representative of EGYPT[1] reiterated the importance of achieving better horizontal alignment between the Secretariat, Member States and partners at the three levels of the Organization. He appreciated WHO's efforts to ensure that sustainable financing was in place to achieve ambitious health goals. Echoing the statement given on behalf of his Region and endorsing the statement delivered by the representative of Ethiopia on behalf of the Member States of the African Region, he emphasized that WHO should remain sensitive to Member States' positions on controversial and divisive concepts. The shared objective should be to enhance ownership of WHO's activities and broaden the scope of Member States' engagement. The language in the draft fourteenth general programme of work and in all other technical documents or resolutions should therefore be aligned with universally agreed principles and norms.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of FDI World Dental Federation, HelpAge International, the International Federation on Ageing, the International Pharmaceutical Federation, the Multiple Sclerosis International Federation, The Royal Commonwealth Society for the Blind – Sightsavers, World Cancer Research Fund International, the World Heart Federation, the World Obesity Federation and The Worldwide Hospice Palliative Care Alliance, welcomed the outline of the draft fourteenth general programme of work, including its proposed strategic objectives and associated outcomes. She expressed concern, however, that no provision had been made for the participation of civil society and people living with health conditions in further consultations on its development, including on refining the results framework.

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

The draft programme of work should acknowledge that people living with health conditions such as noncommunicable diseases, including mental health and neurological conditions, were especially vulnerable during health emergencies; encourage the establishment of specific targets for investment in health at the country level, taking into account national contexts; include an indicator to monitor quality-defining clinical and patient-centric outcomes for noncommunicable disease services that were not captured under the universal health service coverage index tracer indicators; and promote the collection of data disaggregated by age, disease, gender, disability, geographical region and socioeconomic grouping. It should also include a reference to appendix 3 to WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 under WHO's work on the determinants of health and health promotion, and reflect the importance of the meaningful involvement of people living with a wide range of health conditions in the development, implementation and monitoring of policies across its goals. Member States should support the full, sustainable and predictable financing of WHO's budget for 2025–2028, including for the delivery of programmes related to noncommunicable diseases.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] welcomed the extensive and inclusive consultation process and acknowledged the critical importance of the commitments set out in the Lusaka Agenda and of recognizing the wider health context and architecture within which WHO operated. A strong draft fourteenth general programme of work that built on the lessons learned from the Thirteenth General Programme of Work, 2019–2025, and outlined WHO's unique added value with a clear set of priorities would be crucial to making tangible progress towards the Sustainable Development Goals and ensuring a successful investment round.

The representative of ARGENTINA[1] appreciated the extensive consultation process and supported the six strategic objectives of the draft fourteenth general programme of work, noting that its focus should be on supporting countries to achieve the health-related Sustainable Development Goals and other related objectives through equitable financing at the regional level. WHO should take a strategic approach to identifying priorities on the basis of data, evidence and return on investment, and should seek effective solutions. To that end, it was necessary to strengthen the Organization's core functions and promote the global public health agenda in collaboration with the public and private sectors and according to countries' actions and targets. She encouraged the Secretariat to continue consultations on the draft programme of work prior to its consideration at the Seventy-seventh World Health Assembly.

The representative of COLOMBIA[1] welcomed the acknowledgement in the draft fourteenth general programme of work of the interrelationship between primary health care, emergency preparedness and the social determinants of health, as well as the need for a holistic approach to tackle public health challenges. Country offices should be equipped to provide technical support for Member States to implement actions related to primary health care, while increased community engagement was also needed in developing, implementing and evaluating primary care services. It was important to establish indicators on the coverage of essential services, equitable access and the improvement of population-level results, and develop sustainable financing strategies that supported the long-term implementation of primary health care in collaboration with Member States. In addition, effective information technology and data systems should be introduced to strengthen the management and monitoring of services and information exchange.

The representative of BANGLADESH[1] welcomed the structure of the draft fourteenth general programme of work. To achieve the goal of more climate-resilient and lower-carbon health systems, enhanced support should be provided for climate-vulnerable and developing countries, notably by allocating new and additional resources to promoting and implementing net zero emissions policies. On the root causes of ill health, broader guidance from WHO would be useful in reversing the dominance

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of commercial interests over public health issues. In addition, populations in vulnerable situations required affordable and timely access to vaccines, therapeutics and diagnostics; inadequate access to mpox vaccine was of particular concern. The Secretariat's technical support in developing and promoting a harmonized health database would be pivotal in advancing research and innovation, surveillance and the assessment of future challenges. WHO could also play an important role in diversifying the production of health emergency and pandemic-related products, especially for surge production during health emergencies.

The representative of KENYA[1] welcomed the consultative process in refining the draft fourteenth general programme of work and highlighted the need to demonstrate how the Organization would work within its mandate to accelerate progress towards the Sustainable Development Goals, taking into account the work of other organizations of the United Nations system and partners. She therefore welcomed work to address the broader social, economic, environmental and commercial determinants of health, which would inform policy shifts at the national level. In relation to performance management, she supported the inclusion of outputs at the health system level and outcomes at the population level. The monitoring and evaluation framework for the draft fourteenth general programme of work should be closely linked to the Thirteenth General Programme of Work, 2019–2025, to minimize the need for country-level training and a reorientation of reporting and implementation practices. Countries' capacities for generating, managing, analysing and communicating health data should also be taken into account. Country-level data should be used to drive programmatic work to the extent possible, with countries supported on the basis of their needs and vulnerability. She looked forward to working on the baseline and metrics for monitoring progress.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR and also on behalf of The Fred Hollows Foundation, the International Agency for the Prevention of Blindness, CBM Christoffel Blindenmission Christian Blind Mission e.V., the Organisation pour la Prévention de la Cécité and the World Council of Optometry, was pleased to note the recognition of eye health under outcome 4.1 of the draft fourteenth general programme of work. She urged the inclusion in the results framework of the two global eye care indicators endorsed by the Health Assembly in decision WHA74(12) (2021), which represented two of the most cost-effective health interventions available, and would help to track progress towards universal health coverage and the Sustainable Development Goals and measure the quality of outcomes.

The representative of NAMIBIA[1] expressed support for the six strategic objectives of the draft fourteenth general programme of work in principle. However, further consultations with Member States were needed to improve certain indicators and ensure that measurable outputs and outcomes were aligned with regional and country contexts, particularly in relation to climate change and health. Recognizing the importance of the draft programme of work in shaping the global health agenda, he urged Member States to support its sustainable financing. He supported the recommendations stemming from the independent evaluation of the 2019–2023 period of the Thirteenth General Programme of Work.

The representative of MEXICO[1] said that the draft fourteenth general programme of work presented an opportunity to harness renewed public and political interest in health and combine WHO's work with that of other international actors. The strategic objectives and outcomes emphasized the Organization's added value and comparative advantage, and were aligned with regional and national priorities and with the challenging global context. The draft programme of work should further demonstrate the harmful effects of climate change on health in order to promote global action to reduce its root causes. Implementation of the other strategic objectives would also be key to adapting to that challenge. WHO must continue to actively fulfil its commitments in the areas of health equity, gender

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

equality and human rights through its core functions so that all people could enjoy the highest possible standard of health.

The representative of the RUSSIAN FEDERATION[1] said that further development of the draft fourteenth general programme of work was needed, in consultation with Member States, on its content and the indicators for monitoring progress. In particular, there was an excessive focus on environmental issues. WHO could make a significant contribution to addressing the impacts of climate change on health, but should not deal specifically with combating climate change. In addition, the draft programme of work must use agreed terminology and take into account national contexts; initiatives that had not been adopted by all countries should not be included. It was important to include provisions on the procedure for preparing a WHO list of medicines for use in emergencies to ensure the safety and efficacy of medical products and vaccines. With regard to the programme budget, data should be provided on the financial needs of the Organization, broken down by main item of expenditure, as well as information on staffing needs at all three levels. An effective mechanism should be created to monitor implementation of the draft fourteenth general programme of work, taking into account countries' capacities.

The representative of INDONESIA[1] said that countries' priorities should be placed at the centre of the overarching goal of the draft fourteenth general programme of work. He underscored the importance of strengthening primary health care for universal health coverage. A robust evaluation mechanism should be established, with multistakeholder engagement to periodically measure results in terms of impacts and outputs. His Government looked forward to participating in further consultations, including on recalibrating the triple billion targets.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR and also on behalf of The Task Force for Global Health, Inc., the United Nations Foundation, Inc., the International Federation on Ageing, the International Federation of Medical Students' Associations, The Royal Commonwealth Society for the Blind – Sightsavers, and the World Federation of Societies of Anaesthesiologists, welcomed the broad consultations in developing the draft fourteenth general programme of work. WHO should continue to support and strengthen engagement with civil society, young people and other key actors at the country, regional and global levels, and emphasize the importance of social participation platforms in achieving the strategic objectives of the draft programme of work. Member States should provide adequate and flexible financing for its implementation. The draft programme of work must address the structural and systematic barriers that continued to cause health inequities through the routine collection and analysis of high-quality disaggregated data. In relation to universal health coverage, it should emphasize the need to monitor not only service coverage and financial protection, but also the quality of health services and alignment with the disease burden to ensure that all people had access to quality essential health services.

The representative of SAUDI ARABIA[1] said that, in addition to highlighting the issue of antimicrobial resistance, the draft fourteenth general programme of work should cover patient safety within actions on protecting health, given its fundamental role in preventing and mitigating health risks.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES, speaking on behalf of the Scaling Up Nutrition Movement, called for the further mainstreaming of nutrition within the draft fourteenth general programme of work across the three areas of promoting, providing and protecting health and well-being for all. Good nutrition was not only a marker of development, it was central to development and the achievement of the Sustainable Development Goals. It was also pivotal in ensuring an effective response to humanitarian crises, promoting health and preventing noncommunicable diseases, and yielded unparalleled returns on investment. With the collaboration of

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WHO, nutrition services should be embedded in universal health care in order to uphold everyone's right to nutritious food and health.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the inclusion of dementia-related issues in the draft fourteenth general programme of work and encouraged WHO to strengthen dementia-related programmes to ensure that the condition was adequately addressed. He expressed the hope that Member States would commit to a 10-year extension of the global action plan on the public health response to dementia 2017–2025.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed the draft fourteenth general programme of work and the consultations with civil society to inform its development. Strong multisectoral collaboration at the country, regional and global levels was needed for its successful implementation and to address the social, economic, commercial and cultural determinants of health. In particular, the draft programme of work must achieve a decrease in maternal and child mortality rates, reduce inequities, increase access to essential health and nutrition services and financial protection, and tackle major threats to human health and well-being, such as climate change.

The representative of WOMEN IN GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, appreciated the progressive nature and consultative development of the draft fourteenth general programme of work, which should build on the Thirteenth General Programme of Work, 2019–2025, by establishing stronger disaggregated and gender-responsive outcomes and indicators. It should also include specific gender-transformative objectives to achieve goals on human resources for health across its priority areas, and continue to prioritize equal leadership for women in health at the community, national, regional and global levels.

The representative of THE WELLCOME TRUST, speaking at the invitation of the CHAIR, welcomed the engagement of non-State actors in the consultative development process. She called on Member States to support the draft fourteenth general programme of work and to recognize the impact of the climate on global health. The climate crisis represented a pressing health crisis that must drive urgent action to avoid reversing decades of progress. Comprehensive and integrated climate mitigation, adaptation and global public health strategies were needed to protect the health of all, especially the world's poorest and most vulnerable populations.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that the draft fourteenth general programme of work should more explicitly recognize the high prices of medical technologies and propose concrete measures to make medicines accessible to all. To that end, more effective national laws and practices were needed, together with reforms of the policy framework for funding research and development by delinking incentives from monopolies and high prices. Efforts were also needed to ensure more equal access to medicines to aid weight loss and medicines for rare diseases.

The representative of THE COCHRANE COLLABORATION, speaking at the invitation of the CHAIR, welcomed the development of the draft fourteenth general programme of work and the ongoing consultations with civil society. She was particularly pleased to note the recognition of WHO's core science- and evidence-based leadership role. Reliable and sustainable funding must be ensured for the production of WHO's evidence-based guidelines, which constituted a global public good and were vital to achieve country-level impact.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft fourteenth general programme of work and its inclusion of alcohol as a cross-cutting risk factor for noncommunicable and communicable diseases. Highlighting the need to address the harmful use of alcohol as a root cause of ill health and health inequity, he called on WHO to cease its

dialogue with the alcohol industry, whose activities constituted a key commercial determinant of health. The SAFER initiative could help to achieve the strategic priorities of the related triple billion target; in that regard, the Secretariat should better identify and use the potential of alcohol policy across all relevant global health priorities.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the draft fourteenth general programme of work should include measures to protect breastfeeding through all WHO country offices, especially with respect to new strategies such as digital marketing. WHO's key role in ensuring policy coherence with World Trade Organization and Codex Alimentarius trade rules would help Member States to regulate marketing in line with WHO recommendations without fear of challenge. The Organization's norm-setting role should not be undermined by external pressure or undue commercial influence. To that end, the Framework of Engagement with Non-State Actors must be strengthened to safeguard WHO's independence, integrity and trustworthiness. Flexible funding should also be increased and anonymous donations forbidden.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) appreciated the guidance received on the draft fourteenth general programme of work and was pleased to note the interest in holding further consultations, which the Secretariat would organize. The forthcoming discussions would cover matters such as the outcome indicators, baselines and targets, and the degree to which disaggregated data could be used to support them. He reassured Member States that a key part of that process would be the development of intermediate outcomes, indicators and indicative outputs regarding the Secretariat's performance. He also appreciated the inputs from civil society and implementing partners and assured them that they would continue to be part of the consultative process.

Responding to a number of Member States, he emphasized that parts 3 and 4 of the draft programme of work were focused on identifying and leveraging WHO's comparative advantage and added value, and especially on the generation of evidence-based normative and technical advice for Member States and the broader community. The Secretariat had taken note of the issues raised and areas on which further discussion had been requested, such as climate change, as well as the incorporation of work related to the Lusaka Agenda, which WHO was already undertaking and was closely linked to its convening and coordinating role. It had also taken note of the emphasis on WHO's country presence. With regard to the financing of the draft fourteenth general programme of work, the planned increase in assessed contributions and the investment round would be vital and flexible funding would be required to ensure that historic pockets of poverty were addressed.

He looked forward to receiving written comments and holding further consultations with Member States on the narrative for the draft fourteenth general programme of work, which would feed into a revised narrative to be issued by mid-March 2024. The consultative process on the outcome indicators, baselines and targets would continue in parallel.

The CHAIR took it that the Board wished to note the report contained in document EB154/28, as recommended by the Programme, Budget and Administration Committee.

The Board noted the report.

Financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025: Item 24.1 of the agenda (document EB154/27)

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the guidance and recommendations proposed by the Committee on financing and implementation of the Programme budget 2022–2023 and outlook on financing of the Programme budget 2024–2025 set out in paragraph 25 of document EB154/4.

The representative of BRAZIL reiterated the urgent need for WHO to address the chronic underfunding in his Region. Highlighting the distinction between PAHO and the Region of the Americas, he acknowledged the increased allocation of resources to the Region, but said that it still did not reflect a fair distribution of funding. The existing inequity in the regional allocation of resources should be rectified through the current budgetary discussions, taking into account the needs of each region. Given the recent increase in assessed contributions and the proposals for future increases, it was important to bear in mind the efforts requested by the Working Group on Sustainable Financing, among others, in terms of administrative improvements, increased transparency and better accountability. The high proportion of earmarked voluntary contributions was also of concern. Complete disclosure of information on expenditures must be ensured, in line with the common practice of other organizations of the United Nations system.

The representative of JAPAN, noting the 20% increase in assessed contributions, said that the allocation of funding must be prioritized, including by allocating funding to underfunded areas, as shown in the Secretariat's funding heat map. The final results of the budget utilization and implementation rate for the Programme budget 2022–2023 should be closely monitored, as should the future financing situation related to the Programme budget 2024–2025 and its impact on programmes. He appreciated the regular updates provided on the WHO Programme budget web portal and looked forward to further discussions as a means of promoting budget transparency and efficiency.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, welcomed the increased allocation of funds in the total programme budget and the updated estimate of needs for the emergency operations and appeals segment. The regular updates on budget implementation were also appreciated, as were efforts to increase the predictability of funds and their timely implementation. Sustainable financing must be ensured while increasing the flexibility of funding. Mechanisms for the equitable allocation of resources should be strengthened in order to better meet the financial needs of regions and countries, in particular those of the African Region, and the priorities of the Programme budget 2024–2025. Additional resource mobilization was needed for health promotion and prevention efforts, in particular to control chronic noncommunicable diseases. Increased flexible funding within the framework of universal health coverage was also needed to tackle neglected tropical diseases, in view of their close link with climate change. He commended the Secretariat on the level of funds available for the Programme budget 2024–2025.

The representative of MALAYSIA, expressing appreciation for the shortened format of the report, welcomed the Secretariat's efforts to improve flexibility in the timely mobilization of resources. Noting the high proportion of voluntary earmarked contributions, she hoped that the investment round would broaden the financing base to support the prioritization agreed by Member States and increase levels of financing for underfunded activities. She requested an increase in the allocation of funding to the Western Pacific Region to enable further work to be undertaken.

The representative of PERU recognized the Secretariat's efforts to allocate increased funds to all regions, but noted with concern that the Region of the Americas remained the least funded. The gap between the programme budget and its actual financing must therefore be addressed. Both flexible and voluntary funding should be allocated to the Region in line with the approved programme budget, as was the case for the other WHO regions. She also called for a more balanced and effective distribution of flexible, unearmarked funding across the strategic priorities.

The representative of the DOMINICAN REPUBLIC[1] appreciated efforts to finance high-priority outcomes of the Programme budget 2024–2025 and the positive trend towards the allocation of additional resources at the country level. She supported efforts to increase the Organization's accountability, transparency and administrative effectiveness. Although efforts had been made to

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allocate more funding at the regional level, the Region of the Americas remained the least funded. That imbalance should be rectified. The increase in assessed contributions, the growing trend towards thematic funding and the results of the WHO investment round should lead to a more equitable distribution of funding based on the priorities and needs of each region, in particular the Region of the Americas.

The CHAIR took it that the Board wished to note the report, as recommended by the Programme, Budget and Administration Committee.

The Board noted the report.

Sustainable financing: WHO investment round: Item 24.3 of the agenda (documents EB154/29 Rev.1 and EB154/29 Rev.1 Add.1)

The CHAIR drew attention to the report contained in document EB154/29 Rev.1 and invited the Board to consider the draft decision on sustainable financing: WHO investment round contained in paragraph 35 of the report. The financial and administrative implications of the draft decision were contained in document EB154/29 Rev.1 Add.1.

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the guidance and recommendations proposed by the Committee set out in paragraph 41 of document EB154/4.

The representative of FRANCE, expressing strong support for WHO's financial reforms, said that, although the historic decision to increase assessed contributions had been a crucial first step in ensuring the sustainable and effective financing of the Organization, further action was needed. His Government therefore supported the investment round as a means of effectively organizing voluntary contributions and increasing the predictability and flexibility of WHO's funding. He welcomed the possibility of using the contributions from the investment round to help to finance the base segment of the budget.

The representative of DENMARK welcomed efforts to ensure sustainable and predictable financing, which was crucial to enable the Organization to fulfil its core functions and to implement the draft fourteenth general programme of work, 2025–2028. He appreciated the regional consultations and the information provided on the timeline of the WHO investment round and on the base segment of the budget. The investment round must not become an administrative burden for WHO, but rather a way to increase organizational efficiencies and enable it to pursue its goals. The evaluation of the first investment round and continued involvement of Member States in the process would be important in guiding the next steps. He looked forward to further exploring the investment case and to receiving confirmation of the dates of the first investment round.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, welcomed the Secretariat's efforts and the close consultations with Member States on the investment round, which presented an opportunity to broaden the financing base and ensure sustainable and flexible funding for the base budget. A sustainable financing mechanism was crucial to finding effective, efficient and lasting solutions to gaps in health systems and in activities related to health emergencies. The investment round was also a vital step in ensuring timely, predictable, flexible and sustainable financing to enable the Organization to fulfil its mandate, especially at the country level. He supported the proposal to expand the definition of thematic flexible funding and standardize corporate reporting.

Efforts should be made to engage non-traditional partners, while safeguarding WHO's core values and enforcing the Framework of Engagement with Non-State Actors. He looked forward to the finalization of the investment case, which should include a clear value proposition for countries to invest in health. High-level advocacy and political engagement, leveraged through regional forums, were also

necessary to garner support. To that end, the representation of countries hosting such events and representing the region at the global level should be expanded. He supported the recommendations of the Programme, Budget and Administration Committee and the draft decision.

The representative of CANADA welcomed the investment round and commended the Secretariat for its efforts to sustainably finance the base budget and broaden the donor base. The strategic direction set out in the draft fourteenth general programme of work underpinned the Organization's investment case and must therefore be clearly reflected, including with regard to WHO's unique added value within the global health ecosystem and its approach to achieving impact at the country, regional and global levels. A strong communication strategy targeted at a broad range of potential investors, including new ones, would be essential in attracting new funding.

The representative of SWITZERLAND commended the proposed investment round plan and welcomed efforts aimed at improving the sustainability, predictability, transparency, effectiveness and flexibility of WHO's financing, which in turn would strengthen the Organization. She appreciated efforts to align the investment round with the draft fourteenth general programme of work and with the investment rounds of other organizations. The investment round must ensure the adequate financing of human resources and of the priorities defined by Member States. In that connection, countries' priorities should be clearly reflected in the programme budget and allocation of funds. Decisions taken on the basis of the draft fourteenth general programme of work must be aligned with the objectives defined by Member States.

The representative of the UNITED STATES OF AMERICA said that predictable and sustainable funding was critical to enable WHO to carry out its work. She was pleased to note that Member States' feedback had been taken on board in developing the proposed plan for the investment round and looked forward to further consultations in that regard. In particular, the investment case should be refined, and a clear connection established with the draft fourteenth general programme of work. She welcomed the proposal to establish an informal Member State focus group on harmonizing the reporting requirements for donors, which should take into account countries' legal and other requirements. It was also positive that earmarked voluntary contributions would be accepted, as that would allow the participation of all donors. She expressed the hope that the investment round would incentivize both existing and new donors, resulting in the mobilization of additional resources. Work in that area should accurately reflect the broader global agenda, and resource mobilization efforts should be complementary, rather than competitive.

The representative of UKRAINE supported the investment round and the plan for its implementation, which represented a strategic approach to strengthening the global health system; it must result in tangible action. A framework for the predictable and sustainable financing of WHO would ensure that the Organization was not just reactive, but also proactive, and would support it to effectively fulfil its mandate and safeguard global health. The significance of the investment round extended beyond financial considerations by embodying a collective commitment to building health systems that could withstand future challenges.

The representative of JAPAN welcomed the consultations on the investment round, which should continue in order to ensure that all relevant information was shared with Member States. He supported efforts to sustainably finance the Organization. Efficiencies should be presented not only in terms of estimated amounts, but also in easily understandable results. In addition, information on the number of grants managed and the number of reports prepared should be presented as monitoring indicators without set targets.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed mechanisms for ensuring the sustainable and predictable financing essential to enable WHO to fulfil its mandate. He appreciated the transparent

consultation process on the development of the investment round and highlighted the importance of collaboration on the matter as a means of further strengthening mutual accountability. The diversity among the Member States of the Region presented both obstacles and opportunities in ensuring health care for all. Strong regional and country offices were crucial in order to meet countries' needs and priorities. The link between the investment round and the draft fourteenth general programme of work was therefore particularly important and further details were needed on the operationalization of the results and on the country impact. He endorsed the investment round, which would facilitate resource allocation at the regional and country levels and the implementation of regional resolutions, and also reinforce WHO's normative and technical functions at the global level.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed the Secretariat's efforts on financing and implementation of the programme budget. In view of the evolving global health landscape and the importance placed by WHO on collaborative country-level activities, additional funds should be allocated to the country level. Measures should also be established to increase the budget implementation rate and strengthen the monitoring system for programmatic and financial implementation. She acknowledged efforts to enhance resource allocation mechanisms to strengthen the link between financing levels and country offices' prioritization for the biennium 2024–2025.

The representative of TIMOR-LESTE appreciated the Secretariat's efforts to ensure a more participatory approach in the development of the programme budget and the prioritization process. She supported the full plan for the investment round, which would fully finance the base budget, enhance the sustainability and predictability of WHO's financing at the country level, broaden the donor base and increase the Organization's efficiency.

The representative of CHINA supported the adoption of mechanisms to address WHO's financing. Major contributing countries should increase the flexibility of their funding, and the Secretariat should strengthen coordination with major partners on funding use and allocation. Noting that baselines for key indicators had been established to measure the effectiveness of the proposed WHO investment round, she questioned whether the target values for subsequent rounds were expected to improve. Regular information should be provided on the format of the investment round, on the co-hosting Member States and on plans for regional resource mobilization activities to enable countries to prepare accordingly. Information on the number of full-time staff working on resource mobilization should also be transparent. The Secretariat should clarify how it would evaluate the effectiveness of investment rounds in a timely manner, in accordance with the definition of thematic flexible funding.

The representative of GERMANY[1] expressed strong support for the investment round which, together with an increase in assessed contributions, could address most of WHO's historic structural challenges and would be catalytic for all reforms. It could ensure more flexible and predictable financing and expand the limited donor base, thereby reducing the current risk associated with dependence on a small number of donors. The current financing mechanism was unsustainable and ineffective, with a fragmented resource mobilization process. The investment round represented an improvement on the status quo and could be refined over time. He therefore urged the Executive Board to support the investment round.

The representative of NORWAY[1] said that the investment round would be an important step in providing the Organization with more sustainable financing. Together with the increase in assessed contributions and the implementation of reforms to increase transparency, efficiency and accountability, it would ensure that WHO was fit for purpose. Success criteria should focus on the continued unearmarking of contributions, increased predictability and the acceptance of harmonized reporting. She looked forward to the development of the investment case, which must highlight the return on investment in relation to both WHO's unique normative mandate and its operational work. Welcoming

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efforts to proactively assess and mitigate the risks related to the investment round, she emphasized the need for strong risk management, control and oversight functions, in addition to a robust culture of integrity. She encouraged all Member States to actively engage in and contribute to the success of the investment round.

The representative of THAILAND[1] appreciated efforts to ensure the sustainable financing of WHO. To further enhance success, WHO should consider the lessons learned from the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance. In addition, to increase flexibility, at least 15% of funding from voluntary contributions should be flexible and used to fill the funding gap. The effectiveness and timeliness of budget allocations should be measured against the outcomes and outputs of the previous general programme of work. He looked forward to the increased predictability and flexibility in the WHO budget.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] expressed support for the investment round and said that she welcomed the consultations with Member States on its development and looked forward to further consultations on the matter. She also looked forward to receiving additional information on the options to support the investment round, including clear expectations of co-hosts and champions, and on a further articulation of the links between the outputs of the draft fourteenth general programme of work and the investment case. Sustainable and predictable financing was critical to enable the Organization to deliver on its transformation agenda. She encouraged donors to provide more sustainable unearmarked funding as part of the investment round.

The representative of the REPUBLIC OF KOREA[1] appreciated the comprehensive Member State consultations that had informed the plan for the investment round, which would increase the predictability of funding and ensure the sustainable financing of the draft fourteenth general programme of work. He supported programmatic and geographical flexibility of funding and the provision of flexible funds at the country level. WHO should take the lead in building the global health architecture while maintaining momentum on global health security. He looked forward to engaging in consultations on developing a standardized report template to reduce the reporting burden and expressed the hope that the investment round would broaden the donor base and attract financial pledges.

The representative of NAMIBIA[1] supported the robust plan for the investment round, developed in consultation with Member States. He noted with appreciation its alignment with the principles established by the Working Group on Sustainable Financing and its complementarity to the increase in assessed contributions. The securing of sustainable, predictable and flexible financing in support of the draft fourteenth general programme of work was a welcome aim of the investment round. Although sovereign donors would continue to form the backbone of funding, it was important to broaden engagement with non-traditional partners while safeguarding WHO's core values and enforcing the Framework of Engagement with Non-State Actors.

The representative of the UNITED REPUBLIC OF TANZANIA[1] welcomed the investment round as a means of enhancing both the flexibility and sustainability of funding for the draft fourteenth general programme of work. Measures to improve efficiencies in the use of resources, including by reducing fragmentation, were crucial. He therefore advocated for one plan, one budget and one report as a key driver to increase efficiencies and enhance impact. He supported the recommendations of the Programme, Budget and Administration Committee on the investment round.

The representative of CHILE,[1] noting the level of resources distributed to the Region of the Americas, asked whether it would be possible to improve the flexibility and equity of the distribution of

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funding for the period until 2030. In particular, she expressed the hope that Latin America, and the Americas in general, would be a key recipient of funding.

The representative of the UNITED NATIONS FOUNDATION, INC., speaking at the invitation of the CHAIR, encouraged the Board to unequivocally affirm that flexible, predictable and sustainable financial resources must be ensured for WHO's core capabilities and normative functions. She urged Member States to embrace the investment round as another pathway to ensuring that WHO was not subject to unpredictable funding flows. At the same time, WHO must deliver on its commitment to enhance accountability for its financial and programmatic performance and should remain responsive to Member State and civil society feedback on the issue.

The ASSISTANT DIRECTOR-GENERAL (External Relations and Governance) appreciated the input received in preparing the draft decision on the WHO investment round. She welcomed the broad support expressed for the sustainable financing of WHO and for the investment round as a key and innovative step in that regard. She noted the comments raised on the investment round plan, including on the financial terms and the optimization of the allocation of resources. The investment case would be closely linked to the general programme of work and the results framework and provide a strong and unique value proposition. She encouraged participation in the informal Member State focus group on harmonizing reporting requirements. The Secretariat would continue to provide updates on the investment round, including on its modalities. Monitoring and evaluation would be based on the indicators developed jointly to measure flexibility, predictability and efficiency. Adoption of the draft decision would set in motion an intense period of preparation for the investment round to set it up for success, for which Member States' continued support would be pivotal.

The DIRECTOR-GENERAL said that the proposed investment round would be of historic importance for the Organization. WHO's financing model had been a major structural problem for many years and the investment round would therefore play a catalytic role in all reforms. At the start of the WHO transformation process, many had cautioned against focusing on multiple thematic areas. All areas were structurally interlinked, however, with financing at their centre, and focusing on one or two areas only would not bring about the desired change. For example, sustainable financing was key to achieving results at the country level and for ensuring a motivated and fit-for-purpose workforce. Similarly, flexible funding was essential for impact-focused, data-driven strategies and planning. Collaboration was also key to achieving results, including with the WHO Civil Society Commission and the WHO Youth Council.

Implementing WHO's numerous initiatives across its seven major thematic areas would not be possible without sustainable financing, while making WHO fit for purpose would not be possible without the transformation agenda. Given the interlinkages between areas and the pivotal role of sustainable financing, a holistic approach was required to bring about significant changes. Those changes would result in a better and stronger WHO that would in turn serve people in a better way, in line with Member States' vision for the Organization.

Member States' recognition of the importance of and support for sustainable financing was therefore heartening. The increase in assessed contributions together with the investment round would enable the implementation of WHO's initiatives, which would lead to progress in particular at the country level, where results were needed. He thanked Member States for their support and said that the Secretariat would continue to consult with them on the allocation of funding to ensure that the process was as transparent and accountable as possible. The Secretariat would also engage in open and candid consultations with Member States to resolve any imbalances in funding.

The Board noted the report contained in document EB154/29 Rev.1 and concurred with the guidance and recommendations of the Programme, Budget and Administration Committee.

The CHAIR took it that the Board wished to adopt the draft decision on sustainable financing: WHO investment round contained in document EB154/29 Rev.1.

The decision was adopted.[1]

Rights of reply

The representative of the RUSSIAN FEDERATION,[2] speaking in exercise of the right of reply, regretted that a number of countries were continuing to use WHO meetings as a platform to attack the Russian Federation. She rejected all allegations concerning the Russian Federation's special military operation in Ukraine. The crisis in Ukraine was the result of Kyiv's eight-year aggression against residents of the Luhansk and Donetsk regions and its policy to deprive Russian-speaking people of their rights. The Ukrainian military was conducting deliberate attacks on critical civilian infrastructure, including medical and educational facilities. The Russian Federation condemned such attacks. Attacks perpetrated in Moscow and other Russian cities were intended to terrorize the Russian people. The special military operation was therefore necessary in order to demilitarize Ukraine and remove the threats emanating from its territory.

The representative of UKRAINE, speaking in exercise of the right of reply, stated that the comments made by the representative of the Russian Federation were lies. The Russian Federation must stop spreading lies and must leave Ukraine.

The representative of the RUSSIAN FEDERATION,[2] speaking in exercise of the right of reply, said that President Putin had repeatedly stated that the Russian Federation did not reject negotiations. In 2022, Kyiv had been prevented by the West from signing a settlement agreement with the Russian Federation. Responsibility for the continuation of the conflict must be borne by those calling for victory over the Russian Federation on the battlefield. The High Representative of the European Union for Foreign Affairs and Security Policy had that day described the aim of such action as the revival of the European defence industry.

The representative of DENMARK, speaking on behalf of the Member States of the European Union in exercise of the right of reply, noted that lawful arms transfers to Ukraine supported that country's right to self-defence under Article 51 of the Charter of the United Nations. The statement made by the representative of the Russian Federation was intended to distract from the Russian Federation's war of aggression against Ukraine and the systematic air strikes that were killing civilians and destroying critical infrastructure. The Member States of the European Union condemned the Russian Federation's aggression against Ukraine, which constituted a manifest violation of the Charter of the United Nations, and reaffirmed their unwavering support for Ukraine's independence, serenity and territorial integrity within its internationally recognized border.

The meeting rose at 18:00.

[1] Decision EB154(1).

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

THIRD MEETING

Tuesday, 23 January 2024, at 09:15

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

1. REPORT OF THE REGIONAL COMMITTEES TO THE EXECUTIVE BOARD: Item 3 of the agenda (document EB154/3)

The representative of SLOVAKIA commended WHO's efforts to enhance alignment at the regional and global levels. She expressed appreciation for the governance review in the European Region and its follow-up; and commended progress made towards participatory governance and improved transparency, inclusiveness and predictability in selection processes. She recognized the challenge of misinformation in the context of the negotiations on the pandemic agreement and welcomed efforts to combat it. She supported the request by the Regional Committee for the Americas concerning the draft fourteenth general programme of work, 2025–2028, that WHO should identify concrete outcomes and outputs and show how WHO would demonstrate its added value in achieving results. The participation of countries in WHO governance and networks would lead to better global health results and collaboration with a diversity of stakeholders was essential to enhancing health protection. Noting that country impact must be measurable, she urged continued efforts towards an accountable, efficient and transparent WHO.

The representative of BARBADOS commended the support provided to small island developing States in the areas of infection prevention and control, climate change and health, antimicrobial resistance and strengthening laboratory capacity and capabilities. In order to strengthen the Region's human resources capacity, he called on the Secretariat to explore South–South collaboration, the engagement of non-State actors and the use of digital technologies, and to combat the movement of health care workers out of the Region.

The representative of BRAZIL welcomed the focus in the draft fourteenth general programme of work on the determinants of health and achieving universal health coverage. WHO should provide support for strengthened and comprehensive health systems. Constructive and coordinated participation by the Region of the Americas in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) was essential. She welcomed the support of PAHO, which had contributed to a better understanding of national positions and identification of points of convergence. The Region of the Americas comprised many diverse countries and faced several public health crises, and she called for the effective and fair allocation of an increased budgetary envelope.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, took note of efforts to enhance alignment between the regional committees and the Executive Board. Current and future challenges transcended national borders and would require the commitment of governments and other stakeholders from across the health ecosystem. She recognized the frameworks adopted by the regional committees to strengthen capacities and accelerate progress towards universal health coverage, health security and the health-related Sustainable Development Goals. The regions' knowledge and talent should be leveraged to create safer and more resilient health systems, including through the strengthening of the core capacities required by the International Health

Regulations (2005) and the application of WHO guidance in the areas of noncommunicable diseases, nutrition, food insecurity, cardiovascular disease and antimicrobial resistance, as well as the development of the pandemic agreement. Communication systems should be adapted to better meet populations' needs. The successful implementation of multisectoral action to enhance emergency response and resilience would depend on the capacity to act strategically and flexibly. She called for greater regional collaboration and exchange of experience. Future reports of the regional committees to the Executive Board should contain a table with comparative data from across the regions relating to the global performance indicators, which would demonstrate the priorities and specific contexts of each region.

The representative of the RUSSIAN FEDERATION[1] took note of the strict adherence by the WHO Regional Office for Europe to the European Programme of Work 2020–2025 and the progress made in providing support to Member States in response to their needs. Nonetheless, she expressed concern regarding the paralysing influence of political bias on the part of the countries of the European Union on the work of WHO in the European Region, including barriers to the participation of Russian experts in certain events, and recalled that the WHO European Office for the Prevention and Control of Noncommunicable Diseases was no longer operating in Moscow. She encouraged the Secretariat to investigate her concerns and urged Member States to overcome their bias and return to constructive interaction.

The REGIONAL DIRECTOR FOR AFRICA said that, during the seventy-third session of the Regional Committee for Africa, Member States had discussed WHO's achievements and challenges and the importance of including health in multisectoral actions in the future. Guided by the lessons learned from the coronavirus disease (COVID-19) pandemic, the Committee had emphasized the importance of equity, national and regional self-reliance, national health systems focused on primary health care, and integrated, people-centred health services. Commitments made during that session of the Committee were being implemented, including the launch of an mRNA vaccine manufacturing facility in Rwanda and the development of people-centred approaches to health care. She highlighted the importance of financing approaches in minimizing decentralization. The Committee had reviewed the draft Proposed programme budget 2024–2025, endorsing the objectives on strengthening country capacity and enhancing accountability and transparency. Information had been provided on the investment round and on improving equitable resource allocation.

The REGIONAL DIRECTOR FOR THE AMERICAS thanked the representatives of Barbados and Brazil for highlighting the Region's achievements and challenges. At the seventy-fifth session of the WHO Regional Committee for the Americas, Member States had discussed the draft fourteenth general programme of work, welcomed the shift to a stronger WHO country presence, and asked the WHO Secretariat to identify specific outcomes and outputs. The Committee had emphasized the need to ensure that the views of all Member States were represented in the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005). He drew attention to the documents approved by the Committee, which reflected the Region's priorities. An update on the COVID-19 pandemic in the Region had been provided and Member States had emphasized the need to guarantee equitable access to all pandemic response tools and to support preparedness through the strengthening of regional manufacturing capacity for vaccines and health technologies. The Committee had considered a report on the application of the International Health Regulations (2005) in the Americas, noting the need to continue strengthening the core capacities required by the Regulations.

The REGIONAL DIRECTOR FOR EUROPE said that the international conference to commemorate the forty-fifth anniversary of the Alma-Ata Declaration on primary health care, held immediately prior to the seventy-third session of the Regional Committee for Europe, had seen broad

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

participation and he commended the intergenerational work that had led to its outcome document. The theme of the Regional Committee had been resilience: resilient governance, a resilient health system and resilient people. To that end, WHO should listen to Member States and strengthen their trust in the Organization; hospitals should be fit-for-purpose and equipped with digital tools; and efforts should be made to seek peace as the prerequisite for mentally and physically resilient people. The Committee had discussed the safety of health and care workers, and how to tackle emerging health challenges, including climate change, antimicrobial resistance and pandemic preparedness. He drew attention to the new accountability report introduced by the Committee.

The CHEF DU CABINET, REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, said that he was speaking on behalf of the Regional Director for the Eastern Mediterranean. At the seventieth session of the Regional Committee for the Eastern Mediterranean, Member States had discussed how to address the escalating challenges posed by humanitarian emergencies in the Region, and had endorsed regional frameworks on noncommunicable diseases in emergencies, public health readiness for mass gatherings, and on climate change, health and environment. The Committee had called for action to ensure that the health workforce in the Region was fit-for-purpose, in the light of the gaps highlighted by the COVID-19 pandemic. The Committee had nominated Dr Hanan Hassan Balkhy of Saudi Arabia to become the new Regional Director for the Eastern Mediterranean from 1 February 2024.

The REGIONAL DIRECTOR FOR SOUTH-EAST ASIA drew attention to the resolutions and decisions adopted during the seventy-sixth session of the Regional Committee for South-East Asia and highlighted the significant progress in disease elimination and interruption in the Region. The Committee had discussed the implementation of the Programme budget 2022–2023 and the draft Proposed programme budget 2024–2025, commending the consultative process that had led to the development of the latter and noting that the proposed increase in assessed contributions would enhance WHO's financial sustainability. The Committee had called for a robust results management framework in the draft fourteenth general programme of work to enable regular assessment and enhance impact measurement. The Committee had expressed support for the Secretariat's efforts to achieve sustainable financing, including through innovative funding mechanisms. It had adopted a regional declaration on strengthening primary health care that was in alignment with previous landmark texts to achieve universal health coverage. It had also endorsed the regional strategic framework to end neglected tropical diseases in the Region, and she highlighted progress made over the previous decade. The Committee had urged Member States to participate in the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), in the development of the global architecture for emergency preparedness, prevention and response, and in regional initiatives.

In order to achieve universal health coverage and the health-related Sustainable Development Goals, the Committee had highlighted the need for civil registration and statistics systems and had proposed an additional indicator relating to unmet health needs. The Committee had advocated for the use of transformative digital technologies and for the full use of all data, and had called for investment in leadership structures, governance, sustainability, people-centred data collection approaches and leveraging digital technology. Consultations would continue on whether to expand the scope of the South-East Asia Regional Health Emergency Fund in order to strengthen health emergency preparedness and response. The Committee had reconfirmed its commitments to ending tuberculosis, and called for greater regional collaboration in monitoring tuberculosis among migrants and an enhanced focus at the global level on low-burden countries. She highlighted amendments made to the Committee's Rules of Procedure, which included the adoption of gender-neutral language and webcasting of the Committee's meetings. The Committee had nominated Ms Saima Wazed to become the new Regional Director for South-East Asia from 1 February 2024.

The ACTING REGIONAL DIRECTOR FOR THE WESTERN PACIFIC said that, at its seventy-fourth session, the Regional Committee for the Western Pacific had made history by nominating the first ever Regional Director from the Pacific, following a transparent and participatory election

process. The incoming Regional Director would have to balance the implementation of the draft fourteenth general programme of work with the Region's priorities, set out in the regional action frameworks; support the initiative to amend the International Health Regulations (2005), which would strengthen capacity and delivery at the country level; and continue WHO reform at the regional level. Since 2022, the Regional Office had been reviewing and simplifying processes; delegating authority to WHO Representatives and directors; empowering colleagues, especially technical coordinators; and ensuring that colleagues felt safe, respected, valued and motivated. The Committee had noted the significant impact resulting from the regional change management group introduced to coordinate the various initiatives under way. Four action frameworks had been adopted on health security, health workforces, strategic communication and innovation. Moreover, the Committee had discussed health financing, climate resilience and low-carbon health systems, as well as non-technical items such as governance reform and the updating of the Committee's Rules of Procedure. She commended the collaborative work undertaken prior to the Regional Committee meeting.

The Board noted the report.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

2. STAFFING MATTERS: Item 28 of the agenda

The meeting was held in private session from 09:55 to 11:05, when it resumed in public session.

Appointment of the Regional Director for the Eastern Mediterranean: Item 28.1 of the agenda (document EB154/43)

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Eastern Mediterranean adopted by the Board in private session:[1]

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for the Eastern Mediterranean at its seventieth session,[2]

1. APPOINTS Dr Hanan Hassan Balkhy as Regional Director for the Eastern Mediterranean as from 1 February 2024;

2. AUTHORIZES the Director-General to issue a contract to Dr Hanan Hassan Balkhy for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

[1] Resolution EB154.R1.

[2] See resolution EM/RC70/R.7 (2023).

The CHAIR congratulated Dr Balkhy on her appointment and conveyed the Board's best wishes for success in her post.

At the invitation of the CHAIR, Dr Balkhy took the oath of office contained in Staff Regulation 1.10 and signed her contract.

The REGIONAL DIRECTOR-ELECT FOR THE EASTERN MEDITERRANEAN recognized that she had been appointed as Regional Director at a crucial juncture of evolving geopolitics, frequent emergencies, and the aftermath of the COVID-19 pandemic. The connection between health and climate was undeniable, and every humanitarian crisis was a health crisis. Health goals could not be achieved without peace, towards which all should strive at the global and regional levels. She emphasized the diversity of her Region, which meant that guaranteeing health for all required innovative, evidence-based approaches. During her campaign, she had emphasized the importance of prioritizing health access and investing in robust and resilient health systems, and of collective efforts to ensure that WHO remained the leading global health agency. With her team, she was committed to enhancing end-to-end supply chains to ensure universal access to essential medicines and supplies and to fostering collaboration to build a skilled and sufficient health workforce. She commended the accomplishments of the outgoing Regional Director and looked forward to receiving his counsel in her new position. She thanked the Board for its trust.

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:[1]

> The Executive Board,
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> Desiring to express its appreciation to Dr Ahmed Salim Al-Mandhari, for his services as Regional Director for the Eastern Mediterranean;
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> Mindful of Dr Ahmed Salim Al-Mandhari's lifelong, professional devotion to the cause of global health, and recalling especially his five years of service as Regional Director for the Eastern Mediterranean;
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> Recalling resolution EM/RC70/R.8 (2023) adopted by the seventieth session of the Regional Committee for the Eastern Mediterranean, which designated Dr Ahmed Salim Al-Mandhari Director Emeritus of the Eastern Mediterranean Region,
>
> 1. EXPRESSES its profound gratitude and appreciation to Dr Ahmed Salim Al-Mandhari for his invaluable contribution to the work of WHO, especially his dedicated leadership and invaluable contribution to health development in the WHO Eastern Mediterranean Region;
>
> 2. ADDRESSES to him on this occasion its sincere good wishes for many further years of service to the global health community.

The OUTGOING REGIONAL DIRECTOR FOR THE EASTERN MEDITERRANEAN said that it had been an honour and privilege to lead the Regional Office for the Eastern Mediterranean and collaborate with such a dedicated body of professionals at an extraordinary time in global health. The lessons learned from the COVID-19 pandemic on preparedness and response must be fully adopted and integrated. His Region had been affected by multiple crises caused by natural disasters and conflicts, which had demonstrated the link between climate, health and peace. Noting with regret the avoidable loss of health workers in those crises, he commended the resilience of WHO staff, particularly on the ground. WHO should play an active role in steering humanity towards security, stability, peace and

[1] Resolution EB154.R4.

prosperity, thereby enhancing global health and well-being. His strategy for the Region had been grounded in the belief that health was a shared responsibility.

He commended the leadership of the Director-General, whose "countries first" vision would achieve better health outcomes by adequately resourcing and equipping regional offices to support Member States. With appropriate strategies, investments, incentives and partnerships, it would be possible to achieve tangible results. He congratulated the Regional Director-Elect on her appointment – her professionalism, dedication and passion for the Region would undoubtedly lead to success. He remained committed to supporting the work of the Region in the future.

The DIRECTOR-GENERAL congratulated the Regional Director-Elect on her appointment. She had earned Member States' confidence and trust through a distinguished career in public health. She faced serious challenges in a region marked with acute and chronic emergencies. It was time to renew efforts towards achieving the triple billion targets and the Sustainable Development Goals. However, she was not alone in the task, as she was supported by the staff of the Regional Office and headquarters.

He commended the outstanding leadership of the outgoing Regional Director over the previous five years, despite unprecedented challenges caused by wars and climate change and significant health threats, in building a healthier, safer and fairer Region for all. He looked forward to continuing to collaborate with all the outgoing Regional Directors going forward.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, congratulated the Regional Director-Elect on her appointment. Her experience and achievements in health leadership would help to advance WHO's efforts to improve health services and outcomes in the Eastern Mediterranean Region and globally. His Region was committed to working with her to consolidate existing gains and find effective solutions to current and future challenges in health care delivery. Areas for cross-regional health cooperation should include health workforce development, sharing innovative solutions in primary health care, technology transfer for local pharmaceutical production, and building regulatory capacity.

The representative of PERU, speaking on behalf of the Member States of the Region of the Americas, expressed appreciation to the outgoing Regional Director for his dedication and leadership in health promotion, which had had a positive impact in the Eastern Mediterranean Region. He congratulated the Regional Director-Elect on her appointment, recognizing her previous achievements as Assistant Director-General for Antimicrobial Resistance and trusting in her ability to make a significant contribution to the promotion of health and well-being worldwide.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Regional Director-Elect, whose experience and commitment would strengthen work towards the Region's priorities. Her election had come at a critical moment, but he expressed confidence that her impact on the Region would be positive. The Member States of the Region were ready to support her efforts to attain the Region's goals. He expressed gratitude to the outgoing Regional Director for his significant contribution in helping the Region to overcome many challenges together with his team. Going forward, the Regional Office would undoubtedly enjoy unprecedented successes, working within its means to achieve sustainable and tangible results.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region, expressed her appreciation to the outgoing Regional Director and commended his devotion to progress in the Eastern Mediterranean Region. She congratulated the Regional Director-Elect and looked forward to close collaboration with her Region in the future.

Appointment of the Regional Director for South-East Asia: Item 28.2 of the agenda (document EB154/44)

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for South-East Asia adopted by the Board in private session:[1]

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for South-East Asia at its seventy-sixth session,[2]

1. APPOINTS Ms Saima Wazed as Regional Director for South-East Asia as from 1 February 2024;

2. AUTHORIZES the Director-General to issue a contract to Ms Saima Wazed for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Ms Wazed on her appointment and conveyed the Board's best wishes for success in her post.

At the invitation of the CHAIR, Ms Wazed took the oath of office contained in Staff Regulation 1.10 and signed her contract.

The REGIONAL DIRECTOR-ELECT FOR SOUTH-EAST ASIA congratulated the Regional Directors for the Eastern Mediterranean and the Western Pacific on their appointments, noting that they all faced different journeys but sought to achieve the same goal. She recognized the outgoing Regional Director's experience and contribution to public health in the South-East Asia Region, and looked forward to drawing on her guidance in the future. With the close collaboration of the Director-General, her Region was ready to face any challenge. She expressed appreciation for the nomination by her Government and was grateful for the trust placed in her leadership by Member States. She would seek to exemplify the qualities of leadership with compassion, and care for people who were disenfranchised and in need.

She was committed to taking a collaborative approach to the role of Regional Director, working with the Member States of the Region to create solutions tailored to their needs, and cooperating closely with country offices to implement the "one WHO" approach. She would strive to implement global WHO priorities in her Region, alongside the priorities she had outlined during her election campaign. First, mental health was a long-neglected area of work, and there should be relative parity between physical and mental health in national health care systems. Second, specific interventions for women and children, including pregnant women, should focus on education, empowerment and prevention throughout the life course in the areas of well-being, vaccination, nutrition and resilience. Success in those areas would have multi-generational benefits and improve the health of communities. Third, the use of technology granted access to untold possibilities of innovation in public health to enhance telemedicine, patient monitoring, data-driven diagnostics and personalized treatment, and the digitalization of health systems would bring benefits at the individual and country levels. Fourth, financing to support the work of the Region should be transparent, sustainable and provide a return on

[1] Resolution EB154.R2.

[2] See resolution SEA/RC76/R1 (2023).

investment. Finally, the Regional Office for South-East Asia would explore partnerships with ministers of other sectors, as the determinants of health included factors from beyond the health sector. Such collaboration could provide access to budgets housed in non-health portfolios.

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:[1]

> The Executive Board,
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> Desiring to express its appreciation to Dr Poonam Khetrapal Singh, for her services as Regional Director for South-East Asia;
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> Mindful of Dr Poonam Khetrapal Singh's lifelong, professional devotion to the cause of global health, and recalling especially her 10 years of service as Regional Director for South-East Asia;
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> Recalling resolution SEA/RC76/R2 (2023) adopted by the Seventy-sixth Session of the Regional Committee for South-East Asia, which designated Dr Poonam Khetrapal Singh Director Emeritus of the South-East Asia Region,
>
> 1. EXPRESSES its profound gratitude and appreciation to Dr Poonam Khetrapal Singh for her invaluable contribution to the work of WHO, especially over the past decade, her exemplary leadership, and her strategic vision to achieve tangible and measurable improvements in the health and well-being of the people of the WHO South-East Asia Region through prioritizing the most pressing needs in the form of eight Regional Flagship Priority Programmes; and her diligence to secure the health of all the people, her stewardship and her relentless pursuit of excellence in disease elimination in the Region;
>
> 2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

The OUTGOING REGIONAL DIRECTOR FOR SOUTH-EAST ASIA said that, on her appointment, her vision had been to create a Region that was more responsive, inclusive and accountable. Ten years later, she expressed her gratitude to the Member States in her Region for their commitment and support throughout her mandate; a mandate that had begun with the attainment of the Region's polio-free status and had finished with the end of the acute phase of the COVID-19 pandemic. She noted achievements in combating communicable diseases, achieving universal health coverage, reducing poverty due to health spending, and increasing the health workforce and core capacities required by the International Health Regulations (2005) in the Region. the innovative South-East Asia Regional Health Emergency Fund had supported more than 43 emergencies in the Region and continued to strengthen preparedness. She also drew attention to improvements in newborn, under five and maternal mortality; premature deaths from noncommunicable diseases; and access to treatment for tuberculosis in countries with a high burden of the disease. All of those achievements represented real lives that had been saved or changed for the better. Such accomplishments could be attributed to programmatic reforms, under which measurable, time-bound flagship programmes had been implemented, regional budgetary allocations to country offices had increased, programme evaluation had been prioritized, more partnerships had been developed, and knowledge generation had flourished. She noted the enhanced political commitment in the Region, and the overarching focus on reaching vulnerable populations to ensure that no one was left behind. She had been struck repeatedly by the resilience and optimism of health and care workers, policy-makers and other stakeholders, even in the

[1] Resolution EB154.R5.

shadow of the most disruptive health crisis in more than a century. Together, the Region and its Member States had achieved extraordinary goals.

She expressed her gratitude to all members of the Executive Board, who had supported her as Regional Director and had been responsive to the Region's collective ambition to strengthen global health governance, shape the global health agenda, and fulfil the right to universal health coverage and to the highest attainable standards of health. She commended the Director-General's leadership and his support of her Region. She welcomed the support from her Government, including for the new Regional Office building in New Delhi. She congratulated the Regional Director-Elect on her appointment, recognizing that her expertise would certainly lead to further progress in the Region. She expressed her heartfelt thanks to the Member States of her Region for their support, vision, capacity to deliver game-changing programmes and unity over the previous decade, which had shaped the global health agenda, especially regarding primary health care. Global health equity was both a regional and an Organization-wide priority. She commended the collaboration of partners and staff across the three levels of WHO, including other Regional Directors, and highlighted their diverse and valuable contributions to her Region. She expressed the hope that such excellence would continue. She was proud and grateful to have served WHO for 25 years.

The DIRECTOR-GENERAL congratulated the Regional Director-Elect for South-East Asia on her appointment. The Region was extremely diverse, as were the health challenges faced by its Member States. Her work would begin at a critical moment as WHO sought to catalyse progress towards achieving the Sustainable Development Goals. Highlighting the privilege and the responsibility of the position, he assured the Regional Director-Elect of his support, and that of all WHO staff members.

He thanked the outgoing Regional Director for her outstanding leadership and dedication throughout her long career at WHO. She had led the Regional Office for South-East Asia with clarity and stability, caring for the health of such a diverse region and leaving a firm foundation on which to build. He hoped that it would be possible to find a way to leverage the wisdom of the outgoing Regional Directors.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, congratulated the Regional Director-Elect on her appointment. Her experience and achievements in health leadership would help to advance WHO's efforts to improve health services and outcomes in the South-East Asia Region and globally. His Region was committed to working with her to consolidate existing gains and find effective solutions to current and future challenges in health care delivery. Areas for cross-regional health cooperation should include health workforce development, innovative solutions in primary health care, technology transfer for local pharmaceutical production, and building regulatory capacity.

The representative of PERU, speaking on behalf of the Member States of the Region of the Americas, expressed appreciation to the outgoing Regional Director for her dedication and leadership, and recalled that she had been the first female Regional Director in the South-East Asia Region. He congratulated the Regional Director-Elect, expressing his conviction that she would lead the Region efficiently. His Region would work with her for the health and well-being of all.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Regional Director-Elect, noting that her expertise and dedication would contribute to advancing health and well-being in her Region and beyond. He commended the outgoing Regional Director for her exceptional work and valuable impact on WHO.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, said that the outgoing Regional Director had made history as the first female Regional Director in the Region and commended her unprecedented achievements in improving health and well-being. From the start of her tenure, she had worked towards eight flagship priorities, and had achieved significant results, including the elimination of more than 20 diseases; the development of the

South-East Asia Regional Health Emergency Fund, which met urgent needs until formal assistance could be delivered; and the establishment in Thailand of the WHO Collaborating Centre for the Prevention and Control of Poisoning, which promoted universal and timely access to antidotes, antitoxins and antivenoms across the Region. He welcomed the Regional Director-Elect, encouraging her to continue mobilizing the social and intellectual capital of WHO in order to maintain and advance support to Member States.

The representative of BANGLADESH[1] congratulated the Regional Directors-Elect and expressed appreciation to the outgoing Regional Directors for their dedicated service. He thanked the Executive Board for entrusting the leadership of the South-East Asia Region to the candidate nominated by his Government, who would surely continue to strengthen health services in the Region. The new Regional Directors should seek to implement WHO's agenda and support Member States to meet their needs.

The representative of INDIA[1] congratulated the Regional Director-Elect on her appointment, noting the confidence and trust placed in her by the Executive Board to lead the Region in meeting its health challenges at a crucial moment in history. Her Government would work with the Regional Director-Elect, confident that she could build on the Region's past successes. In that regard, she commended the outgoing Regional Director for her ten years of service, in particular her efforts to address the Region's complex health challenges, which had been exacerbated by the COVID-19 pandemic. Notable achievements had included the high regional rate of immunization coverage, the improvement in all health indicators, and the progress made towards universal health coverage.

The representative of THAILAND[1] commended the leadership and dedication of the outgoing Regional Director, especially in the implementation of flagship programmes. The Regional Office for South-East Asia had been the first to eliminate alcohol and sweetened drinks from its events. Other regional offices had now followed suit and she was confident that WHO could serve as a role model for health promotion. She looked forward to collaborating with the Regional Director-Elect to further improve the health of the people in the Region.

Appointment of the Regional Director for the Western Pacific: Item 28.3 of the agenda (document EB154/45)

At the request of the CHAIR, the RAPPORTEUR read out the resolution on the appointment of the Regional Director for the Western Pacific adopted by the Board in private session:[2]

The Executive Board,

Considering the provisions of Article 52 of the Constitution of the World Health Organization and Rule 56 of the Rules of Procedure of the Executive Board;

Considering also the nomination made by the Regional Committee for the Western Pacific at its seventy-fourth session,[3]

1. APPOINTS Dr Saia Ma'u Piukala as Regional Director for the Western Pacific as from 1 February 2024;

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

[2] Resolution EB154.R3.

[3] See resolution WPR/RC74.R1 (2023).

2. AUTHORIZES the Director-General to issue a contract to Dr Saia Ma'u Piukala for a period of five years as from 1 February 2024, subject to the provisions of the Staff Regulations and Staff Rules.

The CHAIR congratulated Dr Piukala on his appointment and conveyed the Board's best wishes for success in his post.

At the invitation of the CHAIR, Dr Piukala took the oath of office contained in Staff Regulation 1.10 and signed his contract.

The REGIONAL DIRECTOR-ELECT FOR THE WESTERN PACIFIC expressed his appreciation for the trust placed in him as the first Regional Director from the Pacific. While that was a source of pride for the Pacific people, he recognized that his task was to support all members of the Region. He was committed to seeking counsel and guidance from Member States, acknowledging that working together was the way to make a difference. The Western Pacific Region was one of the most diverse WHO regions, and it faced similar challenges to other regions, albeit on a different scale: communicable and noncommunicable diseases, mental health, maternal and child health, malnutrition, universal access to health care, ageing populations, climate change and emerging threats.

Six thematic priorities would help the Region: promoting an integrated approach to health system development, using primary health care to achieve universal health coverage; accelerated action on climate change and health; building on the lessons learned from the COVID-19 pandemic; working with Member States to understand national priorities and develop evidence-based practices; strengthening working methods; and acknowledging the importance of WHO staff members, with a focus on the core values of respect, trust, solidarity, resilience and a people-centred approach.

He acknowledged the contribution of his predecessors and expressed appreciation for the support of his family. He would work with Member States, the Director-General and the other Regional Directors to implement the Organization's programmes of work and ensure that no child needed to worry about their future health.

At the invitation of the CHAIR, the RAPPORTEUR read out a resolution of appreciation adopted by the Board in private session:[1]

The Executive Board,

Desiring to express its appreciation to Dr Zsuzsanna Jakab for her services as Acting Regional Director for the Western Pacific;

Mindful of Dr Zsuzsanna Jakab's lifelong, professional devotion to the cause of global health, and recalling especially her service collectively as Officer-in-Charge of the Regional Office for the Western Pacific then Acting Regional Director for the Western Pacific since August 2022, as Deputy Director-General since 2019, and as Regional Director for Europe from 2010 to 2019,

1. EXPRESSES its profound gratitude and appreciation to Dr Zsuzsanna Jakab for her invaluable contribution to the work of WHO, especially her efforts to ensure continuation of the work and activities of WHO in the Western Pacific Region through a difficult and critical period;

2. ADDRESSES to her on this occasion its sincere good wishes for many further years of service to the global health community.

The OUTGOING ACTING REGIONAL DIRECTOR FOR THE WESTERN PACIFIC congratulated the Regional Director-Elect, whose expertise and commitment would serve him well, and

[1] Resolution EB154.R6.

acknowledged the commitment of the Member States to the health and well-being of the Region. She had been asked to step in as officer in charge of the Regional Office in 2022 and had been nominated to serve as acting Regional Director in March 2023. Having worked hard to maintain momentum towards the Region's priorities and vision, she had sought to hand over a well-functioning and respectful workplace. To that end and to ensure organizational preparedness, integrity and the agility to achieve future goals, she had accelerated the roll-out of the WHO transformation agenda and had fostered positive organizational and cultural change. It had been an honour for her to serve the Western Pacific Region, the second region she had served as Regional Director since joining WHO 30 years previously. She thanked the Director-General and Member States for their support and trust throughout the periods of challenge, transformation and celebration.

The DIRECTOR-GENERAL, recognizing the historic nature of the appointment, congratulated the Regional Director-Elect for the Western Pacific. The position conferred great privilege and responsibility. The Region was among the most diverse of WHO regions and the scale of health challenges was immense. He assured the Regional Director of the support available from the staff at the Regional Office and headquarters and emphasized the importance of the "one WHO" approach.

He thanked the outgoing acting Regional Director for her years of service to WHO as Regional Director for Europe, Deputy Director-General and acting Regional Director for the Western Pacific. He commended her readiness and commitment to serve the Organization. She had steered the Regional Office through an uncertain period, and her work had provided a firm basis on which the new Regional Director could build.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, congratulated the Regional Director-Elect on his appointment. His experience and achievements in health leadership would help to advance WHO's efforts to improve health services and outcomes in the Western Pacific Region and globally. His Region was committed to working with him to consolidate existing gains and find effective solutions to current and future challenges in health care delivery. Areas for cross-regional health cooperation should include health workforce development, innovative solutions in primary health care, technology transfer for local pharmaceutical production, and building regulatory capacity.

The representative of PERU, speaking on behalf of the Member States of the Region of the Americas, expressed his Region's appreciation to the outgoing acting Regional Director for her dedication to the Western Pacific Region. He welcomed the Regional Director-Elect and assured him of his Region's support.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the Regional Director-Elect, whose dynamic vision for the Region would complement WHO's mission. He looked forward to fruitful cooperation among regions to meet shared goals. He expressed his appreciation to the outgoing acting Regional Director, recognizing her positive impact across the Organization.

The representative of DENMARK, speaking on behalf of the European Union and its Member States said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. He thanked the three outgoing Regional Directors for their dedication and tireless efforts to advance global health, noting their collaboration with Member States, governing bodies and the Secretariat. He welcomed the Regional Directors-Elect for the Eastern Mediterranean, South-East Asia and the Western Pacific, and wished them steadfastness, agility and success in meeting challenges, including those common to all regions, such as pandemic prevention, preparedness and response, the connection between environment and health, and the burden of noncommunicable diseases. The European Union and its Member States looked forward to working closely with all regions and to learning the priorities of the new Regional Directors.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, expressed her appreciation to the outgoing acting Regional Director for leading the transition in the Western Pacific Region and acknowledged the progress made in health in the Region and beyond. She congratulated the Regional Director-Elect and looked forward to continued close collaboration between the two Regions.

The representative of the FEDERATED STATES OF MICRONESIA, speaking on behalf of the Member States of the Western Pacific Region, congratulated the three Regional Directors-Elect and looked forward to collaborating with them. He noted, in particular, the technical work and management skills demonstrated by the Regional Director-Elect for the Eastern Mediterranean in her previous position as Assistant Director-General for Antimicrobial Resistance.

He expressed his appreciation to the outgoing acting Regional Director for her dedication over the previous 15 months, advancing regional health priorities while strengthening the organizational culture in the Regional Office. He welcomed the Regional Director-Elect, noting his skills in public health leadership and his technical experience in a wide range of key health issues, alongside a sensitivity and focus on organizational culture and staff well-being. WHO's most diverse region faced significant health challenges, including the impact of climate change and the burden of noncommunicable diseases, which could only be faced with strengthened health systems. The Member States of the Region would work closely with the Regional Director to advance health for all, through the implementation of the draft fourteenth general programme of work and the delivery of the Region's health priorities.

The meeting rose at 13:00.

FOURTH MEETING

Tuesday, 23 January 2024, at 14:40

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

MANAGEMENT AND GOVERNANCE MATTERS: Item 25 of the agenda

Prevention of sexual exploitation, abuse and harassment: Item 25.1 of the agenda (document EB154/30)

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations and guidance proposed by the Committee on the prevention of sexual exploitation, abuse and harassment set out in paragraph 57 of document EB154/4.

The representative of FRANCE, speaking on behalf of Australia, Brazil, Canada, the Republic of Korea, Colombia, Costa Rica, Chile, the United States of America, Indonesia, Iceland, Israel, Japan, Mexico, the Republic of Moldova, Norway, New Zealand, Panama, Paraguay, Malaysia, Monaco, the United Kingdom of Great Britain and Northern Ireland, Switzerland and Thailand, and the Member States of the European Union, expressed deep concern regarding cases of sexual exploitation, abuse and harassment during the tenth Ebola outbreak. The involvement of WHO staff in such acts damaged confidence in multilateralism; senior management must ensure procedures were in place to prevent such situations occurring in future. She welcomed the Organization's efforts to reflect on the issue and introduce transparent reform, including by transitioning from the WHO Management Response Plan to the three-year strategy on preventing and addressing sexual misconduct (2023–2025), and to enhance legal and accountability frameworks as part of a zero-tolerance approach.

The adoption of a victim- and survivor-centred approach was commendable; that must be further strengthened by improving assistance for survivors, including financial assistance, notably through clear specifications for future use of the WHO Survivor Assistance Fund. The institutionalization of prevention and response should also be prioritized. In that regard, she welcomed the development of the end-to-end sexual misconduct incident management system and its benchmark for dealing with allegations. Adequate investigative functions and human resources would be needed to ensure its success. While the steps taken by WHO to boost investigative capacity within the United Nations Office of Internal Oversight Services were welcome, the Secretariat should provide further information on how remaining gaps would be addressed.

The Organization should continue to focus efforts on emergency situations and ensure that all victims of sexual exploitation, abuse and harassment perpetrated by WHO personnel, and all survivors of conflict-related sexual and gender-based violence – especially women and girls – were provided with comprehensive assistance. To that end, WHO should continue to exchange best practices with other United Nations agencies through the Inter-Agency Standing Committee. That work must be underpinned by Organization-wide cultural change led by senior leadership and facilitated by staff training and

support at all levels, with the contribution of the WHO Academy, to promote a trust-based culture within a safe and respectful workplace.

The representative of the REPUBLIC OF MOLDOVA said that sexual harassment represented a major occupational health hazard for health professionals worldwide, particularly for female employees. The issue should be addressed by raising awareness through regular mandatory training; redesigned work processes; and improved communication regarding rights and obligations. Action should be taken not only in the context of health emergencies, but in all health care workplaces. Her Government agreed with the implementation of Member State accountability in accordance with the WHO Accountability Framework for the Prevention of and Response to Sexual Misconduct, and called on the Secretariat to provide the necessary support and guidance.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, commended the progress made in handling substantiated cases of sexual exploitation and abuse, stressing the need to conduct investigations in a fair, transparent and objective manner, while upholding the dignity of victims. However, the poor completion rate of the implementation plan for Year 1 of the three-year strategy on preventing and addressing sexual misconduct indicated that the framework, tools and policies were not yet sufficiently institutionalized. Greater collaboration with all stakeholders was needed to address the challenges hindering the effective prevention of sexual misconduct and implement the strategy. The prevention of sexual exploitation, abuse and harassment should be mainstreamed into all resource mobilization efforts when responding to health emergencies. The African Region remained committed to implementing the three-year strategy and would welcome regular updates on progress.

The representative of TIMOR-LESTE commended the continued efforts to address sexual exploitation, abuse and harassment through the three-year strategy, the associated annual implementation plan and the Accountability Framework. Further work was needed to raise awareness of and implement the policies on preventing and addressing sexual misconduct and preventing and addressing retaliation to ensure that cases were reported. Her Government took a zero-tolerance approach to sexual misconduct and to retaliation against those reporting it and stressed the need for ongoing capacity-building as part of a victim-centred approach. She called for country-level support to enable implementation of standard operating procedures for referrals to safe houses, which were important to guarantee the confidentiality of victims.

The representative of the UNITED STATES OF AMERICA expressed appreciation for the concerted approach to addressing sexual exploitation, abuse and harassment among WHO personnel and implementing partners, including the improvements made to the Organization's policies, structures and operations, which were essential to rebuild trust and guarantee a culture of accountability. She welcomed the open and meaningful engagement with Member States during development of the three-year strategy and the Accountability Framework, and at the inaugural stakeholder review conference for the prevention and response to sexual misconduct. She also welcomed the establishment of the Survivor Assistance Fund and urged the Secretariat to make best use of those resources, including by providing further rounds of assistance to victims or survivors of sexual exploitation and abuse during the tenth Ebola outbreak. WHO must provide all due and appropriate compensation available under the law; the Secretariat should consider implementing the recommendations on reparations made by the Independent Commission on Allegations of Sexual Exploitation and Abuse in the Democratic Republic of the Congo during the Response to the Tenth Ebola Outbreak. The Secretariat should share the final report of the Independent Commission with Member States and provide updates on the implementation of those recommendations. Her Government was committed to ensuring that all activities to prevent sexual misconduct were fully funded and therefore welcomed the discussions on innovative solutions to finance WHO's prevention and safeguarding work in emergencies, in particular regarding the Independent Expert Oversight Advisory Committee's recommendation to consider prevention activities as a direct cost within the cost recovery mechanism, and the Programme, Budget and Administration Committee's recommendation that the Secretariat should propose options for sustainably funding such

activities in emergency operations. Her Government agreed that the Secretariat should pursue a comprehensive stocktaking review no later than January 2025 to assess whether the key actions and reforms contained in the three-year strategy had led to the intended results. Further progress was needed in terms of the Organization's systems and culture, with senior management leading by example.

The representative of PERU commended the progress made in preventing sexual misconduct within the Organization, especially in its country offices and through the standardized sexual misconduct risk assessment tool. It was vital to establish a zero-tolerance policy throughout the Organization, including in community-facing offices and in activities performed by implementing partners or involving Member States. Institutional policies, particularly in relation to the time taken to investigate and resolve cases, needed further work, which would require additional resources and greater automation of the reporting and investigation process. The progress achieved meant that WHO was well-placed to continue strengthening its policies in that area, as part of a victim-centred, zero-tolerance approach to sexual exploitation, abuse and harassment.

The representative of TOGO commended the progress made with regard to the prevention of sexual misconduct and outlined prevention measures taken at the national level, including the introduction of a gender strategy and action plan, and capacity-building for stakeholders. Challenges remained in implementing Member State accountability in accordance with the Accountability Framework and securing resources for the prevention and response to sexual misconduct during health emergencies.

The representative of ETHIOPIA expressed support for the group statement delivered by the representative of France. He welcomed the continued commitment to changing WHO's institutional culture regarding sexual misconduct and acknowledged the efforts made by the Secretariat to assess current activities in that area at the regional and country levels. Work to complete the Organization's policy framework, notably with the introduction of the Policy on Preventing and Addressing Sexual Misconduct was also noted. His Government strongly supported work to enhance national capacities on the prevention of and response to sexual misconduct through the development of national policies, the mobilization of resources and the strengthening of health and legal systems to assist victims and survivors. The Secretariat should mobilize more resources to that end, including by seeking more flexible funding from donors, and improve the integration of prevention and response activities in emergency funds by incorporating a plan of action in all emergency responses. Member States, other United Nations agencies and humanitarian organizations must work together to address sexual exploitation, abuse and harassment in all situations, including humanitarian settings.

The representative of SLOVAKIA commended the progress made, but expressed concern regarding the sustainability of work to address sexual misconduct in the context of a rising number of conflicts and emergencies. Greater emphasis should be placed on the development of culturally and linguistically appropriate digital solutions and educational tools that would indicate how cultural needs could be met at the country level. Such tools could be used to address other forms of serious misconduct, such as discrimination, abuse of authority and corruption, as part of a holistic and systematic approach to tackling all forms of misconduct. He expressed appreciation for the Secretariat's improved communication regarding sexual misconduct and called for Member States to continue to be provided with timely, up-to-date information about initiated, ongoing and completed investigations or legal procedures linked to gender-based violence and serious misconduct.

The representative of POLAND[1] stressed the importance of prioritizing the rights, privacy and needs of victims and survivors of sexual misconduct, particularly during the investigation phase, and providing them with adequate support, including psychosocial support. Meaningful, context-specific community engagement was also critical to ensuring their protection. Her Government strongly

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

supported the Organization's investment in capacity-building and training for staff; a culture of honesty, openness and responsibility was essential to empowering staff to speak up. Senior management should lead by example in that area and establish clear lines of responsibility and accountability. It was also vital to uphold the overarching principles of non-discrimination and gender equality in all WHO policies and programmes.

The Committee noted the report.

Evaluation: update and proposed workplan for 2024–2025: Item 25.2 of the agenda (document EB154/31)

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to the recommendations and guidance proposed by the Committee set out in paragraph 59 of document EB154/4.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, since the establishment of the evaluation function in September 2022, his Region had participated in Organization-wide and decentralized evaluations to promote accountability and organizational learning, and influence political and practical decision-making. Noting the emphasis on independent evaluations of WHO's country-level contribution, he thanked Djibouti, Iraq and Tunisia for introducing such evaluations and looked forward to learning of the results and recommendations. Further evaluations in the biennium 2024–2025 would strengthen accountability and boost organizational learning at WHO.

It was a cause of concern that flexible funds were the primary funding source envisioned for the planned evaluations; future evaluations should not further stretch already limited flexible resources. His Region therefore proposed that Member States establish a dedicated WHO evaluation fund to ensure the independence of the evaluation function.

The representative of JAPAN expressed support for the proposed workplan for 2024–2025 and commended the efforts of the Evaluation Office to strengthen networks and partnerships with regional offices. He expressed the hope that the newly launched evaluations of WHO's contribution at country level would be used in future implementation and quality improvement of the Organization's programmes. Further work was needed to strengthen the leadership and capacity of the Evaluation Office to ensure the effective implementation of the draft fourteenth general programme of work, 2025–2028, and the monitoring of activities in regional and country offices.

The Board noted the report and approved the Organization-wide evaluation workplan for 2024–2025.[1]

Dr dos Reis Amaral took the Chair.

Matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance: Item 25.3 of the agenda (documents EB154/32, EB154/33, EB154/33 Add.1, EB154/33 Add.2, EB154/33 Add.3 Rev.1, EB154/33 Add.5, EB154/34, EB154/34 Add.1, EB154/34 Add.2, EB154/34 Add.3, EB154/34 Add.4 Rev.1, EB154/34 Add.5 and EB154/35)

The CHAIR invited the Board to consider the draft decision contained in document EB154/34 Add.4 Rev.1, which replaced the draft decision proposed in document EB154/33 Add.1. The financial and administrative implications of that decision were contained in document EB154/34 Add.5. She also invited the Board to consider the draft decisions contained in documents EB154/33 Add.3 Rev.1 and

[1] Decision EB154(2).

EB154/34, the administrative and financial implications of which were contained in documents EB154/33 Add.5 and EB154/34 Add.3 respectively.

The representative of CHINA, speaking in his capacity as Chair of the Programme, Budget and Administration Committee of the Executive Board, drew attention to paragraphs 42–51 of document EB154/4, particularly the recommendations therein that the Board note the reports and adopt the draft decisions contained in documents EB154/33 Add.3 Rev.1, EB154/34 and EB154/34 Add.4 Rev.1.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that continuous improvement of WHO's budgetary, programmatic and financing governance was essential to the efficacy and efficiency of the Organization and welcomed the governance reforms proposed by the Secretariat. He commended the progress made on the Secretariat implementation plan on reform and the inclusive approach to risk management involving regular dialogue with Member States on their priorities and recommendations. The dashboard on the Member States portal for monitoring the Secretariat implementation plan was also welcome, as it improved transparency. The African Region remained committed to building a more resilient WHO that was better prepared for current and future challenges, and encouraged all reforms aimed at strengthening the Organization's governing bodies, in particular the project plan on the implementation of digital solutions for the governing bodies, which would enable in-depth analysis of working documents with due consideration of the specific features of each region, notably their different working languages. The Region likewise welcomed the proposals for improving the effectiveness of the WHO governing bodies. The Secretariat should continue discussions with Member States on strengthening governance, and further develop resource mobilization initiatives, ensuring that those resources were fairly allocated using a transparent, results-based approach, with full accountability.

The representative of FRANCE agreed that it would be useful for a group of Member States to continue the work of the former co-facilitators of the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance. She welcomed efforts to apply the Secretariat implementation plan on reform, noting that governance reform was the vital counterpart to the ongoing financial reform of the Organization. Her Government was impressed by the Secretariat's dedication and ambition, and would follow progress on the reforms closely. The Secretariat should continue to report regularly to Member States in a transparent manner and maintain momentum over the long term.

The representative of CANADA commended the work carried out to date, particularly with regard to the agenda of the governing bodies, which was a major cross-cutting issue. Restraint was needed when proposing additional items for the agenda; it was important to consider what problem a particular item was intended to address and limit the inclusion of highly specific single-issue items. She agreed that the Officers of the Board should take a more active role in ensuring that additional agenda items would add strategic value to existing decisions, and therefore supported the proposals to update the memorandum for proposing new items for inclusion on the provisional agenda of the Executive Board and develop terms of reference for the Officers of the Board. The re-establishment of the forward-looking planning schedule of expected agenda items for the governing bodies would benefit Member States and the Secretariat. The draft fourteenth general programme of work should serve as a guide in relation to ongoing governance reforms and efforts to secure sustainable financing for the Organization.

The representative of SWITZERLAND expressed support for the draft decision contained in document EB154/34 Add.4 Rev.1, observing that the proposals for improving the effectiveness of the WHO governing bodies would strengthen the Organization's central coordinating and leadership role in the global health architecture. Strengthening the mandate of the Officers of the Board would ensure that meetings ran more smoothly. The increasing length of sessions was no longer tenable; the agendas set by the Officers should be strictly observed to ensure that meetings were targeted and delegations could give sufficient attention to key issues, in order to provide strategic guidance to the Organization. She

supported the proposed methodology for costing new initiatives and programmes, which would make it possible to focus on key discussions and allocate financial and human resources appropriately. The transition to more flexible support, however, must be accompanied by strengthened monitoring and follow-up mechanisms, and transparent resource allocation that ensured funds were fully traceable. Further consultations with Member States regarding funding allocations and the programme budget would ensure that their priorities were duly reflected. Efforts to improve transparency in the creation and filling of senior-level positions were welcome. Despite progress, more work remained to be done, and her Government therefore supported the establishment of an inclusive informal model for discussions on ongoing reform.

The representative of JAPAN expressed support for the draft decisions, emphasizing the importance of consulting Member States in all future discussions. He expressed concern that many documents were not submitted at least six weeks in advance of Board sessions, as required; he asked how the Secretariat intended to address that issue. Implementation of reform and reporting on progress was especially important in the light of the future increase in assessed contributions, and his Government looked forward to participating in further informal discussions on the subject.

The representative of AUSTRALIA agreed that the increasing length of Board agendas was cause for concern, as it affected the quality of strategic discussions. The governing bodies must be fit for purpose and enable Member States to meaningfully engage on the right issue, at the right level and at the right time. He therefore welcomed the recommendations in the reports, which should enable bold action to overcome the limitations of the current governing bodies structures. Steps taken by the Secretariat to improve the document preparation process were welcome, since the timely delivery of documents was required for in-depth engagement with their content. Member States played a key role in setting the agenda of the governing bodies, which must balance the number of items and resolutions with time constraints and the need for meaningful discussion; he therefore encouraged the prioritization of items aligned with the general programme of work. Concerning the handling of potential allegations against Directors-General, he supported the ongoing improvement efforts and stressed that an independent investigator would maintain the integrity of the process.

The representative of the UNITED STATES OF AMERICA welcomed the progress made on the Secretariat implementation plan, which was aligned with the key goals of enhancing transparency and accountability, strengthening Member State oversight and fostering greater trust between Member States and the Secretariat. Her Government looked forward to the completion of open actions, yet recognized that some actions would require more time due to their costly or complex nature. She welcomed the continuation of the work of the Agile Member States Task Group under the informal leadership of the former co-facilitators to further improve the functioning of the governing bodies and the Secretariat, and to finalize the process of handling potential allegations against Directors-General.

The representative of CHINA commended progress with governance reforms, while stressing that those reforms must be led by Member States. The complication of existing mechanisms should be avoided, rather they should be optimized in a manner that did not increase the workload for Member States. Reform initiatives involving revisions to the WHO Constitution or the Rules of Procedure of the Executive Board must be carried out with care to prevent the introduction of conflicting provisions.

The representative of the RUSSIAN FEDERATION[1] acknowledged the efforts made to enhance transparency and accountability within WHO but said that further progress was needed. The current format of the programme budget did not allow the financial requirements of the Organization to be thoroughly assessed; key objects of expenditure should be included in the draft budget, in line with United Nations best practice. Provision of a staffing table would also improve transparency. Such measures were particularly important as the Organization entered the next stage of negotiations

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

regarding an increase in assessed contributions. Another important area of work for the Agile Member States Task Group would be to draw up options for improving the work of the governing bodies to optimize resources and to avoid overburdening delegates and the Secretariat. The meetings of the Programme, Budget and Administration Committee of the Executive Board should allow more in-depth, expert discussions, which could be achieved by grouping points on the agenda within reasonable limits and increasing the length of the session. The investigation of potential allegations against Directors-General should be performed by an appropriate department of another organization within the United Nations system. The Task Group should consider a return to its previous practice of drafting final reports, which – while time-consuming – allowed for more comprehensive work.

The representative of the REPUBLIC OF KOREA[1] commended the progress made on the Secretariat implementation plan. She acknowledged the challenges of timely preparation of the agenda and documents for the governing bodies, including on WHO's role in addressing health emergencies. All those challenges should be taken into account when establishing principles for sunsetting or postponing items. In terms of digital solutions, the Secretariat should prioritize the development and funding of advanced platforms for Member States that would make it easy to search for key themes. The system for sharing official documents should also be streamlined and improved to ensure that they reached the right recipient; the current ad hoc contact management tools were prone to system failure.

The representative of NAMIBIA[1] welcomed the progress made in implementing decisions EB152(15) (2023) on the recommendations of the Agile Member States Task Group and EB152(16) (2023) on the Secretariat implementation plan on reform. Challenges remained, however, particularly with regard to the management of agenda items, the lack of informed consultations due to limited time for document preparation and the lack of resources, including human resources, for strengthening results-based management, which was essential to improve accountability. Those challenges should be addressed through increased investment at the country level. Digital solutions should be user-friendly and based on existing tools and infrastructure, with high-level indicators to allow results-based monitoring and comprehensive tracking of progress on reforms. Greater support was needed for engagement in governing bodies processes, including through the provision of up-to-date information, regular briefings and training for Member States, Board Officers and members of the Programme, Budget and Administration Committee. He agreed that better adherence to cost recovery methods and improved sustainable financing through the agreed increases in assessed contributions and flexibility in voluntary contributions would help to address the structural gap in current funding mechanisms.

The representative of THAILAND[1] commended efforts to streamline and improve the governance of the Organization, but underscored that any new mechanisms should not limit the rights of the Board or Member States to take action as appropriate, including at meetings of the Board and the Health Assembly. In relation to the cost recovery mechanisms, improving the efficiency of the Secretariat would be as important as securing adequate funding; she called for greater efforts to close the structural funding gap.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/32, EB154/33, EB154/33 Add.1, EB154/33 Add.2, EB154/33 Add.3 Rev.1, EB154/34, EB154/34 Add.1, EB154/34 Add.2 and EB154/35, and to concur with the recommendations contained in paragraph 51 of the Programme, Budget and Administration Committee report contained in document EB154/4.

It was so agreed.

The CHAIR invited the Board to adopt the draft decision on proposals for improving the effectiveness of the WHO governing bodies contained in document EB154/34 Add.4 Rev.1.

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

The decision was adopted.[1]

The CHAIR invited the Board to adopt the draft decision on cost recovery mechanisms for voluntary contributions contained in document EB154/33 Add.3 Rev.1.

The decision was adopted.[2]

The CHAIR invited the Board to adopt the draft decision on matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance contained in document EB154/34.

The decision was adopted.[3]

Dr Al Kuwari resumed the Chair.

Nomination and appointment of Regional Directors: Item 25.5 of the agenda (documents EB154/38 and EB154/38 Add.1)

The CHAIR drew attention to the draft decision contained in document EB154/38. The financial and administrative implications of the draft decision for the Secretariat were contained in document EB154/38 Add.1.

The representative of CANADA agreed that it would be useful to consider how to strengthen regional processes relating to the election of Regional Directors, notably in terms of transparency, but stressed that any measures should be discussed by the regional bodies themselves. A minimum common standard for the processes for nominating Regional Directors could prove too prescriptive or limiting, and would represent a considerable extension of the Board's authority. However, the Board could set out examples of best practice for regional bodies to draw on as appropriate. The proposals in the document should be further developed to clarify what problems they were intended to address and how they would improve transparency, accountability or integrity; that would allow the regional committees and Member States to discuss them further before making recommendations to the Board. Regarding the process for the election of the Director-General, the value of re-examining the issue at the current stage was not clear, as many of the proposed measures were already in place and the Secretariat and Member States were busy addressing other governance issues.

The representative of AUSTRALIA welcomed the opportunity to modernize the rules of procedure of the regional committees with a view to enhancing the transparency of the election and appointment process. Many of the proposals deserved due consideration, balancing the implementation of accepted best practice with a degree of autonomy, to take into account regional context. He therefore supported the proposal for the Secretariat to prepare a document for the regional committees on measures to enhance the transparency, accountability and integrity of the nomination processes for Regional Directors, to be followed by informal discussions. The holding of a virtual candidates' forum prior to the election of the Regional Director for the Western Pacific had enabled broad engagement while reducing the time needed for that item during the Regional Committee session and he would therefore support the formalization of such an initiative in future. He also supported the proposal to revise the process for the election of the Director-General; in order to allow time to consider the options, the Secretariat should prepare documentation for consideration by the governing bodies in 2025.

[1] Decision EB154(3).

[2] Decision EB154(4).

[3] Decision EB154(5).

The representative of the UNITED STATES OF AMERICA welcomed efforts to harmonize the processes for the nomination of Regional Directors but stressed the need to strike a balance between standardization and flexibility based on regional context. Member States must be able to select the candidates they believed were best for the region, while the general interests of the Organization as a whole must be safeguarded by ensuring the transparency, accountability and integrity of processes. A degree of harmonization was already under way, with three regions holding candidates' forums; the Regional Committees for Africa and Europe could consider doing the same, as that had worked well, but the decision was a matter for the relevant Member States. Her Government would support some revisions to the process for nominating Regional Directors, including the introduction of standardized criteria for Regional Director posts to create a minimum common standard; however, that should be based on applying criteria currently used in some, but not all, regions, rather than expanding the criteria. The Secretariat should prepare a more focused document for consideration by the regional committees, reflecting the discussions held to date and focusing on measures with broad support, such as the introduction of codes of conduct. Her Government supported the draft decision, although it did not wish to consider any changes to the terms of office for Regional Directors. She requested clarification of the different processes set out in paragraphs 2 and 3 of the draft decision.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, agreed that it would be useful to harmonize the processes for the nomination of Regional Directors in the interests of transparency, accountability and integrity. The specific contexts and regulations of each region should be taken into account and her Region would therefore welcome the proposal of measures to enhance transparency, accountability and integrity in consultation with Member States. The proposed measures should be submitted for consideration by the regional committees; sufficient time would be needed to ensure that Member States fully understood their implications. In terms of proposing candidates for the position of Regional Director, she stressed that the process must continue to be led by Member States to guarantee its independence and its ownership by regional committees. Member States from outside a region should not be permitted to propose candidates, nor should non-State actors, as that could give them undue influence. However, Member States within a region could be encouraged to consult non-State actors when proposing candidates for the position of Regional Director.

It would be premature for the Secretariat to suggest interim enhancements to the election process in respect of the upcoming nominations of Regional Directors in the African and European regions. Her Region supported the proposal to hold consultations with Member States during the intersessional period to ensure that they fully understood the implications of any changes, however, it would not consider any change to the term of office of the Regional Directors, as that would require amendments to the rules of procedure. Her Region would comment further on the Secretariat's proposals during the informal consultations.

The representative of JAPAN expressed support for the broad aim of improving the transparency, accountability and integrity of the election process for Regional Directors. Given that it would be premature to make any significant changes prior to the elections in the African and European regions in 2024, and that no elections were scheduled for 2025, there was time to carefully consider any specific changes. The process for the election of the Director-General should also be revised along similar lines, as suggested. Any changes to regional processes would be a matter for the regions themselves, and should therefore be discussed by the regional committees, with the conclusions to be brought before the Board at its 156th session in early 2025.

The representative of CHINA aligned himself with the statement made by the representative of the African Region. Further consultation among Member States was needed and it would therefore be premature to adopt the draft decision.

The LEGAL COUNSEL said that the agenda item had been introduced in response to brief discussion at the Board's 153rd session of concerns among academics regarding the election process for

Regional Directors. He confirmed that most of the measures proposed would need to be implemented by the regional committees themselves, however, the Board could issue guidance on the matter, as it had done in the past. Consideration should be given to whether the Board would prefer to provide a set of options or to establish minimum standards; that could be discussed further by Member States in the context of both the Board and the regional committees, as set out in paragraph 2 of the draft decision. Paragraph 2 dealt with the election process for the Regional Directors and made provision for initial consultations with the regional committees, followed by consultation of Member States, with the output of those consultations to be considered by the Board in 2025; the Board would then make decisions accordingly, for implementation by the regional committees. Paragraph 3 referred to the Director-General election process and made provision for a similar examination of that process, but any desired changes would have to be considered by the Health Assembly. It should be noted, however, that some of the measures proposed in the document had already been implemented for the Director-General election process. The Secretariat could prepare an updated document on election processes for the regional committees, taking into account the preferences already expressed by Member States, including the reluctance to change the term of office of Regional Directors.

The CHAIR took it that the Board wished to note the report contained in document EB154/38.

The Board noted the report.

The CHAIR invited the Board to adopt the draft decision.

The representative of JAPAN asked whether paragraph 1 of the draft decision would have any impact on the election processes for Regional Directors in the African and European regions in 2024.

The LEGAL COUNSEL clarified that the timing of the process set out in the draft decision meant that it would not affect the forthcoming regional elections. The Board had been invited to comment on whether any interim enhancements should be proposed for those elections, but discussion so far had indicated that the Board considered that a matter for the respective Regions.

The representative of RWANDA asked whether noting the report implied acceptance of the measures it proposed. Although the report had been noted, the Member States of the African Region did not agree with a number of the proposals contained therein.

At the invitation of the CHAIR, the LEGAL COUNSEL explained that, in line with practice across the United Nations system, noting a report did not indicate approval or disapproval of its content, but simply that the report had been received and considered.

The representative of AUSTRALIA said that he understood that the Secretariat would incorporate feedback from the current discussion into a revised document for consideration by the regional committees during 2024, with feedback from those consultations to inform further discussion in 2025. That would allow time to work through any issues and strike a balance between standardization and regional diversity. He expressed support for such an approach and for revision of the Director-General election process at the same time.

The representative of the UNITED STATES OF AMERICA agreed to proceed on that basis, as long as the document prepared by the Secretariat took into account the current discussion and focused on a few key areas of agreement.

The representative of CAMEROON said that, since the report had been noted, further discussions should be held on the basis of the points made thus far, without returning to the elements that the Board had clearly rejected.

The DIRECTOR-GENERAL said that, although some changes to the election processes required careful consideration, others could be introduced quite rapidly, such as the candidates' live forums, which could easily be employed for the elections in the African and European regions in 2024. He thanked the Member States that had already agreed to introduce that measure. An open, transparent process was crucial to inspiring trust in WHO; the Board could be involved in such changes without undermining the role of the regional committees.

The representative of THAILAND[1] expressed concern regarding action taken against candidates during the election of the Regional Director for South-East Asia. Some candidates had been criticized on the basis that they were not medical doctors or public health experts, but that was not a prerequisite for successful leadership.

The representative of CHINA said that Member States had clearly expressed a need for more time. The Secretariat should provide an improved document for the Board's consideration, based on the current discussion. The draft decision as currently worded was not ready for adoption.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, proposed amendments to paragraphs 1 and 3 of the draft decision that were intended to ensure that consultations were held before any decisions were made. In paragraph 1, the words "to submit" should be replaced by the words "to prepare", and following the words "Regional Directors" the sentence should be amended to read: "in consultation with Member States, and submit this document to the regional committees in 2024 for their consideration". In paragraph 3, the words "to submit" should also be replaced by "to prepare", and following the word "Director-General", the words "in consultation with Member States, and submit this document" should be inserted.

The representative of AUSTRALIA supported the proposed amendments, which he understood to be aimed at ensuring that the new document was a product of the consultations held, rather than a document that had been prepared by the Secretariat for subsequent negotiation.

The LEGAL COUNSEL said that, if the amendments were accepted, a consultation would be held with all Member States in mid-2024, which would feed into a document to be sent to the regional committees later in the year. Following discussion by the regional committees, further consultations would be held with all Member States, culminating in a potential final document for submission to the Board at the May/June session in 2025. That would provide for two rounds of consultations with all Member States, one before and one after the regional committees had held their annual session.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that it would be preferable to start the discussions at the regional level, prior to returning to the wider membership of the Organization, rather than having a two-stage process. She requested the further amendment of the draft decision to reflect that preference.

The representative of JAPAN asked whether the outcome of the second round of consultations would be submitted to the Board in the January/February or May/June session in 2025.

The LEGAL COUNSEL explained that it would have to be submitted to the May/June session of the Board, due to the timing of the regional committee sessions and to allow sufficient time for consultation.

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

The representative of DENMARK, supported by the representative of CHINA, said that, while he agreed with the general sentiment of the discussion, it would be easier to consider the amended draft decision in writing.

The CHAIR suggested that consideration of the item should be suspended pending the preparation of an amended draft decision.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the fifteenth meeting, section 3.)

Right of reply

The representative of DENMARK, speaking on behalf of the Member States of the European Union in exercise of the right of reply, said that he rejected the accusation made by the representative of the Russian Federation that the European Union was negatively affecting the work of WHO. On the contrary, it was the Russian Federation's illegal and unjustified aggression against Ukraine that was affecting the work of WHO and leading to direct and indirect health impacts with national, regional and global consequences. The Member States of the European Union considered it entirely justifiable for those issues to be addressed by WHO Member States and called on the Russian Federation to immediately cease its hostilities, including attacks on health care facilities and health workers.

The meeting rose at 17:00.

FIFTH MEETING

Wednesday, 24 January 2024, at 10:15

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

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

UNIVERSAL HEALTH COVERAGE: Item 6 of the agenda (document EB154/6)

The CHAIR drew attention to a draft decision, which contained a draft decision to be submitted to the Seventy-seventh World Health Assembly, on the development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035, proposed by Brazil, China, Egypt, the Member States of the WHO African Region and the Member States of the European Union. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:
>
> > The Seventy-seventh World Health Assembly,
> > Recalling resolution WHA76.2 (2023), entitled "Integrated emergency, critical and operative care for universal health coverage and protection from health emergencies",[2,3,4]
> > Decided to request the Director-General:
> > (1) to develop, in consultation with Member States, relevant United Nations specialized agencies – as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors – a global strategy for integrated emergency, critical and operative care to support the implementation of resolution WHA76.2 for the period 2026–2035, for consideration by the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session;
> > (2) to translate the global strategy into an action plan with targets to be achieved by 2035.

[1] Document EB154/6.

[2] https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R2-en.pdf (accessed 18 January 2024).

[3] https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/emergency--critical-and-operative-care (accessed 18 January 2024).

[4] https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/surgical-care (accessed 18 January 2024).

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

Decision:	Development of a global strategy and action plan for integrated emergency, critical and operative care, 2026–2035
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Three years. The draft global strategy for integrated emergency, critical and operative care, 2026–2035 will be submitted for consideration by the Seventy-ninth World Health Assembly (May 2026) through the Executive Board at its 158th session and would subsequently be translated into an action plan.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** Zero. The financial and administrative implications for the Secretariat of resolution WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies were costed (see Extracts from document WHA76/2023/REC/1 for consideration by the Executive Board at its 154th session, Annex 3).
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** Not applicable.

4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** Not applicable. **– Remaining financing gap in the current biennium:** Not applicable. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** Not applicable.

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 social participation for universal health coverage, health and well-being, proposed by Brazil, Colombia, Croatia, Ecuador, Finland, France, Guatemala, Norway, Qatar, Slovakia, Slovenia, Sri Lanka, Thailand, Tunisia and the United States of America. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> > (PP1) Having considered the report by the Director-General;
> > (PP2) Reaffirming: the principle enshrined in the WHO Constitution of the enjoyment of the highest attainable standard of health as one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; Sustainable Development Goal target 16.7 to ensure responsive, inclusive, participatory and representative decision-making at all levels;[2] and the importance of creating a safe and enabling environment for participation for universal health coverage respecting principles of equality, equity and non-discrimination;[3]
> > (PP3) Recalling the 2023 United Nations General Assembly's political declaration of the high-level meeting on universal health coverage,[3] which promotes participatory, inclusive approaches to health governance for universal health coverage, including by exploring modalities for enhancing a meaningful whole-of-society approach and social participation, involving all relevant stakeholders, including local communities, health workers and care workers in the health sector, volunteers, civil society organizations and youth in the design, implementation and review of universal health coverage, to

[1] Document EB154/6.

[2] Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels: SDG Target 16.7 "Ensure responsive, inclusive, participatory and representative decision-making at all levels" [website]. New York: United Nations (https://sdgs.un.org/goals/goal16#targets_and_indicators, accessed 10 January 2024).

[3] See General Assembly resolution 78/4.

systematically inform decisions that affect public health, so that policies, programmes and plans better respond to individual and community health needs, while fostering trust in health systems;

(PP4) Reiterating the importance of empowering people and communities as part of the primary health care approach, which includes the engagement of individuals, families, communities and civil society through their participation in the development and implementation of policies and plans that have an impact on health, as per the Declaration of Astana,[1] welcomed by the Health Assembly in resolution WHA72.2 (2019) and building on the Declaration of Alma Ata (1978);[2]

(PP5) Deeply concerned about the exacerbation of inequities within and between countries, due to the COVID-19 pandemic, climate change and conflicts, along with inadequate progress to address all determinants of health equity and well-being,[3] as well as the structural factors that affect these[4] and recalling the Rio Political Declaration on Social Determinants of Health (2011)[5] that identifies promoting participation in policy-making and implementation as one of five key action areas to address health inequities, and pledges to promote and enhance inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels, including through public participation, and to empower the role of communities and strengthen civil society contribution to policy-making and implementation by adopting measures to enable their effective participation;

(PP6) Recalling the need to promote the participation of [persons/people/those] in vulnerable and/or marginalized situations,[6] including inter alia women,[7] persons with disabilities,[8] and Indigenous Peoples,[9] and to apply a [gender-sensitive/responsive] and age-responsive and disability-inclusive[10] perspective in the development and implementation of health-related policies and plans, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind;[11]

(PP7) Noting the importance of long-term, sustained community engagement to ensure trust and effective public health interventions,[12] and expressing concern at the

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[1] Declaration of Astana. Astana: Global Conference on Primary Health Care. 2018 (https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61, accessed 10 November 2023).

[2] Declaration of Alma-Ata. Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471, accessed 10 November 2023).

[3] Including, but not restricted to, social, commercial, economic and cultural determinants.

[4] Structural factors relate to the governance and policy frameworks and cultural norms that produce the social determinants of health.

[5] Rio Political Declaration on Social Determinants of Health. Rio de Janeiro: World Conference on Social Determinants of Health. 2011 (https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health, accessed 10 November 2023).

[6] This is consistent with language in United Nations General Assembly resolution 76/136 (2021) on promoting social integration through social inclusion – "persons in vulnerable or marginalized groups or situations".

[7] See United Nations General Assembly resolution 58/142 (2003).

[8] See resolution WHA74.8 (2021).

[9] See resolution WHA76.16 (2023).

[10] Language on age- and gender-responsive and disability-inclusive has been adopted in resolutions including United Nations General Assembly resolution 78/195 (2023) on implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situations of risk and humanitarian emergencies, and United Nations General Assembly resolution (2021) on protection of migrants.

[11] See United Nations General Assembly resolution 70/1 (2015).

[12] See resolution WHA73.8 (2020).

erosion of trust, particularly during the COVID-19 pandemic, as well as the negative impacts of health-related misinformation, disinformation, hate speech and stigmatization, on multiple media platforms, on people's physical and mental health, recalling the political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response;[1]

(PP8) Acknowledging WHO's efforts to strengthen its own engagement with civil society at headquarters, regional and country office levels, including through initiatives such as the WHO Civil Society Commission, the WHO Youth Council, Civil Society Organizations-WHO Director-General's Dialogues and Ad Hoc Task Team on WHO-Civil Society Engagement, which are complementary to social participation in decision-making for health within countries;

(PP9) Noting the WHO definition of social participation as empowering people, communities and civil society through inclusive participation in decision-making processes that affect health across the policy cycle and at all levels of the system;[2,3]

(PP10) Noting also WHO's efforts to develop practical technical guidance on social participation;[4,5]

(PP11) Noting further the variety of social participation mechanisms[6] to facilitate two-way dialogue between governments and people, communities and civil society, that may be implemented either virtually or in-person, and the importance of a combination of relevant mechanisms to achieve broad and meaningful engagement that can improve health and well-being;

(PP12) Recognizing that empowering people, communities and civil society for equitable, diverse and inclusive participation involves strengthening their capacities to meaningfully engage, financing their participation, valuing lived and living experiences, and addressing power imbalances in the design of the participatory space;

(PP13) Noting the need to prevent, manage and mitigate conflicts of interest to uphold the integrity of social participation through legitimate representation and ensure that private and personal interests do not override public health goals;

(PP14) Noting also that public policies and legislation may help to implement, fund and sustain social participation for health and well-being, promote transparency, and facilitate the inclusive, equitable and diverse representation of the population;[7]

(PP15) Noting further the importance of the monitoring and evaluation of social participation within countries, including the quality of engagement, whose interests are

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[1] See United Nations General Assembly resolution 78/3 (2023).

[2] Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/375276, accessed 1 January 2024).

[3] The policy cycle includes situational analysis, priority setting, planning, budgeting, implementation, monitoring, evaluation and review of progress, at local, sub-national and national levels. See Strategizing national health in the 21st century: A handbook. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/9789241549745, accessed 10 November 2023).

[4] Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

[5] Social participation for universal health coverage: Technical paper. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/375276, accessed 1 January 2024).

[6] A participatory space is one where people come together physically or virtually to interact. The term "social participation mechanism" encompasses various modalities, techniques, instruments and methods used by organizers to foster communication and debate in a participatory space. See Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization; 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

[7] See Voice, agency, empowerment – handbook on social participation for universal health coverage. Geneva: World Health Organization. 2021 (https://www.who.int/publications/i/item/9789240027794, accessed 10 November 2023).

represented, and whether, how, and to what extent the recommendations influence higher-level decisions that affect health and well-being;

(PP16) Underlining the importance of implementing, strengthening and sustaining regular and meaningful social participation in health-related decisions across the system to foster mutual respect and trust, which can be leveraged during health emergencies and other crises with health impact as part of a whole-of-society approach for strengthened trust, preparedness, response and resilience;[1]

(PP17) Acknowledging the important contribution that social participation and robust community health services can make to improved health service delivery, health promotion, health literacy, resilience to health emergencies, effective risk communication and community engagement, tackling vaccine hesitancy, addressing the social determinants of health, fostering healthy aging, accelerating the health-related Sustainable Development Goals, and advancing gender equality, health equity and fairness,

(OP)1. URGES Member States[2] to implement, strengthen and sustain regular and meaningful social participation in health-related decisions across the system as appropriate, taking into consideration national context and priorities, through:

(1) strengthening public sector capacities for the design and implementation of meaningful social participation;

(2) enabling equitable, diverse and inclusive participation with particular focus on promoting the voices of [persons/people/those] in vulnerable and/or marginalized situations;

(3) striving to ensure that social participation influences transparent decision-making for health across the policy cycle, at all levels of the system;

(4) implementing and sustaining regular and transparent social participation using a range of mechanisms supported by public policy and legislation;

(5) allocating adequate and sustainable public sector resources in support of effective social participation;

(6) facilitating capacity strengthening for civil society to enable diverse, equitable, transparent and inclusive social participation; and

(7) supporting related research, and piloting projects/programmes and their monitoring and evaluation to promote implementation of social participation;

(OP)2. REQUESTS the Director-General:

(1) to advocate for the regular and sustained implementation of meaningful social participation, both within the health sector as well as across other sectors and multilateral organizations that affect health equity and well-being, as a means to accelerate equitable progress towards universal health coverage, health security and the health-related Sustainable Development Goals;

(2) to develop technical guidance and operational tools for strengthening and sustaining social participation, including monitoring and evaluating implementation within countries, and provide training and technical support upon the request of Member States;

(3) to document, publish and disseminate Member States' experiences in implementing meaningful social participation through different types of mechanisms, at different stages of the policy cycle, and at different levels of the system;

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[1] See, inter alia, resolutions WHA73.1 (2020), WHA73.8 (2020) and United Nations General Assembly Human Rights Council resolution 48/2 and United Nations General Assembly resolution 78/3 (2023).

[2] And, where applicable, regional economic integration organizations.

(4) to facilitate regular sharing and exchange of Member States' experiences of social participation;
(5) to harmonize technical support on social participation across WHO divisions and the three levels of the Organization; and
(6) to report on progress in the implementation of this resolution to the Health Assembly in 2026, 2028 and 2030.

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

Decision:	Social participation for universal health coverage, health and well-being
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages 1.1.4. Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 53.92 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 11.26 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 18.55 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 24.11 million.

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

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

US$ 2.88 million.

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

US$ 8.38 million.

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

Various options are being considered to fill the funding gap:

- resources available at country level for social participation, regarding both human resources and activities, which are not yet accounted for in the resources available in the current biennium;
- funding from the Universal Health Coverage Partnership in its current fourth phase of implementation and additional resources expected from the fifth phase starting in 2025;
- funding sources through the International Health Partnership for UHC2030;
- other funding sources, considering the cross-cutting dimension of social participation as part of governance for health; and
- exploration of new funding opportunities by Member States co-sponsoring the draft decision.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	2.42	1.00	0.81	0.91	0.73	1.25	1.17	8.31
	Activities	0.80	0.35	0.20	0.30	0.25	0.55	0.50	2.95
	Total	3.22	1.35	1.01	1.21	0.98	1.80	1.67	11.26
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	4.54	1.61	1.52	1.47	1.37	2.02	1.22	13.75
	Activities	1.50	0.56	0.37	0.48	0.47	0.89	0.52	4.79
	Total	6.04	2.17	1.90	1.96	1.84	2.91	1.74	18.55
B.4. Future bienniums resources to be planned	Staff	5.90	2.09	1.98	1.92	1.78	2.63	1.59	17.88
	Activities	1.95	0.73	0.49	0.63	0.61	1.15	0.68	6.23
	Total	7.85	2.82	2.47	2.55	2.39	3.78	2.26	24.11

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

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

The representative of RWANDA, speaking on behalf of the Member States of the African Region, noted the adoption by the United Nations General Assembly of the political declaration of the high-level meeting on universal health coverage and the commitments made to achieve universal health coverage by reorienting health systems and investment towards a primary health care approach. It was a cause of concern, however, that the world was not on track to achieve universal health coverage by 2030, and that, as noted by the United Nations Secretary-General, many countries were forced to spend more on debt servicing than on health and education. His Region continued to face challenges in achieving

universal health coverage and had been the most affected by the coronavirus disease (COVID-19) pandemic. He called on the Secretariat to continue supporting Member States to reorient health systems towards a primary health care approach, with a focus on health worker training and retention. Measures were needed to address the negative impact of the migration from his Region of trained health personnel, including through full implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, supported by the Global Strategy on Human Resources for Health: Workforce 2030. The Secretariat should continue to engage with Member States, international financial institutions, development banks, philanthropic partners and civil society through multistakeholder platforms and partnerships to drive progress towards universal health coverage. He encouraged the Board 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 representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries of North Macedonia, Montenegro, Albania, Ukraine and Georgia aligned themselves with his statement. The European Union and its Member States welcomed the holding of the high-level meeting of the United Nations General Assembly on universal health coverage. The related political declaration would have benefited from a more balanced text, however, and the increasing difficulty in finding consensus was a cause of concern. The recalibration of the triple billion targets in the draft fourteenth general programme of work, 2025–2028, including the target for universal health coverage, was welcome. Achieving those targets and the 2030 Agenda for Sustainable Development would require a focus on primary health care and health systems strengthening, and the European Union and its Member States therefore welcomed the emphasis in the report on reorienting health systems through a primary health care approach. Primary health services were a long-term investment in well-being and resilience against emergencies. They should be person centred, gender responsive and comprehensive and should include promotive, preventive, curative, rehabilitative and palliative health services for communities and individuals, including those in vulnerable and marginalized situations. The European Union and its Member States remained committed to human rights and to the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development. Population-level essential public health functions, such as disease surveillance, were best organized at the national and subnational levels. Health systems strengthening should address financing, including financial protection systems, and other areas such as governance, human resources, information systems, meaningful social participation and community leadership at all levels of services. Expressing support for the WHO Academy, he highlighted the need for substantial investment in the training and professional development of health workers, who were critical to advancing universal health coverage to address evolving health needs, particularly in rural and underserved areas. He expressed support for the draft decision on social participation for universal health coverage, health and well-being.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted with concern that more than half of the global population did not enjoy full coverage for essential health care services. Progress on universal health coverage had been slow in his Region, where nearly half of the Member States had experienced acute or chronic emergency situations in the previous decade. Whether in times of stability or turbulence, universal health coverage was a wise investment in ensuring the continuity of essential health service provision. Context-specific solutions were needed to achieve universal health coverage; the Secretariat should strengthen support to help Member States to determine effective measures for extending equitable coverage, strengthening financial participation and improving quality of care in fragile and conflict-affected situations, and identify and mobilize both external and innovative domestic financing.

The representative of ETHIOPIA said that he was pleased to note the level of support for the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care, which would be instrumental to the implementation of resolution WHA76.2 (2023).

Enhanced financing for universal health coverage would require greater political leadership and commitment to prioritizing universal health coverage in national plans. The development of a single plan, budget and report would increase efficiency and synergy to advance universal health coverage; expanded insurance systems would ensure access to care and prevent catastrophic health spending; fee waiver mechanisms should be implemented for high-impact interventions; an accountability framework should be introduced to track equity among different population groups; and public health systems should be optimized and reoriented towards primary health care. Investment in the health and care workforce should prioritize resilience and adaptability. It was crucial to ensure the availability of resources and infrastructure, and to protect the safety and mental health of health and care workers.

The representative of SLOVENIA observed that primary health care was the foundation for universal health coverage and crucial to comprehensive, integrated and person-centred care. In her country, new challenges included misinformation, growing inequities and health workforce shortages. Social participation in health policy implementation and decision-making could better identify and address the needs of the most vulnerable populations due to the involvement of civil society, including youth and patient organizations. She commended the Secretariat for its attention to meaningful engagement with young people and the publication of a handbook on social participation for universal health coverage. The Organization should explore further the potential of social participation and develop guidelines, tools, monitoring frameworks and platforms for the exchange of good practice to help Member States to promote social participation in their national context. Her Government looked forward to further consultations on the draft decision on social participation, with a view to its adoption at the Seventy-seventh World Health Assembly.

The representative of BRAZIL noted that achieving universal health coverage required strong national health systems, a qualified health workforce, enhanced primary health care services and access to safe, affordable and quality medicines, vaccines, diagnostics and health technologies. Although inequities and poverty continued to hinder the achievement of that goal, the high-level meeting on universal health coverage had provided an opportunity to reinvigorate efforts. He called for the spirit of the Declaration of Alma-Ata and the Declaration of Astana to be restored and primary health care to be placed at the core of health services. At the national level, a holistic approach to individuals' needs offered a cost-effective way of addressing the social determinants of health. More broadly, better dialogue with financial experts was needed to address unmet needs, and serious gaps persisted in the availability, distribution, composition and capacity of human resources for health, particularly for primary health care. National policies on health professionals should be based on the principle of decent work.

The representative of CHINA said that better financing for health and a stronger health workforce were key to achieving universal health coverage. He advocated sustainable financing strategies, increased public investment, coordinated funding for disease prevention and treatment, and adequate funding for health institutions and service providers, including training and incentives for health workers. More health workers were needed in rural and underdeveloped areas to promote health equity. He expressed regret that agreement had not been reached on the draft decision on social participation for universal health coverage, health and well-being and remained committed to working with Member States on the draft decision in the intersessional period.

The representative of the UNITED STATES OF AMERICA said that central health services needed to be restored to a better level than before the COVID-19 pandemic, ideally by 2025. A supported, equipped and protected health workforce for primary health care was essential to regain lost ground and prepare for future health threats; its resilience should be supported through evidence-based training, including tools to boost public health literacy and build surge response capacity, and mental health and psychosocial support. It was essential to strengthen health systems and institutions; boost health security; combat HIV/AIDS, malaria and tuberculosis; advance sexual and reproductive health

and rights; support maternal, neonatal and child health; and close gaps in the areas of nutrition, noncommunicable diseases and mental health in order to accelerate progress towards universal health coverage and the achievement of the 2030 Agenda for Sustainable Development. Women, girls, adolescents, the LGBTQIA+ community and other historically marginalized or underrepresented populations needed to be included in decision-making. She drew attention to the shaping role of political leadership in comprehensive and resilient health systems. Member States had an opportunity and a responsibility to recommit to investment in essential services and to collective efforts towards universal health coverage, with the help of civil society and the private sector, and to improve access to health services while protecting individuals from financial ruin. She expressed support for the draft decision on the development of a global strategy and action plan for integrated emergency, critical and operative care.

The representative of SLOVAKIA welcomed work on accelerating the achievement of universal health coverage, which required collaboration between Member States and the Secretariat at all three levels of WHO. He called for further work to develop strategic, up-to-date and evidence-informed national health programmes that took into account national context, epidemiological data and disease burdens, and prioritized primary health care as key to ensuring health security at all levels. Attention should also be paid to the political determinants of health, strategies on health financing and the optimization of investment in the health workforce, and the development of tailored, context-appropriate approaches. A greater focus was needed on cross-cutting strategies, including on data and monitoring, international collaboration and innovative technology. A focus on partnership would enable Member States to accelerate progress towards universal health coverage and ensure the equitable, efficient and sustainable delivery of expanded health services.

The representative of JAPAN, noting the three health-related high-level meetings held in 2023, called for the level of interest in universal health coverage generated by the COVID-19 pandemic to be maintained and the momentum towards achieving that goal by 2030 to be furthered. Strengthened health financing was essential; in 2019 his Government had hosted a G20 meeting for health and finance ministers, while in 2023 it had hosted a discussion on the importance of a global hub function for financing, knowledge management and human resources for universal health coverage, as part of the G7 health ministers' meeting.

The representative of the REPUBLIC OF MOLDOVA said that achieving universal health coverage in countries with a higher degree of vulnerability would require the strengthening of primary health care though investment in infrastructure and the workforce. Primary health care suffered from attrition, particularly in rural areas, while family medicine was a difficult specialty that had been almost completely feminized and was struggling to attract new doctors. Changes in protocols and in the responsibilities and activities of doctors and nurses should be considered. Incentives such as supplementary payments could attract medical personnel to rural areas; her Government was a pioneer in that field. The adoption of digital health technologies should be accelerated to enhance access to health care, and support should be provided for disease prevention to reduce the burden on health care services. Action was needed to tackle weak governance and accountability, which were a barrier to achieving universal health coverage. The health-related Sustainable Development Goal targets and the primary health care measurement framework and indicators would play a crucial role in achieving universal health coverage. Activities should be developed at the regional level to help politicians to better understand the benefits of universal health coverage.

The representative of CANADA, welcoming the two draft decisions, said that to achieve universal health coverage, the Secretariat should provide technical and policy advice to Member States and support the alignment of global health actors around country-led strategies. Health systems strengthening, primary health care and integrated services should be prioritized, as they were key to building sustainable health systems and to strengthening global health security. Gender- and

equity-responsive and community-driven health systems were essential to achieving universal health coverage and the Sustainable Development Goals, and included the integration in primary health care of, and universal access to, sexual and reproductive health services. Support for frontline workers, the majority of whom were women, was critical for strong and resilient health systems. Efforts to address the environmental drivers of disease were key to strengthening universal health coverage, health systems and health resilience, and promoting health and well-being. Multisectoral collaboration and alignment on global health initiatives and their investments would support country leadership and national plans on universal health coverage.

The representative of YEMEN said that the achievement of universal health coverage would require the mobilization of resources, particularly for low- and middle-income countries where high out-of-pocket expenditure on health exposed citizens to financial difficulty. The health sector in his country had to contend with ongoing conflict, high numbers of internally displaced persons, refugees and migrants, and an exodus of health personnel from rural areas to towns and also to neighbouring countries. Low- and middle-income countries required more resources and support from partners to expand primary health care and achieve universal health coverage, particularly for vulnerably population groups such as children and persons with disabilities. Improved health information systems and data collection, and research on ways to finance health would support the achievement of universal health coverage and the Sustainable Development Goals.

The representative of MALAYSIA provided details of the measures taken in his country to provide universal health coverage through primary health care. In the context of a rising burden of communicable and noncommunicable diseases, ageing populations and increasing health care costs, greater investment was needed to provide adequate, equitable and sustainable health care services. His Government wished 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 BARBADOS said that his country, like other small island developing States, faced financial pressure in a context of escalating health care costs and needed to find additional and alternative sources of funding to ensure the sustainability of the health care system. The strengthening of primary health care, including through improved infrastructure and facilities and the inclusion of mental health services, and adequate human resources for health were critical to achieving universal health coverage. His Government would welcome support and technical assistance on investment in human resources for health, particularly training in nursing and allied professions that suffered from shortages of personnel; investment in strengthening primary health care provision, particularly for the management of noncommunicable diseases; and investment in health information systems for evidence-based decision-making.

The representative of MALDIVES said that the draft fourteenth general programme of work, 2025–2028, would strengthen the commendable efforts made at all three levels of WHO towards achieving universal health coverage and would shift the focus towards promotive and preventive action for health. Welcoming recognition of the specific challenges faced by small island developing States, she said that pragmatic approaches would be needed to achieve and sustain universal health coverage in small economies vulnerable to external shocks caused by climate change and global conflict. Preventive efforts and financing efficiencies, such as a focus on low-cost interventions, a multidisciplinary health workforce and the early detection of noncommunicable diseases, would also be needed to maintain coverage.

The representative of BELARUS, describing the progress made at the national level towards achieving universal health coverage, said that the imposition of politically motivated, unilateral sanctions on his country prevented access to critical medicines and medical devices for vulnerable population groups such as children, older persons and those with cancer or other serious diseases. That

action seemed to be at variance with the so-called humanitarian exemption to sanctions and surely raised similar problems for other countries affected by Western sanctions. He called on WHO to focus on the impact of such measures on access to essential medicines and medical devices for those in need.

The representative of AFGHANISTAN, highlighting his country as a case study of the impact on universal health coverage of neglecting hospital care, said that comprehensive hospital services were crucial to the effectiveness of primary health care as the path to universal health coverage, including the promotion of health equity and the reduction of out-of-pocket expenses. A shift was needed towards an up-to-date, evidence-based package of priority health care services, particularly in conflict zones, since the existing approach was not aligned with the current disease burden and was disconnected from humanitarian and development efforts. Human resources for health were also vital to achieving universal health coverage, particularly in areas with historic shortages of female health workers and high maternal mortality rates. Noting that the most recent ban on women's and girls' education in his country had worsened those shortages and had jeopardized the health of future generations, he called on WHO to advocate for the right of Afghan women and girls to education. His Government wished to join 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, and the draft decision on social participation for universal health coverage, health and well-being.

The representative of the FEDERATED STATES OF MICRONESIA said that universal health coverage needed to be enhanced to advance health equity, primary health care and health services for underserved, marginalized and vulnerable population groups; recognition of that in the report was encouraging. Governments must increase budget allocations for health. Investment in health outcomes, health promotion and disease prevention was crucial to universal health coverage, as was supporting connections between health infrastructure and the environment, education and other social determinants of health. Investment in young people as leaders, with a focus on development, should be embedded in a future platform for universal health coverage. Investment in technical expertise for countries where it was lacking would also support the reorientation of health systems through primary health care and the achievement of universal health coverage. Furthermore, investment in South–South cooperation was vital for small island developing States. He expressed support for the two draft decisions.

The representative of TIMOR-LESTE said that her country required support from the Secretariat to address health service coverage for noncommunicable diseases and mental health, and to continue to improve mother, newborn and child health services. Increased domestic funding for primary health care was essential to improve the quality of health services, thereby building trust. Health system responsiveness and adequate stocks of medicines and diagnostic tools were key areas for improvement on which WHO should focus its technical collaboration at all three levels. Public health systems focused on primary care that was free at the point of delivery were critical; low- and middle-income countries should increase domestic funding in that domain.

The representative of FRANCE expressed support for recommendations to increase countries' budget allocations for health systems, strengthen equity and efficiency in health expenditure, enhance access to a comprehensive package of essential health services and collect reliable data. Universal health coverage was a right that should be collectively financed and publicly subsidized to ensure the pooling of resources and provide protection from financial hardship. Efforts to address social participation as a means of boosting public confidence in health systems and taking into consideration the views of patients, vulnerable populations, health professionals and social workers were welcome. She supported the extension of universal health coverage and the political declaration of the high-level meeting on universal health coverage and called for efforts to achieve the 2030 Agenda for Sustainable Development. Welcoming WHO's work in that regard, she called on Member States to support the International Health Partnership for UHC2030, the Universal Health Coverage Partnership and the Global Network for Health Financing and Social Health Protection.

The representative of LESOTHO called for strong political commitment to achieve universal health coverage and described longstanding efforts in her country to provide community health services. Despite gains such as epidemic control of HIV/AIDS, her country experienced a heavy burden of communicable diseases, including tuberculosis, and was affected by the emigration of trained health workers.

The representative of TOGO took note of the report and described the action taken in his country on universal health coverage, including reform and programmes that targeted vulnerable population groups.

The representative of PARAGUAY said that the political declaration of the high-level meeting on universal health coverage represented a clear commitment to make progress by 2030 on universal health coverage through primary health care. Universal access to health care based on a primary health care and person-centred approach was the best way of ensuring that all people enjoyed the right to health. She described the measures taken by her Government in that regard, including the establishment of family health teams that focused on the social determinants of health and the promotion of healthy lifestyles.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA called for the implementation of the Delhi Declaration on strengthening primary health care as a key element towards achieving universal health coverage, which had been adopted at the 76th session of the WHO Regional Committee for South-East Asia in 2023, and the political declaration of the high-level meeting on universal health coverage. WHO recommendations should encourage Member States to introduce cost-effective approaches, such as mobile health apps and telemedicine, to reach underserved populations and tackle noncommunicable diseases. Member States should strengthen information, education and communication, and disease surveillance and reporting systems, and develop national action plans to provide quality education for the primary health care workforce. She called on the Secretariat to implement plans for universal health coverage with a clear target of 2027 and present the results to the high-level meeting on universal health coverage scheduled to take place that year.

The meeting rose at 11:45.

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 (continued)

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[1] 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[1] 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[1] 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

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

would be extremely difficult. Poverty, inequality, migration issues, conflict and urbanization continued 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[1] 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[1] 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[1] 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)[2] for the support provided to his Government. He called on all Member States to

[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".

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

The representative of ECUADOR,[1] 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[1] 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.

The representative of INDONESIA[1] 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

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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[1] 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,[1] 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.

The representative of GERMANY[1] 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

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

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[1] 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[1] 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.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] 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

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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[1] 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 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[1] 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,[1] 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,

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

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,[1] 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 TANZANIA[1] 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[1] 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[1] 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 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[1] 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,[1] 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

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

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 LGBTQI+ community and persons with disabilities. Such services must include counselling and access to a range 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.[1]

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.

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.

[1] Decision EB154(6).

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 read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> >
> > (PP1) Having considered the report by the Director-General;
> >
> > (PP2) Recalling Health Assembly resolutions WHA40.13 (1987) on development of guiding principles for human organ transplants,[2] WHA42.5 (1989) on preventing the purchase and sale of human organs[3] and WHA44.25 (1991) on human organ transplantation,[4] WHA57.18 (2004) on human organ and tissue transplantation[5] and WHA63.22 (2010) on human organ and tissue transplantation (updated WHO Guiding Principles);[6]
> >
> > (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[7] and the WHO Regional Committee for Africa;[8]
> >
> > (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;[9]
> >
> > (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;[10]
> >
> > (PP6) Noting the Madrid resolution on organ donation and transplantation (2011),[11] an outcome of the Third WHO Global Consultation on Organ Donation and Transplantation

[1] Document EB154/7.

[2] Resolution WHA40.13.

[3] Resolution WHA42.5.

[4] Resolution WHA44.25.

[5] Resolution WHA57.18.

[6] 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).

[7] See document CD57.R11 and resolution CD57.R11 (accessed 26 December 2023).

[8] See document AFR/RC70/12 (accessed 26 December 2023).

[9] Document A70/19 (accessed 26 December 2023).

[10] See resolution A/RES/77/236 (accessed 26 December 2023).

[11] 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.

(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 3.4 (reduction of premature mortality from noncommunicable diseases) and 3.8 (access to universal health care);[1]

(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;[2]

(PP12) Noting with concern that the COVID-19 pandemic had a profound, negative effect on donation and transplantation activities,[3] 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,[4] 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,[5]

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[1] 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.

[2] See document A75/41 (accessed 26 December 2023).

[3] 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.

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

[5] 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).

(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;[1]

(3) to protect living donors by requiring informed consent and appropriate medical and psychosocial evaluation, as well as by providing proper follow-up care;

(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

[1] United Nations General Assembly resolution 78/4. Political Declaration of the high-level meeting on universal health coverage.

international cooperation,[1] and collecting data and conducting research on the trends in both crimes;[2]

(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 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,[3] 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, inter-agency 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;

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[1] 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).

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

[3] 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).

(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 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,[1] 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:

Decision:	Increasing availability, ethical access and oversight of transplantation of human cells, tissues and organs
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course 1.3.3. Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved, including through prequalification services
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Two years (June 2024–May 2026).

[1] 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.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 4.37 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 4.37 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** **– Resources available to fund the decision in the current biennium:** US$ 1.20 million. **– Remaining financing gap in the current biennium:** US$ 3.17 million. **– Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** 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.2.a. 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.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	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)[1] on mental health and psychosocial support, Human Rights Council resolution 52/12 (2023)[2] on mental health and human rights and United Nations Security Council resolution 2668 (2022)[3] 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)[4] and subsequent resolutions including 78/119 (2023)[5] 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)[6] on strengthening national health emergency and disaster management capacities and resilience

[1] Resolution A/77/300.

[2] Resolution A/HRC/RES/52/12.

[3] Resolution S/RES/2668.

[4] Resolution A/RES/46/182.

[5] Resolution A/RES/78/119.

[6] Resolution WHA64.10.

of health systems, WHA65.20 (2012)[1] 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)[2] on COVID-19 response and decision WHA74(14) (2021)[3] 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)[4] 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[5] and the relevant intersectoral guidelines and tools that it has published, including the Mental Health and Psychosocial Support Minimum Service Package;[6]

(PP7) Noting the Joint Interagency Call for Action on Mental Health and Psychosocial Support 2020[7] 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[8] adopted by the Health Assembly in resolution WHA65.4[9] (2012) and updated in decision WHA74(14)[3] 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

[1] Resolution WHA65.20.

[2] Resolution WHA73.1.

[3] Decision WHA74(14).

[4] Resolution 33IC/19/R2.

[5] Resolution A/RES/46/182.

[6] 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).

[7] 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).

[8] 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).

[9] Resolution WHA65.4.

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*,[1] 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 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;[2]

(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]

[1] 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).

[2] 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, accessed 1 December 2023).

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 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;[1]

(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,[2] dementia,[3] harmful use of alcohol,[4] the world drug problem,[5] and epilepsy and other neurological disorders,[4] 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[6] to consolidate reporting on progress achieved in the prevention and control of noncommunicable diseases and the promotion of mental health.

[1] 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).

[2] Decision WHA74(14).

[3] Decision WHA70(17) (2017).

[4] Decision WHA75(11) (2022).

[5] Decision WHA75(20) (2022).

[6] Decision WHA72(11) (2019).

The financial and administrative implications for the Secretariat were:

Decision:	Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings 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
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Ten years (2024–2033).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 123.42 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 22.79 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Zero.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 23.70 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 76.93 million.

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

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

US$ 12.48 million.

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

US$ 10.31 million.

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

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.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	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.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 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.4. Future bienniums resources to be planned	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

[a] 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 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)[1] 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 nationals 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 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.

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

SEVENTH MEETING

Wednesday, 24 January 2024, at 18:15

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

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

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 non-communicable 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 SPAIN[1] 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 REPUBLIC[1] 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 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.

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

The representative of MEXICO[1] 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 GEORGIA[1] 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 HAITI[1] 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.

Taiwan[2] 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 Taiwan[2] 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. She welcomed recognition of the private sector as an important global health partner in the draft fourteenth general programme of work.

The representative of MONACO[1] 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

[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".

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 SALVADOR[1] 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.

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.

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

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 DARUSSALAM[1] 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 ECUADOR[1] expressed support for the efforts of WHO to prevent and control noncommunicable diseases.

The representative of the KINGDOM OF THE NETHERLANDS[1] 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 THAILAND[1] 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 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 FEDERATION[1] 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 ESWATINI[1] said that WHO must strengthen efforts to ensure that the African Region was adequately funded to address noncommunicable diseases, as the current

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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 Taiwan[1] 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, Taiwan[1] 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 IRELAND[2] 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 NAMIBIA[2] 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 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 CHILE[2] 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,

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

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including obesity, smoking and social isolation, could be mitigated. WHO should consider extending the time frame of the global action plan.

The representative of KENYA[1] 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 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

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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 to 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.

[1] Decision EB154(7).

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 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 NAMIBIA[1] 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 KOREA[1] 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 FEDERATION[1] 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 THAILAND[1] 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.

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

The representative of ECUADOR[1] expressed support for the draft global action plan and monitoring framework.

The representative of EGYPT[1] 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 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

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

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 BRITIAN 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,

[1] Decision EB154(8).

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

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.

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.

EIGHTH MEETING

Thursday, 25 January 2024, at 10:10

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

1. REPORT OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE: Item 5 of the agenda (document EB154/5)

The CHAIR OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE said that recent global health emergencies – including the coronavirus disease (COVID-19) pandemic – presented the world with a unique opportunity to assess and strengthen its response; the global health system must be strengthened and Member States' needs met through a coordinated global architecture for health emergency preparedness, response and resilience. A network of relevant global, regional and country-wide networks must also be identified. The Standing Committee's primary role was to provide guidance and support to the WHO Health Emergencies Programme, including by facilitating discussions and information sharing among Executive Board members and non-members. The Standing Committee coordinated with other bodies, including the Global Preparedness Monitoring Board and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to avoid duplication of efforts. It strove for inclusive and collective decision-making and coordination that leveraged the guidance and recommendations of other committees.

Outlining the contents of the report contained in document EB154/5, he highlighted the appointment of a new Vice-Chair and the consensus reached on matters relating to COVID-19, mpox, poliomyelitis and the procedures and logistical and administrative arrangements of the Standing Committee.

Cooperation and a coherent approach across organizations was needed to address gaps in health emergency management. The 2023 report of the Global Preparedness Monitoring Board had revealed weaknesses and declining preparedness in crucial areas, alongside signs of fragile improvements that must be consolidated immediately; its key findings and recommendations should be prioritized, with a focus on technical solutions to address gaps and prevent disruption to health systems. A bottom-up approach should be embraced that took into account the challenges faced by Member States, particularly low- and middle-income countries. WHO must remain diplomatic, focus on rewards rather than punitive enforcement in the implementation of its initiatives, navigate geopolitical pressures and concentrate on saving lives. The goal was to avoid compounding problems and to ensure fairness and inclusivity.

The representative of BRAZIL said that the range of topics discussed by the Standing Committee underscored WHO's dedication to addressing significant public health challenges and public health emergencies of international concern. He endorsed the proposed additional agenda items for upcoming meetings of the Standing Committee set forth in the report; an item on the implementation status of the recommendations of the Independent Oversight and Advisory Committee would be particularly welcome. Standing Committee members must also keep abreast of deliberations within the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and the Working Group on Amendments to the International Health Regulations (2005), as they related directly to the Standing Committee's mandate. His Government stood ready to provide support and share its experience and expertise with countries seeking to eradicate poliovirus.

The representative of MOROCCO said that the conclusions and recommendations of the Standing Committee were in perfect alignment with his country's directives. Member States and the Secretariat should work together to: ensure widespread distribution of materials related to the framework for strengthening health emergency preparedness, response and resilience; advocate sustainable financing to guarantee effective implementation of the five core health emergency components; and promote inclusivity, transparency and equity when implementing related measures.

The representative of JAPAN said that the Standing Committee's work was essential to improve WHO's response to health emergencies. To improve the WHO Health Emergencies Programme, the state of implementation of recommendations by the Independent Oversight and Advisory Committee should be reviewed – a report on the matter should be presented at the next Standing Committee meeting. The adoption of standard operating procedures for extraordinary meetings of the Committee and the plan to discuss a detailed draft agenda for future extraordinary meetings were both welcome. While the period leading up to the next Standing Committee meeting in April 2024 promised to be busy, its intersessional work must not be compromised. He requested the Secretariat to keep Member States informed of progress on preparing the draft agenda for extraordinary meetings and noted that it would be helpful to include an analysis of lessons learned from past emergency response efforts on that draft agenda.

The representative of FRANCE noted that the Standing Committee was an important forum for advancing collective understanding of issues related to health emergency prevention, preparedness and response. Although it was a relatively new instrument, the Committee had become the preferred setting for exchange between Member States and the Secretariat on current and future threats, and contributed to strengthening the global health security architecture.

The representative of the UNITED STATES OF AMERICA agreed that a stronger, more coherent, inclusive and equitable global health architecture was needed. She also agreed on the need for further Member State consultations on health emergency preparedness, response and resilience. The proposed health emergency framework would be useful when considering how to make the global health architecture more agile and interoperable, however, any new framework must reinforce, not duplicate, existing tools, such as the International Health Regulations Monitoring and Evaluation Framework. Substantive Member State engagement would be needed and ongoing consultations in that regard were thus welcome. The framework should recognize and take into consideration major stakeholders outside of WHO, since the Organization did not have sufficient resources or in-house expertise to implement the actions envisaged under the framework. WHO must therefore coordinate with, and leverage the strengths of, the many other organizations and initiatives focused on global health security, including those in the private sector and civil society. She welcomed the updates on the Standing Committee's agenda-setting process and requested additional information as to how the Committee was fulfilling its mandate.

The representative of BARBADOS said that the Secretariat's timely assistance of Member States was critical in a context of global uncertainty and new and emerging conflicts. The Organization had provided an unprecedented scale of technical and financial support during the COVID-19 pandemic to help disadvantaged, vulnerable and displaced people, and its work in coordinating public health activities in areas affected by conflict was particularly appreciated. He called for a well-funded rapid response team that could be deployed within the Caribbean region and that would draw on local expertise to provide guidance and to help to minimize the effects of natural disasters on local communities.

The representative of SWITZERLAND, highlighting the importance of the Standing Committee at a time of concurrent emergencies, said that it had great potential and must be used in a targeted manner. She suggested that the Committee's officers should draw up a proposed draft agenda based on the decisions made by the Board on the agenda items under Pillar 2: One billion more people better protected from health emergencies. The reports on WHO's work in health emergencies could be used

to direct discussions within the Committee, which would render it a useful forum for open dialogue on the issues at hand that was allocated sufficient time for its work.

The representative of CHINA expressed appreciation for the report's recommendations and perspectives on COVID-19, mpox and poliomyelitis. He agreed that the global architecture for emergency preparedness, response and resilience must urgently be strengthened and expressed support for WHO's leadership and coordination role in enhancing preparedness and response capacity for future pandemics. China would continue to participate in emergency response initiatives and programmes and was able to provide the Secretariat with technical, financial and human resources.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, praised the professionalism shown in reaching a decision on the new Vice-Chair of the Standing Committee, especially as the lack of a Vice-Chair had negatively impacted the Committee's work. Although two of the three diseases of focus in the report were no longer classified as emergencies, cases continued to be detected in her Region. She noted that Member States had emphasized the need for continued monitoring and allocation of resources, with a greater focus on sustainable approaches.

The amendment process for the International Health Regulations (2005) must be fast-tracked so that the world was better prepared for the next pandemic, and post-COVID-19 conditions should be studied in each country. Support was needed for stronger surveillance systems, including event-based surveillance. Complexities in tackling poliovirus had become evident during the COVID-19 pandemic. While her Region supported the framework for emergency preparedness, response and resilience, it should incorporate a focus on readiness for response; the challenges faced by COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator, must not arise again. The Region supported an interim coordination mechanism on medical countermeasures, pending the finalization of the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. She noted that although the report highlighted armed conflict as a major cause of health emergencies, a growing number were linked to extreme weather driven by climate change.

The representative of THAILAND[1] expressed appreciation for the work of the Standing Committee, the support provided to countries affected by Grade 3 emergencies and work to strengthen pandemic prevention, preparedness and response at all levels of the Organization. He agreed on the importance of maintaining the five core health emergency components. The WHO Health Emergencies Programme should continue to provide tecovirimat to Member States for the treatment of patients at risk of severe disease from mpox. Public health emergencies were not limited to communicable diseases, and emergencies arising from human activity and natural disasters should be included in discussions of public health emergency management.

The representative of ECUADOR[1] expressed full support for the work of the Standing Committee, especially regarding the COVID-19 pandemic. Outlining her country's response to COVID-19 and action taken to prevent outbreaks of other diseases, she urged countries in the Region of the Americas to collaborate closely to protect vulnerable populations and strengthen immunization coverage, testing and surveillance for COVID-19, poliomyelitis and other diseases with pandemic potential.

The representative of MOZAMBIQUE[1] said that Secretariat support had been invaluable for her country's response to outbreaks of poliomyelitis, cholera and measles and other health emergencies, which were hampering the health system's recovery following the COVID-19 pandemic. Primary health care was crucial to emergency preparedness and response, as was an all-of-government and all-of-society approach. It had become evident during the COVID-19 pandemic that strengthened primary health care and community involvement were fundamental for surveillance and tracing efforts.

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

She commended the strong engagement of those working to develop a legally binding pandemic agreement and update the International Health Regulations (2005).

The representative of the PHILIPPINES[1] expressed support for amending the International Health Regulations (2005). Better prepared, resilient and responsive health systems were imperative for every country, and there must be an equitable distribution of health technologies – particularly vaccines and other drugs – between developed and developing countries. The role of regulatory agencies in health emergencies must be strengthened, including in oversight, surveillance, expedited approvals for essential health products, effective communication, and collaboration with international health partners. WHO should take the lead in strengthening and sustaining regional and global platforms for equitable knowledge generation and data-sharing, ensuring that all benefited, including lower-middle-income countries.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the Standing Committee's focus on poliomyelitis and mpox was appreciated, and its recommendations on COVID-19 demonstrated the need for a sustained and sustainable response. COVID-19 had not gone away: the number of intensive care patients, hospital admissions and deaths were rising, even as surveillance and clinical systems were contracting, putting the world on the brink of losing the health capacity gains made during the pandemic. He was grateful to the Standing Committee for continuing to raise the issue. The Secretariat would continue to update the Committee on the development of an interim countermeasures platform, in addition to providing general briefings to keep the Committee abreast of negotiations in the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005).

He thanked Member States and the Standing Committee for their continued focus on sustainable funding for the WHO Health Emergencies Programme, which had a high cash turnover, mainly related to emergency appeals and contingency funds. In the previous biennium, only 17% of funding for core functions had come from assessed contributions and core voluntary funds, yet it was specified funding for core programmatic deliverables that allowed the Programme to deliver on health emergency appeals and frontline operations.

Member States' praise for WHO's efforts to cushion the impact of health emergencies on the most vulnerable people was greatly appreciated. He agreed that developing a provisional agenda and standard operating procedures for extraordinary meetings of the Standing Committee was paramount, as the Committee must be prepared for the next emergency; the issue should be central to discussions at its fourth meeting in April 2024. The Committee's next report to the Board would contain elements of a road map for implementing key components of the health emergency framework, developed in collaboration with Member States. All improvements to the framework, which continued to evolve, would be made together with technical, operational and financial partners and he thanked Member States for their input.

The CHAIR took it that the Board wished to note the report contained in document EB154/5.

The Board noted the report.

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

2. WHO'S WORK IN HEALTH EMERGENCIES: Item 14 of the agenda (documents EB154/14, EB154/15 and EB154/51)

The CHAIR invited the Board to consider the reports contained in documents EB154/14, EB154/15 and EB154/51 and to provide guidance on the questions in the final paragraph of each document. She drew attention to a draft decision, which contained a draft decision to be submitted to the Seventy-seventh World Health Assembly, on the Universal Health and Preparedness Review, proposed by Cameroon, the Central African Republic, the Dominican Republic, Samoa, Sierra Leone, Switzerland, Thailand, Timor-Leste and the Member States of the European Union. The draft decision read:

> The Executive Board, having considered the reports on WHO's work in health emergencies,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following decision:
>
> > The Seventy-seventh World Health Assembly, having considered the report by the Director-General,
> >
> > > Decided:
> > > (OP)1. to take note of the reports of the Central African Republic,[2] Iraq,[3] Portugal,[4] Thailand[5] and Sierra Leone[6] made during the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review[7] process meant to occur; and
> > >
> > > (OP)2. to request the Director-General, in consultation with Member States, to continue developing the voluntary pilot phase of the Universal Health and Preparedness Review, including the voluntary pilot global peer review according to the report submitted to the Seventy-fifth World Health Assembly,[8] and feedback from Member States, without prejudice to the Intergovernmental Negotiating Body

[1] Documents EB154/14 and EB154/15.

[2] Universal Health and Preparedness Review (UHPR): National Report of Central African Republic. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-central-african-republic, accessed 18 December 2023).

[3] Universal Health and Preparedness Review (UHPR): National Report of Iraq. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-the-republic-of-iraq, accessed 18 December 2023).

[4] Universal Health and Preparedness Review (UHPR): National Report of Portugal. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)--national-report-of-portugal, accessed 18 December 2023).

[5] Universal Health and Preparedness Review (UHPR): National Report of Thailand. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/universal-health-preparedness-review-(uhpr)-2022--thailand, accessed 18 December 2023).

[6] Universal Health and Preparedness Review (UHPR): National Report of Sierra Leone. Geneva: World Health Organization; 2023 (https://www.who.int/publications/m/item/universal-health-and-readiness-review--(uhpr)--national-report-of-sierra-leone, accessed on 18 December 2023).

[7] Universal Health and Preparedness Review (https://www.who.int/emergencies/operations/universal-health---preparedness-review, accessed on 18 December 2023).

[8] Document A75/21.

and the Working Group on Amendments to the International Health Regulations (2005) processes, building on existing mechanisms under and in support of the International Health Regulations (2005) in a manner complementary to and non-duplicative of existing modalities and evaluation tools and processes used by Member States, namely those in the IHR Monitoring and Evaluation Framework; and

(OP)3. to request the Director-General to report to the Seventy-eighth World Health Assembly, through the Executive Board at its 156th session, on lessons learned, implications, benefits, challenges, and options for the next steps.

The financial and administrative implications for the Secretariat were:

Decision:	Universal Health and Preparedness Review
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Twenty-two months, to report to the Seventy-eighth World Health Assembly in 2025, through the Executive Board at its 156th session.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 16.08 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 16.08 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

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

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

US$ 5.00 million.

– Remaining financing gap in the current biennium:

US$ 11.08 million.

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

It is expected that approximately US$ 4–6 million can be mobilized with the support of the governments and government agencies. Fundraising activities are continuing.

Table. Breakdown of estimated resource requirements (in US$ millions) [a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.14	0.58	0.44	0.53	0.90	0.45	4.17	8.20
	Activities	1.50	1.20	1.20	0.67	1.30	1.18	0.83	7.88
	Total	2.64	1.78	1.64	1.20	2.19	1.63	4.99	16.08
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.4. Future bienniums resources to be planned	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–

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

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 health emergency preparedness for disasters resulting from natural hazards, proposed by Australia, Bangladesh, Costa Rica, Croatia, Fiji, France, Germany, India, Ireland, Italy, Monaco, Mozambique, Nepal, Pakistan, Peru, Samoa, Slovakia, Slovenia, Türkiye, the United States of America and the United Republic of Tanzania. The draft decision read:

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

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

The Seventy-seventh World Health Assembly,

[1] Document EB154/15.

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

(PP2) Recalling the International Health Regulations (2005), the Sustainable Development Goals 2030, the Sendai Framework for Disaster Risk Reduction 2015–2030 and the Bangkok Principles on the implementation of the health aspects of the Sendai Framework, the Paris Agreement on climate change and the United Nations Framework Convention on Climate Change, the Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda of the Third United Nations Conference on Housing and Sustainable Development (Habitat III), and WHO's Thirteenth General Programme of Work, 2019–2025 with its strategic priority of one billion more people better protected from health emergencies;

(PP3) Recalling further Health Assembly resolutions WHA64.10 (2011) on strengthening national health emergency and disaster management capacities and the resilience of health systems, WHA65.20 (2012) on WHO's response, and role as health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, WHA75.17 (2022) on human resources for health, WHA76.2 (2023) on integrated emergency, critical and operative care for universal health coverage and protection from health emergencies, and the report of the Director General on strengthening WHO preparedness for and response to health emergencies;

(PP4) Recalling United Nations General Assembly resolutions 75/124 (2020) on international cooperation on humanitarian assistance in the field of natural disasters, from relief to development, and 77/28 (2022) on strengthening of the coordination of emergency humanitarian assistance of the United Nations;

(PP5) Noting with concern that the increasing frequency and intensity of climate-related extreme weather events, and their impacts on health, put additional pressure on health systems, and require progress on adaptation, risk reduction and preparedness efforts to protect populations, in particular those at high risk of the devastating consequences of extreme weather events;

(PP6) Noting also with concern the continued risk of the occurrence of natural hazards, intersecting health emergencies, their multiple and long-term public health consequences and their negative impact on the well-being of people around the world, particularly among those living in vulnerable and fragile situations;

(PP7) Recognizing that countries continue to face emergencies resulting from natural hazards, according to the WHO classification of hazards in Annex 1 of the WHO Health Emergency and Disaster Risk Management Framework;[1]

(PP8) Recognizing also that the devastating health, social, and economic impacts of the COVID-19 pandemic, and the lessons learned from the responses to it, have highlighted the need to strengthen health emergency preparedness, response, and resilience for disasters resulting from natural hazards, as concurrent and converging emergencies challenge communities and health systems;

(PP9) Underlining that preparation for, and responses to, health emergencies are primarily the responsibility and role of governments, and recognizing the importance of integrating health preparedness, response, and resilience into wider emergency preparedness for disasters, as well as recognizing the role of international cooperation in supporting national efforts and addressing cross-border risks;

[1] Health Emergency and Disaster Risk Management Framework (pp. 22–36). Geneva: World Health Organization; 2019 (https://apps.who.int/iris/bitstream/handle/10665/326106/9789241516181-eng.pdf?sequence=1&isAllowed=y, accessed 17 January 2024).

(PP10) Recognizing that the health sector plays a fundamental role in emergency preparedness, prevention, response and recovery, and that timely and efficient attention to the health care needs of those living in vulnerable and fragile situations is one of the priorities in the overall management of major emergencies and disasters;

(PP11) Emphasizing the importance of trained, equipped and diverse health and care workers at the forefront of emergency preparedness, prevention, response and recovery, including but not limited to community health workers and capacitated community volunteers, and their key role in terms of whole-of-society engagement and in strengthening efforts towards comprehensive community resilience-building for disasters resulting from natural hazards;

(PP12) Recognizing the multidimensional aspects of disasters, the complex interdependencies between different stakeholders and the critical role that communities and civil society play in prevention, preparedness, response and recovery from disasters resulting from natural hazards;

(PP13) Recognizing also that with advances in technology and forecasting capabilities, it is increasingly important to anticipate, prioritize and mobilize risk reduction and readiness actions to mitigate the impacts of the adverse health consequences of disasters resulting from natural hazards, including through multi-hazard early warning systems that enable countries to be ready to respond rapidly and effectively;

(PP14) Recognizing further the immediate, shorter-term, and permanent health impacts of disasters resulting from natural hazards, including those due to injuries, diseases, and death, health infrastructure destruction and services disruption, as well as longer-term health impacts due to the interruption of the prevention and control of communicable and noncommunicable diseases, including the management of mental health and psychosocial conditions, and other public health programmes;

(PP15) Recognizing that an adequate response to health emergencies due to disasters resulting from natural hazards requires a resilient and functional health care system, including primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, and mental health and psychosocial support, including equitable and timely access to water, sanitation and hygiene, health products and technologies, which are a critical part of both integrated health care and a robust emergency health care system;

(PP16) Recognizing also that building resilient public health systems at the local or community, subnational, national and regional levels, is essential for preparedness for and response to disasters resulting from natural hazards;

(PP17) Recognizing further the importance of risk communication, addressing misinformation and disinformation and ensuring community engagement to drive more community centred and equitable approaches for disasters resulting from natural hazards, including informing, engaging and empowering communities to take proactive action and build resilience;

(PP18) Recognizing the significant potential of digital technologies and innovation to increase the accessibility, safety and cost-effectiveness of health services, especially during emergencies;

(PP19) Noting with concern that persons facing vulnerability and marginalization are often disproportionately affected by the impacts of disasters resulting from natural hazards and are under-represented in emergency preparedness decision-making,

(OP)1. URGES Member States, taking into account their own national contexts and priorities:

(1) to ensure that efforts to strengthen health emergency preparedness and response for disasters resulting from natural hazards are based on systematic and regular evidence-based cross sectoral risk assessment;

(2) to ensure that health emergency preparedness and response efforts are firmly grounded in risk reduction, risk-mitigation and health system resilience building approaches that advance progress towards Universal Health Coverage and are oriented towards primary health care, enabling the sustained provision of essential health services during and after disasters resulting from natural hazards;

(3) to sustain political commitment and provide human and financial resources, as appropriate, and follow systematic and comprehensive approaches to strengthening and sustaining capacities for health emergency prevention, preparedness, response and recovery for resilience and strengthening health security, including through: strengthening and development of emergency risk management policies/strategies; planning and coordination of essential health and related services; training of health and care workers; information, education and knowledge management; building community capacities; and the provision of safe, accessible and resilient health infrastructure and logistics;

(4) to strengthen risk-informed operational response, coordination and management at all levels, including cross border cooperation, to ensure timely, safe, accessible and effective understanding of health risks, impacts and delivery of health services to affected persons and populations that adequately addresses their urgent health and recovery needs, to incorporate technical standards, best practices, clear incident management systems and regularly evaluated and updated [gender][1] and age [responsive/sensitive][1] and disability-inclusive multi-hazard health sector emergency response plans for disasters resulting from natural hazards;

(5) to engage as appropriate at local or community, subnational, national, regional and global levels to advance risk reduction, prevention, preparedness and response efforts for health emergencies from disasters resulting from natural hazards and recovery of communities and health systems;

(6) to facilitate effective collaboration between national and international partners, experts and key stakeholders to ensure that knowledge and expertise are up to date and relevant, and to disseminate this knowledge and provide appropriate technical support to international and national health preparedness, response and mitigation programmes to shape the global health emergency preparedness landscape towards greater readiness for response;

(7) to develop, implement and monitor policies and programmes that prioritize investments to improve the safety, accessibility and resilience of health facilities, including through ensuring that they are safely located, properly constructed and able to continue functioning during and after emergencies, minimize disruptions to essential health service delivery, and protect the lives of patients, the health and care workforce and the community;

(8) to coordinate action across the whole of government and whole of society, in an inclusive manner, and with the WHO Secretariat and the international community before, during and after disasters resulting from natural hazards, to ensure that the health sector is fully embedded into multisectoral coordination mechanisms based on participatory, community-centred and [gender][1] and age- [responsive/sensitive],[1] and disability-inclusive approaches;

(9) to leverage existing communication and collaboration networks, including communities and networks established through multisectoral approaches, to strengthen and streamline mitigation and response efforts before, during and after disasters resulting from natural hazards;

(10) to facilitate timely access for affected persons and populations to medicines, diagnostics, vaccines and other medical products needed in emergency response as part of a comprehensive package of prioritized and essential health services,

[1] To be discussed through further consultations.

including adequate access to primary, integrated emergency, critical, surgical and anaesthesia care services, rehabilitation, assistive technology, sexual and reproductive health care services, gender-based violence services and mental health and psychosocial support services, during and after disasters resulting from natural hazards, including through existing operational partner networks, such as the Global Health Cluster, the WHO Emergency Medical Teams Initiative, and the Global Outbreak Alert and Response Network and Standby Partnerships;

(11) to facilitate and promote the production, supply and distribution of essential products needed for emergency preparedness and response to disasters resulting from natural hazards, by means that include, when necessary, supporting strategic stockpiling and equitable access to medical products based on epidemiological data, vulnerability situation and other scientific evidence;

(12) to regularly and systematically conduct evidence-based risk assessments to inform actions, engage all key stakeholders, including local communities, and establish a clear leadership for preparing for health emergencies and disasters resulting from natural hazards;

(13) to improve the support of health and care workforce, including community health workers and capacitated community volunteers, by providing relevant technical health and safety training and supporting lifelong learning in coordination with academic, research and training institutions, including training provided by the WHO Academy and WHO collaborating centres;

(14) to enable health and care workers to update and adjust their technical skills, and to better prepare for prevention, the immediate rescue of victims, to prevent deaths, prevent and minimize injuries, mental health impacts and other illnesses among communities, and prevent and respond with a survivor-centred approach to sexual exploitation and abuse;

(15) to support, as appropriate, the strengthening of data collection, disaggregated data, including by sex, age and disability, and research in a systematic manner for continuous improvement of the evidence base and outcomes of health emergency preparedness and response;

(OP)2. REQUESTS the Director-General:

(1) to provide technical guidance, including supporting tools outlining evidence-based requirements, for mechanisms and capacities to strengthen health emergency preparedness for disasters resulting from natural hazards and help to facilitate access to financing for national health emergency and disaster risk management capacity;

(2) to provide support to the Member States, upon their request, where possible, to address challenges in the health sector due to climate change, including support for small island developing States, other climate vulnerable countries, urban settings and other geographical areas that are prone to disasters resulting from natural hazards and face similar challenges in terms of risks, vulnerabilities and capacities, and require dedicated, context-specific approaches;

(3) to provide support to Member States, upon their request, to develop, strengthen and operationalize their local, subnational and national emergency rapid response capacities, including emergency medical teams, specialized care teams, public health rapid response teams, mobile laboratories, and community-based interventions and resources, in coordination with relevant response actors;

(4) to enhance the capacity, resources and expertise at all levels of WHO, to provide the necessary technical guidance and support to Member States, upon their request, to strengthen sustainable local, subnational, national and regional capacities

[gender][1] and age- [responsive/sensitive],[1] and disability-inclusive health emergency preparedness and response for disasters resulting from natural hazards;

(5) to mobilize timely, adequate, sustainable and flexible financial and human resources at all levels of WHO, including through the WHO Contingency Fund for Emergencies, to support Member States to strengthen their health systems, including the safety and resilience of health facilities;

(6) to include updates on efforts to implement this resolution in appropriate preparatory documents and briefings to the Standing Committee on Health Emergency Prevention, Preparedness and Response and to report to the Health Assembly, on progress made, lessons learned and best practices in implementing this resolution in 2026, 2028 and 2030 as part of the consolidated report on WHO's work in health emergencies.

The financial and administrative implications for the Secretariat were:

Decision:	Strengthening health emergency preparedness for disasters resulting from natural hazards
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Seven years (2024–2030 inclusive).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 45.68 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 12.69 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 13.20 million.

[1] To be discussed through further consultations.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 19.79 million.

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

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

US$ 4.11 million.

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

US$ 8.58 million.

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

The Secretariat is actively engaging with various donors to mobilize resources, including Member States and other partners.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	0.62	0.51	0.44	0.53	0.45	0.45	1.57	4.56
	Activities	1.05	1.05	1.05	1.05	1.05	1.05	1.83	8.12
	Total	1.67	1.56	1.49	1.58	1.50	1.50	3.41	12.69
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.64	0.53	0.46	0.55	0.46	0.46	1.64	4.74
	Activities	1.09	1.09	1.09	1.09	1.09	1.09	1.91	8.46
	Total	1.73	1.62	1.55	1.64	1.55	1.56	3.54	13.20
B.4. Future bienniums resources to be planned	Staff	0.96	0.80	0.69	0.82	0.69	0.74	2.40	7.10
	Activities	1.64	1.64	1.64	1.64	1.64	1.64	2.86	12.69
	Total	2.60	2.44	2.33	2.46	2.33	2.38	5.26	19.79

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

The CHAIR said that consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period since that text was not yet ready for adoption. She further drew attention to a third draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on strengthening laboratory biological risk management, proposed by the United States of America and the Member States of the European Union. The draft decision read:

The Executive Board, having considered the reports by the Director-General,[1]

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

The Seventy-seventh World Health Assembly,

[1] Documents EB154/14 and EB154/15.

(PP1) Acknowledging the increasing risk of outbreaks of emerging and re-emerging diseases[1] and the need for strengthened global preparedness, including in the area of life science research and public health microbiology;

(PP2) Recalling the previous resolution WHA58.29 (2005) on the enhancement of laboratory biosafety, which proposed actions to implement an integrated approach to biosafety, and other relevant resolutions;[2]

(PP3) Recognizing the efforts and actual progress made in strengthening laboratory biosafety and structurally improving biocontainment conditions by both Member States and the WHO Secretariat in collaboration with and alignment to relevant WHO technical guidance, as outlined in resolution WHA58.29;

(PP4) Noting the implementation of specific programmes consistent with WHO guidance,[3] and development of national preparedness plans, mobilization of national and international resources and collaboration;

(PP5) Noting also WHO's provision of technical support to Member States through the updating and publication of relevant guidance documents;

(PP6) Stressing the importance of continuing implementation and strengthening of laboratory biological risk management, which includes institutional and personnel biosecurity measures;

(PP7) Recognizing the critical role of relevant sectors'[4] laboratories in global health security and that the growing number of maximum containment and facilities engaging in research with high-consequence pathogens[5] affecting human, animal, and other living organisms,[6] as well as the widespread use of new technologies, are changing the landscape of laboratory biosafety and laboratory biosecurity;[7]

(PP8) Noting that the evolution of laboratory biological risk mitigation and management towards a more risk- and evidence-based approach requires Member States' effective control measures, practices and competencies as well as the strengthening of responsible conduct at all organizational levels;

(PP9) Considering that research and development using high consequence and other biological agents, as appropriate, in laboratories is critical for preventing, detecting, and controlling outbreaks of emerging and re-emerging diseases and that their release from any type of containment facilities, including those belonging to pharmaceutical manufacturing and private entities, may have global ramifications;

(PP10*)* Expressing concern regarding gaps in the implementation of laboratory biosafety and laboratory biosecurity measures, according to reports and evaluations under

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[1] WHO South-East Asia Dialogue. New Delhi: World Health Organization, Regional Office for South-East Asia; 2023 (https://www.who.int/publications/i/item/9789290210955, accessed 17 January 2024).

[2] See, inter alia, resolutions WHA58.3 (2005), WHA71.16 (2018), WHA74.7 (2021), and WHA76.5 (2023).

[3] Including the Tianjin Biosecurity Guidelines for Codes of Conduct for Scientists.

[4] Advanced global health security: from commitments to actions. Geneva: World Health Organization; 2016 (https://www.who.int/publications/i/item/WHO-HSE-GCR-2016.15, accessed 17 January 2024).

[5] As per WHO's document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized): High-consequence material, technology and information: A biological agent, biological material, technology and the information about it, capable of causing, direct or indirect, disease or other harmful effects in humans, animals, plants and/or the environment with severe or even catastrophic consequences.

[6] As per WHO's document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized): High-consequence research: Biomedical research that uses or creates material, technology or information that could, besides its intended benefits, be misused to cause significant harm to humans, animals, plants and/or the environment.

[7] Laboratory biosecurity is defined as preventing "unauthorized access, loss, theft, misuse, diversion or release, including protection, control and accountability of biological materials and/or the equipment, skills and data related to their handling". See WHO's laboratory biosafety manual 4th edition (Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020, available at https://www.who.int/publications/i/item/9789240011311, accessed 17 January 2024).

the International Health Regulations (2005),[1] and the additional appropriate actions required to minimize laboratory-associated biological risks;

(PP11) Mindful also that the rapid advancement of technology, including easier access to genetic engineering, synthetic biology, and research involving genetically modified pathogenic microorganisms, and those for which the highly contagious and/or virulent potential for humans, animals, and other living organisms as well as inter-species transmission, is not fully characterized and predictable;

(PP12) Underscoring the importance of Member State commitment to address the gaps as identified by evaluations under the International Health Regulations (2005), strengthen and raise the profile of laboratory biological risk mitigation and management as one of the necessary health security capacities for preventing, preparing for and responding to health emergencies, including pandemics and other emergencies,

(OP)1. CALLS on Member States[2] in accordance with national context and priorities:

(1) to comprehensively strengthen implementation of WHA58.29 on enhancement of laboratory biosafety by including essential elements of biological risk mitigation and management within their national laboratory biosafety and laboratory biosecurity strategies, policies, programmes and mechanisms;

(2) to approve, strengthen and implement, within the capacities and priorities of each sovereign Member State, whole-of-government, multisectoral national laboratory biosafety and laboratory biosecurity strategies, policies, programmes, and mechanisms including research and transportation, in line with WHO guidelines, involving high-consequence biological agents,[3] that would, in case of release or exposure, cause significant harm or potentially catastrophic consequences;

(3) to strengthen training and continual development of competent human resources, including in the areas of research, data, and incident management systems on laboratory biological risk mitigation and management;

(4) to promote a risk-based approach in support of a sound technical foundation through evidence-based measures, a sound culture of biosafety and biosecurity[4] at all institutional levels, and appropriate awareness, including cultural and behavioural approaches, practices, and interventions that support transparent communication with prevention of and resilience to misinformation and disinformation;

(5) to develop and align, as appropriate with relevant international standards, legislation and/or regulation and policies around laboratory biological risk mitigation and management, including involving possession, use or transfer of high consequence biological agents and relevant containment facilities, the handling of research data, methodologies in synthetic and other newly developed fields of biology and their products, where legislation, regulation, and policies should support inclusivity in the

[1] Including the State Party Self-Assessment Annual Report (SPAR) and other voluntary tools, as appropriate.

[2] And, where applicable, regional economic integration organizations.

[3] WHO consultative meeting high/maximum containment (biosafety level 4) laboratories networking: meeting report; WHO document, Biorisk management: laboratory biosecurity guidance, 2nd edition (being finalized).

[4] As per WHO's laboratory biosafety manual 4th edition (Laboratory biosafety manual, fourth edition. Geneva: World Health Organization; 2020, available at https://www.who.int/publications/i/item/9789240011311, accessed 17 January 2024): Biosafety culture is the set of values, beliefs and patterns of behaviour instilled and facilitated in an open and trusting environment by individuals throughout the organization who work together to support or enhance best practice for laboratory biosafety.

context of promoting people-centred health, disease prevention, early detection and response to health emergencies and to reduce the burden on health systems;

(6) to augment and secure international cooperation, technical tools development, and sharing of information about laboratories and incidents to practically implement laboratory biological risk mitigation and management with considerations for information security, and potential risks of international spread in line with the International Health Regulations (2005);

(OP)2. REQUESTS the Director-General:

(1) to provide technical assistance and normative guidance to Member States, upon request, in developing comprehensive, biological risk management strategies, measures, and oversight systems, including for laboratory containment, research and the responsible use of the sciences, and for scaling up the implementation based on the needs and priorities of Member States;

(2) to assist Member States' development and implementation of laboratory biosafety and biosecurity national strategies in line with national legislation and the applicable General Programme of Work with the appropriate structure, resources, assets, and capabilities in alignment with financial support based on the structure at country level strategy;

(3) to ensure that WHO builds on its strengths, by developing and updating guidance for laboratory biological risk management in cooperation with other international organizations, including, but not limited to convening discussions for proposing consensus-based baselines for enabling objective assessment and incident reporting under the International Health Regulations (2005) of facilities working with microbiological agents through the identification and promotion of best practices, such as evidence- and risk-based interventions, in the context of each Member State and its current phase of the national laboratory biosafety and biosecurity programme development;

(4) to monitor at all levels of WHO and to report to the Health Assembly developments, evidence and trends in laboratory biosafety and laboratory biosecurity-related tools, technologies, methodologies, and standards in health systems, public health, training programmes of all stakeholders, including academia and private sectors, and data science, and to analyse their implications and possible usage for the achievement of the health-related Sustainable Development Goals with the engagement of all relevant sectors;

(5) to promote WHO's collaboration with other organizations and relevant stakeholders in line with the Framework of Engagement with Non-State Actors in a manner cohesive to the strengthening of laboratory biological risk mitigation and management implementation by leveraging their capabilities via WHO collaborating centres and other relevant technical partners or national and international voluntary partnerships;

(6) to enable continued discussion among Member States and relevant international organizations or stakeholders for possible additional proposals to strengthen biological laboratory risk mitigation and management comprehensively;

(7) to report back on progress in the implementation of this resolution, and challenges faced, to the Health Assembly in 2026, 2028 and 2030.

The financial and administrative implications for the Secretariat were:

Decision:	Strengthening laboratory biological risk management
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.1.1. All-hazards emergency preparedness capacities in countries assessed and reported 2.1.2. Capacities for emergency preparedness strengthened in all countries
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years (2024–2030).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 33.59 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 9.17 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 9.54 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 14.88 million.

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

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

US$ 1.49 million.

– Remaining financing gap in the current biennium:

US$ 7.68 million.

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

Discussions are ongoing to mobilize US$ 9.8 million over 4 years from one donor source. Other mobilization efforts are also under way.

Table. Breakdown of estimated resource requirements (in US$ millions) [a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	1.39	0.81	0.42	0.54	0.63	0.46	2.35	6.59
	Activities	0.34	0.34	0.34	0.34	0.34	0.34	0.54	2.58
	Total	1.73	1.15	0.76	0.88	0.97	0.80	2.89	9.17
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	1.45	0.84	0.43	0.57	0.65	0.47	2.44	6.85
	Activities	0.35	0.35	0.35	0.35	0.35	0.35	0.56	2.68
	Total	1.80	1.19	0.79	0.92	1.01	0.83	3.00	9.54
B.4. Future bienniums resources to be planned	Staff	2.26	1.31	0.67	0.88	1.02	0.74	3.81	10.69
	Activities	0.55	0.55	0.55	0.55	0.55	0.55	0.88	4.19
	Total	2.81	1.86	1.23	1.43	1.57	1.29	4.69	14.88

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

The CHAIR also invited the Board to consider a draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, proposed by Egypt, Indonesia, Kuwait, Lebanon, Malaysia, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Spain and Yemen. The draft resolution read:

> The Executive Board,
>
> Having considered the report by the Director-General,
>
> RECOMMENDS that the Seventy-seventh World Health Assembly adopt, mutatis mutandis, the resolution EBSS7.R1 (2023) as is, other than the following textual revisions:
>
> (1) In operative paragraph 5(a) to replace the phrase ”submit recommendations in this regard to the 154th session of the Executive Board and to the fourth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and to the Seventy-seventh World Health Assembly” with “submit recommendations in this regard to the fifth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response and to the 156th session of the Executive Board and, to the Seventy-eighth World Health Assembly”;

(2) In operative paragraph 5(b) to replace the phrase "prior to the Seventy-seventh World Health Assembly" with "prior to the Seventy-eighth World Health Assembly".

The financial and administrative implications for the Secretariat were:

Resolution:	Health conditions in the occupied Palestinian territory, including east Jerusalem
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft resolution would be implemented if adopted:** 2.3.1. Potential health emergencies rapidly detected, and risks assessed and communicated 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings.
2.	**Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the resolution:** Four months (January–May 2024).
B.	**Resource implications for the Secretariat for implementation of the resolution**
1.	**Total budgeted resource levels required to implement the resolution, in US$ millions:** Zero. The work requested to implement the resolution falls under the provisions of resolution EBSS7.R1 (2023). The associated financial and administrative implications of that work are contained in document EBSS/7/CONF./1 Add.1.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** Not applicable.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** Not applicable.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** Not applicable.

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

– Resources available to fund the resolution in the current biennium:

Not applicable.

– Remaining financing gap in the current biennium:

Not applicable.

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

Not applicable.

The representative of BRAZIL commended WHO's invaluable efforts towards addressing health emergencies worldwide in the face of complex operational challenges. He welcomed the recommendations on how to improve health conditions in the occupied Palestinian territory, including east Jerusalem, and the appeal for an immediate and sustained humanitarian ceasefire by all parties to the conflict. He fully supported WHO's central role in coordinating prevention, preparedness and response to health emergencies within the global health architecture.

The global health system should not only ensure access to suitable and affordable health care but also uphold human rights, racial and gender equality, the rights of Indigenous Peoples, people with disabilities and minority groups, and sexual and reproductive health and rights. Local and regional scientific, technological and innovative capabilities should also be supported. Equity should be the guiding principle within the Working Group on Amendments to the International Health Regulations (2005), the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and other WHO initiatives. He agreed with the proposal to continue developing the Universal Health and Preparedness Review through an evidence-based process in consultation with Member States. The Review should build upon the International Health Regulations Monitoring and Evaluation Framework, without prejudice to ongoing negotiations within the Working Group and the Intergovernmental Negotiating Body.

His Government was committed to delivering an ambitious and game-changing pandemic agreement that incorporated legally binding measures to advance health equity, including a pathogen access and benefit-sharing mechanism, support for local and regional production, technology transfer and a fit-for-purpose revision of the International Health Regulations (2005). Member States must be allowed autonomy in developing laboratory guidance, which included biological safety standards.

The representative of CANADA acknowledged WHO's central leadership and coordination role in health emergency response and reaffirmed the need to ensure that the WHO Health Emergencies Programme was properly resourced. Member States and the Secretariat should leverage existing mechanisms to secure sustainable financing for the Programme.

She expressed concern at the many health emergencies around the world, especially the escalating humanitarian crisis in the Gaza Strip and the disproportionate health implications for women, children and newborns. Medical and humanitarian staff and objects were not legitimate targets; all parties to conflict must uphold international humanitarian law and allow the rapid and unimpeded passage of humanitarian relief. She called for resumed humanitarian pauses in the Gaza Strip and supported international efforts towards a sustainable ceasefire.

The focus on the five core components of health emergency response was welcome. Work to strengthen the global health security architecture, including through more equitable access to medical countermeasures, should be grounded in a multisectoral, multistakeholder, all-hazards approach. Her Government would continue to engage in the amendment process for the International Health Regulations (2005) and the development of a pandemic agreement. The two instruments must be

complementary and address gaps in the health security architecture while advancing equity, accountability and transparency. The Secretariat's assistance in ensuring coherence between the two processes was therefore welcome.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, described natural disasters that had impacted public health in the Region and noted that disease outbreaks reflected a deterioration in health systems due to conflict, fragile State systems and climate change. The crises of greatest concern were those taking place in the occupied Palestinian territory and in the Sudan, where health facilities and workers had been attacked repeatedly. It was incomprehensible that no sustainable ceasefire had been reached in those conflicts, and aid agencies were struggling to reach people in need and mobilize funds. The effectiveness of WHO's response to emergencies had improved, but that work must continue. Without political solutions, climate action, greater investment in health security and respect for shared humanity, the world would continue to experience increasingly severe crises.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the increasing number of attacks on health care facilities and workers was unacceptable; health workers and buildings should never be targeted during armed conflict. The European Union and its Member States had outlined their concern over the situation in the Gaza Strip in various European Council conclusions, and their position regarding the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, had been expressed at the Board's seventh special session.

Continued engagement from Member States was needed to ensure the sustainability of the WHO Contingency Fund for Emergencies; protracted and mounting financial needs were cause for concern, as was the chronic underfunding of health appeals and operational plans. He looked forward to the successful outcome of the work of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005). The intention to strengthen WHO's emergency coordination capacity and its operational mandate was a welcome inclusion in the draft fourteenth general programme of work, 2025–2028; the investment case could include suggestions to address financing needs in the light of a system-wide approach. All people had a right to the highest attainable standard of health, including those affected by crises. He called upon all Member States to commit the necessary resources to ensuring that health systems were functional and resilient in the face of concurrent hazards, and that policy and investment took into account a whole-of-government approach to health protection.

Highlighting the impact of acute and protracted crises on women, girls and vulnerable people, he expressed particular concern over declining access to sexual and reproductive health services and neonatal care. The heightened risk of sexual and gender-based violence during emergencies – and its impact on physical and mental health – was also deeply concerning. Civil society organizations and communities had a crucial role to play in that regard. The European Union and its Member States supported the adoption of the draft resolution.

The representative of the UNITED STATES OF AMERICA expressed strong support for the WHO Health Emergencies Programme. WHO should continue to play a leadership and coordination role during emergencies through the Global Health Cluster and to support frontline health workers. The Organization should further its leadership in the surveillance system for attacks on health care, address gaps in reporting, analyse data and identify opportunities to use data to advocate for health workers and facilities. Holistic approaches must continue to be applied to the prevention of, and response to, sexual exploitation, abuse and harassment during emergencies.

Her Government remained committed to negotiating a pandemic agreement and amendments to the International Health Regulations (2005). She appreciated the Secretariat's work to facilitate both sets of negotiations; it should continue supporting Member States to work as transparently, flexibly and creatively as possible to meet the May 2024 deadline.

The dedication of WHO staff working in conflict situations was commendable, and the impact of the Israel–Hamas conflict on humanitarian workers was devastating. Both Palestinians and Israelis deserved to live in safety, dignity and peace, and every civilian death, whether Palestinian or Israeli, was heart-breaking. Her Government continued to support Israel's right to defend itself against terrorism, while urging the application of all feasible measures to protect civilian lives. Health facilities and health workers must be protected. As indicated at the seventh special session of the Board, her delegation did not agree with every aspect of resolution EBSS7.R1 (2023) on health conditions in the occupied Palestinian territory, including east Jerusalem, and the explanation of position provided at that session remained applicable.

The representative of MALAYSIA said that health emergency preparedness and response required a comprehensive approach to communicable diseases, natural disasters and other threats. The Secretariat's technical support in developing a robust disease surveillance system was therefore appreciated. She highlighted the importance of training and simulation exercises, and a whole-of-government and whole-of-society approach to pandemic preparedness and health emergency planning that was flexible, holistic and country-specific.

Noting the degradation of health infrastructure in the occupied Palestinian territory, including east Jerusalem, she condemned Israel's aggression and expressed support for the recommendations set forth in document EB154/51, which all parties were urged to apply. She joined the call for collective action to end the hostilities and ensure unimpeded humanitarian access and the provision of food, water, fuel, electricity, medicine and supplies; Member States must step up their humanitarian efforts. An immediate ceasefire was needed for those efforts to succeed. All parties must uphold their obligations under international humanitarian law and international human rights law. Palestinians had the legal right to live in peace, within internationally recognized pre-1967 borders, with east Jerusalem as their capital, as well as the right to return to homes and property from which they had been forcibly displaced.

The representative of FRANCE said that responding to health emergencies was among WHO's most important tasks and the source of its legitimacy. In 2023, his Government had increased its contribution to the Contingency Fund for Emergencies. Emergency response work should focus on: the international regulatory framework, in particular amendments to the International Health Regulations (2005) and the pandemic agreement; promotion of the One Health approach within a single preparedness and response plan; strengthened diagnostic capacity; closer collaboration among the three levels of WHO and with local and regional humanitarian organizations; and promotion of – and compliance with – the highest human rights standards.

The collapse of the health system in the occupied Palestinian territory made action by WHO all the more necessary. He condemned the terrorist attacks of 7 October 2023 and called for the immediate and unconditional release of all hostages. Immediate action must be taken for a sustainable ceasefire, application of international humanitarian law in all circumstances, and safe and unhindered access by humanitarian organizations. Civilians and civilian infrastructure, including hospitals, schools and humanitarian workers, must be protected, and the world must remain mobilized. His Government supported WHO's work on the ground in the Gaza Strip and had responded as soon as the operational response plan had been released; it would continue to provide diplomatic and financial support. He supported the adoption of the draft resolution.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, said that certain regions, such as his, were particularly affected by health emergencies and merited special attention. He noted with concern the continued increase in humanitarian needs, the resulting imbalance in the budget of the WHO Health Emergencies Programme and the challenges faced by governments in responding to health emergencies. The Region advocated more strategic and holistic responses to health emergencies; sustainable and predictable funding was needed to strengthen community resilience and core capacities in health security and promotion and primary health care, based on a multistakeholder approach.

In response to the questions posed in documents EB154/14 and EB154/15, he recommended that the Secretariat should continue supporting Member States to develop health emergency contingency plans with actionable outcomes and promote an agile multisectoral framework for prompt and effective emergency response. Emergency surveillance should be integrated into routine surveillance, with enhanced investigation and response capacity. Multisectoral collaboration should be institutionalized to respond to emergencies and further strengthen health systems. The Secretariat should also: support the establishment and operationalization of national and multi-country public health emergency operations centres; provide training and refresher courses for rapid response teams; establish a logistics roster; and enhance existing synergy and complementarity between the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, taking into account the importance of disease monitoring, transparency, collaboration and health equity. He took note of the reports.

The representative of AFGHANISTAN lauded the dedication and bravery of emergency health workers, whose sacrifices and tireless efforts in conflict zones must not go unnoticed. Although armed conflict had subsided in his country, the emergency situation persisted and the current leadership appeared to be ignorant of its historical susceptibility to both human-caused and natural disasters. WHO and other international organizations must fill the gap; the Organization had played a commendable role in developing his country's health emergency preparedness and response capacities during two decades of armed conflict and the COVID-19 pandemic, but regrettably, those efforts had not been sustained. The WHO Health Emergencies Programme was urged not only to maintain health emergency preparedness and response capacity in Afghanistan as a top priority, but also to engage actively with the current leadership on the importance of the issue. The Programme should also foster local leadership and ownership, and sustained political and technical attention to health emergencies.

The representative of JAPAN saluted the dedication of WHO and its partners in responding to increasingly complex emergencies and expressed concern over the ongoing crises driven by armed conflict around the world. The health dimension of such crises could rarely be resolved by WHO alone; the Secretariat should thus continue to engage with partners. Collaboration among the sectors involved in water, sanitation and hygiene should be promoted to address cholera outbreaks. The Secretariat should work with Member States to protect health workers by promoting a comfortable working environment, ensuring access to medical countermeasures and expediting the issuance of guidelines based on the latest evidence. Improving health literacy and combating misinformation and disinformation were also crucial to protecting health workers' dignity and ensuring continuous provision of services.

Efforts to strengthen the global health emergency architecture, particularly by coordinating diverse global partners, were welcome. WHO should further optimize its efficiency as a coordinator. His Government had worked to strengthen the global health architecture during its presidency of the G7 in 2023, and those efforts should be continued by the global community.

Given the importance of the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, Secretariat coordination of the two processes to ensure complementarity and synergy – especially in terms of financing and the definition of a pandemic – was welcome. For those processes to be successful, the general public must understand their importance; he therefore called upon the Secretariat and Member States to explore options to further promote transparency in the negotiations.

The representative of SWITZERLAND said that neither levels of media coverage nor individual interests should affect the world's response to an emergency. Local authorities and health facilities should be strengthened as part of building preparedness and response capacity in countries affected by crisis. Member States must exchange accurate health information in a timely manner for effective response. the emergency medical teams initiative was a direct means of strengthening the coordination essential to meeting people's needs and avoiding the duplication of efforts. Investment in surveillance systems and novel techniques like wastewater epidemiology could help to rapidly identify potential threats.

She supported the draft decisions on strengthening laboratory biological risk management and the Universal Health and Preparedness Review. The results of the latter could help to improve and accelerate preparedness capacity-building by identifying where resources were needed at the country and global levels.

The representative of PARAGUAY said that the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body must respect countries' sovereignty and focus on promoting equity and international solidarity to ensure that decisions took into account each country's circumstances and needs. Her Government would work with both bodies with the aim of reaching a consensus that guaranteed equitable benefits for all countries.

Accountability and transparency must be ensured at all levels of the Organization and Member States should know that their perspectives were considered in decisions affecting global public health. Any new initiatives must take into account the difficult financial situation faced by many countries in the aftermath of the COVID-19 pandemic, and the optimization of existing initiatives should be given preference over the introduction of new mechanisms.

A comprehensive and inclusive response to health emergencies was crucial; in view of its excellent management of the coronavirus disease (COVID-19) crisis, the Republic of China (Taiwan)[1] should therefore be included in WHO technical meetings, activities and mechanisms and participate in the Health Assembly as an observer.

The representative of AUSTRALIA acknowledged WHO's leadership role in responding to major emergencies while building capacities for prevention and preparedness. The Organization should continue to report on attacks against health staff, facilities and transport and to mitigate health system vulnerabilities in line with resolution WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005).

Support for core capacities under the International Health Regulations (2005) must be urgently redoubled, drawing on lessons learned from the COVID-19 pandemic. Member States should use financing mechanisms, including the Pandemic Fund, to accelerate implementation of the Regulations. His Government would follow the global peer review phase of the Universal Health and Preparedness Review with interest, supported the related draft decision and would continue to engage actively in the pilot phase to ensure that the process was effective and fit for purpose.

He joined other Member States in expressing deep concern over the dire humanitarian situation in the Gaza Strip, commending WHO's work there and the contributions of its staff. Health workers, civilians and civilian infrastructure, including hospitals, must be protected. While his Government unequivocally condemned the attacks by Hamas against Israel as apparent acts of terror and affirmed Israel's right to defend itself, international humanitarian law must be respected. His Government called for the immediate, unconditional release of all hostages, and unimpeded and sustained humanitarian access in the Gaza Strip and safe passage for civilians. Humanitarian pauses were needed as steps towards a sustained and permanent ceasefire, which must not be one-sided.

WHO's leadership in strengthening the global health architecture was appreciated, and he stressed the importance of building momentum in the negotiations of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. He acknowledged the Secretariat's coordination of those processes, where proactive provision of information was essential to informing decision-making. It was pleasing to see valuable Member State-led draft resolutions aimed at strengthening health systems and improving preparedness on the Board's agenda.

The representative of CHINA noted with regret that certain speakers had made statements that were irrelevant to the matters at hand and infringed on his country's sovereignty. The Board was a forum for discussion of technical health issues and Member States should refrain from making statements not related to the issues under discussion.

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

Requesting that his Government be added to the list of sponsors of the draft resolution, he noted that an immediate ceasefire and an end to the fighting were important conditions for the implementation of resolution EBSS7.R1. Passivity on the issue was indefensible. Countries with influence should promote implementation of a two-State solution as soon as possible to bring peace to the region.

His Government also wished to sponsor the draft decision on strengthening laboratory biological risk management. His Government would continue to support WHO's work in disease outbreaks and health emergency preparedness and response. The international community should draw lessons from its experience in past crises, strengthen solidarity and cooperation, increase funding and policy investments to strengthen health emergency capacity-building and preparedness, improve pandemic contingency plans and conduct simulation and staff training exercises.

The work of the Secretariat and the officers of the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005) was appreciated. The pandemic agreement and the amended Regulations should respect the sovereign rights of Member States, uphold the multilateral governance system, enshrine common but differentiated responsibilities, enhance equity and other fundamental principles, account for the gap between aspirations and realities and provide feasible solutions. Little time remained before the Seventy-seventh World Health Assembly, yet divergent positions persisted among Member States on various points; the Secretariat should arrange a joint meeting to help Member States to focus on key areas and discuss cross-cutting provisions to accelerate the negotiation process.

The representative of YEMEN stressed the need to apply resolution EBSS7.R1. Israel was depriving civilians in the Gaza Strip of their most basic rights and WHO must act immediately to save lives. He joined others in urging an end to the conflict so that patients and the wounded could receive appropriate health care. Israel's aggression had also contributed to the current conflict in the Red Sea, which had had repercussions for his country's health system. His Government was working to strengthen the country's response capacity but still required humanitarian aid to provide services such as health care, sanitation and clean drinking water. The Secretariat was urged to continue providing support to low- and middle-income countries. More resources must be allocated to country and regional offices for emergency response, and the Secretariat should encourage Member States to contribute to the Contingency Fund for Emergencies.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA said that the Secretariat should apply a country focus when organizing support to help Member States to fill technical and financial gaps in health emergency preparedness and response. He expressed deep concern over the humanitarian crisis in the occupied Palestinian territory, including the Gaza Strip. His Government demanded an immediate ceasefire and an end to the perpetration of war crimes and crimes against humanity, in conformity with United Nations General Assembly resolution ES-10/21 on the protection of civilians and upholding legal and humanitarian obligations. All parties must comply with their obligations under international humanitarian law and international human rights law. He commended the staff of WHO and other United Nations agencies for their tireless efforts to improve the situation on the ground despite the danger to their lives.

The representative of SLOVENIA expressed alarm at the rise in Grade 3 emergencies and their devastating consequences. The deteriorating situation in the Gaza Strip and the broader Middle East region was also deeply concerning, and there was a need to scale up humanitarian aid and allow rapid, safe, unhindered humanitarian access. Mental health, especially among children, was of particular concern and would require a comprehensive humanitarian response. Her Government had repeatedly called for full compliance with international law, including international humanitarian law and human rights law. All reports, including the report on implementation of United Nations Security Council resolution 2712, showed that the Gaza Strip was becoming uninhabitable. The time had come for an immediate ceasefire and a concrete peace plan. Implementation of all operational paragraphs of resolution EBSS7.R1 must begin immediately.

Speaking on behalf of Belgium, Finland, Ireland, Malta, Luxembourg, Norway, Portugal, Spain and Slovenia, she expressed support for the draft resolution and requested to be added to the list of sponsors.

The representative of PERU said that his Government unconditionally condemned all violence against civilians and acts of terror. International law and international humanitarian law were binding and must be respected in all circumstances.

His Government attached great importance to the work of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body, including activities that facilitated synergy and complementarity between the two bodies to foster in-depth debate and allow both instruments to be put into practice. Processes to institutionalize the future pandemic agreement and accountability mechanisms to encourage compliance with its obligations would be needed. Mechanisms to monitor and review countries' progress and report on those instruments should be independent of the bodies responsible for their implementation.

On improving coherence between global, regional and country health emergency initiatives and strategies, current response capacities must be measured and gaps identified to develop a road map or comprehensive plan to optimise the response to future pandemics and other emergencies. There should be support for analysis of communities' resilience and preparedness, and tools and mechanisms should be created to measure countries' true capacities and fill any gaps. High-level political engagement was needed for a coordinated response to the next pandemic.

The representative of ETHIOPIA said that it was crucial to enhance health emergency prevention, preparedness and response and explore sustainable financing for core health system capacities to ensure resilience. He requested the Secretariat to update the grading of health emergencies to account for recent developments. He looked forward to finding consensus on the language of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards. He welcomed the draft decision on strengthening laboratory biological risk management – an area that required greater attention.

The representative of BELARUS said that Member States' participation in joint evacuation missions carried out by the United Nations and the Palestinian Red Crescent Society in the Gaza Strip was welcome. He called on the relevant authorities to do everything possible to allow humanitarian corridors and safe medical evacuations. Certain Member States' engagement in negotiations to ensure the delivery of humanitarian supplies and secure the release of hostages was noted and efforts to set up field hospitals for Palestinians were welcomed.

His Government firmly supported the one-China principle as essential to stability and sustainable development in the Western Pacific Region. Participation by Taiwan[1] in WHO's governing bodies was thus contrary to the Organization's technical nature and would politicize its work.

The representative of the REPUBLIC OF MOLDOVA described how the influx of Ukrainian refugees into her country had affected its health system, and thanked the Secretariat for coordinating support for the Ministry of Health. She agreed with the finding in the report contained in document EB154/14 that emergency response efforts in the context of humanitarian crises must build strategic resilience, in addition to meeting urgent short-term health needs. Past experience showed that health systems must be prepared for all types of crises in advance, especially as natural disasters, wars, nuclear incidents and pandemics were growing more frequent. WHO was best placed to take the lead in such situations. It should be compulsory for Member States to plan for every type of disaster; her country was already doing so in collaboration with international partners.

The representative of MALDIVES, recognizing WHO's important role in health emergencies, particularly the humanitarian crisis in the Gaza Strip, stressed the need for a comprehensive approach

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

to addressing the challenges arising from conflicts and natural disasters. Continued collaboration with Member States and partners was crucial to ensure life-saving health assistance that neglected no one and sustained vital services. Member States must commit to ensuring that the WHO Health Emergencies Programme had sufficient resources to optimize its response to growing challenges. He urged engagement with governments and health cluster partners to counteract the escalating trend of attacks on health workers and facilities, including those in the Gaza Strip, where worsening security conditions and impaired humanitarian access must be addressed. He joined other Member States in calling for a ceasefire in the Gaza Strip and the protection of health facilities and workers in conflict situations, and in strongly condemning violations of international humanitarian law. He expressed support for the draft decisions on the Universal Health and Preparedness Review and on strengthening laboratory biological risk management, and the draft resolution.

The representative of SLOVAKIA acknowledged WHO's central coordination role in health and humanitarian emergencies and its impactful work on developing the global health architecture, including through the pilot phase of the Universal Health and Preparedness Review and efforts to strengthen preparedness for disasters resulting from natural hazards. The senseless loss of lives in conflicts and emergencies was deeply concerning, and he called for greater support and protection – including mental health and psychosocial services – for all health workers and victims. Humanitarian law and standards must be upheld under all circumstances.

In the draft decision on strengthening laboratory biological risk management, emphasis had been placed on the need for comprehensive risk management strategies, international collaboration and continuous efforts to strengthen global health security. The text sought to address current gaps in a key component of the global health architecture and establish a framework for enhanced cooperation and preparedness in managing biological risks, including the potential impacts of synthetic biology, artificial intelligence and other new technologies. More than 400 experts from around the world had collaborated on the draft, in which diversity across regions and countries was recognized, alongside the need for collaboration on training, knowledge- and experience-sharing and strengthened technical capacities at the global and regional levels. The aim was to deliver technical guidance that allowed equal implementation by taking into account countries' context-specific needs.

His delegation was keen to work with fellow sponsors of the draft decision and other Member States, members of the Technical Advisory Group on Biosafety and other experts and WHO staff to improve biological risk management and strengthen early response capacity.

The representative of CANADA asked to be added to the list of sponsors of the draft decision on strengthening laboratory biological risk management.

The representative of AFGHANISTAN asked to be added to the lists of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and the draft decision on strengthening laboratory biological risk management.

The representative of CROATIA[1] said that natural hazards, exacerbated by climate change, continued to pose significant threats to global health and well-being, while health system preparedness for such disasters had been falling behind for over a decade. The draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards was aimed at advancing high-level strategic dialogue and renewing and sustaining political and financial commitment and support in that area. Among other actions, it requested the Director-General to provide technical guidance and strengthen emergency preparedness while addressing context-specific approaches for vulnerable settings. Member States had reached consensus on all elements of the draft text except the issue of gender. He therefore requested the continued discussion of the draft text in the intersessional period, with a view to submitting a final draft for adoption at the Seventy-seventh World Health Assembly.

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

The representative of GEORGIA[1] asked to be added to the lists of sponsors of the draft decisions on strengthening laboratory biological risk management, strengthening health emergency preparedness for disasters resulting from natural hazards, and the Universal Health and Preparedness Review.

The representative of the PHILIPPINES[1] stressed the value of the service of health and care workers during public health crises and emergencies. The Secretariat should support Member States' efforts to institutionalize the management and development of health workers during public health emergencies. Systems must encourage health workers to serve voluntarily and ensure their safety and well-being through protocols and provisions for logistics, and psychological and other support, including post-crisis assistance.

He thanked the Secretariat for assisting Member States in striving for coherence and complementarity between the future pandemic agreement and the amended International Health Regulations (2005). The Secretariat should facilitate the effective operationalization of both instruments, with equity as its guiding principle.

The representative of THAILAND[1] called for technical guidance and flexible, accessible funding for humanitarian operations, with particular emphasis on enhancing preparedness and response capabilities for health and care workers. Resources must be allocated strategically to boost the Organization's capacity to address health emergencies effectively, promote resilience and ensure sufficient resources to safeguard public health. WHO's social and intellectual capital had declined with regard to COVID-19 pandemic countermeasures; a limited number of Member States had implemented WHO recommendations regarding travel restrictions, face masks and vaccine combinations. Member States needed timely, accurate and realistic recommendations, which in turn required good human resources management to retain technical staff with integrity.

The representative of INDONESIA[1] outlined some of the main elements of a robust health emergency response, including uninterrupted essential services, sustainable and predictable financing, strong partnerships, integrated surveillance systems and enhanced risk assessment capacities. The Secretariat should work with Member States and partners to reinforce the capacities built during the COVID-19 pandemic, and collaboration among Member States should be strengthened. Ongoing support for the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body was paramount; Member States should aim to produce consensual and ambitious documents that put equity at the centre of an effective global health architecture.

On health conditions in the occupied Palestinian territory, including east Jerusalem, he underscored the common responsibility to uphold international humanitarian law and protect health facilities, health workers and people's right to health in the Gaza Strip.

The representative of BULGARIA[1] said that international and regional health security was a major priority for his Government. A stable international framework to streamline emergency preparedness and response should be built by: raising awareness throughout society; accelerating action through strategic partnerships between governments, non-State actors and communities at national, regional and international levels; using financial resources efficiently; and ensuring transparency and accountability. The focus in the draft fourteenth general programme of work on addressing gaps in WHO's response to emergencies and protecting health workers was therefore welcome. Achieving sustainable health security at a time of volatility and mounting risks would take sustained will and effort, and placing the topic high on government agendas was the key to success.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR and also on behalf of FDI World Dental Federation, the International Pharmaceutical Federation, The World Medical Association, Inc., and the World Confederation for Physical Therapy,

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said that those organizations had contributed to negotiations on the pandemic agreement, including by suggesting the recently added clause requiring parties to protect health workers during emergencies.

She commended governments for including language in the agreement on the continuation of essential health services before and during pandemics. The focus on health systems strengthening and on safeguarding, protecting and sustaining an interdisciplinary health and care workforce was also appreciated. However, it was a cause of concern that the agreement did not currently require ethical international recruitment, decent work, due protection of employment or economic and social rights consistent with instruments such as the WHO Health Workforce Support and Safeguards List, the Working for Health 2022–2030 action plan and the WHO Global Code of Practice on the International Recruitment of Health Personnel. WHO's work in emergencies and beyond must aim to create a sustainable health workforce through effective planning, training and retention strategies to reduce the need to recruit internationally.

The representative of BANGLADESH[1] condemned the attacks on hospitals and civilian infrastructure in the Gaza Strip and expressed sorrow at the heavy loss of life among Palestinians and United Nations staff. He called urgently for: humanitarian pauses; exit permits for patients in need of medical treatment outside the Gaza Strip; provision of medicines and medical equipment; and respect and protection for all health and humanitarian workers in line with the Geneva Conventions of 12 August 1949 for the Protection of War Victims, their additional protocols, and relevant customary international law. There must be an immediate humanitarian ceasefire and the creation of safe corridors for humanitarian aid. Ending the illegal occupation of the Palestinian territory was a precondition for any lasting solution to the crisis. He therefore urged the international community to pursue diplomacy to end Israel's war of aggression. He wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of PAKISTAN,[1] speaking on behalf of the Organization of Islamic Cooperation Group in Geneva, noted with regret that health conditions in the Gaza Strip had further deteriorated since the Board's seventh special session, with a rising death toll, the destruction of health facilities, widespread mental health disorders and severe shortages of food, water and sanitation. As other Member States had observed, attacks on health facilities, health workers and ambulances were illegal under international law. It was lamentable that no lasting solution for peace had been found. While he supported the important work of WHO to meet basic health needs in the Gaza Strip, urgent humanitarian aid was needed to complement those efforts. The group remained committed to helping WHO and other partners on the ground to provide aid, including essential medical supplies. The Director-General's call for an immediate ceasefire and adherence to international humanitarian law was welcome. Health facilities in the Gaza Strip and elsewhere in the occupied Palestinian territory must be urgently rehabilitated. The group was committed to Palestinians' aspiration to live in peace in an independent State of Palestine with Al-Quds Al-Sharif as its capital.

The representative of ESWATINI[1] said that the growing number of critical emergencies and humanitarian crises required comprehensive, multisectoral responses and equitable access to health products, technology and know-how. The COVID-19 pandemic had highlighted the importance of equitable allocation of health products, and he commended all those who had contributed to the COVID-19 Technology Access Pool and the Taiwanese[2] vaccine manufacturer Medigen Vaccine Biologics Corporation for their efforts. As the global authority on health, WHO must address the multifaceted nature of global health challenges. The Secretariat should conduct an evaluation of the initiatives undertaken during the COVID-19 pandemic using the evaluation policy of 2018. The WHO Health Emergencies Programme must be sustainably financed in order to meet the needs of populations

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

in fragile and vulnerable contexts that were affected by emergencies and to strengthen community resilience.

The representative of CUBA,[1] lamenting the high levels of mortality, morbidity and displacement and the massive degradation of the health system in the Gaza Strip, condemned the bombardment of civilians, hospitals and health infrastructure as war crimes and crimes against humanity. The aggression must cease, the transfer of humanitarian assistance must be allowed and a permanent ceasefire must be established, leading to the self-determination of the Palestinian people. She reiterated her Government's commitment to the one-China principle as enshrined in the relevant resolutions and stressed the importance of not politicizing WHO's work.

The representative of the RUSSIAN FEDERATION[1] disagreed with the assertion in document EB154/15 that the negotiation processes for a future pandemic agreement and amendments to the International Health Regulations (2005) were harmonized, as it had not yet been decided which document would govern certain aspects being examined by both bodies. Moreover, Member States remained divided on several fundamental issues. He also disagreed with the report's finding that the work of both bodies had demonstrated the need to balance sovereignty with the promotion of mutual accountability. The new pandemic agreement and amendments to the Regulations should not be used as an excuse to interfere in Member States' domestic affairs and Member States' concerns about sovereignty should be addressed, not dismissed as unfounded. In that context, universal health and preparedness reviews should be purely voluntary.

The proliferation of health emergency initiatives, including those involving WHO, should be approached with care, due to the risk of complicating coordination and reducing the effectiveness of the global response. The designation of WHO as an implementing entity for active projects of the Pandemic Fund must not affect the Organization's ability to meet existing objectives or lead to requests to increase its budget. The future pandemic agreement and amendments to the International Health Regulations (2005) must take into account the interests of all Member States if they were to be fair, universally acceptable and implementable. The only practical way to adopt such a universal document by the deadline was in the form of a framework convention. The Russian Federation stood ready to participate constructively in both negotiation processes and supported WHO's central and impartial leadership role in responding to health emergencies.

The representative of ISRAEL[1] read the testimony of a hostage who had been held in a hospital following the attacks of 7 October 2023, and listed evidence provided by the Israeli armed forces of the military use of hospitals by Hamas. She said that WHO had turned a blind eye to the strategic militarization of the entire civilian area of the Gaza Strip, including hospitals. Resolution EBSS7.R1 failed to address the hostages or the full reality and amounted to an endorsement of Hamas's use of human shields and medical facilities for terrorism. Her Government was deeply concerned about the humanitarian situation in the Gaza Strip, and she outlined the efforts made to facilitate the provision of aid. Her Government was not limiting the entry of humanitarian aid to the territory; rather, United Nations agencies must increase their efforts so that more aid could be delivered. Recalling the horrific attacks of 7 October 2023, she said that there could be no health while Hamas was embedded in hospitals, and she reasserted Israel's right to defend itself.

The representative of POLAND[1] said that the international community should step up cooperation to ensure that health emergencies were not neglected and that life-saving health services were provided and essential services were sustained. The Secretariat should strive to provide more efficient, tailored assistance and support. She underscored the importance of ensuring synergy between different regional systems: for example, between the WHO emergency medical teams initiative and the European Union Civil Protection Mechanism. Most important, however, was the need to prepare for future crises through the work of the Working Group on Amendments to the International Health Regulations (2005) and the

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Intergovernmental Negotiating Body. The pandemic agreement should be ambitious, clear and consistent; the ambition and quality of the final text must not be compromised due to time pressures, and in that regard, the feasibility of presenting an agreed draft in May 2024 might need to be re-examined.

The representative of MONACO[1] expressed appreciation for WHO's key role in responding to public health crises and the Organization's sustained efforts to support countries experiencing emergencies. Noting the increasing trend of health emergencies that arose from armed conflict, climate change and natural disasters, she said that the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards was more relevant than ever.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR and also on behalf of the International College of Surgeons, HelpAge International, Médecins Sans Frontières International, the World Federation of Societies of Anaesthesiologists and The Worldwide Hospice Palliative Care Alliance, said that Member States should work to ensure that internationally controlled essential medicines were available and that first responders were trained to use them. Such medicines were often unavailable in countries experiencing disasters, as customs and border control authorities removed them from incoming emergency kits and they were not included in WHO emergency packs for noncommunicable diseases. As a result, effective anaesthesia, relief for severe pain and treatments for mental health and substance use disorders were often lacking when people needed them the most. Government authorities and policy-makers should collaborate with prescribers to ensure sufficient supplies and emergency stockpiles. Rational planning could mitigate diversion and non-medical use while ensuring availability. Member States were invited to review the joint statements on the availability of controlled medicines in emergencies issued by WHO, UNODC and INCB and the 2023 WHO report on access to morphine, *Left Behind in Pain*.

The representative of SINGAPORE[1] said that countries should find ways to adapt the capabilities gained during the COVID-19 pandemic to regular service delivery so that health systems were able to deal with future emergencies. The Secretariat should support information- and experience-sharing by Member States that had implemented successful prevention, preparedness and response models during the pandemic. His Government strongly supported WHO's leadership role in health emergencies, given the risks of fragmentation, duplication and competition. WHO should maintain strategic and – where appropriate – operational oversight of key global public health goods, such as the future global medical countermeasures platform and international surveillance networks. Since Member States might not be best informed about emergency response coordination at the global level, the Secretariat should provide expert guidance to the Intergovernmental Negotiating Body on issues such as logistics and supply chains, surveillance and pathogen-sharing.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] said that she noted the courageous efforts of WHO health and humanitarian workers and abhorred the increase in attacks on health care facilities. She echoed concerns at the deterioration of the humanitarian situation in the Gaza Strip following the terrorist attacks of 7 October 2023 against Israel. There should be an immediate humanitarian pause in the Gaza Strip as a vital step towards building a sustainable, permanent ceasefire. Her delegation remained committed to reaching a consensus on the new pandemic agreement by May 2024. That work offered a critical opportunity to improve preparedness against future pandemic threats, complemented by strengthened International Health Regulations (2005) and while respecting countries' sovereignty. Secretariat support of the negotiations on both instruments was welcome, along with its continued support for the equitable and timely development and distribution of medical countermeasures, including through the development of the interim medical countermeasures platform. Experts and data from all parts of the world must be

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consulted when considering how best to prevent, prepare for and respond to health emergencies. An increased focus on prevention was needed, including through stronger surveillance and health systems.

The representative of NORWAY[1] said that WHO's normative and coordination work must be complemented by the efforts of the Pandemic Fund, multilateral development banks and the rest of the United Nations system, among others. The interim medical countermeasures network of networks would be important in that respect. She called upon the Secretariat and its partners to better coordinate their support to countries. The conclusion of negotiations by the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body was a historic opportunity to ensure better pandemic prevention and response; strong commitments were needed on prevention, the One Health approach and more equitable access to countermeasures.

Lamenting the health crisis, the suffering of civilians and the attacks on health workers and facilities in the Gaza Strip, she called for a ceasefire and for all parties to comply with their obligations under international humanitarian law. Safe zones and sufficient medical supplies should be provided urgently.

The representative of the DOMINICAN REPUBLIC[1] paid tribute to WHO staff who risked their lives and health to respond to health emergencies. Her Government had supported the Universal Health and Preparedness Review initiative from the start, as it was an important aspect of emergency preparedness that would allow countries to strengthen their core capacities, identify gaps and garner high-level support in related sectors, as well as international support and cooperation through the peer review process. She asked to be added to the list of sponsors of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards.

The meeting rose at 13:00.

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

NINTH MEETING

Thursday, 25 January 2024, at 14:40

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

1. WHO'S WORK IN HEALTH EMERGENCIES: Item 14 of the agenda (documents EB154/14, EB154/15 and EB154/51) (continued)

The CHAIR recalled that the Executive Board had before it three draft decisions, on the Universal Health and Preparedness Review, on strengthening health emergency preparedness for disasters resulting from natural hazards, and on strengthening laboratory biological risk management, all of which respectively contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly. It also had before it a draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of PORTUGAL[1] welcomed Member States' support for the draft decision on the Universal Health and Preparedness Review. In preparation for the global peer review phase, there was a need to reflect on national processes and resource vulnerabilities, and upscale health-related management capacities according to best practices, while working on strong legal and regulatory emergency response frameworks. Methodologies for continuous preparation, evaluation and improvement across multiple sectors and intergovernmental communication should be incorporated to build resilience. A dynamic information exchange network was essential for enhancing the capabilities of each country. All Member States were encouraged to participate in the forthcoming global review and join the Universal Health and Preparedness Review on a voluntary basis, and strengthen other established mechanisms to ensure better public health emergency preparedness. He appealed for increased contributions to the WHO Contingency Fund for Emergencies, noting the importance of flexible funding for the initial health emergency response.

The representative of EGYPT[1] said that his Government reaffirmed its strong position regarding the one-China principle. He thanked the Director-General for his report on health conditions in the occupied Palestinian territory, including east Jerusalem, and called for an immediate increase in humanitarian health assistance to meet the growing needs of the affected populations. Health systems in the occupied Palestinian territory, including east Jerusalem, must be safeguarded through the establishment of an environment conducive to safe and dignified access to health care. An immediate ceasefire should be put in place to support the delivery of humanitarian assistance. WHO's efforts to strengthen the global architecture for health emergency preparedness, response and resilience were appreciated.

The representative of TÜRKIYE[1] said that his Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. Despite the unanimous adoption by the Board of resolution EBSS7.R1 at its seventh special

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session in December 2023, nothing had changed. The indiscriminate attacks against civilians and health infrastructure were a clear violation of international law, and it was regrettable that the international community was unable to stop the bloodshed and human suffering in the Gaza Strip.

He commended the extraordinary efforts and dedication of WHO staff in delivering life-saving assistance in the Gaza Strip under such deplorable conditions. An immediate and permanent ceasefire was required to ensure an unimpeded and substantial flow of humanitarian aid. His Government was making every effort to continue to provide such assistance and called on all Member States to support a diplomatic solution and the recommendations of the Director-General. A just and lasting peace in the Middle East would not be achieved without a just settlement for the Israelis and Palestinians through the establishment of a sovereign, independent, geographically contiguous State of Palestine on the basis of the 1967 borders, with east Jerusalem as its capital.

The representative of NICARAGUA[1] welcomed the report contained in document EB 154/51 and WHO's efforts in responding to the unprecedented humanitarian crisis in the Gaza Strip. She called for an ongoing presence on the ground and the continued provision of funding to ensure the basic functioning of the degraded health system and assistance for the civilian population. Israel was urged to comply with its obligations under international law, immediately cease its military assault against the Palestinian people and open humanitarian corridors. She also called for an end to the occupation and for the establishment of conditions conducive to a lasting and permanent solution for a sovereign and independent State of Palestine within the 1967 borders. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. The Board should continue to promote a permanent ceasefire, the passage of humanitarian relief to the Gaza Strip, the protection of all humanitarian and health workers and the provision of medical supplies to the Palestinian people. Recalling United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972), her Government reaffirmed its support for the one-China principle.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA[1] said that WHO's emergency response work at all three levels was essential in addressing serious health emergencies and must be strengthened by the international community providing sufficient funding. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem, and called for full compliance with international humanitarian law. She commended WHO staff in the field and expressed solidarity with the Palestinian people. She reaffirmed her Government's support for the one-China principle, recognized in the United Nations system and at WHO in relevant resolutions on the issue, and emphasized that WHO's work should not be politicized.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, said that she was also speaking on behalf of the Global Alliance for Tobacco Control, FDI World Dental Federation, HelpAge International, the International Agency for the Prevention of Blindness, the International College of Surgeons, the International Diabetes Federation, the International Federation on Ageing, the International Society of Nephrology, Multiple Sclerosis International Federation, the Union for International Cancer Control, the World Heart Federation and The Worldwide Hospice Palliative Care Alliance. She welcomed efforts to facilitate the synergies and complementarity of the Working Group on Amendments to the International Health Regulations (2005) and the Intergovernmental Negotiating Body. Recognition of a steep global increase in humanitarian health needs and efforts to build more resilient communities and health systems was also welcome. Since people living with noncommunicable diseases faced greater challenges in humanitarian settings, Member States were urged to recognize them as a vulnerable population in WHO's work on health emergencies, integrate essential services for noncommunicable diseases in all parts of the emergency cycle, and build resilient models of people-centred and affordable primary health care.

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

The draft text of the pandemic agreement should: include persons with health conditions, including noncommunicable diseases, within the definition of persons in vulnerable situations, as originally foreseen in the zero draft; strengthen language on the role of pandemic prevention, preparedness and response in the realization of universal health coverage; safeguard specific language concerning a multidisciplinary health and care workforce and the continuation of essential health services, particularly for people living with noncommunicable diseases, during pandemic preparedness, response and recovery; and reinstate previous draft text commitments on mobilizing resources to maintain essential health services during and after a pandemic.

The representative of SRI LANKA[1] said that the deteriorating humanitarian catastrophe in the Gaza Strip was of serious concern, and she reiterated international calls for an immediate ceasefire to halt the mounting civilian death toll and enable the injured and displaced to obtain desperately needed assistance. Unhindered access should be provided to ensure the passage of humanitarian workers and aid into the Gaza Strip, and collective international action was required to secure a ceasefire. Her Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

Her Government supported the one-China principle, recalling that United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 provided the legal basis for the representation of China at WHO, as had been confirmed on many occasions. The Board should adhere to the salient principles in that regard.

The representative of TUNISIA,[1] commended WHO and the Director-General for their tireless efforts to ensure the provision of emergency health assistance and humanitarian assistance wherever needed, including to the Palestinian people, despite the difficult situation and obstacles faced as a result of the actions of the occupying authorities. Welcoming the information provided on the health conditions in the occupied Palestinian territory, he said that the Board must take urgent steps to ensure appropriate action to improve the health situation there. The occupying authority must also shoulder its responsibilities in accordance with the Geneva Conventions of 12 August 1949 for the Protection of War Victims and the principles of international humanitarian law.

The representative of NAMIBIA[1] commended WHO's proactive steps in developing strategic responses and operational plans with national health authorities for all acute and protracted graded emergencies during the reporting period. The increase in the number of countries reporting attacks on health care was a concern, and he called for the protection of health care systems and workers, in areas such as the occupied Palestinian territory, including east Jerusalem. WHO should seek to engage the parties involved in armed conflict and urge them to comply with international humanitarian law, including by ensuring that health care personnel and infrastructure were not attacked.

With regard to the questions set out in document EB154/15, the Secretariat and Member States should integrate lessons learned from coronavirus disease (COVID-19) into existing systems, enhance the development and implementation of operational plans through whole-of-government and whole-of-society approaches, strengthen the implementation of national action plans for health security, and enhance other flagship initiatives for emergency preparedness and response. The international community should redouble its efforts under the Intergovernmental Negotiating Body and the Working Group on Amendments to the International Health Regulations (2005), to ensure that equity prevailed as a principle and an outcome in those processes.

The representative of LUXEMBOURG[1] praised the tireless efforts of WHO staff to address the high number of health emergencies, many of which were in conflict areas, and condemned any attack against health care workers and infrastructure. The Director-General's report on health conditions in the occupied Palestinian territory, including east Jerusalem, was deeply shocking. The health system in the Gaza Strip had been systematically destroyed as a result of intensive bombing and unnecessary

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restrictions had been imposed on the passage of essential humanitarian assistance. Although his Government had unequivocally condemned the atrocities perpetrated by Hamas on 7 October 2023, the Israeli army's military operation was at increasing risk of leading to war crimes and crimes against humanity in violation of international humanitarian law. His Government called for an immediate and lasting ceasefire that would pave the way for the resumption of peace talks to establish a just and lasting peace based on the two-State solution with Israelis and Palestinians living side by side in peace and security.

The representative of GERMANY[1] said that the work of WHO and its staff in health emergencies was highly valued, and called for the protection of health workers everywhere. Her Government was the largest donor to the WHO Contingency Fund for Emergencies, which was an essential resource for the initial response to acute events. Overall funding, however, needed to be better coordinated, as inefficiencies and duplication weakened the global system. Interoperable surveillance systems should be further developed, building on the work of the WHO Hub for Pandemic and Epidemic Intelligence and the European surveillance system. The expertise and participation of all were required to tackle health emergencies and related provisions should be included in the amendments to the International Health Regulations (2005) and the pandemic agreement.

The humanitarian and health crisis in the Gaza Strip was a cause of deep concern and she praised WHO's efforts to address the most urgent health needs. Her Government recalled Israel's right to defend itself in accordance with international law, including international humanitarian and human rights law, and reiterated its condemnation of the Hamas terrorist attacks, including the systematic use of sexual violence, the abuse of hospitals and use of civilians as human shields. All remaining hostages held by Hamas must be released immediately, without precondition, and the International Red Cross and Red Crescent Movement must be granted continued access to them.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that she was also speaking on behalf of the International Federation on Ageing, the International Federation of Medical Students' Associations, The Task Force for Global Health, Inc., WaterAid international, Women in Global Health, Inc., and the United Nations Foundation, Inc. A multifaceted and multisectoral approach was required for health emergency prevention, preparedness and response, with WHO playing a unique, integral role. Efforts to strengthen the global health security architecture must ensure complementarity with existing mechanisms, add value to existing systems and avoid duplication. Consideration should be given to how existing mechanisms, such as the pandemic fund, could help to finance important initiatives such as a pandemic agreement, to avoid further fragmentation. In order to ensure robust and resilient health systems, essential public health functions should be strengthened. Investment should be made in the formal and informal health care workforce to ensure regular compensation, safe and dignified working conditions, protection in conflict settings, access to countermeasures and appropriate personal protective equipment. Systems strengthening efforts must also include diagnostic testing capacity and infrastructure. Meaningful civil society engagement remained crucial in building trust in WHO's work in health emergencies.

The representative of BRUNEI DARUSSALAM[1] said that the pandemic accord and amendments to the International Health Regulations (2005) were critical to building a more resilient global health system better prepared to respond to future pandemics, and negotiations were at a crucial stage. Time was of the essence, and Member States needed to work together to reach agreement and finalize both instruments by May 2024. Negotiations should reflect a strong commitment to equity, which should remain the fundamental principle in both instruments. Clear and binding terms for the sharing of access, benefits, intellectual property and know-how should be included. Sustainable support for the implementation of both instruments was required.

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

The representative of IRELAND[1] noted the commitment to protecting the health of acutely vulnerable populations affected by humanitarian crises and ensuring that the needs of the furthest behind were prioritized, in particular in conflict settings. With regard to the ongoing conflict in the Gaza Strip, she said that, although United Nations Security Council resolution 2720 (2023) had been a step in the right direction, it had not gone far enough. The increasingly desperate situation in the Gaza Strip demanded an immediate humanitarian ceasefire. Her Government had condemned the 7 October attacks by Hamas and called for the immediate and unconditional release of all hostages. However, all parties to conflicts had obligations under international law and must ensure the protection of civilians, and her Government strongly condemned attacks on health workers and facilities, and restrictions on supply chains that had interrupted patient treatment.

The increasingly protracted and complex nature of humanitarian crises propelled by multiple overlapping drivers was a cause of concern. Similarly, health worker and resource shortages, antimicrobial resistance and the emergence of new diseases signalled the need for dramatic reforms to health service provision. Multisectoral, sustainably financed preventive and mitigation action was required. WHO's increasing operational effectiveness in humanitarian settings was appreciated. All stakeholders were urged to engage in processes led by the United Nations Office for the Coordination of Humanitarian Affairs and WHO. Her Government endorsed the reform of the International Health Regulations (2005) and the development of a pandemic agreement.

The representative of BELGIUM[1] said that, with regard to joint external evaluations and the Universal Health and Preparedness Review, WHO evaluations that accurately, transparently and independently identified critical gaps in preparedness in an evidence-based manner were important for a thorough evaluation, rather than just confirmation of the status quo. The situation on the ground in the Gaza Strip was a humanitarian and public health catastrophe of deep concern that continued to worsen, despite the adoption of resolution EBSS7.R1 at the seventh special session of the Board in December 2023. All parties to the conflict were called on to abide strictly by international humanitarian law, prioritize the protection of civilians and respect the sanctity of medical facilities and personnel. Member States were urged to finance immediate health needs in the occupied Palestinian territory. An immediate ceasefire by all parties was required and all countries were urged to do their utmost to help to achieve that goal.

The representative of the UNITED REPUBLIC OF TANZANIA,[1] commending the Secretariat's work to support Member States in emergency prevention, preparation and response, said that his Government was committed to engaging meaningfully in the Intergovernmental Negotiating Body process and work on the amendments to the International Health Regulations (2005), and recognized the importance of filling gaps with respect to the implementation of the Regulations. It was vital to strengthen laboratory biological risk management, due to the increasing number of emerging pathogens. The increasing frequency and intensity of natural disasters and climate-related extreme weather events and their impacts on health were a cause of concern and his Government stood ready to work with others to finalize the language of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] paid tribute to WHO and other United Nations staff members who had lost their lives in health emergencies, in particular in the occupied Palestinian territory. A human tragedy was unfolding: tens of thousands had been killed or injured by Israeli attacks and the health care system in the besieged territory had completely collapsed. Immediate and decisive international intervention was required to stop the crimes and genocide perpetrated by Israel. The continued killing of civilians, in particular women and children, was not an act of self-defence. Under international law, all supporters of Israel were complicit and must be held accountable for their role in the catastrophic situation. Member States should mobilize available resources to alleviate the situation in the Gaza Strip. Shortages of essential resources should be

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monitored closely and action taken to address the displacement of individuals and the prevalence of disease. WHO should continue to provide accurate and updated information on the health situation in the Gaza Strip.

The representative of NEW ZEALAND[2] said that his Government was proud to support the WHO Contingency Fund for Emergencies. The situation in the Gaza Strip, where the health infrastructure was barely functioning, was a health catastrophe. The risk of outbreaks of disease and significant challenges associated with nutrition, sanitation, overcrowding and health care access were causes of deep concern. The delivery of life-saving assistance was also being delayed. All parties to the conflict must comply with their obligations under international law, including the need to ensure the protection of medical and humanitarian personnel and facilities, in line with United Nations Security Council resolution 2286 (2016). Medical facilities must never be used for military purposes or be the object of attack. He expressed unwavering support to those working under appalling conditions to provide life-saving medical assistance to people in need in the Gaza Strip and offered his condolences for the loss of health care workers in the conflict.

The representative of ZIMBABWE[2] questioned the politicization of WHO's technical work by raising controversial issues regarding Taiwan.[1] His Government reaffirmed its support for and position on the one-China principle and recognized that the Taiwan[1] region was an inalienable part of Chinese territory. That position was consistent with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1, which provided the legal foundation for addressing issues related to Taiwan,[1] and respected the principle of non-interference in the internal affairs of sovereign States. The participation of the Taiwan[1] region in WHO must be handled in accordance with those resolutions and the position of the Government of China should be respected.

The representative of SOUTH AFRICA[2] commended WHO on its continued efforts to provide the necessary support in response to numerous health emergencies, including in Palestine and east Jerusalem. She supported the Director-General's call for an immediate ceasefire to facilitate the provision of enhanced humanitarian and life-saving services in response to the escalating humanitarian crisis in the Gaza Strip.

The need for a strong global health architecture and strengthened and agile national health systems to deal with health emergencies at the country level had become more urgent. Sustainable financing and a strong multilateral mechanism embodying the principles of equity and solidarity were required. Her Government was committed to working with others on the drafting and negotiation of a pandemic agreement and targeted amendments to the International Health Regulations (2005). Both instruments should include equity targets and outputs and should be submitted to the Seventy-seventh session of the World Health Assembly in May 2024. Her Government supported the draft decisions under the agenda item. It wished to be added to the list of sponsors of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards and the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The representative of COLOMBIA[2] said that his Government wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem. The unprecedented humanitarian crisis and inexplicable suffering of the civilian population were of deep concern to his Government. The humanitarian and health tragedy was not confined to the loss of human life: more than 85% of the population of the Gaza Strip had been displaced, the health system was on the brink of collapse and grave and systematic violations of international humanitarian law were continuing, with women and children disproportionately affected. Since the acts that had given rise to the situation might constitute violations of Israel's obligations under the Convention on the

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

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

Prevention and Punishment of the Crime of Genocide, he welcomed the initiative by the Government of South Africa to bring a case before the International Court of Justice regarding those violations, actions and measures that might constitute acts of genocide. All parties to the conflict must respect the principles of distinction and proportionality, and ensure that health care facilities and hospitals were protected. He called for an urgent ceasefire, release of the hostages and full respect for international humanitarian law. To prevent future suffering, the parties were urged to reach a compromise and overcome their differences to pave the way for peaceful coexistence. The conflict must be resolved through dialogue and based on a two-State solution, in accordance with numerous United Nations resolutions.

The representative of the REPUBLIC OF KOREA[1] expressed appreciation for WHO's efforts to systematically and promptly respond to health emergencies around the world. More Member States should take advantage of the programme to support countries in strengthening their health crisis response capacities developed by WHO, in order to minimize the impact on the population of infectious diseases and natural disasters. Exchanges with peers could be useful in building Member States' capacities to protect from infectious diseases, and the draft pandemic agreement under discussion included a call for a peer review mechanism. The results of the pilot phase of the Universal Health and Preparedness Review should be shared with Member States as soon as possible, to provide practical advice on the introduction of an assessment mechanism.

The representative of SOMALIA[1] expressed concern regarding the growing number of health emergencies, which had overstretched the capacity of national and international aid agencies, including WHO, and commended the tireless efforts of WHO's staff in affected countries. Member States would be remembered for their action, or lack thereof, with respect to the public health catastrophe unfolding in Palestine. The killing of innocent civilians and health workers and the destruction of health infrastructure by the occupying power were clear violations of international humanitarian law and the Geneva Convention relative to the Protection of Civilian Persons in Time of War of 12 August 1949. In accordance with United Nations Security Council resolution 2720 (2023), all restrictions on the delivery of humanitarian assistance must be lifted. His Government called for an immediate ceasefire in the Gaza Strip and wished to be added to the list of sponsors of the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The Observer of PALESTINE said that there were no words to describe the humanitarian disaster and catastrophic health situation in the Gaza Strip and asked how the international community could accept such devastation, genocide and unimaginable suffering. Women and children in particular were being robbed of their dignity, and the hygiene and sanitary situation was shocking. Some 1.5 million people whose homes had been destroyed by the occupying power had been forcibly displaced and were now living in overcrowded refugee camps where disease was rife. The occupying power was trying to justify its actions on the pretext of self-defence but the violation of international humanitarian law could not be accepted. How could a cancer hospital, ambulance or United Nations office be a legitimate military target? The international community should not remain silent in the face of such atrocities. The people in the Gaza Strip were being subjected to collective punishment by the occupying power: humanitarian assistance could not reach them and electricity and drinking water were being cut off, while the indiscriminate bombing was allowed to continue. Even before the occupation, terrible atrocities had been committed against the Palestinian people. The international community must shoulder its humanitarian, ethical and moral responsibility to put an end to the military aggression and the violence, and allow the Palestinian people to survive.

The Observer of GAVI, THE VACCINE ALLIANCE, said that, in order to strengthen the global health architecture and improve health security based on learning from the COVID-19 pandemic, Member States should include routine immunization in the pandemic agreement and similar instruments as an essential intervention for prevention, preparedness and response. Consideration should also be

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given to an expanded collaborative role for specialist agencies such as Gavi in the global health architecture, to ensure rapid, coordinated, equitable and sustainable responses to future pandemics. Financing mechanisms should address both prevention and preparedness investments as well as funds that could be mobilized rapidly. In order to promote a whole-of-society approach, Member States should prioritize meaningful country and civil society engagement in future global health emergency architecture initiatives.

The representative of the INTERNATIONAL DEVELOPMENT LAW ORGANIZATION, speaking at the invitation of the CHAIR, said that investment in the rule of law was key to building strategic resilience for responses in humanitarian settings and addressing public health emergencies. His organization was promoting capacity-building initiatives to strengthen countries' legal preparedness and build long-term and sustained national capacity across sectors. Member States should place emphasis on legal preparedness as a key enabler of the global health system, and adequate resources should be made available to support countries in strengthening their national capacities.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, said that, in order to ensure alignment across the political declaration of the United Nations General Assembly high-level meeting on pandemic prevention, preparedness and response, the International Health Regulations (2005) and the pandemic agreement, further consideration should be given to integrating sustainable cancer care services into preparedness and response planning. That would require continued and timely access to cancer and palliative care services and medicines, the continued implementation of existing clinical trials, the development of ethical and methodological decision-making guidelines, and support for the well-being of the health workforce.

The representative of THE ROYAL COMMONWEALTH SOCIETY FOR THE BLIND – SIGHTSAVERS, speaking at the invitation of the CHAIR, said that health emergencies had serious consequences for persons with disabilities, including higher rates of morbidity and mortality. The significant barriers such persons faced in escaping from hazards and accessing emergency assistance were compounded by discriminatory attitudes, a lack of inclusive emergency planning and inaccessible public health information. WHO and Member States should pay close attention to the right to health for all people in health emergencies and to ensuring that persons with disabilities were clearly recognized as persons in vulnerable situations, and were properly included in negotiations a pandemic agreement.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed WHO's leadership in responding to significantly more emergencies in 2023 than in 2022. In 2024, global humanitarian needs would remain at alarming levels and the response sector would be overwhelmed by the scale, frequency and complexity of crises. The Save the Children Fund, as it finalized its accreditation as an emergency medical team, stood ready to work closely with WHO to meet the needs of children and their families.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, said that, in transitioning to the more sustainable management of the COVID-19 pandemic, it was important to ensure that equitable access to countermeasures remained in focus, including for future pandemics. There was a need to strengthen mechanisms such as licensing and technology transfer, through which several affordable treatments had been made available to low- and middle-income countries, and to sustain the capacities built through the global WHO/Medicines Patent Pool mRNA Technology Transfer Programme.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, given the current global context of crises and conflicts, it was inexcusable that the WHO Health Emergencies Programme was underfunded by 40%. High-income countries had a responsibility to ensure adequate funding for the Programme and it was in their own interest to do so.

The Programme should be given sufficient authority and resources, in line with the conclusions of the Independent Oversight and Advisory Committee. To ensure sustainability, universal access to medical countermeasures and technology, and to adequate financing, must be built into health emergency prevention, preparation and response. Member States must commit to refraining from attacks on health care facilities and personnel and from obstructing access to health care.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that public health emergencies affected the provision of sexual and reproductive health services, with global supply chain disruptions giving rise to unplanned pregnancies, unsafe abortions and higher rates of sexually transmitted infections. Member States should ensure the continuation of sexual health services, including by integrating sexual and reproductive health care in public health emergency preparedness and response planning at all levels and securing funding to avoid the reduction of critical services. They must also work with local actors and sexual and reproductive health organizations to increase the level of operational preparedness and response.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, highlighted the ongoing need for investment in countermeasures to tackle possible pandemics, given the current inadequate systems of incentives for drug development. Public sector funding of research and development, and incentives delinked from high prices or monopolies, such as open source dividends and technology buy-out approaches, should also be provided. The two primary challenges with respect to the pandemic agreement were the need for a global framework to share the costs of funding research and development, and an agreement on financing approaches that were consistent with timely, affordable and equitable access.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, in fragile and conflict-affected settings, where the operating environment was highly insecure and large population groups faced unacceptable challenges and risks, country-specific approaches were needed for the timely delivery of care. Simplified procedures, clear roles and responsibilities for governments, communities and implementers, adapted tools, stockpiles, fast track allocation of medical countermeasures and a safe and secure working space were required. Binding rules should govern pandemic response to avoid a repeat of history. Access would only be possible if the parties to a conflict and their supporters respected the medical mission and international humanitarian law, which was not the case at present.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, expressed concern that the draft proposals for the pandemic agreement would compromise systems for innovation and practical solutions to address equity. They were likely to delay access to pathogens, lead to a weaker pipeline of vaccines, diagnostics and treatment for diseases with pandemic potential, deter investment in research and development through weakened intellectual property, and fail to propose an adequately funded procurement mechanism for low-income countries. Commitments to remove trade restrictions should be strengthened to facilitate equitable access. The Berlin Declaration issued by her organization set out practical solutions to address equity in future pandemics, including a commitment from pharmaceutical companies to reserve an allocation of vaccines, treatment and diagnostics for priority populations in lower-income countries. Governments should focus on practical solutions and avoid a repeat of the export restrictions that hampered the roll-out of COVID-19 vaccines and drove inequity.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that WHO's key standard-setting role must be maintained and protected with transparent, sustainable funding that was free from commercial influence. The provision of short-term and ready-to-use products should never be inappropriately promoted, commercially exploited or undermine breastfeeding, indigenous complementary foods and culturally acceptable local food solutions where available. The International Code of Marketing of Breast-milk Substitutes and the

Operational Guidance for Infant and Young Child Feeding in Emergencies were key tools in emergency preparedness and response. The deprivation of food, water and medical supplies should never be imposed as a weapon of war.

The ASSISTANT DIRECTOR-GENERAL (Health Emergency Intelligence and Surveillance Systems) said that the Secretariat had noted Member States' appreciation of the work of the WHO Health Emergencies Programme across all levels in response to an increasing number of health emergencies, and particularly the recognition of the challenges faced by staff in increasingly complex contexts. It had also noted the determination expressed by Member States to deliver a pandemic accord and the revised International Health Regulations (2005). As requested, the Secretariat would contribute to accelerating efforts so that the pandemic agreement could be ready by the Seventy-seventh World Health Assembly in May 2024. It would also continue to move forward on the health emergency preparedness and response framework, joint external evaluations and the Universal Health and Preparedness Review. The Secretariat had noted concerns regarding the resourcing of WHO's work in health emergencies and the increasing demands on the programme, as evidenced by the number of graded events at any one time. It had also noted the deep concern expressed regarding attacks on health care workers and settings and the support expressed for WHO to increase its capacity to measure and analyse the risks. It had heard the call on WHO to do everything possible to preserve the capacity and humanitarian imperative of health care delivery wherever needed, particularly in conflict situations. Noting that the Secretariat had been requested to continue to build the capacity of Member States in several areas to respond to natural and humanitarian emergencies, he said that Member States' expectations of the Programme were growing, despite the increasing demand for emergency response activities. WHO would continue to push forward on all fronts.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that it was a difficult time for emergency preparedness and response, and he thanked Member States because it was their institutions, agencies and partners that were actually on the ground. The WHO Health Emergencies Programme was a platform through which Member States could assist one another, share the best science, knowledge and logistics, and channel the most appropriate supplies in the interests of collective health security.

The pandemic agreement under negotiation was a deepening of the commitment to collective security and to ensuring timely detection, assessment and sharing of risks, and the sharing of benefits and innovation, so that those most in need were given the protection they required as soon as possible. Although easy to say, it was exceptionally difficult to do. WHO had been striving to achieve that goal for 75 years and results had been achieved; the next step was to strengthen the collective response. In the area of governance, efforts included the establishment of the Standing Committee on Health Emergency Prevention, Preparedness and Response, and the Universal Health and Preparedness Review, targeted revisions of the International Health Regulations (2005), and hopefully through a solemn accord between Member States. In the area of finance, the establishment of the WHO Contingency Fund for Emergencies had been a game changer for the Secretariat's capacity to support Member States' needs and had facilitated WHO's response to 208 emergencies. He thanked the 29 donors that had contributed to the Fund. WHO had appealed for US$ 1.5 billion during the current year to cover the acute part of the emergency response. In 2023, many of its partners in the Global Health Cluster had received only 12% of what they had requested to respond to humanitarian crises, making it very difficult for them to maintain a credible response on the ground. Member States were invited to consider not only how they funded WHO, but also its partners, which were the true front line of humanitarian intervention.

He praised the agility, loyalty and passion of WHO's staff for their work in areas as diverse as supporting the Intergovernmental Negotiating Body process, international public health law, global science, standard-setting, innovation, research development, and rescuing patients on the front line.

The DIRECTOR-GENERAL said that the situation in the Gaza Strip had deteriorated since the special session of the Executive Board in December 2023. It was WHO's view that a ceasefire was long

overdue. Thus far, around 26 000 people had died, 8000 were missing, there were some 100 000 direct casualties and 1.7 million displaced persons. The fact that 70% of the dead were women and children was itself sufficient justification for a ceasefire. The number of deaths would only increase, not only as a result of injuries sustained, but also because the risk of epidemics, hunger, starvation and famine was growing. The health service was on its knees and chronically ill people were not receiving the care they needed. Of the 16 hospitals remaining, some were functioning partially and others were operating only at a minimum level. A solution could be found provided there was the political will. War did not offer solutions, only more war, more hatred, more agony and more destruction; peace must be chosen and the issue resolved politically. He expressed the hope that the war would end and a true solution found: the situation in the Gaza Strip was beyond words.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/14, EB154/15 and EB154/51.

It was so agreed.

The CHAIR took it that the Board wished to adopt the draft decisions on universal health and preparedness review and on strengthening laboratory biological risk management.

The decisions were adopted.[1]

The CHAIR took it that the Board wished to postpone the adoption of the draft decision on strengthening health emergency preparedness for disasters resulting from natural hazards 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.

The CHAIR further took it that the Board wished to adopt the draft resolution on health conditions in the occupied Palestinian territory, including east Jerusalem.

The resolution was adopted.[2]

The representative of ISRAEL[3] said that the resolution, like the one adopted by the Board at its special session in December 2023, sent a loud and clear message to Hamas that terrorism won and that the international community was turning a blind eye to the murder, rape, abduction, torture and abuse of hundreds of Israelis, and to the use of hospitals and Palestinians as human shields. The international community had chosen to ignore the fate of the 136 Israeli hostages still subjected to unthinkable horrors by a terrorist organization that had openly demonstrated its inhumanity and barbarism. It had shown the hostages that it was simply choosing not to care. The resolution represented a grave moral failure. Israel would continue to fight terrorism. It would defeat Hamas and bring its people home.

[1] Decisions EB154(9) and EB154(10).

[2] Resolution EB154.R7.

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

2. IMPLEMENTATION OF RESOLUTION WHA75.11 (2022): Item 15 of the agenda (document EB154/16)

The CHAIR invited the Board to consider the report contained in document EB154/16 and to provide guidance on the elements set out in paragraph 26 of the document.

The representative of UKRAINE welcomed WHO's valuable efforts in his country in 2023, including in coordinating the health cluster for the provision of life-saving assistance to the population affected by the Russian Federation's ongoing aggression, collaborating with the Ministry of Health of Ukraine and supporting the medical evacuation process. More than 23 months into the full-scale aggression against his country by the Government of the Russian Federation, the severe humanitarian crisis and displacement continued to be exacerbated by attacks on civilians and critical infrastructure. According to WHO, 14 of the 35 attacks on medical facilities worldwide since the start of 2024 had happened in Ukraine, and it was to be hoped that WHO would continue its strong response. He looked forward to the preparation of an updated report on implementation of resolution WHA75.11 for the Seventy-seventh World Health Assembly, and reiterated his Government's gratitude to all international partners and friends for their support and solidarity with the people of Ukraine.

The representative of the UNITED STATES OF AMERICA said that her Government continued to condemn the unprovoked and unjustified full-scale invasion of Ukraine by the Government of the Russian Federation in the strongest terms. The humanitarian crisis was indefensible, as were the Russian Federation's relentless attacks that had caused unspeakable harm to civilians and critical infrastructure. The provision of life-saving supplies and services by WHO and its partners to affected communities and health workers was welcome. WHO's efforts to improve coordination with humanitarian stakeholders at the health cluster level were appreciated and should continue, with a view to improving the efficiency of health equipment distribution. WHO was well placed to support efforts to expand the inclusion of refugees from Ukraine into host governments' national health systems and it should continue that work. The Secretariat should update the report set out in document EB154/16 so that the Seventy-seventh World Health Assembly could fully understand the impact of the Russian aggression on Ukraine's health system and related relief efforts. Her Government assured the people of Ukraine of its steadfast and enduring commitment.

The representative of BRAZIL, acknowledging the grave health situation in Ukraine, said that the barriers to access health services, the risk of radio-nuclear incidents and of gender-based violence, the disruption of drinking water supplies and the occurrence of hepatitis A were causes of concern. WHO's various health interventions, which had reached approximately 7.2 million people in Ukraine, were welcome, as were the development of a national referral centre for rehabilitation of spinal cord injuries, WHO's support for the implementation of Ukraine's national immunization programme, and its work on enhancing access to clinical services for gender-based violence survivors. WHO was to be commended for its financial support to Ukraine and for its procurement, since February 2023, of medicines, medical equipment and supplies for the Ukrainian population.

The representative of JAPAN reiterated that the aggression against Ukraine by the Government of the Russian Federation was an outrageous act that shook the very foundation of the international order, infringing upon Ukraine's sovereignty and territorial integrity and violating the principles of the United Nations Charter. His Government condemned the Russian attacks on health care facilities and staff in Ukraine. It was deeply concerned that Ukraine was facing difficulties in ensuring adequate health care and he appreciated WHO's work in Ukraine. Outlining some of the support provided by his Government, he called on the Secretariat to submit an updated report to the Seventy-seventh World Health Assembly in May 2024.

The representative of CANADA expressed her Government's steadfast support for Ukraine's sovereignty and territorial integrity. It was deeply concerned about the humanitarian and health impacts

of the illegal war of aggression on Ukraine waged by the Government of the Russian Federation, and was committed to supporting Ukraine's response to emergency health needs. All parties should uphold United Nations Security Council resolution 2286 (2016) to protect medical and humanitarian personnel. To facilitate a transition towards longer-term sustainable development, WHO should continue efforts to address immediate needs, while also supporting essential heath sector recovery and reconstruction based on priorities identified by the Government of Ukraine. Stakeholder coordination at all levels was essential. An inclusive process that focused on advancing gender equality and an actively engaged civil society were crucial for the health emergency response and the recovery and reconstruction of Ukraine's health system. Gender-disaggregated data collection and gendered analyses should continue to address the troubling increase in gender-based violence. The Secretariat should update the report for consideration by the Seventy-seventh World Health Assembly.

The representative of the REPUBLIC OF MOLDOVA said that her Government would continue to facilitate access for Ukrainian refugees to medical, social and education services. The report set out in document EB154/16 should be updated for the Seventy-seventh World Health Assembly: paragraph 6 should indicate that the water from the Kakhovka reservoir was needed to remove heat from the reactors of Zaporizhzhia nuclear power plant and spent fuel ponds and to cool emergency diesel generators when in operation. A new chapter should be added on the Zaporizhzhia power plant, as an accident at the facility would cause an unprecedented catastrophe that would affect the health of millions of people for years and IAEA situation reports should be exchanged with WHO. Paragraph 15 should provide information on the current measles emergency in the European region, and WHO should provide urgent support for an immunization campaign in Ukraine.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, Ukraine, the Republic of Moldova and Georgia aligned themselves with his statement. He said that almost two years had passed since the start of the unprovoked, unjustified and illegal war of aggression against Ukraine by the Government of the Russian Federation, which grossly violated international law and the United Nations Charter. The European Union and its Member States reiterated their resolute condemnation of the invasion and reaffirmed their unwavering support for Ukraine's independence, sovereignty and territorial integrity within its internationally recognized borders, and its inherent right of self defence against the Russian aggression.

The health and humanitarian consequences of that aggression were severe, with over 1300 confirmed attacks on health care facilities, and Ukraine's health system and access to critical health care services, medicines and treatment had been severely compromised. The deliberate destruction of the Kakhovka dam had further exacerbated health care challenges in the region. Moreover, the consequences of the war went beyond Ukraine and refugee-receiving countries, and included the worsening of an already significant global food security crisis and the risks of radiological, biological and chemical events and hazards. WHO was encouraged to take further action to mitigate the negative health and humanitarian impacts of the war, such as by ensuring access to basic health and care services, mental health and psychosocial support, routine vaccination and treatments, and support for victims of gender-based violence. Efforts to prevent and respond to sexual exploitation, abuse and harassment must be strengthened. Securing financial resources was key. The Member States of the European Union had dedicated over €2.9 billion to humanitarian assistance in Ukraine and remained committed to supporting Ukraine's repair, recovery and reconstruction. They would continue their global outreach efforts to garner international support for a comprehensive just and lasting peace and achieve the key principles of Ukraine's peace formula. He looked forward to the preparation of an updated implementation report on resolution WHA75.11 to be presented at the Seventy-seventh World Health Assembly.

The representative of TOGO, speaking on behalf of the Member States of the African Region, welcomed WHO's work in recent years to provide humanitarian and medical assistance to victims of conflict throughout the world, in line with the principle set out in the WHO Constitution that enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being

without distinction of race, religion, political belief, economic or social condition. WHO should continue working to ensure the highest standard of health for all and mobilize partners and resources to better meet the health needs of those in conflict situations.

The representative of BELARUS welcomed the comprehensive and balanced report and WHO's work to respond to public health emergencies. The assistance given to the people of Ukraine, including to those who had left the country, was appreciated and he acknowledged the important role of the WHO Regional Office for Europe in that process. His Government was working closely with specialized agencies of the United Nations and nongovernmental organizations to provide support to Ukrainians; citizens of Ukraine and stateless persons arriving in Belarus without a temporary residence permit were given the right to affordable medical care on the same basis as Belarusian citizens.

His Government had abstained from supporting resolution WHA75.11. It had considered that the text was politicized and made no mention of issues requiring attention from WHO and the international community, such as the inadmissible use of medical facilities and other civilian infrastructure for military purposes and the need to protect the sick and the wounded and treat prisoners of war humanely. As a consequence of an approach that criticized the actions of only one party to the conflict, there had been dozens of civilian deaths. Increasing the supply of lethal weapons to Ukraine would not put an end to the health emergency and the suffering of the civilian population. Negotiation was the only way to resolve the situation. Noting the many health emergencies caused by conflicts around the world, including in the Gaza Strip, he said that the retention of the item as a separate agenda item was clearly politically motivated.

The representative of FRANCE said that his Government once again condemned the brutal and illegal war of aggression waged by the Government of the Russian Federation against Ukraine and its people. The health and humanitarian situation must remain at the centre of international attention. Given the major risks of epidemics and of nuclear contamination as a result of Russian attacks against nuclear power plants, WHO's humanitarian assistance was more necessary than ever. Member States must send a clear message demanding an end to attacks against hospitals, full respect for international humanitarian law and unhindered access for the brave and dedicated WHO staff on the ground. His Government would continue to provide every assistance to Ukrainian refugees in France and to WHO's crucial efforts in supporting the Ukrainian health system and population. He looked forward to the preparation of an updated implementation report on resolution WHA75.11 to be presented at the Seventy-seventh World Health Assembly.

The representative of PERU welcomed the important work of WHO and the refugee-hosting countries in response to the health and humanitarian emergency in Ukraine. As the situation on the ground was constantly evolving, it would be useful for WHO to continue providing information on its work in the field and to update the report under consideration for the Seventy-seventh World Health Assembly.

The representative of AUSTRALIA condemned, in the strongest possible terms, the illegal invasion of Ukraine by the Government of the Russian Federation, which violated the fundamental principles of sovereignty and territorial integrity. The dire health impacts of the invasion were a source of grave concern, as were the continued attacks on health infrastructure, which were depriving people of urgently needed care, endangering health workers, increasing the risk of infectious disease outbreaks and undermining health systems. WHO was to be commended for its sustained support for the humanitarian and emergency health response in Ukraine. The continued focus on promoting access to health care services for sexual and reproductive health and mainstreaming support to tackle sexual exploitation, abuse and harassment in its response operations was particularly welcome. She looked forward to the preparation of an updated report for the Seventy-seventh World Health Assembly.

The representative of CHINA said that the continuation of the crisis in Ukraine was not in the interests of any party and would only bring deep suffering to innocent people, undermine regional peace

and stability and create additional obstacles to development, including in the context of the 2030 Agenda for Sustainable Development. It also affected international peace and security and the health and well-being of people. His Government had always advocated peace and dialogue in resolving the issue and its position remained unchanged. It stood ready to maintain communication with all parties to promote a political solution and had put forward a six-point plan in that regard. The international community should step up its efforts to create an environment conducive to the early resumption of peace talks. All initiatives aimed at easing the humanitarian crisis were welcome and increased humanitarian assistance should be provided to the affected population on the basis of the principles of humanity, neutrality, impartiality and independence. His Government had always opposed the politicization of health issues and expressed the hope that WHO would focus on its responsibilities. The report should address the legitimate concerns of all parties in a balanced and objective manner.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that her Government reiterated its condemnation, in the strongest terms, of the unprovoked, premeditated attack on Ukraine by the Government of the Russian Federation, which continued to destroy health systems. The invasion was causing grave and long-lasting health impacts, including on the mental health of Ukrainians. She thanked the Secretariat for its ongoing support to Ukraine and those countries hosting Ukrainian refugees. Supporting Ukraine's recovery and reconstruction was a priority for her Government, which, in addition to providing financial assistance, was working with the Ukrainian Ministry of Health on health technology assessment in the country, reform and the wider availability of medicines. Noting with concern the attacks on health facilities, she called for the Government of the Russian Federation to urgently de-escalate and withdraw its troops. The Government of the Russian Federation must be held accountable for its actions and stop undermining democracy, global stability and international law.

The representative of NEW ZEALAND said that her Government continued to condemn unequivocally the ongoing aggression of the Government of the Russian Federation, which was causing persistent and increasing public health challenges. The continued deliberate attacks on civilian infrastructure, including health care facilities, were appalling and the complete disregard for basic amenities needed by civilians was incomprehensible. WHO was to be commended for its ongoing efforts in the humanitarian and emergency health response in Ukraine, in particular in supporting Ukrainian refugees' access to health care in host countries, coordinating with Ukraine's Ministry of Health for service delivery, upskilling health care workers and implementing the national immunization programme. The sharp increase in gender-based violence, particularly sexual violence, in Russian-occupied regions of Ukraine was a concern, and her Government continued to support WHO's prioritization of the prevention of sexual exploitation, abuse and harassment in response efforts. Information on how WHO ensured that its emergency response work was inclusive for potentially at-risk population groups could be included in the updated report for the forthcoming World Health Assembly.

The representative of NORWAY condemned, in the strongest terms, the war of aggression waged on Ukraine by the Government of the Russian Federation. Although Ukraine had shown remarkable resilience and strength, attacks on civilians and civilian infrastructure, including health care facilities, continued unabated. Civilians must be protected and international humanitarian law respected. In addition to the important work of documenting attacks on health care providers, she commended WHO's efforts to strengthen Ukraine's ability to provide health care services and the focus on strengthening national structures for sexual and gender-based violence prevention and response. It was essential to keep the Ukrainian Government functioning and basic services running, and her Government was providing support to that end through the World Bank. As one of the largest humanitarian donors to Ukraine, her Government would continue to coordinate its efforts to meet Ukraine's need for assistance in the future.

The representative of MONACO thanked WHO for its health interventions in Ukraine thus far, in particular in regard to medical evacuations, the delivery of medical equipment and supplies, and the

implementation of the national immunization programme. She urged WHO to keep up its efforts and continue to work with civil society in Ukraine. Monaco was one of the Member States that had voted in favour of resolution WHA75.11, and remained fully committed to its implementation. The protracted nature of the conflict in Ukraine and the humanitarian and health impacts, including shortages in essential utilities that were also affecting health facilities, were of serious concern. Human rights and international humanitarian law must be systematically and fully respected. Hospitals and other health facilities must be protected under all circumstances. Health workers must have unrestricted access to such facilities and must also be protected from any violence.

The representative of SLOVAKIA called on the international community to support efforts to end the conflict in Ukraine, which had brought about death, uncertainty, an unsafe environment for the healthy development of children and adolescents, poverty and worsening mental health, and was likely to cause post-traumatic stress disorder in future generations. More collaborative efforts should be made to ensure access to early diagnosis and continued treatment for all people with sexually transmitted diseases, chronic communicable and noncommunicable diseases, and to psychosocial support and trauma therapy. The international community should work together to ensure peace and health, which were inextricably linked.

The representative of POLAND strongly condemned the full-scale aggressive war launched by the Government of the Russian Federation against Ukraine in 2022. No matter how the Russian Government attempted to justify it, the war was unprovoked, unjustified and illegal. She thanked the Secretariat for its commitment to supporting Ukraine and delivering the necessary assistance. She was also grateful to WHO and other health and humanitarian actors for the support given to neighbouring and refugee-hosting countries. WHO and other actors should take further action to mitigate the negative health and humanitarian impact of the war. The international community should strengthen its efforts to achieve a just and sustainable peace in Ukraine, with full respect for the country's territorial integrity and the provisions of the United Nations Charter. Those responsible for war crimes in Ukraine must be held accountable.

The representative of the RUSSIAN FEDERATION thanked all those countries that had spoken out against the further politicization of WHO's work. It was unfortunate that the Director-General had had to spend valuable time preparing the report under consideration, since the decision to prepare such a document had been imposed by a small group of countries that were trying by any means to divert the attention of the international community while hiding their own efforts to prolong the conflict. For the second year in a row, representatives of North Atlantic Treaty Organization member countries had insisted on including the item on the agenda with the sole purpose of gaining airtime to read out unsubstantiated accusations against the Russian Federation. At the same time, their governments were supplying Ukraine with lethal weapons that were being used against the civilian population and medical infrastructure. Should anyone still have any doubt that the only purpose of the report and the corresponding Health Assembly resolution was anti-Russian propaganda, she drew attention to the fact that, according to the International Institute for Strategic Studies, there were 183 regional conflicts in 2023. According to WHO, there had been 16 Grade 3 acute and protracted emergencies in addition to Ukraine. Member States had been given only three minutes to express their positions on WHO's work in all those emergencies, the pandemic agreement and amendments to the International Health Regulations (2005), yet they were given an additional three minutes to speak on Ukraine alone. The demand to discuss the situation in Ukraine separately clearly demonstrated the double standards of the West with respect to the medical needs of civilians in other emergency situations around the world.

The report did not provide any added value, as the same information on the situation in Ukraine was already regularly included in WHO presentations to the Standing Committee on Health Emergency Prevention, Preparedness and Response. The duplication of work meant that the resources of WHO, the Executive Board and the World Health Assembly were not being used rationally and detracted from urgent health issues. She did not agree with the proposal that the Board should note the report.

The representative of IAEA said that, in response to the Ukrainian authorities' request for assistance to resolve current challenges in providing safe cancer care, IAEA was supporting Ukraine under its Rays of Hope initiative, including by providing and funding radiotherapy equipment for a clinical oncology centre and human resource capacity-building. In 2023, IAEA had initiated a medical assistance programme to help Ukrainian nuclear power plants to put in place arrangements for their operating personnel to access physical and mental health services and fitness-for-duty assessments. It also aimed to ensure that medical facilities were able to provide such services and deliver critical medical support and care. IAEA continued to deliver technical support and assistance to Ukraine, including in the field and in the delivery of nuclear-safety and security-related equipment. The IAEA Director General also continued to provide regular updates on the nuclear safety and security situation in Ukraine.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) thanked WHO's partners in the Global Health Cluster, the United Nations system and on the ground for the incredible amount of work that had gone into providing urgent medical assistance in Ukraine. Although 92% of all the health facilities in Ukraine remained intact, severe damage had been caused throughout the system. Much work had been done by WHO and its partners to improve surveillance and mass casualty management, and to provide training in trauma management and preparation for radio-nuclear and biological incidents. Efforts and capacity had been pooled from around the world, particularly from within the European Union, to assist the people of Ukraine, Ukrainian refugees and those who had to be medically evacuated. He thanked donors for their support, noting that over US$ 70 million of medical supplies had been delivered to health facilities and that a further US$ 51 million was in the pipeline. One hundred inter-agency convoys with health support had been completed and WHO had undertaken over 100 missions to the front line to assess the delivery of goods and services. Reporting that there had been 1439 direct attacks on health care, which had resulted in 218 injuries and 112 deaths, he assured Member States that WHO would continue to update its data on a daily basis and coordinate with its team on the ground. The response effort was being led by the WHO Regional Office for Europe, which showed how the Organization could move its locus of coordination and control depending on the pressures faced. Noting that there had been over 800 deployments by WHO into Ukraine since the beginning of the conflict, he said that WHO's response to the humanitarian crisis was one of the most intense, sustained and comprehensive it had ever been able to mount. WHO would continue to update its assessments and epidemiological data for the Seventy-seventh World Health Assembly.

The DIRECTOR-GENERAL said that he wished to assure the representative of the Russian Federation of the neutrality of WHO, and said that the report under consideration had not been written under the influence of any country or group of countries. He took full responsibility for its content, which was entirely fact-based. He invited her to provide any specific comments to the Secretariat.

The Board noted the report.

The meeting rose at 17:30.

TENTH MEETING

Thursday, 25 January 2024, at 18:15

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

1. GLOBAL HEALTH AND PEACE INITIATIVE: Item 16 of the agenda (document EB154/17)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on the Global Health and Peace Initiative, proposed by Switzerland. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> >
> > (PP1) Having considered the report by the Director-General;
> >
> > (PP2) Emphasizing the role of WHO within its mandate as the directing and coordinating authority on international health work;
> >
> > (PP3) Recalling the Constitution of the World Health Organization recognizing that the health of all peoples is fundamental to the attainment of peace and security and that governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures;
> >
> > (PP4) Recalling also resolution WHA34.38 (1981) entitled "The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all";
> >
> > (PP5) Recalling further resolution WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, in which the Health Assembly recognized that WHO is in a unique position to support health ministries and partners, as the lead agency for the Inter-Agency Standing Committee Global Health Cluster, in coordinating preparations for, the response to and the recovery from humanitarian emergencies, and called on Member States to strengthen national risk management, health emergency preparedness and contingency planning processes and disaster management units in the health ministry, as outlined in resolution WHA64.10 (2011);
> >
> > (PP6) Reaffirming that it is the national authority that has the primary responsibility to take care of victims of natural disasters and other emergencies occurring on its territory, and that the affected State has the primary role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory;
> >
> > (PP7) Recalling United Nations General Assembly resolution 46/182 (19 December 1991) on strengthening of the coordination of humanitarian emergency

[1] Document EB154/17.

assistance of the United Nations and all subsequent General Assembly resolutions on the subject, including resolution 78/119 (8 December 2023), and underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact;

(PP8) Recalling also that international humanitarian law, as applicable, must be fully applied in all circumstances, without any adverse distinction based on the nature or origin of the armed conflict or on the causes espoused by or attributed to the parties to the conflict, recalling that domestic implementation of international obligations plays a central role in fulfilling the obligation to respect international humanitarian law, and recognizing the primary role of States in this regard;

(PP9) Recalling further decision WHA68(10) (2015) in which the Health Assembly reiterated that WHO's emergency response at all levels shall be exercised according to international law, in particular with Article 2(d) of the Constitution of the World Health Organization and in a manner consistent with the principles and objectives of the Emergency Response Framework, and the International Health Regulations (2005), and shall be guided by an all-hazards health emergency approach, emphasizing adaptability, flexibility and accountability; humanitarian principles of neutrality, humanity, impartiality, and independence; and predictability, timeliness, and country ownership;

(PP10) Also recalling decision WHA75(24) (2022) which requested the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward and to then develop a roadmap;

(PP11) Further recalling decision WHA76(12) (2023) in which the Health Assembly took note of the roadmap for the Global Health and Peace Initiative and requested the Director General to report on progress made on strengthening the roadmap, as a living document through consultations with Member States, Observers and other stakeholders, as decided by Member States;

(PP12) Considering the continued work on strengthening the roadmap as requested in decision WHA76(12),

(OP) REQUESTS the Director-General:

(1) to continue the following actions, within and as part of the consultative process of strengthening the roadmap:

(a) evidence gathering through research summary and its analysis;

(b) communication and awareness about the Global Health and Peace Initiative and its added value and the Health and Peace approach to programming;

(c) capacity-building through technical support and [the potential development of an internal WHO training handbook ;]

(d) dialogue and partner with key actors to explore where expertise can be pooled and identify areas of cooperation.

(2) to report back on progress to the Executive Board at its 158th session in 2026 and for the consideration of further action by Member States;

(3) to report to the Eighty-second World Health Assembly in 2029, through the Executive Board, on the status of the roadmap in view of a possible, consensual strengthened roadmap.

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

Decision:	Global Health and Peace Initiative
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 2.3.3. Essential health services and systems maintained and strengthened in fragile, conflict-affected and vulnerable settings
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 15.19 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 2.31 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 6.31 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 6.57 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 0.04 million. – **Remaining financing gap in the current biennium:** US$ 2.27 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 1.00 million from various interested donors.

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.2.a. 2024–2025 resources already planned	Staff	0.18	0.08	0.02	0.05	0.08	0.01	0.27	0.69
	Activities	0.35	0.25	0.10	0.15	0.25	0.08	0.44	1.62
	Total	0.53	0.33	0.12	0.20	0.33	0.09	0.71	2.31
B.2.b. 2024–2025 additional resources	Staff	–	—	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	0.53	0.21	0.04	0.10	0.38	0.02	0.54	1.82
	Activities	1.20	0.75	0.20	0.30	1.00	0.16	0.88	4.49
	Total	1.73	0.96	0.24	0.40	1.38	0.18	1.42	6.31
B.4. Future bienniums resources to be planned	Staff	0.55	0.22	0.04	0.10	0.40	0.02	0.56	1.89
	Activities	1.25	0.78	0.21	0.31	1.04	0.17	0.92	4.68
	Total	1.80	1.00	0.25	0.41	1.44	0.19	1.48	6.57

The representative of SWITZERLAND said that, following informal consultations, she proposed amending the bracketed text in operative paragraph 1(c) of the draft resolution contained in the draft resolution to read: "the potential development of an internal WHO training handbook for programming purposes within WHO's mandate". The inextricable link between health and peace demanded that WHO should continue its vital work on the Global Health and Peace Initiative. Decision WHA76(12) (2023) on the Initiative gave no clear direction, however, on the way forward beyond the Seventy-seventh World Health Assembly. Accordingly, her Government and that of Oman had committed to producing a draft decision providing such guidance, including a timetable and specific follow-up actions, and would continue to engage in constructive dialogue with all delegations on the Initiative.

The representative of FRANCE said that growing climate-driven food insecurity would harm health and worsen migration, thus weakening social cohesion and ultimately jeopardizing world peace. It was therefore essential to improve training for frontline health workers and anticipate the evolution, and subsequent regional impact, of global phenomena. That would enable health workers to act in situations of fragility, conflict and vulnerability and respond more effectively to the ethical difficulties they encountered. Given the need to strengthen partnerships, her Government welcomed the proposals made to operationalize the health and peace approach and work as closely as possible with communities, ensuring the systematic consideration of health in policy and programme implementation.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the respect for State sovereignty in the draft decision. He emphasized that emergency responses and reconstruction efforts should be equitable and sustainable. The Secretariat should continue to improve communication and awareness about the Global Health and Peace Initiative and strengthen the Roadmap for the Global Health and Peace Initiative through constructive consultation to build consensus.

As a specialized United Nations agency, WHO had important comparative advantages in international health work. Ongoing wars and health emergencies in his Region, in particular in the Gaza Strip, highlighted the importance of promoting respect for international humanitarian law in order to protect patients, health workers and health infrastructure. Health and peace were essential pillars for achieving universal health coverage and the Sustainable Development Goals. He underscored the complex and intersectoral nature of health and peace, recognizing the vital role of the health sector in the current difficult times. Attention must be paid to the health concerns and conditions in communities living under protracted illegal occupation and facing violence and mass displacement, such as in the occupied Palestinian territory. The Secretariat should continue cooperating with Member States to enhance awareness of the Initiative and its implementation.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, said that the Global Health and Peace Initiative would bolster the role of the health sector and WHO in peacebuilding and would contribute to achieving the triple billion targets and the Sustainable Development Goals by strengthening the links between health, social cohesion and peace. Appreciative of the Roadmap consultations, he welcomed the Secretariat's responses and proposals regarding practical approaches to health and peace programming, and the case studies underlining the importance of implementation monitoring and the community-level involvement of young people.

He noted the country-level illustrations of frontline health and peace programming, developed to document best practices and evidence on the contribution of the health and peace approach, especially in challenging contexts. He highlighted the joint project with IOM that sought to reduce violence in Cameroon through conflict- and peace-sensitive, inclusive health and social interventions, and thereby contribute to wider peacebuilding efforts. He expressed appreciation for the capacity-building provided to support health and peace programming. He urged the Director-General to continue to consult and engage with Member States to strengthen the Initiative and called for increased funding to create and scale up other health and peace projects.

The representative of AUSTRALIA said that her Government appreciated the Secretariat's work to strengthen the Roadmap, and to address the health needs of populations in post-conflict recovery, especially the most vulnerable. She welcomed the country-level illustrations, the work with the *Lancet* Commission on peaceful societies through health equity and gender equality, and the ongoing consultations with relevant United Nations partners as part of research on practical approaches to linking health and peace. In view of increasing sexual and gender-based violence during humanitarian crises and the findings of the Commission's report, gender inequalities must be tackled when addressing the health needs of populations in post-conflict recovery. The Secretariat should therefore consider options to further integrate gender equity into the Roadmap. She endorsed the adoption of the draft decision, as amended by the representative of Switzerland, and the proposed reporting timeline.

The representative of CHINA welcomed the draft decision. He said that consultations to strengthen the Roadmap should remain Member-State-led and consensus-based and should respect national sovereignty. Related actions should be context-appropriate, focus on strengthening the provision of emergency health and humanitarian assistance, and enhance solidarity, mutual trust and cooperation. In addition, the Secretariat should further clarify the specific objectives, work content and outcome evaluation indicators of the actions included in the Roadmap; demonstrate how health and peace could be mutually reinforcing; explain the added value for well-being; and review the mandates of other United Nations agencies and global health-related organizations to avoid duplicated efforts and wasted WHO resources. Furthermore, the Roadmap should not politicize health or broaden WHO's mandate beyond improving human health and well-being. His Government stood ready to deepen cooperation with other countries on peace and health through its new Global Security Initiative.

The representative of the UNITED STATES OF AMERICA said that the Secretariat's close collaboration and consultation with all stakeholders had strengthened the Roadmap as a living document and had deepened understanding of how the Global Health and Peace Initiative supported WHO's ability to deliver on its mandate. The Initiative, the Roadmap and the actions outlined in the draft decision would ensure that WHO had the appropriate Member State resources and support to mount principled and effective health emergency responses and advance longer-term sustainable health objectives in the fragile, conflict-affected and vulnerable settings in which it was increasingly called upon to work. She supported the draft decision.

The representative of TOGO, describing his Government's efforts to promote health and peace at home and abroad, said that the mainstreaming of health and peace across all three levels of WHO and the support provided to Member States to address the issue at the national level was welcome. The Lomé Peace and Security Forum, recently launched by his Government to promote dialogue between the

different parties to conflicts in the Sahel region and elsewhere in Africa, could provide fertile ground for promoting health and peace. He supported the draft decision.

The representative of TIMOR-LESTE said that, given the context in his country, his Government was well aware of the interdependency of health and peace. Highlighting his Government's efforts in that area, including the sharing of nation-building experiences with other members of the G7+, he recommended that the Secretariat should continue to mainstream the health and peace approach into WHO guidelines and operations at the regional and country levels to improve context-specific, country-led action, and requested it to mobilize resources for country offices, including through the United Nations Peacebuilding Fund. The Secretariat's technical support and continued engagement with the broader United Nations system to achieve the objectives of the Global Health and Peace Initiative was appreciated.

The representative of BRAZIL said that his Government fully supported WHO's work in conflict-affected and vulnerable areas, in accordance with its mandate. Health workers should not be directly involved in conflict resolution; however, health was fundamental for attaining peace and security. He supported the draft decision and the actions proposed therein, which would help to clarify the scope and practical implementation of the Global Health and Peace Initiative. Country leadership and ownership of the Initiative were crucial to ensure that the design and implementation of health programmes – which should have health outcomes as their main objective – did not exacerbate conflicts or overlap with initiatives under the peace and security agenda. Health was a core part of the 2030 Agenda for Sustainable Development and global solidarity and must not be politicized.

The representative of SLOVAKIA, supporting the draft decision and the proposed amendment thereto, welcomed the Roadmap and the development of technical guidelines based on high-quality evidence.

The representative of MALDIVES expressed his appreciation that key principles and concepts to facilitate and sustain health and peace initiatives and programmes had been addressed during the consultations and included in the Roadmap. Prioritizing health and enabling health service delivery that was ethical, based on human rights and free from political influence was integral to building trust and protecting health facilities and workers, especially in conflict situations. The Roadmap would pave the way for conflict-sensitive, peace-responsive health programmes. It was important to mainstream interventions that were focused on young people, awareness-raising and capacity-building. Providing technical capacity-building support and empowering health workers to operate effectively in conflict-affected settings was crucial to mitigate risks and build resilience against the impact of armed conflict and all forms of violence. He expressed support for the draft decision.

The representative of AFGHANISTAN welcomed the draft decision and efforts in the area of health and peace. However, he said that the escalating number of conflicts and deteriorating geopolitical situation had been created by politicians. In that context, the health community was the only entity that could still inspire trust, and must therefore shoulder its responsibility to recognize its full potential and become true advocates for peace. To that end, health workers and institutions should go beyond fulfilling their normative mandates to be seen as leaders at the local, national and international levels. He encouraged Member States to equip them with knowledge and skills in diplomacy, politics, negotiation, leadership and cultural competence and thus demonstrate real commitment to the Global Health and Peace Initiative.

The representative of the SUDAN,[1] noting the growing interest in WHO's role during and after conflicts, said that WHO and the international community must strive to prevent the collapse of health facilities and systems in wartime, increase the effectiveness and accessibility of humanitarian aid and

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

advocate strongly for adherence to international humanitarian law. The Global Health and Peace Initiative supported WHO's objectives, the achievement of the Sustainable Development Goals, and the right to health care during conflicts. The Roadmap would strengthen the Initiative and better enable the Organization to carry out its mandate in fragile circumstances. His Government supported the draft decision and recommended further consultations on the Roadmap to ensure that State sovereignty and established practices were respected.

The representative of THAILAND[1] said that her Government fully endorsed the triple billion targets as a crucial contributor to peace and health, which were fundamental to achieving equity through universal health coverage. Expressing support for the six workstreams in the Roadmap, she encouraged the Secretariat to provide the necessary policy and education resources to implement the Global Health and Peace Initiative effectively in the countries where it was most needed, thereby positively transforming health equity.

The representative of BANGLADESH,[1] underlining peace as the cornerstone of health for all, said that political solutions were vital to achieve peace and thus provide equitable health care access. The global community should work to uncouple health and politics and reduce the health inequities that had emerged during the COVID-19 pandemic. WHO must have complete freedom to carry out its mandate. It was also important to acknowledge that some governments needed external support to provide health services. His Government supported the statement made by the representative of Brazil.

The representative of the REPUBLIC OF KOREA[1] said that his Government encouraged the full implementation of the Global Health and Peace Initiative and the institutionalization of WHO's contribution in that area. Expressing concern at the destruction of health infrastructure in countries experiencing conflict, and the ensuing impact on physical and mental health, he encouraged the swift restoration of peace. He looked forward to the views of all Member States being fully reflected in the update to the Seventy-seventh World Health Assembly in May 2024.

The representative of OMAN,[1] appreciative of the consultations to find consensus on the Roadmap and the draft decision, said that that his Government remained committed to mainstreaming the health and peace approach in the work of WHO to ensure equitable, participatory and sustainable health programmes. The ongoing attacks on health care in fragile, conflict-affected and vulnerable settings in clear violation of international law not only endangered health providers, but also deprived vulnerable populations of urgently needed care. His Region continued to contend with internal and external population displacement, weakened health systems and worsening health as the result of acute and prolonged conflicts, which would severely hamper the achievement of the health-related Sustainable Development Goals unless context-appropriate responses were adopted. The Secretariat should continue to enhance awareness of the need to implement the Global Health and Peace Initiative, build capacity through technical support and explore cooperation with key stakeholders.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the devastating conditions of war, coupled with a lack of access to basic health care, led to the spread of disease and provided the perfect breeding ground for a new pandemic. Attacks against the health sector must stop in order to preserve the right to access health care, and to prevent another global health crisis.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that international humanitarian law emphasized the importance of the safety and protection of health care facilities and personnel in fragile, conflict-affected and vulnerable

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

settings, which were fundamental for impartial health care provision. Attacks on health should never be normalized.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIR, said that, achieving the peace responsiveness called for in the Roadmap required respect for, and the promotion of, human dignity in living and in dying; skilled, empathetic and compassionate health care; and support for colleagues facing attacks or discrimination.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, condemned the continuous attacks on health care. She welcomed the coordination of peacebuilding processes with humanitarian health strategies through the Global Health and Peace Initiative and the inclusion of young people in the consultative process. Health workers should be given adequate training on international humanitarian law, while maintaining neutrality, to help to limit the destructive consequences of war through community health care provision and promotion. Agreeing ceasefires for current conflicts, upholding international humanitarian law and ensuring access to health care and humanitarian aid were fundamental to the long-term implementation of the Initiative.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) expressed appreciation for the strong support from Member States for peace-responsive health programming. He said that the mandate of the Global Health and Peace Initiative was based on the indispensability of health for peace. Fulfilling that mandate in a complicated world must avoid securitizing health, putting health workers in the position of negotiating peace and exposing health to further attacks or isolation in situations of conflict. The forthcoming background paper on practical approaches would be useful in demonstrating how the Initiative would be implemented in communities. The Secretariat would continue to work with Member States to define, design, monitor, evaluate and oversee those activities, always prioritizing health outcomes. It would also avoid politicization, recognizing that health care and protection must be sensitive to the situation on the ground and able to contribute to building sustained peace and preventing conflict.

The Executive Board had an important responsibility to speak out against the growing trend of attacks on health care as an object of war. Building trust and understanding regarding the importance and impartiality of health care would help to protect the health system and promote peace. Recognizing the sensitivities concerning health and peace, the Secretariat would continue to work diligently under Member States' guidance to ensure the Initiative's success.

The DIRECTOR (WHO Health Emergencies Programme), REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director for the Eastern Mediterranean, said that WHO had responded to more than 20 emergencies across his Region in 2023. The need had been driven primarily by conflicts, which were political emergencies, coupled with natural disasters, climate change, and an increase in infectious disease outbreaks. In that complex environment, WHO had adopted a comprehensive emergency management approach with consistent good results. Moreover, it had regularly met international standards and had received three positive external reviews of its work in 2023.

The humanitarian situation and the health system in the Gaza Strip continued to deteriorate, while the world's largest displacement crisis was being experienced in the Sudan, complicated by a rapidly spreading cholera outbreak. He called for all sides to implement immediate and sustained ceasefires, as only political solutions would resolve those crises. The Global Health and Peace Initiative had never been more relevant, and Member States should fully support the Roadmap.

The Board noted the report.

At the invitation of the CHAIR, the SECRETARY read out the proposed amendment to the draft resolution contained in the draft decision on the Global Health and Peace Initiative. Operative paragraph 1(c) would be amended to read: "capacity-building through technical support and the development of an internal WHO training handbook for programming purposes within WHO's mandate;".

The decision, as amended, was adopted.[1]

2. POLIOMYELITIS: Item 17 of the agenda

- **Poliomyelitis eradication** (document EB154/18)
- **Polio transition planning and polio post-certification** (document EB154/19)

The CHAIR invited the Executive Board to consider the reports contained in documents EB154/18 and EB154/19, in particular the guiding questions set out therein, in paragraphs 22 and 24, respectively.

The representative of AFGHANISTAN said that, despite tremendous successes, the poliomyelitis eradication programme in his country faced urgent and delicate challenges. The inability to conduct house-to-house campaigns jeopardized the effectiveness of efforts on the ground, particularly among zero-dose children. National ownership of the poliomyelitis eradication programme and investment in human capital, technical expertise and institutional capacity at the national level would not only ensure the sustainable success of the eradication phase but would also play a significant role in post-certification transition planning. The incorporation of poliomyelitis eradication activities into the routine immunization programme would enable a more sustainable and comprehensive approach to safeguarding the health of communities. Technological solutions should be adopted to enable more efficient data collection, monitoring and response strategies.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, although wild poliovirus type 1 remained confined to Afghanistan and Pakistan, sustained efforts were required to prevent the virus from establishing a foothold where cases had been detected in historical poliovirus reservoirs. His Region had responded actively to poliovirus outbreaks in Djibouti, Egypt and the Sudan; however, continuing outbreaks in Somalia and Yemen risked further regional spread. In Yemen, the Regional Office and the WHO Country Office should do their utmost to convince the parties in the areas outside the control of the legitimate Government to allow the unhindered delivery of routine and poliovirus vaccinations. His Region commended the progress made by the Governments of Afghanistan, Pakistan and Yemen and called on them to work to end transmission by the middle of the current year, and recognized the work of the Regional Subcommittee for Polio Eradication and Outbreaks.

Member States that had weak economies and health systems and faced an influx of refugees and migrants required continued technical and financial support to combat the enduring risk of poliovirus transmission. As his Region drew closer to eradicating the disease, Member States should prioritize routine immunization, including poliomyelitis vaccination, especially among zero-dose or underimmunized children in countries with protracted outbreaks; introduce novel oral polio vaccine type 2; continue to invest in poliovirus surveillance and child immunity; prioritize domestic funding; and integrate essential poliomyelitis functions into priority national public health programmes.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, said that overall poliovirus immunity was waning in much of her Region, and the delivery of

[1] Decision EB154(11).

mass vaccination campaigns with bivalent oral polio vaccine and novel oral polio vaccine type 2 in the relevant countries had been challenging. Against that backdrop, concerns remained regarding the potential spread of circulating vaccine-derived poliovirus types 1 and 2, as a result of type 1 outbreaks in the Democratic Republic of the Congo and Madagascar and the delayed introduction of the second dose of inactivated poliovirus vaccine and novel oral polio vaccine type 2. Poor implementation of active surveillance and funding for priority poliomyelitis activities were also causes of concern. She urged close monitoring of the implementation of all recommendations, in particular those on bolstering immunization coverage – especially in high-risk subnational areas with zero-dose children – preventing internal and cross-border transmission, and mobilizing resources for the Global Polio Eradication Initiative.

The representative of ETHIOPIA, outlining his Government's efforts in the context of the Polio Eradication Strategy 2022–2026, said that targeted measures to reach all remaining zero-dose children in critical geographical areas should be enhanced, including by fostering community engagement and trust through local leaders, integrating poliomyelitis vaccination into broader health interventions in coordination with humanitarian partners, and employing innovative strategies such as cross-border vaccination teams and transit vaccination points.

The representative of PARAGUAY, noting that full poliomyelitis eradication was within reach, said that the main challenge at the current stage was to vaccinate all zero-dose children, especially those affected by humanitarian emergencies. It was crucial to provide clear and concise information about the benefits and importance of vaccination, in particular for children under 5 years of age, identify individual vaccination histories, and make appropriate arrangements to ensure timely and accessible vaccination for all children.

The representative of FRANCE reiterated her Government's commitment to reaching all zero-dose children. To complement work on strengthening health systems, action taken should enable effective implementation of full portfolio planning with Gavi, the Vaccine Alliance, and Global Polio Eradication Initiative partners, and allow poliovirus vaccination to be included in routine national immunization programmes.

Regarding transition planning, environmental and other surveillance in at-risk populations and in health emergencies should be strengthened. Poliovirus containment activities would likewise need to be bolstered while continuing to reduce the number of facilities using poliovirus strains and promoting the development and use of safer alternatives. Given that poliomyelitis eradication in Africa was closely linked to the development of regional production capacity, her Government encouraged partners to align their efforts with Gavi's regional production initiatives as part of implementing the African Vaccine Manufacturing Accelerator.

The representative of MALAYSIA said that persistence of wild poliovirus type 1 in Afghanistan and Pakistan, coupled with challenges in reaching zero-dose children and in eradicating circulating vaccine-derived poliovirus type 2, despite the availability of a novel oral polio vaccine, was a cause of concern. National governments should empower health workers in the effective delivery of vaccinations. It was crucial to tailor vaccination strategies to areas with zero-dose children and understand the reasons for missed vaccinations, and she highlighted the role of civil society organizations in that respect. Financial commitments from global partners were also appreciated, in view of the need for prioritized resource allocation to bridge immunization and surveillance gaps.

The proposed post-2023 strategic framework for poliomyelitis transition would enable tailored approaches, with the milestones facilitating capacity-building and technical support, especially for countries without recent poliomyelitis cases. Despite reported high immunization coverage extending beyond poliomyelitis to other preventable diseases, robust surveillance remained vital. She noted the role of certification commissions and technical advisory groups to align country and regional plans with the proposed post-2023 framework. As strong governance, efficient management and sustainable financing were crucial for success, she welcomed the accountability framework under development.

The representative of MALDIVES said that sustaining poliomyelitis eradication gains would rely on the maintenance of high population immunity through universal immunization coverage. No country would be safe until wild poliovirus transmission had been interrupted globally and oral polio vaccine use had ceased. Highlighting her Government's eradication efforts, she emphasized the importance of raising awareness about the switch from oral polio vaccine to inactivated poliovirus vaccine, and ensuring sufficient stocks of inactivated poliovirus vaccine. The Secretariat's continued support would ensure the maintenance of both national and regional gains in poliomyelitis eradication.

The representative of the UNITED STATES OF AMERICA said that the Global Polio Eradication Initiative should focus on halting current wild poliovirus type 1 circulation in Afghanistan and Pakistan by the end of December 2024, including through synchronized cross-border campaigns. Closing surveillance gaps, conducting high-quality campaigns and gaining community trust were critical to resolve the continued circulation of vaccine-derived poliovirus in the African Region. Member States were urged to support incremental measures, such as added surveillance, in order to provide tailored responses and rebuild capacity in high-risk countries that had begun polio transition. Eradication and containment must be aligned. All Member States must intensify their efforts to accelerate poliovirus containment certification, including by making all necessary resources available to national containment stakeholders to ensure sustainable and continued containment following certification. To maximize resources, general vaccination campaigns and humanitarian efforts should be used to deliver multiple high-priority vaccines, including for poliomyelitis, thereby strengthening routine immunization and reaching communities unreceptive to standalone poliomyelitis campaigns. Her Government urged all donors participating in "The Big Catch-up" vaccination initiative to monetize their donations early and to consider continuing and increasing their investments in eradication efforts.

The representative of TOGO reaffirmed his Government's support for the Global Polio Eradication Initiative, drawing attention to national efforts to maintain Togo's polio-free status and to create an environment conducive to a successful transition. He said that surveillance and resource mobilization presented particular challenges.

The representative of BRAZIL said that the recent global resurgence of poliovirus cases and the risk of re-emergence in poliomyelitis-free countries was a stark reminder of the pressing need to eradicate the disease. Describing his Government's activities, he stressed that achieving eradication hinged on united efforts to effectively implement the Polio Eradication Strategy 2022–2026 through WHO's collaboration with the private sector, governments and other organizations. Accordingly, Member States should strengthen their commitments to eradication and redirect their focus towards neglected diseases.

The representative of CANADA emphasized the need to accelerate collective efforts to meet poliomyelitis eradication targets, especially areas where it was endemic or there were outbreaks. Member States should further integrate poliovirus vaccination into routine immunization and primary health care services, especially in humanitarian contexts and hard-to-reach communities, to cover zero-dose and underimmunized children. Better integrated gender-responsive approaches were necessary to address gender-related barriers to immunization and surveillance.

Her Government supported the Global Action Plan for Poliovirus Containment and encouraged Member States to fulfil their obligations under that Plan. Going forward, Member States and Global Polio Eradication Initiative partners should support country-led processes, with the support of WHO, to preserve historic poliomyelitis systems and infrastructure.

The representative of AUSTRALIA said that, if progress towards eradication were to be maintained, there should be intensified efforts to interrupt vaccine-derived transmission in targeted areas. She commended the Global Polio Eradication Initiative's efforts to sustain operations in Afghanistan and Pakistan and the implementation of its Gender Equality Strategy 2019–2023, especially given the crucial role of women health workers in reaching zero-dose and underimmunized children.

The safety of all frontline poliomyelitis workers should remain a high priority. The weakness of routine immunization systems, reflected in recurring vaccine-derived poliovirus outbreaks, must be remedied in collaboration with key partners to accelerate progress toward achieving the goals of the Immunization Agenda 2030. The recommendations identified in the twenty-second report of the Independent Monitoring Board of the Global Polio Eradication Initiative emphasized the need to respond to technical, programmatic and contextual challenges and to focus on integration efforts to achieve eradication.

The representative of BELARUS said that, in the final stage of eradicating poliomyelitis, the appearance and spread of significantly mutated vaccine-derived poliovirus, which developed in countries with low vaccination uptake, were a cause of serious concern. Highlighting the situation in his country, he said that, in recent years, cases of vaccine-derived poliovirus had been reported in the WHO European Region. There was, furthermore, the risk of transfer of those viruses to other areas; if even a single child was infected with poliomyelitis, children in all countries remained at risk of infection. Vaccination was therefore essential.

The representative of TIMOR-LESTE outlined the activities undertaken to preserve her country's poliomyelitis-free status in the light of the impact of the COVID-19 pandemic and thanked WHO for its technical support in that regard. The continuation of poliomyelitis as a public health emergency of international concern demanded scaled up surveillance, sustained immunization coverage rates and augmented poliomyelitis outbreak responses.

The representative of CAMEROON said that his Government was working to maintain its status as free from wild poliovirus and sought to contribute to wider poliomyelitis eradication efforts by organizing vaccination campaigns in response to recent outbreaks of vaccine-derived poliovirus type 2. He outlined the polio transition activities being prioritized by his Government, which included surveillance and responsive vaccination campaigns. Vaccine hesitancy threatened progress made thus far, and required a global solution.

The representative of PERU said that, to ensure access to poliovirus vaccine for all zero-dose and underimmunized children, it was necessary to intensify mass campaigns through house-to-house vaccination in collaboration with local authorities; guarantee the supply and delivery of vaccines; improve health education on the importance of vaccination and tackle misinformation; and strengthen epidemiological surveillance systems. Sustainable financing was also crucial to recover the gains lost during the pandemic and accelerate the poliomyelitis eradication strategy. With regard to transition planning and post-certification, gains could only be maintained if health systems were strengthened by improving infrastructure, training and the health workforce; developing outbreak preparedness and response strategies; ensuring equitable access to health care; and scaling up successful vaccination strategies, with an emphasis on hard-to-reach populations. As to accountability and transparency, it was essential to work with all stakeholders; define specific and achievable indicators and targets, and independent monitoring and evaluation mechanisms; and establish bodies to objectively monitor the effectiveness of the measures implemented.

The representative of JAPAN recognized the need to address poliomyelitis in order to achieve universal health coverage, and the contribution of the global poliomyelitis eradication infrastructure and workforce to global surveillance capacity and national pandemic preparedness and response capacity. It was crucial to make all parties in conflict-affected areas aware of the importance of poliomyelitis eradication work, to ensure vaccine distribution. Concerning the proposed post-2023 strategic framework, he said that more information was required but agreed that action plans should be based on the specific needs in each country. The Secretariat's technical support would be essential in enabling the implementation of the Global Action Plan for Poliovirus Containment.

The representative of CHINA, highlighting his Government's poliomyelitis eradication efforts, said that the Secretariat should continue to play a leading technical role and strengthen cooperation

between countries and regions. It should also mobilize the international community to increase financial and technical support for endemic countries and take more effective measures in order to reduce the cross-border spread of the virus and accelerate global poliomyelitis eradication.

The representative of SLOVAKIA said that Member States had a collective responsibility to ensure access to health care, and to conduct epidemiological, social and behavioural research to identify gaps in reaching key populations. In addition, technical discussions and operational arrangements for the post-certification era were essential to ensure biosafety and biosecurity. Given the high risk of transmission, programmes in conflict-affected areas and settings with weakened health care infrastructure should be evaluated, and cross-border guidelines and programmes should be introduced in neighbouring countries. In order to reduce poliovirus transmission risk, digital health tools should be employed alongside improved access to vaccination programmes, especially for all migrants and refugees, including undocumented children. Poliovirus vaccination should be provided alongside other important health interventions and services for children. A combination of cost-effective actions was the best policy option.

The representative of PAKISTAN,[1] emphasizing his Government's firm resolve to eradicate poliomyelitis within the set timeline, said that the reduction in the number of wild poliovirus type 1 cases in his country was encouraging. He commended the national poliovirus vaccination workforce, and thanked WHO and global partners for their continued cooperation to strengthen the health system and thus support that work. His Government had launched an initiative to vaccinate children in nomadic families, was increasing environmental surveillance capacity and would continue to combat disinformation and promote vaccine education.

The representative of MONACO,[1] noting the abiding risks of transmission and outbreaks in countries where poliomyelitis was not endemic, said that the difficulty of vaccinating zero-dose children in politically unstable and conflict-affected areas remained a major challenge. The Secretariat should strengthen collaboration with all humanitarian actors on the ground; raise community awareness of the importance of poliovirus vaccination; tailor vaccination strategies to the areas concerned; and incorporate a gender focus in action plans. Political commitment and sustainable funding for the poliomyelitis programme were also indispensable. She welcomed the inclusion of poliomyelitis-related costs in the base segment of the Programme budget 2024–2025, and the development of the proposed post-2023 strategic framework.

The representative of the RUSSIAN FEDERATION[1] said that her Government agreed with using investments in poliomyelitis eradication to create strong, resilient and equitable health care systems founded on a shared programmatic vision and fundamental aims. That would contribute to the successful eradication of poliomyelitis, minimize the burden of vaccine-preventable diseases, and effectively detect and control outbreaks of those diseases. Given the uneven progress towards those goals, WHO and its partners should maintain support in the Member States concerned to strengthen polio essential functions. There was a need for accountability regarding results achieved and surveillance. Moreover, WHO should further develop the criteria for confirming the eradication of circulating vaccine-derived poliovirus, which would signify the end of the Global Polio Eradication Initiative. She noted that progress on global containment procedures was slow and called for WHO to work with Member States in that regard.

The representative of MOZAMBIQUE[1] said that, in response to recent outbreaks of wild and circulating vaccine-derived poliovirus, her Government had launched several poliovirus vaccination campaigns, strengthened routine immunization and intensified poliovirus surveillance.

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

The representative of EGYPT[1] outlined the action taken by his Government to eradicate poliomyelitis through vaccination programmes, epidemiological and environmental surveillance, and the use of the updated monovalent oral polio vaccine type 2.

The representative of the REPUBLIC OF KOREA[1] expressed support for WHO's policy directions in the advancement of poliovirus vaccine technology and the implementation of the poliovirus containment certification scheme. Country-specific reviews of relevant programmes and monitoring systems should be conducted to ensure successful implementation of the proposed post-2023 strategic framework. Recounting national efforts to remain poliomyelitis-free, he underscored the importance of fostering collaboration among Member States and stakeholders to ensure the sustainable operation of poliomyelitis eradication programmes and enhance capacity in WHO regional offices.

The representative of INDONESIA[1] said that it was essential to enforce routine immunization delivery, especially in high-risk regions, and to integrate measures to confront ongoing poliomyelitis outbreaks. Accountability and ownership at all levels in implementing the proposed post-2023 strategic framework needed to be established through meticulous budget management, robust capacity-building initiatives and efficient vaccine distribution channels.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] highlighted the ways in which his Government was implementing the Polio Eradication Strategy 2022–2026. In view of mass migration in his Region, political and community engagement were crucial to the maintenance of high vaccination coverage, strengthened national laboratory surveillance capacity, and collaboration on disease containment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] said that the Global Polio Eradication Initiative should consider the Independent Monitoring Board's recommendations resulting from the mid-term review of the Polio Eradication Strategy 2022–2026. She asked how the Secretariat planned to interrupt wild poliovirus transmission in 2024. A more deliberate focus on integration activities was needed to access the hardest-to-reach children, including by aligning efforts with primary health care delivery; coordinating with nutrition, water, sanitation and hygiene, and humanitarian interventions; introducing birth-dose vaccination strategies; and better coordinating poliovirus and routine immunization campaigns. The accountability framework contained within the proposed post-2023 strategic framework should include a stronger focus on external actors and global health initiatives. She requested further information from the Secretariat on a potential governance mechanism for overseeing an effective polio transition.

The representative of NIGERIA,[1] outlining national activities to maintain his country's polio-free status, said that intensified outreach, collaboration with humanitarian partners, and community involvement were essential to ensure that every child received life-saving oral polio vaccine.

The representative of GERMANY,[1] noting the failure to interrupt all poliovirus transmission by the end of 2023, said that the Polio Eradication Strategy 2022–2026 must be fully financed to achieve global eradication and welcomed the European Investment Bank as a new donor to the Global Polio Eradication Initiative. Given the importance of reaching zero-dose children, especially in the humanitarian context, it was crucial to intensify multistakeholder activities to maximize impact. Poliomyelitis infrastructure had been a major asset in many countries, and current monitoring and surveillance systems should continue to receive sustainable national funding beyond poliomyelitis eradication. Recognizing the need for predictable and flexible funding, she welcomed the continued integration of essential polio functions into the base segment of the Programme budget 2024–2025.

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

The representative of BANGLADESH[1] said that outbreaks of poliomyelitis in conflict-affected areas jeopardized its global eradication, creating the potential for the further spread and re-emergence of the disease. For the same reason, caution should be taken in sunsetting the Global Polio Eradication Initiative, as health systems in less developed countries were struggling to carry out routine immunization programmes in the wake of the coronavirus disease (COVID-19) pandemic.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIR, said that poliovirus vaccination campaigns must be complemented by consistent, sustained routine immunization. She therefore called for urgent investment to close the Global Polio Eradication Initiative's US$ 1.2 billion funding gap, and encouraged support for Gavi, the Vaccine Alliance.

The DIRECTOR (Poliomyelitis Eradication), thanking Member States and partners for their efforts and support, said that poliomyelitis was the only current public health emergency of international concern. Intensified efforts in 2023 to interrupt transmission of wild and circulating vaccine-derived poliovirus would not have been possible without the full backing of Member States, donors and partners. Building on partnerships was the key to delivering results. He thanked the Governments of Afghanistan and Pakistan – the last two countries where wild poliovirus type 1 was endemic – for their sustained eradication efforts and political commitment, and commended the successful efforts of the Governments of Malawi and Mozambique to end their outbreaks of circulating vaccine-derived poliovirus within six months. Robust surveillance and response were essential, as every country was at risk until all poliovirus transmission had been interrupted.

Four subnational areas were driving transmission as a result of protracted, complex emergencies. In those contexts, WHO's efforts were geared towards identifying ways and means to vaccinate all children, especially those that had not received a single dose of poliovirus vaccine. That required obtaining and maintaining community access and acceptance, and finding the right modalities to deliver supplies and maximize coverage. The challenges and gaps in essential immunization must be addressed, including the use of inactivated poliovirus vaccine.

Regarding polio transition, he recognized the importance of measures to sustain eradication gains once they had been achieved. Highlighting the prequalification of novel oral polio vaccine type 2, he said that WHO was committed to innovating at every level to find ways to reach all children.

The DIRECTOR-GENERAL, thanking Member States for their continued support, said that the last mile of the fight against poliomyelitis was the most difficult. Nevertheless, good progress was being made, and the Secretariat had a very ambitious plan to end or interrupt wild poliovirus type 1 transmission in 2024. He encouraged donors to provide funding to achieve that important goal and urged the Governments of countries where poliomyelitis was endemic to continue their efforts. Commending the efforts of WHO staff to eradicate poliomyelitis, including those who had lost their lives in the course of their work, he looked forward to the swift end of the disease.

The DIRECTOR (Poliomyelitis Eradication), REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN, speaking on behalf of the Regional Director for the Eastern Mediterranean, said that, in 2023, the poliomyelitis eradication programme had demonstrated the power of purpose, action and partnerships. In Afghanistan and Pakistan, innovative strategies and strengthened partnerships with humanitarian actors had enabled more children to be reached, while in Somalia, the novel oral polio vaccine type 2 had been introduced, and a national task force had been established to end the country's longest running poliomyelitis outbreak. In Yemen, efforts continued to obtain permission from authorities for vaccination in the northern governorates, and in the Sudan, collaboration with Egypt had enabled ongoing poliovirus surveillance during the current conflict. In addition, the Governments of Iraq and Libya had assumed responsibility for sustaining essential poliomyelitis functions through integration with existing programmes. He highlighted the development of an investment case to mobilize resources for the longer-term sustainability of public health functions, highlighting the

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

economic value and social benefits of sustaining poliomyelitis assets and integrating them into national health systems.

He thanked the Member States of his Region and Global Polio Eradication Initiative partners for their efforts, and the Regional Subcommittee for Polio Eradication and Outbreaks for helping to carve clear pathways to protect children from poliomyelitis and other vaccine-preventable diseases.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/18 and EB154/19.

The Board noted the reports.

Rights of reply

The representative of ISRAEL,[1] speaking in exercise of the right of reply, said that the use of chemical weapons by the Government of the Syrian Arab Republic against its own unarmed citizens, and the blockage of humanitarian aid from Israel by the Government of Yemen while its citizens starved, exposed the double standards at play. Furthermore, the supply of weapons to terrorist organizations by the Government of the Islamic Republic of Iran only compromised the situation in the Gaza Strip and in the Middle East in general.

The representative of the RUSSIAN FEDERATION,[1] speaking in exercise of the right of reply, said that there had been a mistake in the interpretation of one of her earlier statements. Rather than saying that anyone had influenced the reports of the Director-General, she had said that a dedicated report on Ukraine, in addition to WHO's usual reporting on the situation in the country at meetings of the Standing Committee on Health Emergency Prevention, Preparedness and Response, had been requested by a small group of Western States intending solely to obtain additional time at WHO meetings to further their agenda.

She noted that many representatives had thanked WHO for its work in Ukraine. However, the report on WHO's work in health emergencies clearly stated that it had declared a health emergency 10 years previously, in the light of the civil conflict in Ukraine. Even in 2017, WHO had recognized that the conflict in Ukraine had divided the country, displacing nearly 3 million people and causing 10 million deaths. By 2022, the Ukrainian Government had been terrorizing its own population for eight years while Western Governments were supplying it with weapons under the cover of the Minsk agreements. All those who were baselessly accusing her Government of prolonging the conflict should remember that it was not refusing to negotiate. In 2022, on orders from the West, the Ukrainian Government had not been allowed to sign the already agreed-upon reconciliation treaty with the Russian Federation. An end to the conflict was being impeded by Western Governments' eagerness to revitalize their weapons industry and capitalize on an emergency.

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that accusations of genocide made against the Government of Israel were a gross distortion of reality. Hamas was a terrorist organization, and the Government of Israel had the right to self-defence in order to protect its people, while complying with international humanitarian law, including the obligation to protect civilians.

The representative of the ISLAMIC REPUBLIC OF IRAN,[1] speaking in exercise of the right of reply, said that the Government of Israel was undeniably responsible for the dire humanitarian and health conditions and the tragic loss of innocent lives in the occupied Palestinian territory. It could not evade accountability by shifting blame onto another Member State.

The representative of the SYRIAN ARAB REPUBLIC,[1] speaking in exercise of the right of reply, said that the use of Arabic by the representative of Israel was recognition of the identity of the indigenous

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

people of Palestine. Given its killing of thousands of Palestinians in full view of the world, the Government of Israel was in no position to lecture about humanity and morality.

The Observer of PALESTINE, speaking in exercise of the right of reply, said that the courageous and tireless efforts made by WHO and health care partners to deliver life-saving aid to the population of the Gaza Strip, despite ongoing Israeli military operations, were appreciated. Commending WHO's neutrality and impartiality, his Government extended its deep condolences to the families of all health workers killed in Palestine by the Government of Israel. Moreover, he said that a State could legally only act in self-defence against another State; that was not the case in the current situation.

The meeting rose at 21:00.

ELEVENTH MEETING

Friday, 26 January 2024, at 10:05

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

PILLAR 2: ONE BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES (continued)

1. SMALLPOX ERADICATION: DESTRUCTION OF VARIOLA VIRUS STOCKS: Item 18 of the agenda (document EB154/20)

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, said that the Secretariat should continue to share information on variola virus in order to better equip Member States to deal with smallpox outbreaks, and on progress in the development of point-of-care diagnostic tools suitable for use across all resource levels. She welcomed the findings of the WHO Advisory Committee on Variola Virus Research concerning the need for further development of scalable, less reactogenic vaccines, and the potential need for multidrug therapy in the event of a smallpox outbreak, as well as its recommendation on continuing further research to develop small-molecule antiviral agents against orthopoxviruses, including smallpox. Together with a team of global independent experts, WHO should continue to carry out regular biosafety and biosecurity inspections of the authorized variola virus repositories and containment facilities. She called on the Secretariat to support Member States in implementing the global strategic framework for enhancing control and achieving elimination of human-to-human transmission of mpox (2023–2027).

The representative of the UNITED STATES OF AMERICA said that smallpox remained a threat to the international community given low global levels of immunization. The remaining variola virus stocks should therefore be destroyed only once there was sufficient global preparedness to mount a robust response and the stocks were no longer needed to develop and improve critical medical countermeasures. She agreed with the findings of the WHO Advisory Committee on Variola Virus Research on the benefits of research, including for control of other orthopoxviruses, particularly mpox, and supported its recommendations on expanding access to countermeasures for mpox and smallpox in emergencies; continuing the development of diagnostics, vaccines and antiviral agents; and maintaining biennial inspections of the two authorized repositories.

Further work was needed to ensure that the world was adequately protected and prepared for a smallpox outbreak. Point-of-care diagnostics and safe, effective medical countermeasures, vaccines and antiviral agents, especially those less likely to lead to resistance, must continue to be developed and evaluated in line with biosafety and biosecurity regulations and best practices, while lessons learned from the global mpox outbreak should be incorporated into research priorities. She agreed with the finding of the Strategic Advisory Group of Experts on Immunization that the protocols for accessing the smallpox vaccine reserve might require review. Her Government remained committed to facilitating more equitable access to medical countermeasures.

The representative of SWITZERLAND requested that, in future, the destruction of variola virus stocks should be discussed separately from mpox and orthopoxviruses. Despite the biological similarity

of those viruses, the two topics were very different in terms of countermeasures, surveillance and research.

The representative of JAPAN said that, while research and development was important, it should be considered from the perspective of dual -use research of concern. Medical countermeasures that were effective against a wide range of poxviruses should be developed for counterterrorism purposes. To improve preparedness for orthopoxvirus outbreaks, the Secretariat should establish a system to ensure equitable access to countermeasures from the early stages of an outbreak. Describing his Government's response to mpox, he said that it had been difficult to make timely international vaccine donations due to a lack of data specific to the virus. A system should therefore be developed to enable rapid implementation of clinical trials in countries with endemic disease, in parallel with the Emergency Use Listing procedure. In that regard, close collaboration would be necessary among WHO technical staff working on regulation, prequalification, and research and development. The Secretariat should engage with Member States and stakeholders in coordinating the response to the recent mpox outbreak in the Democratic Republic of the Congo.

The representative of the RUSSIAN FEDERATION,[1] describing the countermeasures implemented and advances made in her country in relation to orthopoxviruses, expressed support for the finding of the WHO Advisory Committee on Variola Virus Research that a greater number of smallpox antiviral agents with different mechanisms of action were needed, which should be developed through further research using live variola virus. WHO should support developers in the international registration of smallpox vaccines, while measures must be implemented to prevent the illegal use of publicly available genome sequence data on variola virus strains.

The representative of THAILAND[1] reaffirmed her Government's long-standing position that variola virus stocks should be destroyed. However, while the stocks were retained, new smallpox vaccines and other medical countermeasures should be made available to developing countries at low cost, and that cost should be borne by the Member States that supported retaining the stocks.

The representative of BANGLADESH[1] expressed concern at the funding constraints in the mpox response, limited access to diagnostics, and inequitable deployment of vaccines and therapeutics. Further studies were needed on the effectiveness of countermeasures for mpox prevention, and lessons learned from the global outbreak should inform planning for variola virus research. It was crucial to ensure adequate resources for efforts to control mpox. The development of new countermeasures for the elimination of mpox and the prevention and control of smallpox should be actively pursued.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that progress on variola virus research, public health preparedness for a re-emergence of the virus, and the destruction of the remaining variola virus isolates would all be discussed at the Seventy-seventh World Health Assembly. When the issue had last been discussed in 2019, prior to the coronavirus disease (COVID-19) pandemic and the global mpox outbreak, orthopoxviruses had generally been considered a non-threat, and WHO had been under pressure to reduce or discontinue its work on them. It was impossible to predict what the next highly dangerous pathogen might be, but the global mpox outbreak had revealed the danger of orthopoxviruses and their pandemic potential. WHO's dedicated team of specialists and network of collaborating centres, expert reference laboratories and skilled partners had, however, allowed the Organization to mount an effective response. While no longer officially recognized as a public health emergency of international concern, mpox nevertheless remained a public health emergency, and he paid respect to those who continued to work in that area, especially on mpox virus clade I. He praised, in particular, the work on containment and research carried out in the Democratic Republic of the Congo in collaboration with WHO staff and scientific and technical partners

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

from the United States of America, including on therapeutic testing, vaccine trials and epidemiological studies.

Ongoing research had played an important part in public health achievements in the post-smallpox era and had allowed partners to lead the continued global efforts to control mpox. However, similar to COVID-19, low-income countries had not been able to benefit from the same diagnostics, vaccines and therapeutics as high-income countries to control the mpox outbreak. Much work remained to be done to address that issue. He thanked the communities affected for their commitment to tackling mpox even in the absence of such countermeasures and vaccines, whose active engagement had made the difference in curbing the outbreak.

Member States were invited to consider, ahead of the Seventy-seventh World Health Assembly, whether and how research on orthopoxviruses and smallpox should continue, taking into account that the WHO Advisory Committee on Variola Virus Research had advised that research should continue and that the benefits from that research should be made available to all Member States. In that regard, Member States' support would be needed to ensure that the benefits reached all who needed them, particularly in areas where mpox continued to kill. The Secretariat was committed to preserving the legacy of smallpox eradication through collaboration with all Member States, even at a time of heightened geopolitical tension and instability, which further highlighted the importance of such work.

All funding used in WHO's response to mpox had come from the Contingency Fund for Emergencies, with none raised through the Global Health Emergency Appeal – a situation that demanded reflection. In future, a more agile and responsive stance would be needed to provide the necessary resources to contain such dangerous viruses.

The Board noted the report.

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

2. IMMUNIZATION AGENDA 2030: Item 9 of the agenda (document EB154/9)

The representative of YEMEN welcomed WHO's efforts at all levels in support of the Immunization Agenda 2030, and the support provided by UNICEF and health development partners at the local and international levels. Countries that lacked coverage with combined vaccines had the highest levels of zero-dose children, and there was a clear connection between universal health coverage and immunization coverage, particularly in terms of maternal, child and infant care. Although progress had been made, he urged WHO and UNICEF to continue providing support to help his country to overcome the challenges of implementing vaccination programmes, which were severely impacted by the security situation, including with regard to ensuring access for all.

The representative of FRANCE said that, in the context of global efforts to strengthen political and financial commitments for vaccination, her Government would host the first WHO high-level meeting to defeat meningitis, in Paris on 14 March 2024. It was aimed at mobilizing the financing needed to end the suffering caused by vaccine-preventable disease. Her Government was committed to working with WHO to achieve the objectives of the global road map on defeating meningitis by 2030.

The representative of the UNITED STATES OF AMERICA said that her Government's policies were strongly aligned with the goals of the Immunization Agenda 2030, including to recover ground lost during the coronavirus disease (COVID-19) pandemic. Progress in that area had already been made as a result of close collaboration with immunization partners, and reaching pre-pandemic coverage levels by 2025 was possible. Multiple options were available to countries to prevent, detect and respond to outbreaks, including by addressing root causes between outbreaks. Momentum from "The Big

Catch-Up" initiative should be leveraged to increase participating countries' willingness and capacity to provide regular vaccinations to children who had missed them.

The representative of MALAYSIA said that global partners played a pivotal role in developing practical, effective immunization strategies for stateless people, who were often underserved. However, the rising cost of new vaccines was a significant hurdle to integrating such strategies into national immunization programmes; global partners must explore ways of making such vaccines more affordable, especially for middle-income countries. The COVID-19 pandemic had raised awareness of the vital role of immunization. Regularly showcasing the positive outcomes of immunization – such as reduced morbidity, mortality and health care costs – was crucial to demonstrate to governments the return on investment. Advocacy by civil society organizations, medical professional bodies and community leaders could also help to generate demand and drive political and financial commitments from governments.

The representative of TIMOR-LESTE emphasized the critical role of immunization in achieving universal health coverage, preventing and controlling outbreaks, ensuring global health security and tackling antimicrobial resistance. Outlining key immunization achievements in his country, he requested the Secretariat and partners to continue providing technical and financial support for health systems strengthening, especially for routine immunization. He appreciated the continued high-quality technical support provided to accelerate country-level progress in the six short-term priority areas identified in the Immunization Agenda technical progress report for 2023.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA welcomed WHO's active collaboration with Gavi, the Vaccine Alliance, UNICEF, UNFPA and other partners to accelerate progress in the six short-term priority areas and reach children who had missed out on vaccinations during the COVID-19 pandemic. Although immunization programmes in the South-East Asia Region and initiatives by partners had accelerated the recovery of routine immunization coverage, ambitious efforts were needed to ensure a rapid return to 2019 levels. Global partners should increase investments to strengthen and integrate immunization into primary health care, and should help to deploy an international workforce capable of providing technical guidance and leading immunization campaigns, and provide financial support in accordance with Member States' needs. The goals of the Immunization Agenda 2030 would not be achieved without the political and financial commitment of Member States. Countries should strengthen their leadership and engagement with key stakeholders through a whole-of society and whole-of government approach, and mid-level managers and local authorities should be actively involved in immunization at the primary health care level.

The representative of MALDIVES described her Government's ongoing efforts to ensure alignment with the South-East Asia Region's vaccine implementation plan and the Immunization Agenda 2030. Her Government also continued to address the risk of importation of vaccine-preventable disease from other countries, given its highly mobile population and cross-border volatility. To increase immunization coverage in the Region, it was important to continue strengthening routine immunization across all populations through multiyear planning.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, recognized the widespread disruption to national vaccination programmes caused by the COVID-19 pandemic. Despite considerable efforts by Member States to restore progress towards regional immunization targets, existing and new challenges continued to hamper the Region's ability to return to pre-pandemic levels of coverage. The Region had nevertheless reached new milestones in implementing the Immunization Agenda 2030, in particular through the introduction of new vaccines and the prevention of an estimated 1.7 million deaths. Recognizing the threat posed by the increase in the number of zero-dose children, the resurgence of previously controlled diseases and the increasing inequality in vaccination coverage at the national and subregional levels, the Member States of the Region were committed to reaching the millions of children who had missed out on vaccinations during

the pandemic, launching malaria immunization campaigns for children, and reinvigorating programmes to tackle human papillomavirus. The ultimate goal was to ensure sustainable vaccination programmes within resilient primary health care systems. He welcomed the commitment of Member States, led by the African Union, to improve access through the local production of at least 60% of required vaccines.

The representative of ETHIOPIA said that one in five African children did not have access to life-saving vaccines, a particular challenge in countries facing health and humanitarian emergencies. To achieve the goals of the Immunization Agenda 2030, it was necessary to increase support from global partners for catch-up vaccination campaigns; strengthen immunization programmes; enforce cross-border vaccination requirements; integrate immunization activities into humanitarian responses; generate evidence on the value of immunization programmes to make the case for government funding; use data-driven approaches and ensure integration within broader health information systems; explore innovative financing mechanisms, such as transition grants from Gavi, debt swaps and development bank loans; and build political and financial commitment among political and local leaders. The Addis Declaration on Immunization served as an important means of holding Member States accountable and increasing political will to achieve global and regional goals. With only seven years remaining until 2030, he called for enhanced focus and collaboration to ensure that no one was left behind.

The representative of TOGO expressed support for the strategic priorities and fundamental principles of the Framework for Action for implementing the Immunization Agenda 2030, which had guided the development of his country's immunization strategy, including measures aimed at improving coverage in the wake of the COVID-19 pandemic and the introduction of malaria vaccine in 2025. The mobilization of additional resources would be needed to implement vaccination activities and reinforce the health system.

The representative of BRAZIL said that, given the backslide in immunization coverage, collaboration and collective strategies were needed to get back on track to achieve the goals of the Immunization Agenda 2030. Accelerating progress in the six short-term priority areas remained crucial, and countries should intensify efforts to catch up on and strengthen immunization programmes, with a focus on equity in order to reach those who had missed out on vaccination. Increased investment was also needed to integrate immunization into primary care systems, and urgent action must be taken to enhance access to WHO-recommended vaccines in all countries. Immunization was the cornerstone of a healthier and more resilient world for all.

The representative of PARAGUAY, expressing concern at the low level of immunization in some countries, said that the report would help to guide actions to achieve timely immunization coverage, with a focus on the most vulnerable populations. It was essential to foster collaboration and cooperation to achieve the goals of the Immunization Agenda 2030. She outlined the significant progress made in her country through the national immunization strategy, including the implementation of an electronic vaccination registry.

The representative of BARBADOS, expressing support for the six short-term priority areas, described the action taken by his Government to continue reversing the downward trend in vaccination coverage and vaccine-preventable disease surveillance that had been impacted by the COVID-19 pandemic.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, outlined the encouraging progress in the Region towards the recovery of pre-COVID-19 pandemic levels of vaccination coverage, including for the first dose of measles vaccine, and the reduction in the number of zero-dose children. Efforts to close gaps in coverage resulting from the pandemic must, however, be accelerated. Seventeen countries and territories had introduced pneumococcal vaccine and another five were planning to do so; 16 countries and territories

had introduced rotavirus vaccine; and nine countries were planning to introduce human papillomavirus vaccine by the end of 2024.

Conflicts and disasters remained a major challenge in the Region, with many countries suffering from outbreaks of vaccine-preventable diseases. Four countries in the Region had nonetheless maintained elimination status for measles and rubella, and 11 countries had made progress on immunization across the life course. COVID-19 vaccination had been incorporated into the Expanded Programme on Immunization in 21 of the Region's 22 countries and territories. More remained to be done, however, to design person-centred immunization systems focused on the most vulnerable groups, providing them with vaccines against all respiratory diseases.

The representative of AUSTRALIA commended Member States' efforts towards achieving the goals of the Immunization Agenda 2030 despite the global decline in coverage following the COVID-19 pandemic. She underscored the importance of equitable immunization programmes and activities that engaged key population groups, and expressed strong support for the accelerated introduction of human papillomavirus vaccine, particularly for girls. Much work remained to be done, however, to address the challenges identified. Global efforts were required to increase immunization rates to pre-pandemic levels, with all partners working together to support country-led plans, focusing on areas where there were gaps in coverage. Her Government remained committed to achieving the goals of the Immunization Agenda 2030 and supported efforts to accelerate progress on the six short-term priority areas.

The representative of PERU said that, to support countries in accelerating progress in the six short-term priority areas, it was necessary to establish coordination between countries and collaboration in border areas; hold technical meetings with neighbouring countries on successful immunization experiences; and engage in advocacy and relationship-building with key actors in the area of communication to emphasize the importance of spreading correct and appropriate information. To strengthening political and financial commitments to immunization within integrated primary health care systems, national experiences of financing for vaccination could help to promote evidence-based decision-making that allowed for adjustments at the implementation stage and encouraged local management of implementation in order to foster commitment among authorities in different sectors and at different levels of government.

The representative of CHINA said that his Government attached great importance to immunization planning and described the actions taken in his country to reduce rates of vaccine-preventable diseases to historic lows and promote immunization against COVID-19. Global efforts to achieve vaccine equity were welcome, but inequitable access to immunization services persisted and challenges remained. The Secretariat should therefore continue to provide technical and financial support to Member States with low immunization levels to increase coverage throughout the life course, reduce the number of zero-dose children and improve access to vaccines and other health services.

The representative of SLOVAKIA said that the COVID-19 pandemic had demonstrated the impact of misinformation and disinformation on vaccine uptake, and that social and behavioural aspects were often neglected in immunization programmes. Translating studies on vaccine hesitancy and evidence-based recommendations into easily understandable language would therefore be essential to meet the goals of the Immunization Agenda 2030. The Secretariat should coordinate social and epidemiological research on immunization coverage, and Member States should increase investment in research on vaccine hesitancy. WHO country offices, governments and partners – including communities, schools and faith-based organizations – should collaborate to implement comprehensive services that included essential preventive care, counselling and safe spaces in which to discuss vaccine safety.

The representative of LESOTHO said that the national immunization programme was a priority for her Government, and as such was fully funded. Although immunization coverage had declined

during the COVID-19 pandemic, especially among children, her Government was working hard to catch up, including through community engagement with local leaders and by integrating immunization into all outreach services.

The representative of GERMANY[1] welcomed the progress made towards closing gaps in vaccination coverage, but expressed concern over the slow recovery in lower-income countries and among marginalized populations. Increased levels of fragility and conflict, the impacts of climate change and budgetary constraints were all important challenges. The international community must coordinate its efforts and enhance synergies to achieve vaccine equity. Collaboration with national, regional and civil society partners must be strengthened, and multisectoral approaches reinforced. He called on governments to safeguard investments in immunization within a broader primary health care approach, as vaccination not only saved lives and resources, but would also be crucial in preventing, and responding to, future pandemics.

The representative of EGYPT[1] described the key achievements of his country's immunization programme, including during the COVID-19 pandemic. His Government would continue to work closely with WHO to secure a strategic national stockpile of vaccines.

The representative of the RUSSIAN FEDERATION[1] noted the continued negative impact of the COVID-19 pandemic, particularly in low-income countries. Nevertheless, some progress had been made, which should be further built upon. Expressing support for the short-term priority areas, she called on WHO and partners to focus their support on low-income countries to facilitate implementation of the related actions. Measures taken to advance immunization coverage in her country included implementation of a national strategy that was aligned with global objectives.

The representative of THAILAND[1] said that global partners should support vaccine supply capacity in developing countries that had high potential to become vaccine producers. Having a greater number of suppliers would expand universal access and lower prices. Eligibility criteria for global procurement facilities and funds should be expanded to include middle-income countries, in order to enhance access to new essential vaccines at an affordable price. He cautioned against overconfidence in human papillomavirus vaccine; regular screening and avoiding unprotected sexual intercourse with multiple partners remained crucial for preventing cervical cancer.

The representative of CHILE[1] said that Member States must prioritize vaccination programmes in their budgets in order to achieve the objectives of the Immunization Agenda 2030. The Secretariat should provide periodic support to strengthen immunization programmes in all countries, irrespective of their income level, in order to reverse recent declines in coverage and avoid preventable outbreaks. Global epidemiological efforts should not need to be directed towards addressing vaccine-preventable diseases.

The representative of INDONESIA[1] said that her Government's actions were aligned with the six short-term priority areas. Significant health promotion efforts and decisive action were required to make an impact in the face of misinformation and disinformation, which was undermining efforts and resulting in community reluctance. WHO should place a greater focus on strategic communication and education, including through direct engagement with leading public figures. Continued support should be provided by the Secretariat and partners to reorient immunization policies and investments towards promotion and prevention, and to strengthen the capacity of immunization workers.

The representative of the REPUBLIC OF KOREA[1] emphasized the need to strengthen immunization programmes impacted by the COVID-19 pandemic and restore routine coverage. She commended WHO's efforts to ensure equity among vulnerable populations, who had been

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

disproportionately affected by the pandemic. Support and guidance from global partners should be directed towards the development of a universal and equitable immunization system that took into account each Member State's unique political and socioeconomic circumstances. Since public support was required to strengthen political and financial commitments to immunization, countries should work to communicate the need for, and effectiveness and safety of, vaccines. Her Government would continue to support "The Big Catch-Up" initiative.

The representative of EL SALVADOR,[1] reiterating his Government's commitment to the Immunization Agenda 2030, said that the COVID-19 pandemic had created challenges, but also opportunities. He described the progress made and strategies implemented in his country, including extensive outreach, the expanded use of human papillomavirus vaccine and the inclusion of additional vaccines in the national immunization programme.

The representative of BANGLADESH[1] said that Member States, donors and other partners should enhance support to facilitate the supply of affordable vaccines to countries in need and strengthen health systems based on the lessons learned during the COVID-19 pandemic. The situation in vulnerable settings should be taken into account to ensure equity and inclusivity when seeking to achieve immunization targets.

The representative of BOTSWANA[1] said that Member States must step up their immunization efforts in order to collectively achieve impact goal 1.1 of the Immunization Agenda 2030 on averting future deaths. His Government had endorsed the Framework for Action for implementing the Immunization Agenda 2030, continued to invest in the introduction of new vaccines, and was finalizing the national immunization strategy. However, the high cost and limited availability of vaccines posed a considerable challenge to self-financing countries like his. WHO and partners should ensure equity in access to and funding for vaccines.

The Observer of GAVI, THE VACCINE ALLIANCE, said that the goal of reducing the number of zero-dose children by 50% by 2030 was ambitious and urgent. Member States were encouraged to: invest in strengthening routine immunization systems; fill immunity gaps widened by the COVID-19 pandemic and reach zero-dose children and their communities; consider introducing malaria vaccine in countries in which the disease was endemic; and introduce or scale up coverage of human papillomavirus vaccination, particularly among adolescent girls.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, if equity was truly a priority under the Immunization Agenda 2030, efforts to reach the millions of children living in humanitarian contexts must be intensified, including through new partnerships and more innovative strategies. Financial support for vaccines must be aligned with WHO's recommendations to ensure that all children up to at least 5 years of age caught up on missed immunizations. The high prices of newer vaccines must urgently be addressed, while political and financial commitments from governments and donors for childhood immunization must be sustained and bolstered.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, welcomed the prioritization of human papillomavirus vaccination. Member States were urged to include the routine vaccination of girls and boys against human papillomaviruses in their national programmes; ensure access to hepatitis B vaccination; and remove all obstacles to vaccination against both viruses in order to increase overall coverage.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that 2024 marked a pivotal moment in collective efforts to achieve the goals of the

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

Immunization Agenda 2030. Doing so would require a whole-of-society, community-centred push to build integrated, resilient, agile and sustainably financed systems for child survival. To tackle the issues of child mortality and zero-dose children, the most marginalized populations must be reached through ambition and sustained political will, rooted in accountability and collective action.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked Member States and partners for their extraordinary commitment to the Immunization Agenda 2030 was rooted in the principles of equity and leaving no one behind. The year 2023 had seen important progress in terms of reducing the number of zero-dose children, catching up on missed vaccinations, and introducing and developing powerful new vaccines, including for human papillomavirus and malaria. However, the same level of recovery had not been achieved in the poorest countries and areas: in the lowest-performing 20% of districts around the world, immunization coverage was still behind pre-COVID-19 pandemic levels. Populations in those areas were paying the price in the form of outbreaks of measles, diphtheria and other diseases. Equity was clearly not being attained; it was therefore encouraging to hear many Member States emphasize the need to address that issue. He also acknowledged the financial challenges faced by middle-income countries when seeking to introduce new vaccines.

The Secretariat was committed to acting on Member States' suggestions to enhance its policy work and coordination efforts, conduct more social research and improve strategic communications, all through an approach focused on primary health care and universal health coverage. Three major priorities remained: continuing to drive "The Big Catch-Up" initiative; advancing equity through an increased focus on the most vulnerable and marginalized places, including humanitarian contexts; and strengthening the prevention and detection of outbreaks, in addition to response. The fiftieth anniversary of the Expanded Programme on Immunization could only truly be celebrated at the Seventy-seventh World Health Assembly if the commitments voiced by Member States at the current session were translated into concrete action over the coming months.

The Board noted the report.

3. END TB STRATEGY: Item 10 of the agenda (document EB154/10)

The representative of CANADA expressed support for efforts to mobilize Member States and other stakeholders, such as the Stop TB Partnership, to leverage resources to end the global tuberculosis epidemic. The involvement of the Civil Society Task Force on Tuberculosis was important, as the active involvement of civil society and affected communities, including Indigenous communities, would ensure that responses were comprehensive, inclusive and informed. While progress had been made in expanding health service coverage and adapting the WHO multisectoral accountability framework to end TB, more must be done in all countries affected by tuberculosis to address the determinants of health and ensure equitable access to tuberculosis services. She expressed support for WHO's prioritized research agenda, research tracker and the Tuberculosis Vaccine Accelerator Council as drivers of technological development and innovation. She also strongly supported the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis and looked forward to the Secretariat's collaboration with Member States to translate the declaration's global targets into country-level targets for each Member State.

The representative of the REPUBLIC OF MOLDOVA said that tuberculosis was not only a public health challenge but also a major obstacle to development. She outlined her Government's key achievements in preventing and treating tuberculosis, including the development of a digital solution for video-supported treatment, and the use of innovative technologies and medicines facilitated in collaboration with WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Stop

TB Partnership. While progress had been made in reducing tuberculosis incidence in the country, more remained to be done.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, requested the Secretariat to share countries' best practices in mobilizing domestic resources, in particular financing, for tuberculosis elimination. The targets and milestones of the End TB Strategy should continue to be well documented to enable harmonized and coordinated monitoring at the regional level. Noting the need to continue improving access to tuberculosis treatment during major epidemics, she said that particular attention should be paid to surveillance systems and mechanisms to ensure timely detection and treatment.

The Secretariat should continue supporting Member States in implementing the global strategy for tuberculosis research and innovation, strengthening research capacity and increasing access to new treatment regimens in the African Region, especially for drug-resistant tuberculosis. The Secretariat should also support the development of local capacity to manufacture tuberculosis treatments and produce new vaccines and diagnostic tools. Studies should be conducted to better document the obstacles faced by patients and explain why they might abandon treatment, why some cases were missed, and other factors that led to the spread of the disease. Future Secretariat reports should also include specific solutions for funding shortfalls, difficulties in using resources and obstacles to identifying missed cases. She requested the Secretariat to support Member States in becoming more self-sufficient, in terms of medicine supply and emergency stockpiles, and to report regularly to the governing bodies on Member States' financing of tuberculosis efforts. She welcomed the establishment of the Civil Society Task Force on Tuberculosis, which would make patients' needs better known, noting that increased investment would be required to sustain it.

The representative of MALAYSIA said that, to support high-level country leadership in driving investment and multisectoral action towards the full recovery of essential tuberculosis services affected by the coronavirus disease (COVID-19) pandemic, the Secretariat should increase engagement, hold more webinars and training sessions, and encourage sustainable commitments and adequate financing from sources including donors, governments and communities. Investment in research and development should be increased to accelerate the development of new tuberculosis vaccines for adults. To mobilize support and financing, robust political leadership and support should be prioritized. With regard to accelerating the development of tools for prevention, detection and treatment, a multifaceted approach was needed involving commitments from governments, international collaboration, innovative financing mechanisms and a clear focus on the social and economic benefits of investing in tuberculosis innovation. Her Government was fully committed to implementing the political declaration.

The representative of the UNITED STATES OF AMERICA thanked Member States and civil society partners for their work to end tuberculosis and expressed support for the commitments made at the high-level meeting of the United Nations General Assembly on the fight against tuberculosis. Given the link between tuberculosis and poverty and its disproportionate impact on the most vulnerable populations, the priority should be to reach all people affected by tuberculosis and provide equitable, inclusive, gender-sensitive and human-centred prevention, diagnosis, treatment and care, with respect for human rights. Targeted efforts were under way in her country to accelerate research, develop new and optimize existing approaches for evidence-based tuberculosis prevention and control, and scale up access to new tools and approaches. Member States should prioritize tuberculosis in their health programming and ensure sustained financial and human resources to that end.

The representative of MALDIVES said that tuberculosis must remain a priority at the regional and global levels in order to eliminate the disease by 2030. The complex situation faced by low-burden small island States with challenging geographical features must also be taken into account. Ending tuberculosis would require new technologies, support for health facility capacity-building, new approaches for community engagement and effective risk communication, which would in turn require additional financial and technical resources. Adapted strategies and alternative regional financial

mechanisms were needed to fill gaps in funding. Investment in multicountry regional research initiatives was also needed, in addition to a robust regional monitoring framework, developed through a consultative process, to ensure comprehensive progress assessment and inclusivity.

The representative of JAPAN said that, while tuberculosis control outcomes were improving, the impact of the COVID-19 pandemic on infection and mortality rates and health service delivery remained a cause of concern and control measures must therefore be accelerated. His country's experience in tuberculosis control could contribute to tackling new challenges, such as the intersection of tuberculosis with ageing and noncommunicable diseases. In view of the urgent need for innovation to advance the fight against tuberculosis, his Government had been contributing to the development of new treatments, products and medical devices and would continue to invest in innovation.

The representative of PARAGUAY said that the political declaration contained clear commitments that must be translated into tangible and effective action. Although considerable progress had been made in her country, significant challenges remained. It was essential to strengthen actions to prevent and control tuberculosis in Indigenous communities, the prison population and people living with HIV and diabetes, who were particularly vulnerable. Collective and sustained action was also needed at the global level to achieve a tuberculosis-free world.

The representative of TIMOR-LESTE said that maintaining a business-as-usual approach would not result in the achievement of the End TB Strategy milestones for 2027 and the fulfilment of regional commitments, such as the WHO South-East Asia Region's Gandhinagar Declaration on tuberculosis. With that in mind, his Government had implemented a range of measures with technical support from the Secretariat, including the implementation of innovative technological solutions and enhanced community outreach. His Government fully supported the implementation of the political declaration of the high-level meeting of the United Nations General Assembly on the fight against tuberculosis.

Dr Nsanzimana took the Chair.

The representative of AUSTRALIA was pleased to note signs of recovery in tuberculosis efforts following the devastating impact on progress caused by the COVID-19 pandemic. The significant momentum created by the high-level meeting of the General Assembly on the fight against tuberculosis was encouraging, and her Government supported the resulting political declaration and its increased targets. All countries should work together to tackle tuberculosis, with increased discussions, action and community-driven solutions to address the disease's risk factors and determinants. An enhanced focus on prevention was also needed, including by investing in research and development and scaling up accessible and innovative technologies. Laboratory and surveillance systems should be leveraged to build on capacities developed during the pandemic.

The fight against tuberculosis was intrinsically linked to human rights and the social determinants of health. International efforts should therefore reflect gender, human rights and social inclusion issues for an effective response. Inclusive partnerships were needed that were founded on compassion and respect.

The representative of BELARUS, outlining the action taken in his country to tackle tuberculosis, said that it was regrettable that, owing to the unilateral coercive measures imposed on his Government, his country's internationally recognized reference laboratory for tuberculosis research was experiencing difficulties and delays in importing test systems, given the requirement to obtain export licences from regulatory bodies in the United States of America. His Government did not wish to politicize the issue and had drawn attention to the problem solely to restore unimpeded imports into the country in order to enable the most effective medical care possible.

The representative of BRAZIL said that it was important to bear in mind the lessons learned from the COVID-19 pandemic on the pivotal role of vaccine research, development and funding. New, more

effective, safe vaccines were essential to combating tuberculosis; the establishment of the Tuberculosis Vaccine Accelerator Council was therefore welcome. The political declaration had strengthened crucial commitments towards elimination of the disease and acknowledged its association with the social and economic determinants of health. A substantial increase in investment for research and development on innovative diagnostic tools, treatments and service delivery models was needed, in addition to investment to ensure equitable access to the most recent technologies, and he supported Unitaid's important work in that regard. The elimination of tuberculosis was a top priority for his Government, and he urged other Member States to commit to ending it by 2030.

The representative of TOGO said that the political declaration was all the more necessary given the considerable impact of the COVID-19 pandemic on the global tuberculosis response. His Government was applying WHO's recommendations on diagnostic methods, and significant progress was being made thanks to support from partners. He called on the international community to show greater solidarity to alleviate the suffering of all those affected by tuberculosis and other diseases that could be eliminated.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that a regional action plan to end tuberculosis had been developed, and Member States in the Region had also developed national strategies. Improved access to tuberculosis services in the Region had resulted in a decrease in the number of infections, as well as a significant increase in treatment coverage. Progress had also been made in prevention, and half of the Member States in the Region had established national guidelines in line with WHO guidance on the use of rapid diagnostic testing and treatment. Countries' capacities had also been strengthened, and a new WHO collaborating centre was being established in Pakistan. Intensifying such activities would help to accelerate progress.

He called on the Secretariat and the Regional Office for the Eastern Mediterranean to provide support to accelerate implementation of the End TB Strategy in the Region, especially in the light of the varying socioeconomic situations and challenges faced by Member States, some of which were experiencing an influx of migrants and thus increased demand on already fragile health systems. It was to be hoped that the commitments made at the high-level meeting of the General Assembly on the fight against tuberculosis would be sustained to accelerate progress towards achieving the goals of the End TB Strategy.

The representative of LESOTHO said that, although her country was among those bearing the highest tuberculosis burden, the progress made since 2015 indicated its capacity to further reduce the incidence of the disease. Her Government had prioritized tuberculosis by strengthening primary health care and applying innovative strategies for early detection and treatment. She thanked the Secretariat for its technical support in conducting prevalence surveys and related studies.

The representative of ETHIOPIA said that the COVID-19 pandemic, conflicts and climate issues had led to setbacks in work to end tuberculosis. He described the action taken in his country, including the use of community-based strategies, health facility-based control measures and improved diagnostic testing. Challenges persisted, however, and he highlighted the importance of providing a mix of public and private health services, enhancing integration of tuberculosis and HIV services, and addressing cross-border issues. Innovative mechanisms, local production of vaccines and diagnostic tools, technology transfer and increased political commitment were all critical to sustaining country-level efforts. He acknowledged the support provided by key partners and called for sustained support and collaboration moving forward.

Dr Al Kuwari resumed the Chair.

The representative of SENEGAL said that encouraging progress had been made in his country, including a sustained increase in the treatment success rate and treatment coverage. Tuberculosis

screening had been stepped up, in particular among vulnerable populations, government funding for diagnostic tests and treatment had been increased and new diagnostic technologies rolled out. He reaffirmed his Government's commitment to implementing the political declaration.

The representative of CHINA expressed appreciation for the Secretariat's work in coordinating countries' efforts to eliminate tuberculosis. Her Government had always attached great importance to tuberculosis prevention and treatment as part of its strategy for a healthy China. Outlining approaches and successes in her country, she expressed the hope that the Secretariat would continue to play a leading technical role, increase WHO's coordination with other international organizations and provide technical support to Member States, especially for countries with a heavy tuberculosis burden. Her Government would continue to work with Member States to strengthen exchange and collaboration, and stood ready to step up its participation in global public health governance and make positive contributions to improving the health and well-being of the millions of people affected by tuberculosis.

The representative of SLOVAKIA, observing that tuberculosis posed far-reaching social, economic, political and security threats, said that special attention should be paid to groups at increased risk of developing it. In Slovakia, health mediators had been introduced to improve care among marginalized groups, serving as a first point of contact between health workers and patients and improving communication by overcoming linguistic and cultural barriers. The high-level meeting of the General Assembly on the fight against tuberculosis had provided renewed impetus to the global response to ending the tuberculosis epidemic, and the adopted political declaration must be considered a high priority in countries' health policies.

The representative of THAILAND[1] said that ensuring complete coverage of health and social benefits packages for people with tuberculosis by 2027 was crucial to accelerate efforts to end tuberculosis. To that end, the Secretariat should mobilize its social and intellectual capital to support Member States in increasing multisectoral partnerships. Given the monopoly on WHO-recommended rapid molecular diagnostic tests, the Secretariat should support Member States to acquire the tests at an affordable price.

The representative of POLAND,[1] expressing strong support for keeping tuberculosis high on the political agenda, emphasized the critical need for consistent, stable funding for prevention, early detection, diagnostic testing, treatment and social support. There must be universal, stigma-free access to prevention and care, including for multidrug-resistant tuberculosis, as well as a people-centred outpatient service delivery model to make care more accessible and patient-friendly. Countries must work together to address the issue of tuberculosis in refugee populations and jointly monitor drug resistance, as rising to such challenges through mutual support was a collective duty. Epidemiological services in all countries should collaborate closely to implement effective tuberculosis strategies around the world.

The representative of MOZAMBIQUE[1] commended the Secretariat for ensuring that tuberculosis elimination remained a high priority. Outlining challenges and successes in her country, including a reduction in the number of deaths, she expressed appreciation for the support provided to strengthen the capacity of the national laboratory, given the pivotal role of a robust laboratory network in tuberculosis control. She thanked the Secretariat, the Stop TB Partnership and other key partners that had filled resource gaps, allowing the capacity of the tuberculosis programme in her country to be strengthened.

The representative of BOTSWANA[1] expressed concern at the increasing number of people falling ill with tuberculosis and the fact that most people with tuberculosis in 2022 lived in the African, South-East Asia and Western Pacific Regions. The Secretariat and partners should continue to support capacity-building in Member States for the prevention, detection and treatment of tuberculosis. His

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

Government supported the priority action areas of the political declaration, as well as those in the Secretariat's report.

The representative of INDONESIA[1] expressed appreciation for the ongoing efforts to integrate tuberculosis into the broader public health agenda in view of its linkages with pandemic prevention, preparedness and response, and universal health coverage. He welcomed the establishment of the Tuberculosis Vaccine Accelerator Council, which his Government was proud to co-lead. There was an urgent need to accelerate the development of new tools to prevent, detect and treat tuberculosis, especially new vaccines, in a spirit of inclusivity, equality and equity. His Government was committed to the implementation of the political declaration and called for collective efforts in achieving a tuberculosis-free world.

The representative of NAMIBIA[1] expressed continued support for the End TB Strategy and outlined the significant progress made in his country. He noted with concern, however, that global progress towards the Strategy's milestones remained off track and Urged the Secretariat to support implementation of the political declaration by promoting a favourable policy and resource environment that encouraged developing countries to conduct research and innovation and develop new, safer and more effective treatments, especially for multidrug-resistant tuberculosis.

The representative of BRUNEI DARUSSALAM,[1] noting that only a small proportion of tuberculosis testing sites had used WHO-recommended diagnostic tests in 2021, said that access to such tests was a critical underlying challenge. Rapid molecular tests were unaffordable for many countries, and the additional expense of testing cartridges and equipment maintenance must be taken into account. She asked how the Secretariat could assist in reducing the upfront costs of WHO-recommended tests and ensure their affordability in order to accelerate their use at scale.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] emphasized the strong connection between the End TB Strategy and Sustainable Development Goal 1 (End poverty in all its forms everywhere), as people living in poverty were the most vulnerable to tuberculosis. Despite the significant progress made in his country, timely achievement of the related targets of the Sustainable Development Goals and full implementation of the End TB Strategy remained a serious challenge, which had been compounded by the cross-border movement of populations from neighbouring countries with a high tuberculosis burden. Moreover, the unilateral coercive measures imposed on his Government negatively impacted tuberculosis efforts in his country, impeding access to affordable, quality medical products.

The representative of the RUSSIAN FEDERATION[1] expressed support for the implementation of the political declaration, stressing WHO's leading role in that regard. Current challenges, such as drug resistance, HIV and the COVID-19 pandemic, undoubtedly made its goals more difficult to achieve. Describing initiatives implemented in his country that were contributing to the achievement of those goals, he said that the development of joint action to counter the spread of tuberculosis was also on the agenda of the Brazil, Russian Federation, India, China and South Africa group, which his Government was chairing in 2024. He welcomed the creation of the Tuberculosis Vaccine Accelerator Council as a means of accelerating access to new vaccines.

The representative of COLOMBIA[1] said that implementation of the political declaration was important for his country, the Region of the Americas and the world. Collaboration, including with non-State actors and local companies, had enabled his Government to expand its prevention and treatment programmes, which highlighted the essential role of multisectoral partnerships. Outlining the progress made in his country, he underlined the need to accelerate capacity-building for research and

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

development and encourage the production of new health technologies that provided solutions for local public health challenges.

The representative of EGYPT[1] said that his Government remained strongly committed to working with the Secretariat to implement the End TB Strategy.

The representative of the REPUBLIC OF KOREA,[1] endorsing the political declaration, said that, since the first high-level meeting of the General Assembly on the fight against tuberculosis, in 2018, his Government had taken action that included expanding access to tuberculosis screening for vulnerable populations and an emphasis on the management of multidrug-resistant tuberculosis. His Government remained committed to the implementation of the End TB Strategy.

The representative of INDIA[1] described the objectives and successes of his country's tuberculosis elimination programme, including scaled-up laboratory services and outreach to high-risk groups. His Government had also pioneered a mathematical model for estimating the tuberculosis burden, underscoring its commitment to the achievement of the Sustainable Development Goals.

The representative of BANGLADESH[1] thanked the Secretariat for providing technical support for the introduction of new technologies and integrated care delivery approaches in his country. He agreed that the interplay between trade, intellectual property and health should be harmonized to improve the supply of, and access to, treatments for multidrug-resistant tuberculosis. Donors should help to close the funding gap for tuberculosis services and research for to develop vaccines, diagnostic tests and medicines. To combat stigma, WHO should enhance awareness-raising campaigns.

The representative of OMAN[1] thanked all those leading efforts to implement the End TB Strategy. He described his country's tuberculosis strategy, noting the importance of addressing the impact of the social determinants of health and of detecting latent tuberculosis infection. He reiterated his Government's support for the political declaration.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, despite the renewed commitments set out in the political declaration, progress on the ground was too slow. Governments should turn their commitments into reality by putting in place national guidelines and scaling up the required resources so that all people had access to life-saving tests, medicines and preventive therapies. Greater investment was also urgently needed for the research and development of better tests and treatments for the most neglected populations, such as children and people with drug-resistant tuberculosis. Linking access and affordability conditions to public funding would help to ensure equitable access.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, said that renewed commitment and investment were urgently needed to mitigate the impacts of the COVID-19 pandemic on tuberculosis detection, prevention and access to treatment. Countries must take urgent action to restore and maintain essential services, and he echoed the calls to substantially increase investment in tuberculosis research to drive technological breakthroughs and strategies to support the rapid uptake of innovations. Timely investments would be critical, as several new vaccines were entering late-stage clinical development, and a new vaccine would be a game-changer for epidemic control and for addressing the growing rate of antimicrobial resistance.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the need to integrate the treatment of alcohol use disorders into tuberculosis prevention and care, as acknowledged in the political declaration. Millions of people with alcohol use disorders were at high risk of contracting tuberculosis, especially in low- and middle-income countries. Urgent action was

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

therefore needed, and he called on WHO to identify ways to use the SAFER technical package to lower the tuberculosis burden. Alcohol taxation could help countries to raise domestic resources while reducing the prevalence of alcohol as a risk factor.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) thanked Member States for their strong support in the fight against tuberculosis: a preventable, treatable and curable disease affecting more than 10 million people worldwide and taking more than 1 million lives every year. Although considerable progress had been made, including an increase in access to services for the first time since the start of the COVID 19 pandemic, thanks to the significant efforts of Member States, serious gaps remained. WHO recommended rapid diagnostic tests, which gave results in two hours, needed to be made available for everyone, and access to affordable diagnosis and treatment was vital in high- and low-burden countries. Staff at all three levels of the Organization would therefore continue to work with partners, communities and other stakeholders to address those issues and improve access to life-saving care.

As Member States had highlighted, multisectoral collaboration was key to accelerating progress. High-burden countries were using the WHO multisectoral accountability framework to end TB to strengthen their response, and in 2023, 73% of them had reported that multisectoral accountability and review mechanisms were in place. Member States were also expanding digital surveillance mechanisms to monitor the epidemiological situation and respond rapidly, and 135 countries and areas had applied a case-based surveillance system in 2020.

Winning the fight against tuberculosis would require an effective vaccine, point-of-care testing and more effective treatment regimens. WHO had therefore launched the Tuberculosis Vaccine Accelerator Council to facilitate the development of safe, effective, affordable and accessible vaccines, leveraging the insights, scientific advancements and spirit of global solidarity that had emerged from the response to COVID-19, and he thanked Member States for their support for the initiative. As at 2023, there were at least 16 candidate vaccines, 28 drugs and several diagnostic tests in the clinical pipeline, and increased funding was needed to fast-track their development and evaluation.

He congratulated Member States for adopting a resolute, ambitious and visionary political declaration at the high-level meeting of the United Nations General Assembly in September 2023. Implementing the commitments made in the political declaration – including a substantial expansion of access to services, increased investment, promotion of human rights and acceleration of research and innovation – would be crucial to expedite progress and reach the ambitious yet achievable targets.

The Secretariat would continue to provide support for tuberculosis surveillance, monitoring and evaluation, issue evidence-based normative guidance, and offer comprehensive technical support at all stages of care, working in close collaboration with Member States, partners and communities.

The Board noted the report.

4. ROAD MAP FOR NEGLECTED TROPICAL DISEASES 2021–2030: Item 11 of the agenda (document EB154/11)

The representative of PARAGUAY expressed concern at the apparent decline in treatment coverage for neglected tropical diseases, based on data for 2022. It was crucial to address the cross-cutting factors that contributed to the proliferation of such diseases, including those related to water supply, sanitation, education, agriculture, climate change and animal welfare, in order to strengthen response capacity. Her Government was committed to reducing the prevalence of neglected tropical diseases and was finalizing a national plan.

The increase in bites and stings from venomous animals, especially scorpions, posed a serious risk to public health in Paraguay and the Region of the Americas. Antivenom-producing laboratories should therefore be strengthened, access to safe, effective antivenoms increased, and information sharing and cooperation among laboratories promoted. Cases of dengue and chikungunya had also

increased in the Region. She urged Member States to continue working together towards a future free of neglected tropical diseases.

The representative of JAPAN, acknowledging the progress made in addressing neglected tropical diseases, welcomed in particular WHO's provision of medicines and health products to 112 Member States free of charge. He highlighted the importance of achieving universal health coverage and strengthening health systems so that essential services, including for neglected tropical diseases, would not be disrupted during future crises as they had been during the coronavirus disease (COVID-19) pandemic. His Government would continue efforts to eradicate neglected tropical diseases, in line with its commitment made at the 2023 meeting of the G7 to address health issues affected by the COVID-19 response, including through a US$ 200 million grant to the Global Health Innovative Technology Fund.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that progress had been made in the Region despite the challenges faced, in particular due to emergencies that impeded access to services. Eight Member States in the Region had eliminated a neglected tropical disease between 2010 and 2020, and the number of people requiring interventions against such diseases had decreased by 55%. The Region had recovered from the disruptions caused by the COVID-19 pandemic, treatment coverage had increased and progress had also been made in tackling leprosy and trachoma. Nonetheless, much work remained to be done, including in tackling leishmaniasis and skin-related neglected tropical diseases, which had not received sufficient attention. Member States must work together to address the evolving landscape of neglected tropical diseases and share experience. To ensure that gains were sustained, the Secretariat should continue providing support in the areas of chemotherapy and prevention, particularly for Member States with fragile economies, and multisectoral collaboration should be enhanced.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that the road map for neglected tropical diseases 2021–2030 had been endorsed by the Regional Committee for Africa at its seventy-second session and integrated into the Region's Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030, with milestones for 2025 and 2028. In line with the road map, 10 Member States in the Region had eliminated at least one neglected tropical disease since 2021. However, progress lagged behind global outcomes and further attention and support were required. She thanked the Regional Office for Africa and partners for the support provided to Member States in preparing and implementing national master plans and country plans aligned with the road map and regional framework.

Despite the progress made, health systems in the Region faced challenges such as low surveillance capacity, weak supply chain management and insufficient integration in national health information systems. The impact of the COVID-19 pandemic on neglected tropical disease-related services, coupled with climate change and ongoing health and humanitarian emergencies, had also hampered efforts.

Greater political commitment was needed to ensure the allocation of sufficient domestic funding and resources for the implementation of integrated, multiyear master plans to accelerate disease elimination, and the role of communities and the private sector should be enhanced. Country coordination mechanisms should be established with relevant stakeholders and sectors to address the key determinants of transmission. Partnerships should be strengthened to ensure the provision of continuous technical and financial support to Member States and the availability of diagnostic tools and medicines for affected communities. National sustainability plans must be developed, implemented, monitored and evaluated to ensure that neglected tropical diseases were fully integrated into health systems and essential services packages.

The representative of MALAYSIA said that, despite the challenges it faced, such as the re-emergence of yaws, her Government remained committed to supporting WHO programmes on neglected tropical diseases, including by sharing surveillance data. To support the Secretariat's efforts to facilitate attainment of the targets in the road map and to facilitate implementation of the strategic priorities identified during the Global Neglected Tropical Diseases Programme partners' meeting, her

Government was developing a national action plan targeting specific diseases from the 20 covered in the road map and bolstering efforts to implement eradication strategies as a key performance indicator. With the dedicated involvement of multiple stakeholders and robust coordination led by WHO, the road map had a promising future.

The representative of MALDIVES, highlighting her Government's achievement in interrupting transmission of leprosy, said that it was important to remain vigilant with regard to neglected tropical diseases, especially in countries that had achieved, or were close to achieving, elimination. In that regard, sustained funding was needed, in addition to well-monitored post-surveillance strategies. Efforts to address the operational challenges faced by the health sector as a result of the COVID-19 pandemic had impacted neglected tropical disease programmes, including through disruptions to technical and human resources. Regional collaboration should be fostered, the pooling of resources encouraged and collective responses strengthened. To achieve the targets in the road map, greater priority must be given to ensuring impactful approaches, stronger monitoring and evaluation of ongoing projects, and more informed decision-making. She requested comprehensive guidelines, resources and tools for post-elimination surveillance, as well as comprehensive frameworks to monitor and evaluate persistent risk factors, including the issues of migrant health and changing global health dynamics.

The representative of TOGO outlined the significant progress made and measures implemented in his country, including by combining formerly disparate programmes for combating neglected tropical diseases under a single coordinating body. Hurdles nevertheless remained in tackling snakebite envenoming, leprosy and other diseases, managing related complications, and mobilizing resources for the implementation of post-elimination activities. He encouraged the international community to show greater solidarity in alleviating the suffering of people affected by neglected tropical diseases.

The representative of PERU said that, in order to overcome the technical and operational challenges highlighted in the report and contribute to achieving the targets set for 2030, there should be a focus on: implementing strategies to ensure timely diagnosis, while taking into account the remote geographical location of many affected populations; creating mechanisms to promote the development of diagnostic technologies that were easy to use at points of care; and ensuring the availability of targeted treatments, with support from the Secretariat and partners. Member States could facilitate implementation of the strategic priorities established during the Global Neglected Tropical Diseases Programme partners' meeting by establishing multidisciplinary teams to achieve a gradual and progressive reduction in case incidence.

The representative of BRAZIL said that, to eliminate neglected tropical diseases, public policies must be targeted towards neglected and vulnerable populations, and local capacities in health research, development and production must be strengthened. It was unacceptable that diseases such as malaria, Chagas disease, schistosomiasis and others persisted in the world. His Government was committed to achieving target 3.3 of the Sustainable Development Goals, and planned to use its presidency of the G20 to launch a global voluntary, cooperative mechanism to promote health production and innovation for vulnerable populations and neglected tropical diseases and reduce inequity. Brazil's national development plan, which included significant investment in the production of technologies to combat neglected tropical diseases, illustrated that placing health at the heart of the economy paved the way for sustainable development and a healthier future for all.

(For continuation of the discussion, see the summary records of the twelfth meeting, section 2.)

The meeting rose at 13:10.

TWELFTH MEETING

Friday, 26 January 2024, at 14:35

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

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

Engagement with non-State actors: Item 25.4 of the agenda

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB154/36)

- **Non-State actors in official relations with WHO** (documents EB154/37 and EB154/37 Add.1)

The CHAIR invited the Board to consider the draft decision contained in paragraph 24 of document EB154/37, the financial and administrative implications of which for the Secretariat were contained in document EB154/37 Add.1. She also drew attention to the part of the report of the Programme, Budget and Administration Committee on engagement with non-State actors, contained in document EB154/4, paragraph 67.

The representative of the UNITED STATES OF AMERICA requested that discussion of the item be postponed to give delegations more time to deliberate on the matter.

The CHAIR took it that the Board wished to suspend discussion of item 25.4.

It was so agreed.

(For continuation of the discussion and adoption of a decision, see the summary records of the thirteenth meeting, section 1.)

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

2. ROAD MAP FOR NEGLECTED TROPICAL DISEASES 2021–2030: Item 11 of the agenda (document EB154/11) (continued from the eleventh meeting, section 4)

The representative of TIMOR-LESTE detailed the initiatives taken and planned in his country to implement the road map for neglected tropical diseases 2021–2030, emphasizing the importance of primary health care and resilient health systems in efforts to eliminate neglected tropical diseases.

The representative of SENEGAL said that, since the road map would help to speed up the prevention, control, elimination and eradication of neglected tropical diseases and contribute to the attainment of the Sustainable Development Goals, the Secretariat should increase the flexible funding allocated for neglected tropical diseases to supplement domestic efforts to mobilize funds. He outlined initiatives in his country to tackle neglected tropical diseases and progress made. He supported intensifying cross-cutting approaches – including in the reporting of neglected tropical diseases – monitoring of cross-cutting indicators and cross-sectoral coordination. He encouraged the Secretariat to continue supporting Member States' efforts to attain the targets set out in the road map.

The representative of the UNITED STATES OF AMERICA requested that future reports provide clear trend data against the road map's targets. Supporting the strategic priorities presented at the Global Neglected Tropical Diseases Programme partners' meeting in June 2023, he urged the Secretariat to undertake internal reforms to strengthen the Programme's functions and operations to support Member States in reaching the neglected tropical disease targets. The Secretariat should reinforce WHO leadership through accountability, transparency, predictability and equity; fill normative gaps; and ensure strong data systems. He called for well-aligned leadership within the WHO Department of Control of Neglected Tropical Diseases, to ensure that it was able to work effectively across sectors.

The representative of SLOVAKIA said that climate change resulting in the increased spread of neglected tropical diseases was a cause of concern in the WHO European Region. Moreover, ongoing emergencies and regional and global conflicts; social determinants of health; and an absence of interventions aligned with the One Health approach in rural areas were ever-growing problems. He called on the Secretariat and Member States to work together to remove barriers to access prevention and eradication programmes, early diagnosis and health care for vulnerable and hard-to-reach populations by ensuring that health systems were context-specific and implementing up-to-date clinical and social guidelines.

The representative of CAMEROON, expressing support for the road map, provided information on measures taken by his Government to address neglected tropical diseases. He highlighted the need to mobilize more human resources, equipment and financial resources, in addition to domestic funding.

The representative of CHINA emphasized his Government's attachment to the importance of the prevention and control of neglected tropical diseases. He detailed the comprehensive national measures adopted to tackle neglected tropical diseases through the implementation of the road map, focusing on the need to strengthen prevention and control work, improve reporting, and expand monitoring and early warning systems and surveillance networks.

The representative of GERMANY[1] said that, as a signatory to the Kigali Declaration on Neglected Tropical Diseases, the fight against neglected tropical diseases remained a priority for her country. She outlined steps taken by her Government to achieve the road map targets. Since collaboration with academic institutions, the private sector and civil society was key, her Government encouraged a focus on research and development and the availability of new drugs, vaccines and diagnostics for neglected tropical diseases through not-for-profit product development partnerships and local manufacturing programmes. In addition, promoting gender equality, women's empowerment and better integration of neglected tropical disease programmes into national health plans and budgets were essential.

The representative of the RUSSIAN FEDERATION[1] said that it would be advisable to develop a global action plan for the second phase of implementation of the road map, which should include a time frame for achieving the targets set. She emphasized the importance of surveillance, monitoring and

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evaluation of measures. WHO should foster the development and introduction of new therapeutics, diagnostics and training methods.

The representative of INDIA,[1] expressing support for the road map, gave details of strategies, initiatives and plans introduced and progress made in India towards eliminating neglected tropical diseases.

The representative of THAILAND[1] noted the need to strengthen national and subnational capacities to take multisectoral, integrated actions; implement measures in the areas of education, engineering, economics, enforcement and empowerment to identify and treat neglected tropical diseases; and ensure sustainability and effective implementation by integrating neglected tropical disease strategies into national health action plans.

The representative of NIGERIA[1] said that, despite the progress made, the coronavirus disease (COVID-19) pandemic had significantly impacted funding for neglected tropical diseases, necessitating renewed global efforts. His Government, supported by over 30 Member States, had taken the lead in the campaign to include noma disease in the WHO list of neglected tropical diseases, and he thanked all those who had helped to ensure the campaign's success. He called for sustained national and international collaboration to address noma and other neglected tropical diseases comprehensively; affected populations must not be overlooked.

The representative of INDONESIA[1] proposed increasing Secretariat support to Member States to foster innovative solutions and share best practices to overcome operational and technical challenges hindering achievement of the road map targets. Member States should actively engage in resource mobilization, capacity-building and knowledge-sharing to enhance implementation of the strategic priorities. Achieving the 2030 targets would help to create a healthier, more resilient global community.

The representative of EGYPT[1] expressed his Government's appreciation for WHO's efforts, to which his Government remained committed.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the decrease in the global burden of neglected tropical diseases had been limited since 2015 and interventions were not being scaled up because of chronic underfinancing. She therefore called for stronger political will and additional resources to tackle neglected tropical diseases in fragile settings and to develop better medicines and diagnostics tailored to resource-limited settings.

The representative of the GLOBAL HEALTH COUNCIL, speaking at the invitation of the CHAIR, called on Member States to sustain and increase investment to accelerate research and development into safe and affordable treatments for neglected tropical diseases and improved diagnostics, particularly for diseases with specific unmet needs, for use in primary health care settings. She urged WHO and its Member States to work together to explore regulatory and manufacturing pathways to facilitate simultaneous or aligned prequalification and regulatory approval processes of in-vitro diagnostics in order to accelerate market access.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that agenda items on maternal health, child mortality, climate change and health also provided an opportunity for action on neglected tropical diseases. Safer, effective, affordable and patient-friendly health tools were needed, which must be appropriate for use in primary health care

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settings. She urged Member States to invest in research and development for health tools, including by supporting not-for-profit models.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that, while substantial progress on neglected tropical diseases had been made in recent decades, the impact of the COVID-19 pandemic continued to be felt. Financing was limited at all levels, jeopardizing job security and activities in individual countries, hampering meaningful planning and preventing effective coordination. It was important to stay focused on WHO shared goals, as identified in the road map, to continue making progress. Research and innovation were important for improved access to neglected tropical disease medicines and diagnostics. To that end, in 2024, the Secretariat would prepare a research and development blueprint that would be a strategic framework for guiding innovation in neglected tropical diseases, contributing to the achievement of the 2030 targets. He acknowledged the threat of climate change and shifting climate patterns which had an impact on the spread of neglected tropical diseases, including more frequent and larger outbreaks in countries where diseases already occurred and the expansion of geographical areas where cases were reported. He thanked Member States for their support for the Global Arbovirus Initiative, which supported countries in tackling the burden of key diseases. As a result of better detection and response capacities and case management practices, the fatality rate of dengue had decreased. Access to medicines for neglected tropical diseases remained a challenge globally; dialogue with pharmaceutical companies was ongoing to explore options to expand the local procurement of medicines. He thanked the Government of the United Arab Emirates for hosting the Reaching the Last Mile Forum in December 2023, which had secured substantial pledges from the international community for neglected tropical diseases and brought new momentum to WHO shared goals. He noted the political will to eradicate neglected tropical diseases at the international and national levels. He encouraged Member States to reaffirm their commitment to unite, act and eliminate neglected tropical diseases in the light of the forthcoming World Neglected Tropical Diseases Day.

The REGIONAL DIRECTOR FOR AFRICA said that Member States in the African Region were accelerating implementation of the road map through the Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region 2022–2030. She detailed notable progress made by African countries towards neglected tropical disease milestones, thanks to strong country leadership and effective partnerships. Of particular note was the role of the Expanded Special Project for the Elimination of Neglected Tropical Diseases, which had significantly contributed to progress by pooling resources and working closely with the global neglected tropical disease community. She called for sustained funding to further increase its successes in moving towards the last mile of neglected tropical disease elimination. On leadership, she highlighted the Mwele Malecela Mentorship Programme for Women in Neglected Tropical Diseases, named after a previous director of the Global Neglected Tropical Disease Programme, which was aimed at strengthening female leadership on neglected tropical diseases within the Region. Commending efforts by all stakeholders to eliminate neglected tropical diseases, she emphasized that progress must be maintained and accelerated by sustaining political commitment, enhancing multisectoral actions through effective partnerships and mobilizing additional domestic and international funding to achieve the road map targets.

The Board noted the report.

3. ACCELERATION TOWARDS THE SUSTAINABLE DEVELOPMENT GOAL TARGETS FOR MATERNAL HEALTH AND CHILD MORTALITY: Item 12 of the agenda (document EB154/12)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, entitled Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2, proposed by Egypt, Ethiopia, Paraguay, Somalia, South Africa and the United Republic of Tanzania. The draft decision read:

> The Executive Board, having considered the report by the Director-General on the acceleration towards the Sustainable Development Goal targets for maternal mortality (3.1)[1] and newborn and child mortality (3.2),[2]
>
> > Decided to recommend to the Seventy Seventh World Health Assembly the adoption of the following resolution:
> >
> > > The Seventy-seventh World Health Assembly,
> > > Having considered the report by the Director-General;
> > > (PP1) Recognizing that universal health coverage is fundamental for achieving the Sustainable Development Goals related to health and well-being, including Sustainable Development Goal targets 3.1 and 3.2 on maternal, newborn and child survival, and that it will contribute to realizing the enjoyment of the highest attainable standard of physical and mental health and well-being and achieve a more equitable and sustainable world;[3]
> > > (PP2) Recalling the global commitments to achieve by 2030 Sustainable Development Goal target 3.1 on maternal mortality: reduce the global maternal mortality ratio to less than 70 deaths per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average, and target 3.2 on newborn and child mortality: end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 deaths per 1000 live births and under-5 mortality to at least as low as 25 deaths per 1000 live births;
> > >
> > > [(PP2 bis) Cognizant that haemorrhage, hypertensive disorders of pregnancy,[4] sepsis, embolism and unsafe abortion are the leading direct causes of maternal mortality, and prematurity, birth trauma and asphyxia, acute respiratory infections, malaria, diarrhoea and congenital anomalies are the leading direct causes of child under-5 mortality; and that most of these causes are preventable and treatable;]
> > > [(PP3) Acknowledging that the Sustainable Development Goals are aimed at realizing the human rights of all, leaving no one behind and reaching those farthest behind first by, inter alia, achieving gender equality and empowerment of women and girls;][5]

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[1] By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

[2] By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

[3] United Nations General Assembly resolution REC/78/3 (2023) "Universal Health coverage: expanding our ambition for health and well-being in a post-COVID world". Political declaration of the high-level meeting on universal health coverage (https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/84/PDF/N2330684.pdf?OpenElement, accessed 22 January 2024).

[4] Chronic hypertension, pre-existing hypertension complicating pregnancy, childbirth or the puerperium, pre-eclampsia superimposed on chronic hypertension, gestational hypertension, pre-eclampsia and eclampsia.

[5] Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage. World Health Assembly Resolution 72.4; 24 May 2019, Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA72-REC1/A72_2019_REC1-en.pdf#page=25).

(PP4) Recognizing that universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes (Sustainable Development Goal target 3.7) contribute to maternal, newborn, child and adolescent survival;[1]

[(PP5) Noting that universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences (Sustainable Development Goal target 5.6)[2] allows women and, as appropriate, girls to make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;]

[(PP6) Recalling also Sustainable Development Goal target 5.3 to eliminate child, early and forced marriage, recognizing child marriage as a driver of adolescent pregnancy and that adolescent mothers face higher risks of eclampsia, puerperal endometritis and systemic infections, and that babies of adolescent mothers face higher risks of low birth weight, preterm birth and severe neonatal conditions;]

[(PP6 ALT) (ADD Noting that child, early and forced marriage, adolescent pregnancy, demographic divide, inequality, maternal related stigma are the social determinants of maternal, newborn and children mortality.)][3]

(PP7) Underscoring that based on current trends it is likely that more than 4 out of 5 countries (80%)[4] will not achieve their national maternal mortality target, 63 countries will miss the neonatal mortality target, and 54 countries will miss the under-five mortality target by 2030;[5] and that focused, urgent, and coordinated course-correcting, country-led action is needed in these countries for maternal, newborn, and child survival to achieve the Sustainable Development Goals;

[(PP8) Recognizing that pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, addressing health-related risks factors and promoting health and wellbeing across the life-course;][6]

(PP9) Recognizing the critical importance of prioritizing measures to promote and protect breastfeeding, and strengthen nutrition services as an integral part of essential maternal, newborn and child health services, given that almost half of all deaths among children under-five are attributable to undernutrition, as well as the detrimental

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[1] United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 3.7 target. A/RES/70/1. 2015; New York. (https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

[2] United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.6 target. A/RES/70/1. 2015; New York. (https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

[3] United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 5.3 target. A/RES/70/1. 2015; New York. (https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

[4] Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. And J. Cresswell, Pers. Comm. (https://iris.who.int/bitstream/handle/10665/366225/9789240068759-eng.pdf?sequence=1.

[5] United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), Levels & Trends in Child Mortality: Report 2022, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, New York, 2023. (www.childmortality.org).

[6] Maternal and Child Nutrition Study Group, Black RE, Alderman H, Bhutta ZA, Gillespie S et al. Maternal and child nutrition: building momentum for impact. *Lancet* 2013; Vol 382, 9890; p372-375. DOI: https://doi.org/10.1016/S0140-6736(13)60988-5.

intergenerational impacts of poor maternal nutrition, which contributes to low birth weight in newborns;[1]

[(PP10) Cognizant that the demographic dividend of improved maternal, newborn and child health and reduction in stillbirths can only be realized if children, and adolescents have equitable opportunities to thrive, thereby building human capital that will effectively reduce inequities and benefit current and future generations in line with the Survive, Thrive, Transform objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030);]

[(PP11) Recognizing that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene despite commitments made to of the strategic objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) as well as specific road maps defined in the Ending Preventable Maternal Mortality and Every Newborn Action Plan initiatives, A Roadmap to Combat Postpartum Haemorrhage between 2023, the Nurturing Care Framework, Global Accelerated Action for Health of Adolescents, the Immunization Agenda 2030, and the ICPD Programme of Action Beijing Platform for Action and its review conferences, resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities as per the targets set by these plans such as:

- By 2030, reach the target of fewer than 12 stillbirths per 1000 total births;[2]
- By 2030, mortality among children 1–59 months at least as low as 13 deaths per 1000 children aged 28 days;[3]
- By 2025, 90% coverage of eight or more antenatal care contacts; with 80% of districts with at least 80% coverage;[4]
- By 2025, 90% births attended by skilled health personnel; 80% of districts with at least 80% of births attended by skilled health personnel;[5]
- By 2025, 80% early routine postnatal care (within 2 days); with 80% of districts with at least 80% coverage;[4]
- By 2025, 80% of districts with at least one Level 2 inpatient unit plus continuous positive airway pressure (CPAP);[4]
- By 2025, 80% of districts with at least 80% of population within 2 hours of emergency obstetric care;[4]
- By 2025, 25% reduction in zero-dose children for immunization lacking first dose of DTP [and p] containing vaccine) toward the 2030 goal of a 50% reduction;[6]
- By 2030, 90% of children immunized with measles containing vaccine (second dose);[6]
- By 2030, 90% of children received 3 doses of pneumococcal conjugate vaccine and rotavirus vaccine;[6]

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[1] Resolution to the Seventy-seventh World Health Assembly on Infant and Young Child Feeding, *in preparation*.

[2] Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). Technical Report 2023. Geneva: World Health Organization. (https://iris.who.int/bitstream/handle/10665/366978/WHO-UHL-MCA-GS-23.01-eng.pdf?sequence=1).

[3] Newborn health: draft action plan. Every newborn: an action plan to end preventable deaths. Report by the Secretariat. World Health Assembly Executive Board Report A67/21; 2 May 2014. Geneva: World Health Organization. (https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_21-en.pdf).

[4] Improving maternal and newborn health and survival and reducing stillbirth: progress report 2023. Geneva: World Health Organization; 2023. (https://iris.who.int/bitstream/handle/10665/367617/9789240073678-eng.pdf?sequence=1).

[5] Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. Geneva: World Health Organization; 2018. (https://iris.who.int/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf).

[6] Immunization Agenda 2030: A Global Strategy to Leave No One Behind.2021. Geneva: World Health Organization. (https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030).

– [(By 2030, 90% of girls receiving HPV vaccine;[1] DEL]
– By 2030, 100% of malaria cases in children under-5 years receiving a recommended first line antimalarial drug;[2]
– By 2025, 5% or less prevalence of childhood wasting;[3]
– [(By 2030, 50% reduction in adolescent birth rate per 1000 women in that age group compared to 2023; DEL)]
– By 2030, achieve a high level (>75%) of need for family planning satisfied by modern methods;[4]
– By 2030, 100% universal and equitable access to safe and affordable drinking water for all;][5]

[(PP11 ALT) Deeply concerned that that despite significant improvements in health outcomes for women, children, and adolescents over recent decades, progress has stalled in recent years and the trend is further exacerbated by worsening rates of malnutrition, poor water supply, sanitation and hygiene, and the impacts of conflict, climate change, and the COVID-19 pandemic, impeding efforts to fulfil commitments made to advance the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the road maps and detailed progress indicators developed by WHO-supported global technical platforms and initiatives to guide and support countries' efforts to track and accelerate improvements in maternal, newborn and child health outcomes, including: the Ending Preventable Maternal Mortality initiative; the 2023–2030 Roadmap to Combat Postpartum Haemorrhage, the Every Newborn Action Plan; Agenda 2030 on Immunization; the Nurturing Care Framework, the Global Accelerated Action for Health of Adolescents; and Immunization Agenda 2030, and the ICPD Programme of Action, the Beijing Platform for Action and outcomes of Review Conferences, as well as resolution WHA72.7 (2019) on water, sanitation and hygiene in health care facilities;]

[(PP12) Recognizing that approximately 50%[6] of global maternal, stillbirth, newborn and child deaths occur in fragile and humanitarian settings highlighting the urgent need in fragile contexts to step up investments, including through enhanced international cooperation, to expand coverage and improve quality of primary health care services, noting that primary health care services, including nutrition care services, should be high quality, safe, comprehensive, integrated, accessible, available and affordable for everyone and everywhere, to accelerate progress to achieve Sustainable Development Goals;][7]

[(PP13) Noting with concern that the risk of maternal mortality is higher for adolescents and highest for adolescent girls under 15 years of age, and that complications

[1] Immunization Agenda 2030: A Global Strategy to Leave No One Behind.2021. Geneva: World Health Organization. (https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/ia2030).

[2] World malaria report 2022. Geneva: World Health Organization; 2022. (https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022).

[3] WHO/UNICEF/WFP. Global nutrition targets 2025: wasting policy brief (WHO/NMH/NHD/14.8). Geneva: World Health Organization; 2014.
(https://iris.who.int/bitstream/handle/10665/149023/WHO_NMH_NHD_14.8_eng.pdf?sequence=1).

[4] United Nations Population Division. SDG Indicator 3.7.1 on Contraceptive Use. Accessed 4 January 2024. (https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use).

[5] United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG 6.1 target. A/RES/70/1. 2015; New York, New York.
(https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

[6] Every Woman, Every Child. Global Strategy for Women's, Children's and Adolescents' Health. Geneva: United Nations, 2018. (https://www.who.int/docs/default-source/child-health/the-global-strategy-for-women-s-children-s-and-adolescents-health-2016-2030.pdf).

[7] Zeid S, Bustreo F, Tashir Barakat M, Mauer P, and Gilmore K. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. *Lancet* vol 385, 998, p 1917-2014, e47-48. 16 May 2015. (doi: https://doi.org/10.1016/S0140-6736(15)60766-8).

in pregnancy and childbirth are a leading cause of death and severe morbidity among adolescent girls, especially in developing countries, and recognizing the need to address all social, economic and environment determinants of health in order to reduce the aforementioned disparities;][1]

[(PP14) Acknowledging the critical importance of government leadership and a whole-of-government and whole-of society approaches in improving maternal, newborn and child health expanding the coverage of, and equitable access to, integrated primary health care services with strong referral linkages to high-quality secondary care services including the full engagement of parliamentarians to ensure legislative and domestic budgetary support and oversight, and the need to regularly update national health and financing policies, strategies and plans to accelerate progress in improving women's, children's and adolescents' health;]

[(PP15) Acknowledging that causes of maternal mortality and morbidity are diverse and those maternal health-related issues that carry stigma such as abortion, HIV infection, and obstetric violence can contribute to maternal mortality and morbidity but are likely to be deprioritized, underreported, or misclassified;][2]

(PP16) Acknowledging that lack of access to essential emergency, critical surgical, anaesthesia, and nursing services for injuries, structural birth defects, which will proportionally increase as child survival improves, and other acute emergencies, will result in unacceptable disparities in survival and disability, a high prevalence of neglected surgically treatable conditions in low- and middle-income countries, and that people accessing surgical care in low- and middle-income countries will endure catastrophic health expenditure.[3]

[INVITES Member States, in accordance with national context and priorities:]

[OP 1.1. to reorient an integrated climate-resilient health system based on the primary health care approach supported by strong country leadership and management capacity, by an adequately skilled, supported and safe-guarded health workforce, by ensuring availability of and access to essential quality-assured medicines and commodities, by integrating water, sanitation and hygiene (WASH) and nutrition, in order to provide people-centred, high-quality, respectful sexual, reproductive maternal, newborn, child and adolescent health care and nutrition services and to recover lost gains on childhood vaccinations and achieving Immunization Agenda 2030 goals, including through strengthening the delivery of health and nutrition services at the community level, and through community and school-based health services and thereby to reduce preventable maternal, newborn and child mortality and morbidity, and improve health and well-being of women, children and adolescents along the life course;]

[OP 1.2. to scale up evidence-based interventions to achieve the current and forthcoming service coverage targets needed to achieve Sustainable Development Goal targets 3.1 and 3.2;]

[OP 1.3 to facilitate universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of

[1] United Nations Human Rights Council. Contribution of the implementation of the objectives of the International Year of the Family and its follow-up processes in the promotion and protection of human rights. A/HRC/54/L.17/Rev.1. Adopted without a vote, 47th meeting, 12 October 2023. (https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session54/res-dec-stat).

[2] Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 June; 2(6):e323-33. doi: 10.1016/S2214-109X(14)70227-X. Epub 2014 May 5. PMID: 25103301. (doi: 10.1016/S2214-109X(14)70227-X.).

[3] Abbas A and Samad L. Children at the heart of global surgery: children's surgery in low- and middle-income countries. *Journal of Public Health and Emergency* vol. 4, December 2020. doi: 10.21037/jphe-2020-gs-08. (https://jphe.amegroups.org/article/view/6538/html).

reproductive health as contributing factors to maternal, newborn, child and adolescent survival;][1]

[OP 1.4 to reinvigorate their commitment to Sustainable Development Goal target 5.6 through laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education;][2]

[OP 1.5. to invest in country-led effective health information management systems, including through enhanced international cooperation in fragile settings to support evidence-based planning and delivery of health services, monitor implementation, measure progress, and strengthen accountability towards national and subnational targets through routine monitoring of health facility and/or population-based surveys of indicators for sexual, reproductive, maternal, newborn, child and adolescent health, including health workforce capacity;]

[OP 1.6. to identify and remove barriers that limit access to quality maternal, newborn and child health services, at both health system and societal levels, including harmful gender norms and/or inequalities that result in a low prioritization of the rights of women and girls, including to safe, quality and affordable sexual and reproductive health care services;][3]

[OP 1.7. to enable access to essential quality medicines for pregnant women, lactating women, mothers, newborns and children through accelerating implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022) and by promoting, supporting and financing accelerated investigation, development, manufacturing, registration and supply of age-appropriate, quality-assured formulations of medicines for diseases that affect mothers, newborns and children;]

[OP 1.8. in view of increased availability of malaria vaccines, malaria-endemic countries to consider prioritizing its introduction into routine immunization programmes as part of their comprehensive malaria control plans when the level of effectiveness and safety allows it, as well as scale up malaria treatment in pregnant women and children in order to reduce malaria illness and child deaths;]

[OP 1.9. to consider implementing a universal newborn screening programme, including specific needs and considerations for diagnosis, management, and long-term care of children with birth defects;]

[OP 1.10. to address the social determinants of maternal and child health, including multiple and intersecting forms of discrimination, poverty, gender inequality including obstetric violence, lack of education and lack of access to clean water and sanitation, through strengthening multisectoral collaboration and holistic and integrated systems approaches within the global health architecture and at national level;]

[OP. 2. INVITES relevant stakeholders, as appropriate, to support, coordinate and align investments and technical assistance in support of the effective implementation of national plans and to contribute to the acceleration of progress towards the Sustainable Development Goal targets 3.1 and 3.2;]

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[1] Strong KL, Pedersen J, White Johansson E, et al. Patterns and trends in causes of child and adolescent mortality 2000-2016: setting the scene for child health redesign. *BMJ Global Health.* 2021 Mar;6(3). DOI: 10.1136/bmjgh-2020-004760.

[2] United Nations. Transforming Our World: The 2030 Agenda for Sustainable Development. SDG Indicator 5.6.2. A/RES/70/1. 2015; New York, New York. (https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf).

[3] Maternal Mortality Fact Sheet. 30 August 2021. Copenhagen: World Health Organization; 2021 (https://www.who.int/europe/news-room/fact-sheets/item/maternal-mortality, accessed 4 January 2024.).

[OP3. REQUESTS the Director General:]

[OP 3.1. to prioritize this unfinished agenda, and provide intensified technical support to Member States in updating legislation, policies, strategies, and national plans on sexual, reproductive, maternal, newborn, child and adolescent health and promoting the implementation of evidence-based health interventions to accelerate progress towards the relevant Sustainable Development Goal targets for sexual, reproductive, maternal, newborn, child and adolescent health, using data to prioritize interventions and implementation strategies to reach persons in vulnerable situations and those hardest to reach, such as adolescent mothers, elevating the importance of and prioritizing resources towards primary health care and to help to mobilize resources towards their implementation;]

[OP 3.2. to develop relevant guidance to improve preconception/pre-pregnancy care including the ability to prevent unintended pregnancies, unsafe pregnancy practices and unsafe abortions, prenatal and postnatal care; quality and respectful care during pregnancy and childbirth, and maternal well-being to prevent stillbirths, low birth weight and prematurity, and address birth defects;]

[OP 3.3. to provide technical support for the implementation of midwifery models of care in line with international standards; to strengthen risk differentiated approaches to prevent child mortality; to address priority health needs of children 5–9 years of age; to promote health care services for childhood development; and to invest in adolescent well-being through school health, school health services, and digital solutions for adolescent-responsive primary care;]

[OP 3.4. to strengthen integration of preventative and curative nutritional services with special emphasis on the nutrition needs of pregnant and lactating women, women of reproductive age and adolescent girls, and of infants and young children, especially during the first 1000 days and mental health interventions into sexual, reproductive, maternal, newborn, child and adolescent health care services; to enhance capacity of the health workforce at all levels to deliver quality sexual, reproductive, maternal, newborn, child and adolescent health care services, including through professional mentoring and training for midwives and neonatal nurses; foster multi-sectoral collaborations; to improve the capacity for sexual, reproductive, maternal, newborn, child and adolescent health data collection, analysis and use, work synergistically with the implementation of WHO's triple elimination efforts for HIV, syphilis and hepatitis B; and to ensure that guidance and services address the specific needs of underserved groups, including pregnant adolescents and adolescent mothers;]

[OP 3.5. to accelerate implementation of the actions laid out in resolutions WHA69.20 (2016) and WHA75.8 (2022), strengthen and expand collaborative efforts such as those promoted by WHO technical departments and the Global Accelerator for Paediatric Formulations (GAP-f) network for securing better access to medicines for children, and report to the Seventy-eighth World Health Assembly, and subsequently as appropriate, on progress achieved, remaining gaps and specific actions needed to further promote better access to age-appropriate, quality-assured, affordable medicines and commodities for pregnant and lactating woman, and for maternal, adolescent, child and newborn health services;]

[OP 3.6. to provide recommended water, sanitation and hygiene (WASH), waste management and energy indicators for health care facilities to use in regular health systems monitoring and to encourage countries to incorporate waste and energy data into regular health systems monitoring and regularly analyse and share data to inform planning, investment, and programming efforts;]

[OP 3.7. to continue to work closely with the Inter-Parliamentary Union to raise further awareness among parliamentarians about sexual and reproductive, maternal, newborn, child and adolescent health, based on quality data and evidence, and fully

engage them both in pursuing advocacy and in providing sustained legislative and political support towards achieving the goals and targets in the Global Strategy for Women's, Children's and adolescents' Health (2016–2030);]
[OP 3.8. to report back to the Health Assembly on this resolution as part of the biennial substantive reporting on the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) with a special focus on the effectiveness of renewed efforts to accelerate achievement of Sustainable Development Goal targets 3.1, 3.2, 3.7 and 5.6 in the subset of countries currently off-track to achieve the Goals by 2030.]

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

Decision:	Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years (2024–2030).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 721.00 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 184.00 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 203.00 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 334.00 million.

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

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

US$ 40.00 million.

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

US$ 144.00 million.

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

Additional resources are being mobilized from bilateral donors such as the United States Agency for International Development and from philanthropic foundations such as the Bill and Melinda Gates Foundation.

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.2.a. 2024–2025 resources already planned	Staff	15.00	4.00	4.00	2.50	6.00	4.00	13.00	48.50
	Activities	37.00	4.50	30.00	2.00	40.00	6.00	16.00	135.50
	Total	52.00	8.50	34.00	4.50	46.00	10.00	29.00	184.00
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	17.00	4.00	4.00	3.00	7.00	4.00	14.00	53.00
	Activities	41.00	5.00	33.00	2.00	44.00	7.00	18.00	150.00
	Total	58.00	9.00	37.00	5.00	51.00	11.00	32.00	203.00
B.4. Future bienniums resources to be planned	Staff	27.00	7.00	7.00	5.00	11.00	7.00	24.00	88.00
	Activities	67.00	8.00	54.00	4.00	73.00	11.00	29.00	246.00
	Total	94.00	15.00	61.00	9.00	84.00	18.00	53.00	334.00

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

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region and welcoming the draft decision, said that a range of measures had been taken across the Region to prioritize women's, children's and adolescents' health and reduce maternal, newborn and under-5 mortality. However, despite significant improvements in health outcomes for mothers and children, several countries in the Region were not on track to achieve the Sustainable Development Goals by 2030. Approximately half of global maternal, newborn and child deaths occurred in fragile and humanitarian settings, such as those caused by conflict and natural disasters in his Region. He urged WHO and its partners to address gaps by implementing global and regional strategies and frameworks, prioritize maternal and child health, and ensure that sufficient resources were allocated to high-burden areas.

The representative of YEMEN outlined national measures to promote maternal and child health in his country. He called on the Secretariat to support middle- and low-income countries in developing and implementing national plans for maternal and child mortality prevention and provide specialized training in maternal and child health, in particular for midwives operating in rural areas; alongside the provision of medical equipment and support for rebuilding health facilities destroyed during conflicts.

The representative of SOMALIA[1] said that the widest disparity in health outcomes between high- and low-income countries was in maternal, newborn and child mortality, often from preventable or treatable causes. Without the introduction of appropriate interventions, it would be impossible to achieve universal health coverage by 2030. In that context, his Government, on behalf of the Member States of the Eastern Mediterranean region, during the Seventy-sixth World Health Assembly, in 2023, had proposed that the Health Assembly should adopt a resolution on action to accelerate progress towards the targets of the Sustainable Development Goals relating to maternal and child health and towards universal health coverage. To that end, he recalled that a draft decision, containing a proposed draft resolution for submission to the Seventy-seventh World Health Assembly, was before the Board, although it was not yet ready for adoption. His Government had held four informal consultations with Member States on the draft text, the aim of which was to galvanize action on the direct and indirect causes of maternal and child mortality and to propose interventions to address them. Consultations on the text of the draft resolution contained in the draft decision would continue during the intersessional period.

The representative of the UNITED STATES OF AMERICA noted that Member States agreed on several strategic approaches to accelerating progress towards achieving Sustainable Development Goal targets 3.1 and 3.2, by expanding coverage and equitable access to an integrated package of high-quality essential health and nutrition services for women, newborns and children. He expressed appreciation for the Government of Somalia's leadership in proposing a draft decision, which was a critical step forward in reinvigorating Member States' leadership and commitment. He called on the Secretariat and Member States to increase technical assistance to Member States in need of strengthened capacity to monitor progress.

The representative of AFGHANISTAN recalled the high rates of maternal, infant and child mortality in his country and the unprecedented social and political challenges faced at the national level. The critical role of female health workers must not be forgotten, particularly in contexts with cultural sensibilities, like his country. Their ability to deliver services was directly linked to their access to education and professional development. He reiterated his call for urgent support in advocating for the right of Afghan women and girls to education. It was imperative to collectively use political and institutional leverage to ensure that the rights of women and girls to health and education was observed. Furthermore, sustained humanitarian aid linked to the health sector was essential to save lives and ensure sustainable health service delivery.

The representative of AUSTRALIA encouraged Member States to accelerate efforts to reach the targets for reducing maternal and child mortality by 2030 by scaling up implementation of prevention strategies. Tackling gender inequalities was key; universal access to sexual and reproductive health services was a fundamental human right, and was essential to reducing maternal mortality, ending preventable deaths of newborn children, and reducing neonatal mortality. WHO, together with its United Nations and other partners, should advance a rights-based approach to health. At the national level, there should be policy and commitment to support maternal health and newborn and child survival, and the international community should share best practices, technical guidance and well-coordinated donor and civil society support. Community health workers should be supported and integrated in health systems,

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

including through investing in education, employment and retention. She looked forward to working with others to finalize the text of the draft decision.

The representative of CANADA emphasized the importance of strategic partnerships, especially at the country level, to accelerate progress. Member States should increase support for and focus on comprehensive sexual and reproductive health and rights, and programmes that strengthened health and data systems, improved nutrition and combated infectious diseases. Access to comprehensive sexual and reproductive health and rights was critical to advancing health, gender equality and human rights, and supporting the empowerment of all women and adolescent girls. Using a rights-based approach, the underlying causes of adverse maternal and child health outcomes must be addressed. The work of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction to generate robust evidence to help to counter disinformation and misinformation and leverage high-quality research to improve access to information and services to reduce maternal and child mortality was commendable.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA encouraged Member States to pay greater attention to community health workers to overcome existing challenges in advancing equitable access to safe, comprehensive health services in urban and rural areas. National maternal and child health programmes should identify and address the gaps preventing attainment of the Sustainable Development Goal targets, including by adopting high-impact interventions. Finally, the Secretariat should invest more at the country level on providing quality health services to children, especially newborns, by strengthening partnerships and engagement with global partners.

The representative of MALAYSIA, noting the obstacles to reaching the 2030 maternal and child mortality targets, provided details of progress made and challenges faced in that regard in her country. She highlighted her Government's focus on reducing preventable deaths and reducing noncommunicable diseases among women of reproductive age. She therefore requested the Secretariat to highlight the impact of noncommunicable diseases on maternal health, promote more investment and research in that area, and share best practices and lessons learned from Member States.

The representative of TIMOR-LESTE noted the need to adopt a comprehensive approach to accelerating progress towards achieving the Sustainable Development Goal targets for maternal health and child mortality, centred on expanding primary health care and ensuring a skilled health workforce providing high quality interventions integrated into a community-based service delivery system. Expressing concern that progress in reducing the high burden of neonatal deaths in Member States was slow, not least because of the disruption to health services due to the coronavirus disease (COVID-19) pandemic, he said that developing country-specific strategic plans for accelerating progress was crucial. To that end, the Secretariat should play a vital role in facilitating partnerships, sharing global expertise and providing targeted assistance to implement effective maternal and child health strategies.

Dr Nsanzimana took the Chair.

The representative of BRAZIL said that a multifaceted approach to achieving Sustainable Development Goal targets 3.1 and 3.2 required technical support, collaboration and global efforts to accelerate progress in maternal and child health, and he highlighted the Secretariat's role in that regard. To effectively reduce maternal mortality, it was crucial to address not only perinatal care, but also comprehensive women's health, pre-conception family planning and integration of prenatal care and childbirth assistance. Promptly identifying risk situations and providing appropriate care to pregnant women, children and mothers were fundamental. He welcomed the draft decision.

The representative of PERU highlighted the importance of: strengthening the monitoring of pregnant women by community health workers in areas with the highest burden of maternal mortality; bolstering the work of subnational committees responsible for the prevention of maternal, foetal and

neonatal mortality, including their focus on identifying and preventing critical incidents; closing human resource gaps by attracting and retaining staff, and improving skills and knowledge in basic and specialized maternal care; improving health infrastructure, equipment, warning systems and referral systems; and providing technical guidelines for the design of interventions aimed at achieving safe pregnancies and deliveries that incorporated strategies with an intercultural approach. The Secretariat should increase its technical support in those areas and should share successful strategies used by countries that had made the greatest progress towards meeting the targets.

The representative of SENEGAL, outlining measures taken and planned in maternal, newborn and child health, said that he was pleased to report that his country was on track to achieve the corresponding Sustainable Development Goal targets by 2030. In view of the number of goals to be achieved by that year, he called on all stakeholders to take a more far-reaching and innovative approach to interventions, especially in the priority area of reproductive health. More funding must be found to improve reproductive, maternal, child and adolescent health, in particular through innovative and domestic means and he called on the Secretariat to increase its support.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that it was alarming that many States were not on track to meet the Sustainable Development Goal targets for reducing maternal and child mortality by 2030, especially in sub-Saharan Africa. He reiterated the importance of strengthening and reorienting the health system towards primary health care and strengthening interventions well known for their return on investment. Access to quality and comprehensive reproductive, maternal, child and adolescent health services should be equal and universal. Ensuring protection from harmful practices, sexual- and gender-based violence and physical and intimate partner violence was crucial, including during humanitarian situations. Lessons learned from the COVID-19 pandemic should be used to scale up innovative health care service delivery, thereby enhancing service continuity and ensuring universal access. He highlighted the need for high-level leadership and oversight, sectoral action, and accountability in the health sector. Sustained efforts were needed to build the capacity of the health care workforce, especially at the primary care level. WHO should spearhead the design and implementation of context-specific strategies that galvanized global momentum to reach women and children affected by crises, by providing evidence-based guidance and continuing to synthesize data to inform interventions. WHO's leadership and support were essential in advancing political commitment, mobilizing resources and strengthening multisectoral actions. He welcomed the draft decision.

The representative of BARBADOS, highlighting the scientific links between maternal and child health morbidity and climate change, emphasized the increasing impact of climate change on the annual number of additional deaths. A growing body of knowledge linked climate change to adverse maternal, newborn and child health outcomes. He requested the Secretariat to work closely with Member States to improve their primary health care plans, so as to achieve better and more sustained outcomes in that area.

The representative of PARAGUAY said that current trends in maternal and child mortality called for immediate and coordinated action and the implementation of innovative measures. In that regard, her Government had made significant progress in the digitization of its health system, with the help of the Republic of China (Taiwan),[1] which was internationally recognized for its success in implementing innovative solutions in health. In that connection, her Government advocated for the inclusion of the Republic of China (Taiwan)[1] in the working mechanisms of WHO and to be invited to participate in the World Health Assembly as an observer. WHO's activities should seek to ensure universal access to quality prenatal and neonatal care, and nutrition, immunization and disease control services for all women and children. It was also essential to improve maternal health education and awareness. To that

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

end, the Secretariat should provide technical support and mobilize financial resources in accordance with the needs of each Member State.

The representative of BELARUS provided a detailed account of the measures, including legislative measures, taken in his country to protect maternal and child health; to provide integrated health care, including prenatal and postnatal care; and to reduce mortality rates. He highlighted the significant research undertaken in his country into causes of maternal mortality.

The representative of CHINA noted with regret that some representatives, in disregard of the relevant provisions of the Rules and Procedures, insisted on making statements that were outside the scope of the agenda item under discussion. She opposed any infringement of China's sovereignty. She urged the Chair to remind those Member States that the Executive Board was a platform for discussion of health-related issues and that they should refrain from politicizing the discussion. She shared details of steps taken by her Government to reduce maternal and child mortality, which had led to the achievement of Sustainable Development Goal targets 3.1 and 3.2 ahead of schedule. She recommended that the Secretariat should: continue to encourage Member States to prioritize maternal and child health; help Member States to identify the main causes of maternal and child mortality; increase policy and technical support; and provide a platform to facilitate the sharing of experiences.

The representative of BELARUS said that his Government continued to support the one-China principle.

The representative of NIGERIA[1] welcomed the draft decision and asked that his Government be added to the list of sponsors. He said that he recognized the urgent need for global coordination, emphasizing the need for universal health coverage. Nigeria, like many nations, particularly African nations and developing countries, faced challenges in meeting the 2030 targets. Those challenges called for urgent, concerted efforts to safeguard the lives of mothers and children, ensuring that they not only survived but thrived.

The representative of MEXICO[1] shared the concern that globally, and especially in developing countries, universal coverage of essential sexual, reproductive, maternal, newborn and child health services was far from being achieved, with particular regard to family planning, breastfeeding and treatment of childhood illnesses. In order to achieve the established targets, Member States should promote family planning and contraceptive services; implement comprehensive sex education; ensure funding, availability and access to services for the prevention and care of gender-based violence, with an emphasis on sexual violence and safe abortions; and improve maternal and newborn monitoring and care. He welcomed the draft decision.

The representative of GERMANY[1] said that improving the quality of health services was key to reducing maternal mortality; one of the best ways of doing so was by investing in midwives. All women and girls must be empowered to make their own decisions on health. Member States should intensify efforts to end child marriage, which was a major driver of teenage pregnancies; prioritize newborn health; educate mothers to reduce child mortality; and improve maternal and child health. Stillbirths were overlooked in the Sustainable Development Goals; improving care before and during childbirth would reduce mortality. Vertical programming must be replaced by an approach based on health systems strengthening that supported country leadership and national structures.

The representative of INDIA[1] provided statistics on the decline in maternal and infant mortality rates and the total fertility rate in his country, which meant that it was on track to meeting the Sustainable

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

Development Goal targets by 2030. He described initiatives and programmes introduced by his Government to reduce child and maternal mortality and improve mother and child health.

The representative of the RUSSIAN FEDERATION[1] commended the significant drop in maternal mortality in the WHO South-East Asian Region. She highlighted the project run by her Government to train obstetricians, gynaecologists, neonatologists and paediatricians using cutting-edge simulation equipment in different scenarios.

The representative of THAILAND[1] said that women's and children's health services should be integrated into universal health coverage and primary health care. Data from civil registration and health statistics services could be used to identify trends and determine the performance of the health sector. The low fertility rate in some countries could have a negative impact on national development, and she urged the Secretariat to intensify efforts to tackle that challenge.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND[1] welcomed the references to strengthening health systems, and to broader determinants of maternal and newborn health in the report. Her Government championed care and nutrition for marginalized groups, including adolescent mothers; recognized the vital importance of sexual and reproductive health and rights; and encouraged increased recognition of the impact of adolescent pregnancy and unsafe abortion. She asked the Secretariat to address the gap in fully trained and regulated midwives at the global level. Member States should use the targets outlined in the report to guide actions to reduce mortality rates. Her Government would contribute to the consultations on the draft resolution during the intersessional period.

The representative of EGYPT[1] expressed his Government's appreciation for WHO efforts and remained committed to continued cooperation.

The representative of NAMIBIA[1] expressed concern that the majority of Member States in Africa were not on track to meet the Sustainable Development Goal targets, including her country. She encouraged the Secretariat to intensify efforts to support Member States in her Region in implementing the 16 key interventions referred to in the report. She called for strengthened financial and technical support to adapt and implement guidelines and policies, and to ensure robust surveillance of maternal and child health and high-level accountability for maternal and adolescent health.

The representative of the REPUBLIC OF KOREA[1] agreed that strengthening community health services would improve maternal and child health. The establishment of a community-based system for maternal and child health services would ensure continuous health management from planning pregnancy to postnatal health care. Health promotion and education programmes for pregnant women were recommended; as was the development of dedicated medical infrastructure for pregnant women and newborns diagnosed with high-risk illnesses, premature babies and babies with congenital abnormalities.

The representative of ECUADOR[1] outlined measures taken by her Government to ensure access to comprehensive sexual and reproductive health and maternal and neonatal health services.

The representative of JAMAICA[1] said that action had been taken to put an end to preventable maternal mortality, despite the challenges of an increasing maternal mortality ratio and a critical shortage of midwives. She welcomed technical cooperation and support for capacity-building in maternal and child health.

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

The representative of NORWAY,[1] speaking on behalf of the Nordic and Baltic countries and welcoming the draft resolution presented by the representative of Somalia, highlighted the importance of maternal and child health and the related Sustainable Development Goal targets. She highlighted concerning trends in preventable maternal mortality, adolescent pregnancy and mental health. Those challenges could be addressed through a primary health care approach and efforts to tackle health care workforce shortages and working conditions, including that of midwives and women health workers. Access to sexual and reproductive health and rights, including free and safe abortion, was crucial, and access to education and research in that area was vital. The Secretariat should maintain global momentum, and develop evidence-based technical guidance for Member States. The WHO road map to advance gender equality, human rights and health equity described bold new actions for the Secretariat and its support of Member States, particularly regarding sexual and reproductive health and rights.

The representative of the UNITED REPUBLIC OF TANZANIA[1] detailed some of the measures taken by his Government to reduce maternal and child mortality. He reaffirmed the Government's commitment to continue implementing interventions to reduce maternal and child mortality and attain the Sustainable Development Goal targets by 2030. He expressed support for the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN[1] expressed support for the draft decision and urged Member States to refrain from the incorporation of non-consensual language. He noted progress made to reduce maternal, neonatal and child mortality in his country, despite hardship and the imposition of economic sanctions. He reiterated his Government's position concerning the one-China principle.

The representative of the LAO PEOPLE'S DEMOCRATIC REPUBLIC[1] said that her Government was of the view that it was not right to raise the issue of the participation of Taiwan[2] in WHO-related mechanisms during the current meeting of the Executive Board, as Member States were focused on programme-based and strategic discussions. She reaffirmed her Government's consistent position on the participation of Taiwan[2] in the World Health Assembly, pursuant to United Nations General Assembly Resolution 2758 (XXVI) and World Health Assembly resolution WHA25.1, expressing support for the one-China principle and noting that Taiwan[2] was part of Chinese territory.

The Observer of GAVI, THE VACCINE ALLIANCE, underscored the pivotal role of immunization in improving child survival, bolstering primary health care platforms and achieving universal health coverage. He called on Member States to: invest in routine immunization, particularly among zero-dose children; scale up vaccine coverage to prevent major causes of child mortality such as pneumonia, diarrhoea and measles; and consider introducing malaria vaccines in countries where it was endemic.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIR, said that, since cardiovascular disease was the leading cause of maternal death, detection and universal multidisciplinary care before, during and after pregnancy were essential. Women were often unaware that they had cardiovascular disease until pregnancy, and obstetric providers sometimes lacked the expertise to treat complex conditions. Standardized, comprehensive cardiovascular disease care in pregnancy was crucial for reducing maternal morbidity and mortality.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, expressed her organization's concern at the slow and unequal progress on women's, children's and adolescents' health. She called on Member States to strengthen primary health services to more effectively prevent, diagnose and treat the causes of maternal and child mortality; invest in a strong

[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".

health care workforce; and remove out-of-pocket payments for the most vulnerable. She welcomed the draft decision.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, urged Member States to ensure affordable access to vital medications for pregnancy, childbirth and paediatric care, especially in low- and middle-income countries. Collaborative efforts were crucial in reducing maternal and child mortality rates and advocating for quality health care, essential medicines and reproductive health. Strategies for improved health care infrastructure, nutrition programmes and sanitation access should be evidence-based and adequately resourced.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIR, said that the lack of integration of sexual and reproductive health services into health benefits packages, policies and laws stemmed from deep-rooted inequalities and gender discrimination. Investing in sexual and reproductive health and education would accelerate progress to end maternal mortality by ensuring prenatal and postnatal care, reducing unintended pregnancy, eliminating unsafe abortion, and ensuring access to modern contraceptives and testing and treatments for sexually transmitted infections.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, welcomed the draft decision and the proposed call for increased research and development of health tools to address the medical needs of women and children. Children required specific formulations of drugs, which were often either not developed or delayed. She therefore called for support for the work of the Global Accelerator for Paediatric Formulations Network. There were also gaps in knowledge of the impact of medicines on women, as they were often excluded from clinical trials.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that a lack of access to quality health care, critical interventions and skilled birth attendants heightened the vulnerability of women and children. A holistic approach was required when developing resilient health systems for the well-being of mothers and children in resource-constrained environments. She urged Member States to prioritize investment in maternal and child health, enhance health systems for universal coverage, and involve youth organizations, including health students, in health policy development and implementation.

The representative of THE INTERNATIONAL SOCIETY OF PAEDIATRIC ONCOLOGY, speaking at the invitation of the CHAIR, said that the incidence of cancer in childhood was highest in the under-5 age group and highlighted the disparity between survival rates in low-, middle- and high-income settings. She applauded the efforts of the Global Initiative for Childhood Cancer and called on Member States to expand and support its implementation.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that breastfeeding was the single most effective intervention in preventing deaths in children under 5 years of age and protecting mothers against disease. Women should be supported in their right to feed their babies as they wished and they should be protected from the misleading marketing of unnecessary products. In addition, Member States should make decisions that protected people and the climate.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern about the persisting omission of alcohol as a major risk factor for maternal and newborn health and child survival. He called on WHO and its Member States to increase awareness of alcohol as an obstacle to achieving Sustainable Development Goal targets 3.1, 3.2 and 5.6, and to implement policy solutions against alcohol.

The representative of the MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, commended the draft decision, which would accelerate progress and provide necessary support. Stakeholders should scale up access to preventive tools and treatments and include pregnant and lactating women in research and clinical trials, to improve the quality of data and the availability of therapeutic options. For children, there should be continued support for innovative child-friendly technologies. She suggested that the draft decision should include a reference to the Global Accelerator for Paediatric Formulations Network.

The representative of UNFPA echoed the need for increased investment in maternal and newborn health, integrating it into a broader spectrum of sexual and reproductive health services. A significant focus should be placed on enhancing midwifery capacity, given that trained midwives were able to deliver 90% of all essential sexual and reproductive health services across the life course. Global benchmarks for midwifery were key for directing focused investments, ensuring integrated service delivery and enhancing global accountability.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Life Course) thanked the Government of Somalia for bringing such a crucial issue back before the Executive Board. The Secretariat shared the concerns of Member States over the fact that 63 countries were not on track for the target relating to newborn mortality, 53 countries were not on track for the target relating to under-5 mortality, and that 80% of countries would not meet the maternal mortality target. Despite renewed pledges under the Sustainable Development Goals, maternal and child mortality was likely to become an unfinished agenda. The fact that many deaths were preventable was a major concern, and he recognized the challenges to be overcome, many of which were systemic. Intensified efforts were needed to address gaps in the health care workforce and midwifery as a major priority, as well as out-of-pocket payments and infrastructure. He noted the progress made in some countries to reorient their systems towards the primary health care approach and to make the reduction of maternal mortality a national priority.

He took note of the requests made to the Secretariat and said that it would prioritize sharing best practices and lessons learned, generating an evidence base, and working hard to address the midwifery gap, among other areas. The Secretariat would also support the consultations on the draft decision in the intersessional period. It was regrettable that the maternal mortality rate, in particular, had not improved in seven years. While only six years remained to the 2030 deadline, it was possible to make changes in that period.

The DIRECTOR-GENERAL expressed sadness that a woman died every two minutes from preventable maternal causes; no woman should die while giving life. While progress had stalled towards achieving the Sustainable Development Goal targets, it was important to believe that they could be achieved if the right action was taken. Focusing on maternal mortality, he said that it was vital to implement the road map to combat postpartum haemorrhage by 2030. It was important to ensure that the root causes of maternal mortality in each country were properly assessed and that tailored measures were implemented. WHO and its partners would focus on actions in high burden countries, however, every Member State should demonstrate its political commitment to achieving the targets.

The Board noted the report.

The CHAIR took it that the Board agreed to postpone the adoption of the draft decision on accelerating progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2 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.

4. ANTIMICROBIAL RESISTANCE: ACCELERATING NATIONAL AND GLOBAL RESPONSES: Item 13 of the agenda (document EB154/13)

The CHAIR drew attention to a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on antimicrobial resistance: accelerating national and global responses, proposed by Australia, China, Ecuador, Egypt, Japan, Mexico, Norway, Oman, Qatar, Saudi Arabia, South Africa, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Member States of the European Union. The draft decision read:

> The Executive Board, having considered the report by the Director-General on WHO strategic operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> >
> > (PP1) Having considered the report by the Director-General;
> >
> > (PP2) Recalling resolution WHA68.7 (2015), in which the Health Assembly adopted the global action plan on antimicrobial resistance[2] and urged Member States, inter alia, to develop and implement national action plans that are aligned with the global action plan;
> >
> > (PP3) Recognizing the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance (2016) (United Nations General Assembly resolution 71/3), and the commitment therein to develop multisectoral national action plans in line with the global action plan on antimicrobial resistance adopted by the Health Assembly in resolution WHA68.7 (2015);
> >
> > (PP4) Noting the contributions to addressing antimicrobial resistance of the global high-level ministerial conferences on antimicrobial resistance in 2014 and 2019 in the Kingdom of Netherlands, and in 2022 in Oman, which resulted in the endorsement by 47 Member States of the Muscat Ministerial Manifesto on Antimicrobial Resistance; and welcoming the forthcoming fourth Global High-Level Ministerial Conference on Antimicrobial Resistance in the Kingdom of Saudi Arabia in November 2024, and the high-level meeting of the General Assembly on antimicrobial resistance, which will take place in September 2024;
> >
> > (PP5) Recalling the recommendations made by the ad hoc inter-agency coordination group on Antimicrobial Resistance, established by United Nations General Assembly resolution 71/3 (2016), to the United Nations Secretary General in April 2019 and resolution WHA72.5 (2019), in which the Health Assembly requested the Director-General to ensure a unified and non-duplicative effort;
> >
> > (PP6) Noting the establishment of the Antimicrobial Resistance Multi-Stakeholder Partnership Platform to catalyse global action by fostering cooperation between a diverse range of relevant stakeholders at all levels; the contributions of the One Health Global Leaders Group on Antimicrobial Resistance to raising political importance and visibility of, and accelerating actions on, antimicrobial resistance; the work of the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme); the One Health High-Level Expert Panel; the Antimicrobial Resistance Multi-Partner Trust Fund; and the ad hoc Codex Intergovernmental Taskforce on Antimicrobial Resistance;

[1] Document EB154/13.

[2] "Antimicrobial resistance" refers to the resistance of bacterial, viral, parasitic and fungal microorganisms to antimicrobial medicines that were previously effective for treatment of infections.

(PP7) Acknowledging the growing global threat and crisis of antimicrobial resistance, rising incidence of resistant infections, and loss of effectiveness for an increasing number of antimicrobials, driven by factors such as inappropriate use of antimicrobials in the human health, food production, animal health, and environment sectors;

(PP8) Further acknowledging drivers of antimicrobial resistance, including lack of regulation of over-the-counter use of antimicrobials; over-prescription by health care workers; lack of evidence-based standard treatment guidelines; excessive use of antimicrobials during the COVID-19 pandemic; substandard and falsified antimicrobial medicines, which require surveillance and legal enforcement by national regulatory authorities; lack of affordable diagnostic tests, including rapid and point-of-care tests; and inadequate availability of and access to essential and quality-assured antimicrobials;

(PP9) Noting the importance of infection prevention and control programmes in health care facilities, and noting with concern the increasing burden of health care-associated infections, often by antibiotic-resistant pathogens, which harm patients and health care providers and usually spread to the community; and recognizing that at least half of the world's health care facilities lack basic hand hygiene services;

(PP10) Noting that, as at December 2023, 178 WHO Member States had developed multisectoral national action plans on antimicrobial resistance, but Tracking Antimicrobial resistance Self-Assessment Survey (TrACSS) 2023 data show only 27% of Member States monitored and implemented their national action plans effectively and only 11% of Member States had allocated national budgets for implementation; and noting further that achievements were hampered by the lack of multisectoral and health-sector coordination, implementation capacities and availability of technical and funding support;

(PP11) Noting also that the WHO Access, Watch and Reserve (AWaRe) classification of antibiotics provides evidence-based guidance and can be applied to improve antibiotic prescribing and dispensing for the most common clinical infections in children and adults;

(PP12) Recognizing that the Global strategy on infection prevention and control, adopted by the Health Assembly through decision WHA76(11) in May 2023, requires full implementation by WHO Member States in order to achieve its vision that "by 2030, everyone accessing or providing health care is safe from associated infections";

(PP13) Noting that in his progress report to the Seventy-sixth World Health Assembly,[1] the Director-General highlighted the need to accelerate the implementation of national action plans on antimicrobial resistance and proposed the development of a WHO strategic and operational framework on addressing drug-resistant bacterial infections in the human health sector;

(PP14) Noting also that the WHO Secretariat has developed WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, which, inter alia, cover the needs for a national and global concerted response, and set out priorities for: (a) prevention of infections; (b) universal access to quality diagnosis and appropriate treatment; and (c) strategic information and innovation, for example surveillance of antimicrobial resistance and antimicrobial consumption and use, and research and development for vaccines, diagnostics and treatments – all of which will support a broad, health system-wide response to antimicrobial resistance;

(PP15) Noting further that the WHO Secretariat conducted a global online consultation of the draft WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035, and that the consultation results were considered by the Executive Board at its 154th session;

(PP16) Noting also that the United Nations General Assembly in its resolution 76/257 (2022) decided to hold a high-level meeting of the General Assembly on

[1] Document A76/37.

antimicrobial resistance in 2024, in collaboration with the Quadripartite organizations and with the support of the One Health Global Leaders Group on Antimicrobial Resistance,

(OP)1. CALLS UPON the Quadripartite organizations (the Food and Agriculture Organization of the United Nations, WHO, the World Organisation for Animal Health and the United Nations Environment Programme) at national, regional and global levels to continue working with their Member States on collaborative efforts to address antimicrobial resistance through a One Health approach, and to ensure alignment and collaboration with other United Nations agencies and international organizations, where appropriate;

[(OP)2. ADOPTS the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035;[1]]

(OP)3. URGES Member States:[2]

(1) to fully engage in the preparation of the high-level meeting of the General Assembly on antimicrobial resistance in 2024, including the development of a concise and action-oriented, consensus-based political declaration, which may include measurable and relevant targets and indicators, and to participate in this high-level meeting at the highest level, preferably at the level of Heads of State and Government;

(2) to continue strengthening their national multisectoral governance mechanisms for the oversight, monitoring and improvement of the performance of national action plans on antimicrobial resistance; to provide funding support for the implementation of such plans; and to strengthen multisectoral collaboration with relevant partners at national, regional and global levels, to address antimicrobial resistance in a synergistic way;

[(3) to apply, in their national action plans, the three strategic priorities of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 (prevention of infections that give rise to the use of antibiotics; universal access to quality diagnosis and appropriate treatment of infections; and strategic information and innovation); to establish ambitious yet achievable objectives, targets and indicators and timelines for their achievement; to provide funding for effective implementation; to strengthen monitoring and evaluation systems in the national action plan; to integrate the core package of interventions in the WHO's people-centred approach to addressing antimicrobial resistance in human health in universal health coverage benefit packages; and participate in the Tracking Antimicrobial resistance Country Self-assessment Survey (TrACSS) to monitor progress of national action plan implementation; and to undertake all the above-mentioned actions in accordance with the national context;[3]]

(4) to strengthen prevention of antimicrobial resistance through, inter alia, implementation of WHO's global strategy on infection prevention and control (2023), the Immunization Agenda 2030, and the WHO water, sanitation and hygiene strategy 2018–2025, and by monitoring and addressing substandard and falsified antimicrobial agents;

[1] This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

[2] And, where applicable, regional economic integration organizations.

[3] This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

(5) to strengthen the capacities and standards of laboratories, including in respect of a trained workforce and systems of surveillance for antimicrobial resistance; to participate in the WHO's Global Antimicrobial Resistance and Use Surveillance System (GLASS); to monitor antimicrobial consumption and use in the human health sector and inform health facility and national policy decisions to improve antimicrobial stewardship; and to collect nationally representative data on prevalence and profiles of antimicrobial resistance, and mortality attributable to antimicrobial resistance; and to undertake all the above-mentioned actions in accordance with the national context;

(6) to promote timely and equitable supply of quality and affordable essential vaccines, diagnostics and antimicrobials, and ensure their appropriate use including by applying the WHO Access, Watch and Reserve (AWaRe) list; to strengthen diagnosis, infection prevention and control and water, sanitation and hygiene (WASH) services in health care facilities; and to support access to services by patients; and to undertake all the above-mentioned actions in accordance with national context;

(7) to increase coverage of national immunization programmes and maximize their benefits for infection prevention, including reducing the risk of secondary infections and supporting antimicrobial stewardship efforts;

(8) to support targeted awareness-raising measures, including communication and information campaigns and behavioural change initiatives for both health care workers and communities; to strengthen antimicrobial stewardship competencies in health care professionals; to build the technical competency of the health workforce by integrating antimicrobial resistance modules in pre- and in-service education and training curricula; and to sensitize the general public to the importance of appropriate use of antimicrobial agents; and to undertake all the above-mentioned actions in accordance with the national context;

(9) to support innovative initiatives that foster research and development for new vaccines, diagnostic tools, antimicrobials, therapeutics, and alternatives to traditional antibiotics, including basic, applied and implementation research and research on novel approaches to infection prevention and control and antimicrobial stewardship; to preserve the effectiveness of the existing antimicrobial medicines through collaboration with academic institutions, civil society organizations and the private sector through appropriate mechanisms; and to promote the local production of antimicrobials and other health products to address antimicrobial resistance;

(10) to strengthen international cooperation in addressing antimicrobial resistance, especially to enhance implementation capacities;

(OP)4. REQUESTS the Director-General:

(1) to provide support and guidance to Member States in the preparations for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

(2) to support the negotiations of the political declaration and proceedings of the 2024 high-level meeting of the United Nations General Assembly on antimicrobial resistance by producing an updated report on progress, achievements and challenges in implementation of national action plans, including multisectoral and multistakeholder coordination mechanisms, and proposing solutions, as technical inputs; and to coordinate Member States briefing sessions to facilitate informed discussions;

(3) to continue to work with the Quadripartite organizations and other relevant United Nations and international organizations to address antimicrobial resistance through multisectoral approaches and in line with a One Health approach, including to align and reduce duplication of efforts and to prepare for the 2024 high-level meeting of the General Assembly on antimicrobial resistance;

[(4) to provide technical support to Member States upon request on the application of the WHO strategic and operational priorities to address drug-resistant bacterial infections in the human health sector, 2025–2035 in national action plans; to establish ambitious yet achievable national objectives, targets and indicators in line with the three strategic priorities; to apply the WHO's people-centred approach for addressing antimicrobial resistance in the human health sector and the WHO Access, Watch and Reserve (AWaRe) classification to improve antimicrobial stewardship, and estimate attributable mortality from antimicrobial resistance;[1]]

(5) to support Member States, upon request, in mobilizing domestic and international funding for implementing national action plans on antimicrobial resistance, and facilitate learning and sharing experiences and good practice across Member States;

[(6) to continue providing support for strengthening Member States' capacities through capitalizing antimicrobial resistance expertise from the countries, WHO regional offices, WHO collaborating centres, and relevant Secretariat departments, including but not limited to the WHO Academy;[2]]

(7) to support Member States, upon request, in their participation in the WHO Global Antimicrobial Resistance and Use Surveillance System, including to monitor antimicrobial resistance and antimicrobial consumption and use in the human health sector, and to inform policy at health care facility and national levels;

(8) to continue submitting consolidated biennial reports on progress achieved in implementing this resolution to the Health Assembly, as requested by resolutions WHA68.7 (2015) and WHA72.5 (2019), with reports to the Seventy-eighth World Health Assembly in 2025, the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

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

Decision:	Antimicrobial resistance: accelerating national and global responses
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.3.5. Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Eleven years (2025–2035).

[1] This paragraph is contingent on further Member State consultation prior to the Seventy-seventh World Health Assembly and will be reformulated when the strategic and operational priorities have been finalized after global consultation.

[2] Subject to further clarification from the Secretariat on the function of the WHO Academy prior to the Seventy-seventh World Health Assembly.

B.	Resource implications for the Secretariat for implementation of the decision
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 503.25 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 41.03 million. Only anticipated costs for 2025 have been included to align with the estimated time frame.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 85.34 million.
4.	**Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:** US$ 376.88 million.
5.	**Level of resources already available to fund the implementation of the decision in the current biennium, in US$ millions** – **Resources available to fund the decision in the current biennium:** US$ 10.22 million. – **Remaining financing gap in the current biennium:** US$ 30.81 million. – **Estimated resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:** US$ 23.00 million. Partners supporting WHO's work on antimicrobial resistance: Asia-Europe Foundation, Centers for Disease Control and Prevention (United States of America), Denmark, European Commission, Fleming Fund (United Kingdom of Great Britain and Northern Ireland), Foundation for Innovative New Diagnostics, France, Global Antibiotic Research and Development Partnership, Germany, Japan, Netherlands (Kingdom of the), Norwegian Agency for Development Cooperation, Republic of Korea and Saudi Arabia.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

Biennium	Costs	Region						Headquarters	Total
		Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific		
B.2.a. 2024–2025 resources already planned	Staff	2.31	1.20	1.95	1.85	1.22	1.00	11.90	21.41
	Activities	1.95	1.43	1.95	2.36	1.74	1.13	9.06	19.61
	Total	4.26	2.63	3.89	4.21	2.96	2.13	20.95	41.03
B.2.b. 2024–2025 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2026–2027 resources to be planned	Staff	4.80	2.49	4.05	3.84	2.54	2.07	24.74	44.54
	Activities	4.06	2.98	4.05	4.91	3.61	2.35	18.84	40.80
	Total	8.86	5.47	8.10	8.75	6.15	4.42	43.58	85.34
B.4. Future bienniums resources to be planned	Staff	21.20	11.01	17.87	16.96	11.22	9.16	109.27	196.70
	Activities	17.94	13.14	17.89	21.68	15.95	10.36	83.21	180.18
	Total	39.14	24.15	35.77	38.64	27.17	19.52	192.48	376.88

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

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

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the strategic and operational priorities proposed in document EB154/13, which would guide Member States in scaling up coordinated action across the human health sector using a One Health approach. Member States should strengthen national health systems to address the impact of antimicrobial resistance, and encourage multisectoral and cross-cutting actions. Moreover, the response to antimicrobial resistance had to be tailored to the different contexts within the Region in order to be effective. Progress was being made in tackling antimicrobial resistance in hospitals, but more needed to be done at the primary and emergency health care levels and in public health programmes, with a particular focus on infection prevention. The WHO AWaRe (Access, Watch, Reserve) antibiotic book was an important resource to improve the rational use of antibiotics. Antibiotics should no longer be used as a substitute for basic hygiene, accurate diagnosis and more appropriate treatment. Related workforce concerns should be addressed, including the need for a sufficient, motivated and trained health workforce.

The representative of the UNITED STATES OF AMERICA requested more information on how WHO's strategic people-centred approach and the global antimicrobial resistance technical assistance mechanism would operate and enable accelerated support for Member States. She appreciated the Secretariat's dedication to prioritizing antimicrobial resistance on the global political agenda and its support in preparing draft commitments for the second high-level meeting of the United Nations General Assembly on antimicrobial resistance in September 2024. She looked forward to collaboration among Member States, the Secretariat, members of the Quadripartite alliance on One Health and others to address the growing threat of antimicrobial resistance. As the Secretariat's cooperation with all stakeholders was a vital part of its mandate, she urged the Secretariat to ensure that WHO was fully inclusive of all partners, including Taiwan.[1] Her Government expressed support for the participation of Taiwan[1] as an observer to the World Health Assembly and in WHO's work.

The representative of JAPAN, emphasizing the importance of the three urgent strategic priorities, said that Member States should allocate resources for their implementation at the country level. He

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

expressed concern that, while most Member States had developed national action plans on antimicrobial resistance, only a limited number had allocated funds from the national budget to countermeasures. The high-level meeting in September 2024 would provide a good opportunity to boost political momentum for countermeasures. In addition, it was important to benefit from lessons learned in past successes in antimicrobial resistance. In that regard, participation by observers from regions such as Taiwan[1] which had achieved notable public health successes, would contribute to preventing the spread of infectious diseases worldwide. He emphasized that no region should be left behind in addressing global health issues such as infection prevention and control.

The representative of RWANDA, speaking on behalf of the Member States of the African Region, highlighted the urgent need to accelerate the development and implementation of national action plans on antimicrobial resistance in order to address identified major gaps, alleviate the burden on health systems, and foster better preparedness and response to health emergencies. That would require support from WHO regional and country offices. The priorities and actions outlined in the report were well aligned with the African Regional Strategy for Expediting the Implementation and Monitoring of National Action Plans on Antimicrobial Resistance, 2023–2030. The Member States in his Region looked forward to the high-level meeting in September 2024 and its outcome.

The representative of TOGO detailed measures taken by his Government to address antimicrobial resistance, including through multisectoral and One Health actions and the processing of surveillance data. His Government valued the possibility of sharing information with other Member States.

The representative of YEMEN said that addressing antimicrobial resistance was important because of its impact on human, animal and plant health, and on mortality and morbidity rates. Policy and legislation should be adopted to ensure the rational use of antibiotics. He outlined some of the measures taken by his Government to address the issue.

The representative of MALAYSIA, commending WHO leadership in spearheading global efforts against antimicrobial resistance, gave details of steps taken by her Government to tackle the problem. The Secretariat should provide tailored technical support to Member States to integrate the strategic priorities into national action plans, including through the proposed global antimicrobial resistance technical assistance mechanism and diagnostic initiative, robust laboratory infrastructure and cost-effective diagnostics, improved patient care, early illness diagnosis and antimicrobial resistance management. Her Government supported the development of an accountability framework and urged Member States to sustain their commitment to combating antimicrobial resistance.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, said that the candidate countries Türkiye, North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, and the European Free Trade Association country Norway, a member of the European Economic Area, aligned themselves with her statement. She welcomed the progress made in addressing antimicrobial resistance, although it remained a major global health threat. Strong action and ambitious policies under the One Health approach should underpin the implementation of national action plans, for which adequate funding must be ensured. The prudent and responsible use of antimicrobial agents and high standards of infection prevention and control should be implemented to reduce the risk of antimicrobial resistance. She welcomed the Secretariat's evidence-based guidance in that regard.

Welcoming the strategic and operational priorities, she encouraged support for research and development on new antimicrobial agents and other medical technologies. Setting measurable targets, especially for reducing antimicrobial consumption, would be an effective tool, and the development of an accountability framework was therefore welcome. She urged Member States to cooperate to build the capacity to implement targeted antimicrobial resistance initiatives, particularly in low- and

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

middle-income countries. She appreciated the people-centred approach taken by WHO; nevertheless, collaboration with the quadripartite organizations to expand work on antimicrobial resistance to all sectors and disciplines should continue.

The representative of CANADA said that the lack of dedicated funding for implementation of national action plans posed a critical challenge; innovative avenues should be explored to secure financial and technical support for the effective execution of the plans, especially in lower-income settings. The forthcoming high-level meeting would draw greater attention to the escalating multisectoral crisis. Setting clear targets and emphasizing accountability would drive meaningful outcomes, including on taking a One Health approach. In developing indicators for an accountability framework, he asked the Secretariat to define or explain the proposal to use global burden of disease data to understand what scope of data might be provided for such indicators and ensure actions were feasible across Member States.

The representative of the COMOROS drew attention to the fact that Member States were at different stages in terms of leadership, governance, funding, multisectoral action, specialized human resources, monitoring of systems and health training. She called for a resolution to increase investment in health, including to combat antimicrobial resistance, to improve global health security and attain universal health coverage. She called for recognition of the needs of small island developing States, in order to receive targeted support from the Secretariat and stakeholders.

The representative of TIMOR-LESTE provided details of initiatives taken by his Government to address antimicrobial resistance. The proposed strategic and operational priorities for antimicrobial resistance had already been incorporated into his Government's national plans for the health sector and for antimicrobial containment. His Government called on the Secretariat and WHO partners to continue supporting its efforts to implement its national action plan for antimicrobial containment.

The representative of MALDIVES affirmed her Government's steadfast commitment to combating antimicrobial resistance at the national and global levels. To facilitate people-centred approaches in Member States, global forums must exchange information, knowledge and research findings to inform antimicrobial resistance containment and prevention policies and practices. She noted with appreciation the proposed comprehensive WHO strategic and operational priorities, and recognized the challenges faced by some Member States, especially low- and middle-income nations. She supported the draft decision.

The representative of AUSTRALIA, welcoming the people-centred approach to antimicrobial resistance, said that monitoring implementation was important and that consultation with Member States was essential to reaching agreement on an accountability framework, global targets and financing. Inclusivity had never been more important; no population or potential partners should be excluded from collective actions. The draft decision would enhance political efforts and mobilize funding to accelerate the implementation of national antimicrobial resistance action plans.

The representative of ETHIOPIA said that, to address antimicrobial resistance in the human health sector, it was crucial to: integrate strategic and operational priorities to combat drug-resistant bacterial infection into national antimicrobial resistance action plans; share of best practices; receive customized support from regional offices; strengthen financing mechanisms and governance structures to implement global and national action plans, including monitoring systems; and advocate enhanced political commitment across all levels of governance. Furthermore, WHO should support consultations to ensure that the proposed strategic and operational priorities were adequately reflected in the discussions and outcomes of the 2024 high-level meeting.

The representative of BRAZIL welcomed the notable shift in the approach of the antimicrobial resistance response document, which placed more focus on its impact on the population and health

systems. His Government supported the development of strategies and actions by Member States to slow down the progress of antimicrobial resistance; which should include strengthening health sector governance structures, sustainable financing, monitoring and evaluation, and updating legislation. He emphasized the need to integrate the action and prevention strategies for other diseases with the antimicrobial resistance strategy, especially in the preparation and response to public health emergencies. He expressed support for the draft decision.

The representative of BARBADOS said that many small island developing States did not have the necessary human, financial and technical resources to make a significant impact on the control of antimicrobial resistance at the global level. However, much could be done at the regional and local levels, including public awareness and education; strengthening laboratory systems through access to new and emerging technologies and training laboratory staff in antimicrobial resistance; expanding research and development capabilities; and collaborating with other stakeholders to promote a One Health policy and framework. His Government supported the strategic priorities, and urged the Secretariat to continue its commitment to tackling antimicrobial resistance in the Region. He looked forward to the high-level meeting and its outcome.

The representative of SLOVENIA said that his Government supported the proposed strategic priorities, the people-centred approach to antimicrobial resistance and the development of an accountability framework. He highlighted the benefit of involving key partners and networks, including civil society and youth, particularly to enhance health literacy. His Government fully supported the planned actions, the implementation of which should be supported by the Secretariat.

The representative of SWITZERLAND welcomed the planned accountability framework which, together with the strategic and operational priorities set, could serve as the basis for defining global targets for human health. The year 2024 would be important for the fight against antimicrobial resistance, and she expressed the hope that ambitious commitments would be made at the high-level meeting, and at the Fourth Global High-Level Ministerial Conference on Antimicrobial Resistance.

The representative of the REPUBLIC OF MOLDOVA called for more funds and expertise to address antimicrobial resistance at the national level to: strengthen national capacities, coordination mechanisms and policy development in the human, veterinary and agricultural sectors; harmonize national legislation with European Union and international standards; strengthen national laboratory networks for surveillance of antimicrobial resistance; and raise awareness of antimicrobial resistance. Mechanisms for the market authorization, prescription and distribution of antimicrobial products in the human, veterinary and agricultural sectors should be strengthened, and the market circulation of antimicrobial agents and circulating antimicrobial-resistant microorganisms should be monitored.

The representative of PERU said that the core package of interventions recommended in the report were essential and should be incorporated into updated national antimicrobial resistance action plans, which must be sufficiently funded and implemented by all relevant stakeholders, including quadripartite partners. Instruments were therefore required to establish an integrated framework, which would set in motion multisectoral action, with the consensus of all regional organizations. That would avoid fragmentation and ensure the implementation of a One Health approach.

The representative of DENMARK, speaking in her national capacity, said that a strong global response to antimicrobial resistance was important; concrete and ambitious global targets must be set for a reduced burden of infections with resistant microorganisms and for antibiotic use. There was also a need for increased and transparent global sharing of data to guide national and global action. Increased support for implementation, especially in low- and middle-income countries, was crucial. Infection prevention and control, along with water, sanitation and hygiene, and vaccination programmes, continued to be crucial weapons in the fight against antimicrobial resistance, especially in the context of increased infection risk resulting from climate change.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA encouraged the Secretariat to increase its technical and logistical support to help Member States to integrate the three strategic priorities into national action plans and to develop affordable, rapid and accurate diagnosis and treatment of drug-resistant bacterial infections in primary health care units. Turning to the participation of the Chinese Taiwan region[1] in WHO meetings, his Government reiterated its recognition of the one-China principle, and opposed any politicization of technical matters in WHO.

The representative of CHINA said that, as a member of the Executive Board, his Government had been actively fulfilling its responsibilities and discussing technical global health issues with all Member States. However, his Government once again noted with regret that individual Member States had made statements that were inconsistent with the technical matters under discussion, infringing on the sovereignty of China, to which his Government objected. He urged the Chair to remind Member States that the Board was a platform for discussion on health-related technical issues. Reaffirming that his Government attached great importance to the management of antimicrobial resistance, he detailed measures taken and planned to address the issue in the human and animal health, and environmental sectors.

The representative of BELARUS said that his Government could not support the participation of Taiwan[1] as an observer in the Health Assembly. The one-China principle must be adhered to, and WHO's platforms should not be politicized.

(For the continuation of the discussion, see the summary records of the thirteenth meeting, section 2.)

The meeting rose at 17:45.

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

THIRTEENTH MEETING

Friday, 26 January 2024, at 18:20

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

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

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

- **Report on the implementation of the Framework of Engagement with Non-State Actors** (document EB154/36) (continued)

- **Non-State actors in official relations with WHO** (documents EB154/37 and EB154/37 Add.1) (continued)

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

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

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

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

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

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

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

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

The representative of AUSTRALIA, recalling that partnerships with non-State actors advanced the common interest of better health for all, said that Member States should be wary of decisions that undermined the Framework of Engagement with Non-State Actors. He welcomed the Programme, Budget and Administration Committee's unambiguous support for the Framework, noting that the Committee had emphasized its trust in the Secretariat and had not identified any issues with the application of the Framework's eligibility criteria, due diligence or related processes. Those criteria had been painstakingly negotiated and were fundamental to the Framework's integrity; blocking the approval process for applications that satisfied them would undermine its core purpose. The Framework must be protected as it enhanced transparency by giving Member States greater insight into the non-State

actors engaging with WHO, and improved efficiency, since it removed the need for Member States to debate the admission of non-State actors during governing bodies meetings. Upholding the Framework meant accepting the conclusion of assessments under its criteria. Proposing postponement or a vote on applications satisfying the established criteria showed fundamental disrespect for any prior assessment using those criteria and rendered the Framework unusable. His Government therefore supported the full draft decision, including paragraph 1(a).

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

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

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

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

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

The representative of FRANCE recalled that the Programme, Budget and Administration Committee had noted that the two non-State actors concerned met all the eligibility criteria for admission into official relations with WHO. She thanked the Secretariat for its rigorous application of the Framework, which had enabled the effective formalization of relations with non-State actors for many years. On that basis, the Committee should have recommended the admission of both non-State actors into official relations with WHO. The Board should likewise decide in favour of admitting them, as it had always done in the past. In the absence of a recommendation from the Committee, the Board's action should be guided by the principle of upholding the Framework, which had been agreed by consensus following complex negotiations. Moreover, the Secretariat must be allowed to consider

applications for admission into official relations without impediment or needless overcomplication. She therefore called for the draft decision, including paragraph 1(a), to be adopted without amendment.

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

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

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

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

The representative of MEXICO,[1] speaking also on behalf of Norway, Germany, Belgium, the Kingdom of the Netherlands, the United Kingdom of Great Britain and Northern Ireland, Finland, Luxembourg, Spain, Colombia, Ireland, Sweden, Uruguay, New Zealand, Chile, Iceland, Monaco, Fiji, Romania, Estonia, Latvia, Portugal, Poland, Austria, Slovenia and Italy, thanked the Secretariat for its recommendation to admit Rare Diseases International and The Center for Reproductive Rights, Inc. into official relations with WHO. The Secretariat had come to that conclusion following a thorough process in line with the criteria of the Framework of Engagement with Non-State Actors, which had been adopted by consensus. She agreed with the conclusion and therefore supported the admission of both non-State actors. However, she expressed deep concern regarding the attempts to undermine the Secretariat's neutrality and authority, which threatened the effective governance of WHO and could lead to the politicization of routine decisions that the Secretariat should be trusted to make within its mandate. In questioning the Secretariat and applying a selective approach to non-State actors, Member States

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

were threatening its neutrality and autonomy. The strength of WHO lay in its technical, normative and independent role; Member States, in particular Board members, must safeguard that role.

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

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

The representative of EGYPT[1] said that there were obvious concerns regarding the risk of conflicts of interest, which might harm WHO's integrity, credibility and reputation. While civil society space and human rights forums were indispensable and must be expanded, specialized agencies such as WHO dealt with highly sensitive technical matters that should be free from undue influence from non-State actors. That was especially important when there were concerns regarding the promotion of agendas that did not enjoy consensus, when receiving government funding and when there were doubts regarding relevant health expertise. According to the principles of the Framework, any engagement must demonstrate a clear benefit to public health and conform with WHO's Constitution, mandate and general programme of work. Many Member States had concerns in that regard.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Medical Students' Associations, the International Association for Hospice and Palliative Care, Inc., the International Pediatric Association, the International Agency for the Prevention of Blindness, the Alliance for Health Promotion, the World Federation of Societies of Anaesthesiologists, The International Society for Quality in Health Care Company Limited by Guarantee, the World

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

Organization of Family Doctors and the NCD Alliance, stressed the need to acknowledge the expertise and perspectives of non-State actors. Commending the implementation of the Framework, she underscored the pivotal role of systematic, meaningful engagement with non-State actors at all levels of WHO and the need to prioritize sustainable capacity-building and awareness programmes to equip the Organization's workforce with skills in that area. It was also important to engage with young people, who represented a key civil society demographic. She highlighted the need for transparency in collaboration with non-State actors, which must have access to well-defined communication channels and timely information.

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

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

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

The LEGAL COUNSEL said that paragraph 61 of the Framework stated that the Board, after considering the recommendations of the Committee, should decide whether an organization was to be admitted into official relations with WHO. That decision could be taken by consensus, which was preferable in practice, or by voting. Alternatives not set out in the Framework included postponing the decision to a future meeting, or requesting a subcommittee, namely the Programme, Budget and Administration Committee, to consider the matter further and advise the Board. The actions suggested could be taken separately for each non-State actor under consideration or for both together.

Dr Al Kuwari took the Chair.

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

The Board noted the reports.

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

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

The decision, as amended, was adopted.[1]

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

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

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

2. ANTIMICROBIAL RESISTANCE: ACCELERATING NATIONAL AND GLOBAL RESPONSES: Item 13 of the agenda (document EB154/13) (continued from the twelfth meeting, section 4)

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

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

[1] Decision EB154(12).

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

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

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

The representative of the REPUBLIC OF KOREA[1] endorsed the strategic and operational priorities and reiterated her Government's commitment to reducing the burden of antimicrobial resistance, notably by participating in discussions on country-specific measures at forthcoming high-level meetings. A timeline should be created to assess action on the priorities, including progress reports, a mid-term assessment in 2030 and a final evaluation in 2035. That would help to assess and meet the needs of various stakeholders, thereby encouraging Member States to join efforts to fight antimicrobial resistance. Policy dialogue was also needed, together with in-depth discussions on supporting Member States in implementing the priorities. Action in that area should include the provision of access to qualified diagnostics, more representative surveillance and the rational use of antimicrobial agents, all as part of a people-centred approach.

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

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

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

that regard. Both the report and the draft decision on antimicrobial resistance would help Member States to prepare for the high-level meeting.

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

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

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

The representative of EGYPT[1] expressed appreciation for WHO's efforts to combat antimicrobial resistance.

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

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

The representative of BRUNEI DARUSSALAM[1] said that implementing the strategic and operational priorities at the country level was a major challenge that depended on Member States' health

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care infrastructure, capacity and resources. Financial constraints and a lack of trained staff were often a barrier in that regard. In addition, some Member States encountered issues with access to essential medicines; the availability and affordability of antimicrobial agents could significantly influence the success of initiatives to address antimicrobial resistance. It was therefore difficult to identify priorities, especially in resource-limited settings. More country-level support and guidance from the Secretariat would be invaluable for progress in that area.

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

The representative of INDONESIA[1] welcomed the three proposed strategic priorities and the people-centred approach to addressing antimicrobial resistance. Technical support from the Secretariat, strong commitment from Member States, the engagement of relevant stakeholders, and effective health information systems would be key to integrating those strategic priorities into national action plans, as would financing and governance. Antimicrobial resistance should be established as a priority programme at the national level and receive close attention at the high-level meeting, in order to improve planning and secure human resources and funding, including from external sources. That work should be further supported by strong, evidence-based advocacy. His Government wished to be added to the list of sponsors of the draft decision.

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

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

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

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

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

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

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

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, said that his organization faced serious challenges from drug-resistant infections. A decisive strategy with ambitious, context-specific targets was urgently needed to address the situation. Member States should establish a governance and financing mechanism to address antimicrobial resistance, with particular emphasis on low- and middle-income countries and humanitarian contexts, and with the central involvement of civil society organizations and affected communities. They should also ensure equitable access to existing and novel antimicrobial agents, diagnostics and vaccines by diversifying manufacturing, establishing pooled procurement systems and building access conditions into research and development funding. Public and non-profit research and development initiatives must be supported to promote access and stewardship, while collaboration through mechanisms such as global clinical trial networks was needed to overcome innovation barriers and guarantee meaningful investment for access to quality health care.

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

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

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

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

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

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

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

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

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, called for all Member States to commit to action-oriented, results-based

outcomes to address antimicrobial resistance, including at the high-level meeting. In particular, they should support innovative initiatives for research and development for, and access to, new and existing therapeutics, vaccines and diagnostic tools, and other critical public health interventions, such as infection prevention and control and improved laboratory capacity. She urged Member States to support the draft decision.

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

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

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

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

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

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

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

The Board noted the report.

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

It was so agreed.

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

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

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

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

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

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, said that, while the social determinants of health were rooted in other sectors, their negative impacts were felt by health systems across the globe. Progress in addressing the social determinants of health had been slow, with the targets unlikely to be met in her Region. Indeed, most countries in her Region were yet to prioritize action to address the social determinants of health, while many faced conflict, which caused poor health and population displacement. In addition, access to high-quality, equitable maternal and child health care remained a challenge, and the increasing burden of both communicable

and noncommunicable diseases significantly reduced the life expectancy of its adult population. The ongoing effects of the coronavirus disease (COVID-19) pandemic, the negative consequences of climate change and the widening gap between rich and poor also had an impact. However, efforts were under way to address the social determinants of health equity, notably through the adoption in 2023 of a regional multisectoral strategy to promote health and well-being in the African region and a regional strategy for community engagement. She supported the proposed recommendations and called on all Member States to allocate adequate resources for action on the social determinants of health equity.

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

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

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

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

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

specific recommendation (viii) would increase awareness of the triple planetary crisis of climate change, biodiversity loss and pollution as determinants of health and health equity.

The representative of the UNITED STATES OF AMERICA welcomed the extensive consultations undertaken during development of the world report, noting the need to incorporate a wide range of views to fully understand the complex landscape. His Government recognized the impact of social, economic and environmental determinants on health outcomes in all communities, and their impact on global resilience and emergency preparedness. Resilient, accessible and equitable primary health care was essential to respond to health emergencies, promote health across the life course and ensure that everyone could enjoy the highest attainable standard of health. His Government continued to support WHO's commitment to non-discrimination and inclusivity to ensure that every person could live a healthy life, regardless of identity status, including race, ethnicity, sex, sexual orientation, sex characteristics, gender identity, gender expression, age, immigration status and socioeconomic level. He welcomed the proposed recommendations, particularly their emphasis on health equity, multisectoral action and addressing structural factors to improve health and well-being.

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

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

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

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

employing clear strategies to address the social determinants of health. She urged the Secretariat to support implementation of the proposed recommendations.

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

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

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

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

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

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

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

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

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

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

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

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

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their guidance, which the Secretariat would take into account in finalizing the world report on social determinants of health equity, and welcomed their commitment to addressing the social determinants of health despite significant national and regional challenges. Noting the concerns expressed regarding the slow progress in implementing the 2008 recommendations of the

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

The Board noted the report.

The meeting rose at 21:15.

FOURTEENTH MEETING

Friday, 26 January 2024, at 21:20

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

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

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

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

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

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

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

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

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

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

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

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

The representative of JAPAN welcomed the progress made, particularly in relation to overweight and exclusive breastfeeding, and the development of WHO's guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes. Since the impact of marketing of breast-milk

substitutes varied among countries, it was important to consider national contexts when introducing regulations and deciding on approaches. Active communication between the Secretariat and Member States was needed to evaluate and identify challenges in implementing the guidance.

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

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

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

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

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

The representative of MALAYSIA said that WHO, together with other organizations of the United Nations system, should hold a session to share information on achievements and progress made on maternal, infant and young child nutrition and discuss challenges and the way forward towards achieving the Sustainable Development Goals by 2030. Consultations should also be organized on ways of strengthening country-level adherence to the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes.

The representative of SLOVAKIA supported efforts to develop nutrition policies, strategies, programmes and guidelines, but called for greater attention to be paid to children's and adolescents'

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

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

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

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

The representative of ARGENTINA[1] said that regulations on the digital marketing of breast-milk substitutes should be balanced, allowing breast-milk substitutes to exist on the market and be used in cases where breastfeeding was not possible. She expressed concern that the guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes went beyond the scope of decision WHA75(21) (2022) and could thus prove difficult to implement, and that it might not be consistent with other WHO norms.

The representative of NAMIBIA[1] welcomed the progress made in achieving some of the global nutrition targets, but noted with concern persistent challenges, particularly in relation to anaemia in women of reproductive age and low birth weight. High-level political commitment in the areas of nutrition, food safety and resilient food security systems was commendable. He expressed concern, however, at the lack of robust food standard regulations and consumer protection, especially for children and adolescents, and the limited number of multisectoral actions to combat malnutrition. He called for further collaborative efforts to enhance effective health interventions with an impact on nutrition.

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

The representative of HAITI[1] described the initiatives implemented by his Government to combat malnutrition, including the establishment of legislation on food fortification and the promotion of exclusive breastfeeding.

The representative of ECUADOR[1] outlined the action taken in her country to promote, support and protect breastfeeding and said that her Government remained committed to preventing malnutrition.

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

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

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

The representative of BANGLADESH[1] underscored the need to enforce regulatory measures on digital marketing of breast-milk substitutes. His Government did not support the promotion of breast-milk substitutes, which should be used only if a lactating mother was not able to breastfeed her child at an optimum level and in line with the advice of a physician. The Secretariat should promote research on the negative impacts of breast-milk substitutes and organize consultations with Member States to discuss regulatory measures on the digital marketing of such products. His Government supported the development of a resolution on the matter, as proposed by the representative of Brazil.

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

The representative of IRELAND[1] commended the Secretariat for its work to enhance maternal, infant and young child nutrition and welcomed WHO's new guideline on the prevention and management of wasting. Acknowledging the inadequate progress made towards achieving the 2025 global nutrition targets, he called for Member State consultations to be held on the extension of those targets and on the preparation of a comprehensive implementation plan for the period until 2030. All key stakeholders must collaborate with Member States in implementing the multisectoral, multisystem approach reflected in the Global Action Plan on Child Wasting.

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

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November of the year previous to their intended consideration, in accordance with the timelines indicated in decision EB153(2) (2023).

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

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

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

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

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

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

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

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

The Board noted the report.

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

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

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> >
> > (PP1) Having considered the report by the Director-General;
> >
> > (PP2) Reaffirming the commitment to the principles of the Alma-Ata Declaration (1978), the Ottawa Charter for Health Promotion (1986), the Jakarta Declaration (1997), the Bangkok Charter (2005) and other relevant international agreements on health promotion and disease prevention;
> >
> > (PP3) Recalling the global burden of noncommunicable diseases accounting for 74% of all global deaths[2] and 1.62 billion disability-adjusted life years (DALYs),[3] and noting with concern the rising prevalence of noncommunicable diseases, injuries and other health challenges;
> >
> > (PP4) Reaffirming the importance of advancing the United Nations Sustainable Development Goals set in 2015 (United Nations General Assembly resolution 70/1), including Goal 3, while acknowledging the lack of progress in meeting Sustainable Development Goal 3.4 to reduce premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being by one third

[1] Document 154/23.

[2] WHO NCD Factsheet, available online via https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.

[3] The Lancet, Non-communicable diseases—Level 1 cause, available online via non-communicable-diseases.pdf (thelancet.com).

by 2030, as well as United Nations General Assembly resolution 75/18 on sport as an enabler of sustainable development and of the UNESCO Fit for Life sports flagship initiative;

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

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

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

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

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

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

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

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

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

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

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

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

(3) to facilitate and strengthen capacity in health emergency preparedness, readiness and response and to ensure that activities are planned by applying a risk-based approach and implemented in line with WHO guidance on mass gatherings[2] to avoid adverse health consequences and to maintain and strengthen the full operation of existing health systems without disruption and overload during sport events;

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

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

(6) to integrate, as part of the objectives of sport events, the promotion of regular, adapted, and sustainable physical activity, in people of all ages and abilities, as well as sustainable safe green mobility, and thus contributing to air quality control and improvement;

(7) to encourage the event organizers to conduct health impact assessments of sport events, events legacy and associated programmes, to guide evidence-based decision-making, planning and evaluation, as appropriate, and to ensure adequate planning and resources to conduct post-event short, medium- and long-term evaluations to assess the public health impact including the societal cost-benefit resulting from these actions;

(8) to share and recognize best practices, lessons learned, and innovative approaches to integrating health promotion into sport and sport events, and to foster global collaboration, research and knowledge exchange in order to inform public health policies, across sectors, including through WHO's dedicated activities and Healthy Cities Networks, aiming at improving health and creating urban environments that support well-being, reduce health inequalities and build resilient communities;

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[1] And, where applicable, regional economic integration organizations.

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

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

(9) to increase accessibility to sport events and to inclusive sport and physical activity interventions, as part of sport event legacy, in community settings including sport clubs, educational institutions, medical and social centres, and workplaces, using evidence-based approaches, in order to increase participation in sport and physical activity, whilst paying special attention to meeting the needs of the most vulnerable and disadvantaged populations, and reduce health inequities;

(10) to foster opportunities and partnerships with relevant stakeholders, while addressing the risk of undue influence, to implement and evaluate the use of awareness-raising and behavioural change interventions and campaigns aiming at promoting health and well-being through sport events, including through traditional and social media platforms, according to context and target audience, and to build the evidence on cost-effective approaches;

(11) to consider establishing a national annual "Sport and Physical Activity Day" to strengthen advocacy and promotion of the benefits of sport and physical activity for health and well-being;

(12) to enhance collaboration and partnerships with other relevant stakeholders, while addressing the risk of undue influence, to develop and test new ways of resourcing health promotion in and through sport events and their legacy;

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

(1) to jointly implement effective, evidence-based health promotion measures, and to contribute and support health emergency preparedness and response when organizing sport events in order to promote and protect population health, improve community well-being, and mitigate any negative impacts on health;

(2) to strengthen partnerships with other relevant stakeholders and to mobilize expertise and resources, in order to support the delivery of health promotion through sport events on the basis of transparency, openness, inclusiveness, accountability, integrity and mutual respect;

(3) to support evaluation of health promotion and health emergency preparedness and response in sport events and make available such data and information to strengthen the evidence base associated with the planning, implementation and evaluation of sport events and their legacy in the short, medium- and long-term;

(OP)3. REQUESTS the Director-General:

(1) to develop and strengthen the evidence base on the short, medium- and long-term impact of sport events and their legacy programmes on health;

(2) to develop technical guidance for Member States on how to implement and leverage the opportunities and reach of sport events and their legacy programmes in order to improve health and well-being, and minimize detrimental effects on health, as well as to provide technical assistance upon the request of Member States, in the application of the guidance within country context;

(3) to provide Member States with appropriate technical tools, support and training to conduct health impact assessments of sport events and their legacies;

(4) to provide technical assistance and training to Member States, upon request, on the application of existing WHO mass gathering guidance and tools, including for the development of Emergency Medical Teams as appropriate, and to develop additional instruments as required for the planning, implementation and evaluation of sport events;

(5) to set up a platform to coordinate efforts and activities of the Member States, to facilitate exchange of experiences and best practices in order to ensure synergies and increase the positive impact of sport events and their legacy programmes for health and well-being;

(6) to support Member States to effectively use appropriate national and international days on sport or relevant health issues to stress the importance of physical activity and sport to promote health and well-being;
(7) to establish and strengthen partnerships with other international organizations, and non-State actors, in full accordance with the Framework of Engagement with Non-State Actors, to mobilize expertise and resources, and review and analyse possible models, including funding, to strengthen health promotion through sport events, while safeguarding public health interests from undue influence by any form of real, perceived or potential conflict of interest;
(8) to provide a progress report to the Health Assembly in 2027 and 2030, outlining achievements and challenges related to the integration of health and well-being into sport events.

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

Decision:	Strengthening health and well-being through sport events
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 2.1.3. Countries operationally ready to assess and manage identified risks and vulnerabilities 2.3.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities 3.2.1. Countries enabled to address risk factors through multisectoral actions 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six and a half years, from July 2024 to December 2030.
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 28.85 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 8.35 million. This does not include staff or activity costs associated with the provision of intensive event-specific technical assistance or resources for intervention activities in specific sport events in the biennium 2024–2025. Such types of assistance would be at the request of Member States, and would require separate additional resources based on the requirements of the specific sport event or setting. Additional resource mobilization would be required to respond to such requests from Member States.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:

US$ 7.97 million.

The note in section B.2.a. also applies here.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 12.53 million for the biennium 2028–2029, and 2030.

The note in section B.2.a. also applies here.

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

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

US$ 1.12 million.

– Remaining financing gap in the current biennium:

US$ 7.23 million.

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

Resource mobilization efforts are under way through discussions with Member States, in particular with those Member States identified as having confirmed or planning bids for hosting future international and regional sport events, to support general technical work as well as event-specific technical assistance. In addition, outreach is under way to introduce the work programme outlined in the draft decision to other stakeholders.

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

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

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

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

consensus had been reached on most of the text of the draft resolution, operative paragraph 1(5) required further discussion.

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

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

The representative of the UNITED STATES OF AMERICA, speaking also on behalf of Japan and Morocco as members of the newly launched WHO Commission on Social Connection, highlighted the importance of social connection to the health and well-being of individuals, communities and societies. Studies showed that social isolation and loneliness were widespread across all age groups and regions, particularly since the COVID-19 pandemic, with clear links to physical and mental health outcomes such as cardiovascular disease, diabetes, depression and cognitive decline, and he commended WHO for contributing to the measurement of those disturbing global rates. Conversely, social connection helped to prevent adverse health outcomes and promote well-being, thus extending lifespans and enhancing quality of life. It could also improve education outcomes for young people; enhance economic opportunities and job performance; contribute to prosperous, safe communities; and foster civic engagement and representative government.

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

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

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

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

but noted the need for further support in implementing the Health in All Policies approach, which was vital to achieving universal health coverage.

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

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

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

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

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

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

The representative of CHINA commended the Secretariat for its efforts to promote health and well-being and welcomed the six strategic directions of the global framework, as well as the associated

implementation and monitoring plan. Sharing information on measures implemented in her country, she called on Member States to formulate policies and plans that prioritized health and well-being and were tailored to the national context; engage in regular monitoring and evaluation; and progressively work towards achieving the Sustainable Development Goals.

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

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

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

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

The representative of the REPUBLIC OF KOREA[1] said that multisectoral collaboration was needed across economic sectors and social security systems to advance progress on well-being and health promotion. It was important to foster collaboration between ministries and departments, as well as between central and local governments. In that regard, he noted the recent launch of the WHO initiative on urban governance for health and well-being and requested the Secretariat to share best practices of city- and community-level collaborative initiatives on well-being and health promotion. Acknowledging the positive impact of sport events on society, he expressed support for the draft decision.

The representative of SAUDI ARABIA[1] said that her Government supported the draft decision and wished to be added to the list of sponsors.

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

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

as on the prevention and control of noncommunicable diseases. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of EGYPT[1] expressed appreciation for the Secretariat's efforts in promoting the well-being of societies.

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

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of World Cancer Research Fund International, welcomed the direction of the implementation and monitoring plan and the draft decision, noting its call to leverage existing tools to improve health promotion through sport events, and urged Member States to adopt it. She encouraged Member States to prohibit the marketing of unhealthy products at sport events and safeguard collaborations in such events from undue influence. The impact of healthy environments in sport settings should be optimized in the context of a comprehensive approach to implementing other best buys for noncommunicable diseases.

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

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

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

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

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

efforts in tackling the obesity crisis, it was important to address the risks of undue influence at sport events and implement the call to limit marketing of unhealthy products.

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

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

Sport was a powerful tool to address low levels of physical activity around the world. Indeed, 1.4 billion adults worldwide were insufficiently active, including 80% of adolescents. The draft decision on strengthening health and well-being through sport events could therefore help to advance collective efforts. Empowering both individuals and communities was essential to building healthier populations. However, it was also important to address other contributing factors, such as environmental contexts, and tackle the root causes of the issue, including social determinants such as poverty, education and employment.

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

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

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

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

The Board noted the report.

The SECRETARY read out the proposed amendment to the draft resolution contained in the draft decision on strengthening health and well-being through sport events. Operative paragraph 1(5) would be amended to read: "to ensure that actions are undertaken at sport events and settings to support global health priorities including physical activity, clean air, clean water and healthier diets, to limit the

marketing of unhealthy products as well as to prohibit or restrict the advertising, promotion and sponsorship of tobacco, in accordance with the WHO Framework Convention on Tobacco Control (WHO FCTC), to promote policies on alcohol in line with the WHO Global Alcohol Action Plan 2022–2030, and to minimize the negative consequences of gambling to health and well-being."

The decision, as amended, was adopted.[1]

Rights of reply

The representative of CHINA, speaking in exercise of the right of reply, said that a number of delegations had made irresponsible remarks that seriously infringed on China's sovereignty and territorial integrity, and which his Government strongly opposed. The participation of Taiwan[2] in WHO's activities must adhere to the one-China principle, in keeping with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972).

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

The representative of the UNITED STATES OF AMERICA, speaking in exercise of the right of reply, said that the COVID-19 pandemic had highlighted the urgency of engaging all public health experts and authorities and the value of exchanging information on lessons learned in real time. All stakeholders must be included in WHO's efforts to coordinate international health work. Isolating Taiwan[2] from the global health community served only to prevent the broader international community from benefiting from its experience, technical expertise and lessons learned from the pandemic. Taiwan[2] had been an observer at the Health Assembly from 2009 to 2016 and there was no reasonable justification to exclude its participation at the current time.

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

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

The representative of JAPAN, speaking in exercise of the right of reply, said that it was not his intention to politicize WHO's agenda, but stressed that geographical gaps should not exist when addressing global health. In responding to COVID-19 and other infectious diseases, it was important to

[1] Decision EB154(13).

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

share information and knowledge among all countries and regions in a free, transparent and timely manner, and Taiwan[1] must be included in such efforts.

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

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

The meeting rose at 23:25.

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

FIFTEENTH MEETING

Saturday, 27 January 2024, at 10:10

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

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

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

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

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

> The Executive Board, having considered report[s] by the Director-General on Climate change and health [and "Climate change, pollution and health: Impact of chemicals, waste and pollution on human health"],[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution;]
>
> > [The Seventy-seventh World Health Assembly,]
> >
> > (PP1) Recalling resolution WHA61.19 (2008) on climate change and health and welcoming the work carried out so far by WHO in pursuit of it;
> >
> > (PP2) Recalling also resolution WHA68.8 (2015) on addressing the health impact of air pollution and resolution WHA76.17 (2023) on the impact of chemicals, waste and pollution on human health, which recognize the link between health, environment and climate change;
> >
> > (PP3) Recognizing that climate change is one of the major threats to global public health, and noting the urgent call issued by the WHO Director-General for global climate action to promote health and build climate-resilient and sustainable health systems;[2]
> >
> > (PP4) Aware that increasingly frequent extreme weather events and conditions are taking a rising toll on people's well-being, livelihoods and physical and mental health, as well as threatening health systems and health facilities; and that changes in weather and

[1] Documents EB154/25 and EB154/24, respectively.

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

climate are threatening biodiversity and ecosystems, food security, nutrition, air quality and safe and sufficient access to water, and driving up food-, water-, and vector-borne diseases, underscoring the need for rapidly scaled-up adaptation actions to make health systems more climate resilient;

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

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

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

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

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

(PP10) Recognizing that "any further delay in concerted anticipatory global action on adaptation and mitigation will miss a brief and rapidly closing window of opportunity to secure a liveable and sustainable future for all";[4] and that accelerated climate change adaptation and mitigation measures can also provide co-benefits for health and sustainable development;

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[1] Document EB154/25.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(OP)1. CALLS UPON Member States:[1]

(1) to commit:

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

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

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

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

(2) [to [recognize][note] the Alliance for Transformative Action on Climate and Health (ATACH) as a WHO-led platform for the exchange of knowledge and best practices, and for collaboration on building climate resilient and sustainable health systems;]

(3) to mobilize high-level attention to climate and health and related aspects within multilateral fora, following the Health Day and climate and health ministerial at COP28, to help to ensure sustained and concrete political visibility and momentum, and explore ways in which to integrate health into climate actions towards adaptation, mitigation and loss and damage;

[1] And, where applicable, regional economic integration organizations.

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

(4) to promote inter and multisectoral cooperation between national health ministries and relevant national authorities on climate change to address the interlinkages between the environment, the economy, health, nutrition and sustainable development, for a coherent and holistic approach to building resilience and addressing the root causes of climate change and climate-sensitive environmental and social determinants of health, [in line with the One Health approach,[1]] as appropriate;

(5) to support efforts to mobilize resources from all sources for integrated action on climate and health and consider expanding opportunities, with a focus on developing countries, especially those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks, existing multilateral funds, including, among others, climate funds, innovative source;

(6) to invest in climate adaptation measures that proactively address climate related health impacts, including early warning systems for climate related disease outbreaks and enhancing emergency preparedness and response;

(7) to promote awareness among the public and health sector on the interdependence between climate change and health, as well as their engagement in the development of climate and health policies, fostering recognition of health co-benefits and sustainable behaviour in line with national context and priorities;

(8) to encourage collaboration between policy-makers, researchers and developers in order to accelerate the translation of evidence to policy and innovation in the field of climate and health;

(9) [to support the research and development of new health programmes to prevent, test and treat climate-sensitive diseases and support affected communities in their efforts to adapt to the impacts of climate change by creating an enabling environment to facilitate equitable access to health tools by those hit hardest by climate-sensitive diseases;]

(10) [to promote research and development related to the improvement of the detection and response to climate-sensitive diseases and support affected communities in their efforts to adapt to the impacts of climate change on health, this includes facilitating equitable access to health tools by those hit hardest by climate-sensitive diseases];

(OP)2. REQUESTS the Director General:

(1) [to develop a results based, needs-oriented and capabilities-driven global Plan of Action on climate change and health[2] within existing resources, as feasible, by the Seventy-eighth World Health Assembly (2025) and builds on the WHO Global Strategy on Health, Environment and Climate Change, integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;]

(2) [to develop a results based, needs-oriented and capabilities-driven global Plan of Action on climate change and health within existing resources, as feasible, that is coherent with the [provisions [and long term goals] of the] UNFCCC and other relevant fora on the issue of climate and health by the

[1] The One Health Approach, including the work of the Quadripartite organizations (WHO, WOAH, FAO, UNEP), the One Health Joint Plan of Action: 2022-2026 and the One Health High-Level Expert Panel.

[2] Next to the already existing Plan of Action on climate change and health in small island developing States (document A72/16).

Seventy-eighth World Health Assembly (2025), firmly integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;]

(3) to include and accelerate actions on climate change and health in the implementation of the fourteenth General Programme of Work emphasizing the interlinkages between health and other sectors and the need for cross-sectoral cooperation;

(4) to serve as a global leader in the field of climate change and health, including amongst others and where feasible, within available resources [as established by][by establishing] a Roadmap to Net Zero by 2030 for the WHO Secretariat, in line with the UN Global Roadmap;[1]

(5) [to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster more integrated [gender-responsive/gender-sensitive] action on climate and health, highlight the need to ensure synergy and coherence between the work of WHO and other relevant international organizations and fora, in particular the United Nations Framework Convention on Climate Change, on the issue of climate and health;]

(6) [to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster more integrated [gender-responsive/gender-sensitive] action on climate and health, and to promote synergy and coherence with other relevant international organizations and fora on the issue of climate and health;]

(7) [to support Member States, upon their request, in the development of national strategies for sustainable and climate-resilient health systems by, among other actions, capacity-building of health professionals and providing training to health professionals on the interdependence between climate change and health as feasible;]

(8) to report on progress in the implementation of this resolution to the World Health Assembly in 2025, 2027 and 2029, including on the development and implementation of the global plan of action on climate change and health.

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

Decision:	Climate change and health
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 3.3.1. Countries enabled to address environmental determinants of health, including climate change
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.

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

4. Estimated time frame (in years or months) to implement the decision:

Twelve months (2024–2025).

The time frame for developing the requested documents and reporting to the Seventy-eighth World Health Assembly in 2025 is 12 months, as is the continuing capacity-building and provision of support to Member States.

B. Resource implications for the Secretariat for implementation of the decision

1. Total budgeted resource levels required to implement the decision, in US$ millions:

US$ 27.6 million.

2.a. Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:

US$ 27.6 million.

2.b. Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:

Not applicable.

3. Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:

Not applicable.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

Not applicable.

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

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

US$ 20.0 million.

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

US$ 7.6 million.

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

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

Table. Breakdown of estimated resource requirements (in US$ millions)[a]

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

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

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

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

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

The representative of SWITZERLAND, speaking on behalf of Canada, Colombia, Costa Rica, Ecuador, El Salvador, Mexico, Monaco, Norway, Panama and Peru, said that urgent action was needed to address the interlinkages between health and the environment and enhance WHO's engagement in related efforts. To that end, she welcomed the proposals to enhance WHO engagement with the science-policy panel and the intergovernmental negotiating committee. Inefficiency, duplication and

cumbersome bureaucratic procedures must be avoided. The Secretariat should work in consultation with Member States to offer technical, administrative and practical support. She welcomed plans for the Secretariat to participate in capacity-building efforts and research initiatives and to further explore options for WHO involvement in future instruments. WHO should take a more active role in global chemicals management, including through the implementation of the Global Framework on Chemicals and a revision of the road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. She welcomed the scheduled discussion on the topic at the Seventy-eighth World Health Assembly. Celebrating a health day at the fourth session of the intergovernmental negotiating committee would shed light on the importance for health of addressing plastic pollution. A health focus on environmental degradation and the adverse effects of climate change was indispensable, and she welcomed the inclusion of health and climate on the agenda of the Board. All efforts should be adequately funded, and creative funding mechanisms should be identified.

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

Speaking in his national capacity, he reiterated the importance of understanding the impact of chemicals, pollution and waste on human health. Therefore, he supported the proposal to strengthen the links between the secretariats of the science-policy panel, the intergovernmental negotiating committee and WHO. The WHO Secretariat should support work done to: assess the safety of additives, contaminants and natural toxic substances present in food; draw up health guidelines on air quality, drinking water quality and chemical products; and carry out risk assessments of chemical products.

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

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

One Health, wider collaboration at all levels would foster the development of integrated actions and policies.

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

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

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

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

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

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

end, health systems should be more climate-resilient, and robust adaptation and locally-led sustainable mitigation actions should be implemented.

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

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

The representative of CHINA commended WHO for its efforts to address climate change, pollution and public health. The Secretariat should continue to provide targeted technical support to Member States, and human and financial support to country offices. It was important to fully uphold the principle of common but differentiated responsibilities and respective capabilities when formulating relevant programmes, strategies and measures. Doing so, particularly in developing countries, would enhance the feasibility and effectiveness of relevant initiatives. The Secretariat should continue to develop an evidence base and improve its technical programmes. To that end, more experts from developing countries should be included in expert advisory groups.

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

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

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Global Framework on Chemicals, with a clear focus on health protection, had been adopted in 2023 during the fifth session of the International Conference on Chemicals Management. She requested WHO to participate in the regional and national

implementation of that Framework and strongly urged WHO and its partners to enhance their cooperation on the proposed development of a science-policy panel and an international legally binding instrument on plastic pollution.

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

The representative of the RUSSIAN FEDERATION[1] supported the work of WHO to analyse the adverse impacts of climate on human health on a scientific basis. However, she did not support the Secretariat's proposed increased participation in the science-policy panel, where WHO should remain an observer. Furthermore, the primary goal of an international instrument on plastic pollution should not be health; the Secretariat should not seek to predetermine the outcome of the intergovernmental negotiating committee. Climate reports should be submitted to WHO's governing bodies in accordance with Health Assembly decisions. She did not support a strengthened role for WHO in reducing greenhouse gas emissions as that fell outside its mandate.

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

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

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

The representative of BELGIUM[1] commended the integration of the climate crisis in the draft fourteenth general programme of work, in particular health engagement in adaptation and mitigation action. The delivery of health services, including the supply chain and health technologies, should be made more environmentally friendly, in order to enhance climate-resilience and achieve carbon

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

neutrality. She encouraged WHO to continue scaling up its work and developing a "climate in all policies" approach.

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

The representative of TÜRKIYE[1] said that political leadership and awareness-raising efforts were needed to combat the negative impact of climate change on health. The health sector should have a greater focus on adaptation and mitigation. She requested the Secretariat to provide guidance on how to implement the proposed actions, including details on the collection of evidence, monitoring and technical implementation. Tailored solutions were required to achieve climate-resilient and lower carbon health systems. Information should be provided to Member States on how to access and utilize climate and health funding. The Secretariat should show leadership in collating global and regional evidence, identifying priority research agendas, supporting countries in conducting their own national assessments, and monitoring progress at the national and global levels. She expressed support for the draft decision.

The representative of EGYPT[1] drew attention to several actions taken by his Government on climate change and health.

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

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

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

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

achieve sustainable development. Multisectoral cooperation should be promoted together with a whole-of-government and whole-of-society approach.

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

Dr Nsanzimana took the Chair.

The representative of PAKISTAN[1] commended the open and constructive consultations on the draft decision. Any WHO action plan on combating the impact of climate change on health should be developed in line with the principles laid out in the United Nations Framework Convention on Climate Change and the Paris Agreement, in particular the principles of equity and common but differentiated responsibilities and respective capabilities. He noted the inequitable health impacts of climate change that had a significant effect on developing countries.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Healthier Populations) thanked Member States for their input and their commitment to climate change and health. She recognized the progress already made by Member States, particularly in implementing climate adaptation measures, making health systems more climate-resilient, and improving readiness to respond to extreme climate events. The Secretariat was keen to maintain the current political momentum on climate and health, following the twenty-eighth session of the Conference of the Parties. The climate

crisis was a health crisis; approximately 25% of the global burden of disease was linked to environmental risk, including the health impact of chemical waste and pollution. WHO would therefore continue to work with UNEP to ensure that health considerations were at the centre of global and national instruments on environmental risk. She noted the challenges and importance of better protecting vulnerable populations, applying a gender and human rights lens to WHO's climate-related work, and meeting the funding needs of resource-limited countries. Flexibility in the development of tailored national and regional action plans was vital, so that local needs and context could be taken into account, particularly for small island developing States.

She highlighted the collective effort on climate and health, including by promoting the benefits of climate action in the health sector and beyond. The Secretariat had supported more than 50 Member States in strengthening their national capacity and had aligned its work on climate change and health with the Declaration on Climate and Health and the Alliance for Transformative Action on Climate and Health. She noted the importance of a One Health approach and acknowledged three strategic needs highlighted by Member States: to address low investment in health prevention and promotion; to promote multisectoral work to maximize benefits; and to build capacity at the national level through the provision of technical support.

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

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

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

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

The Board noted the reports.

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

It was so agreed.

Dr Al Kuwari resumed the Chair.

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

The CHAIR invited the Board to consider a draft decision, which contained a draft resolution to be submitted to the Seventy-seventh World Health Assembly, on the economics of health for all proposed by Belgium, Brazil, Ecuador, Finland, Iceland and the United Arab Emirates. The draft decision read:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend to the Seventy-seventh World Health Assembly the adoption of the following resolution:
>
> > The Seventy-seventh World Health Assembly,
> >
> > (PP1) Having considered the report by the Director-General;
> >
> > (PP2) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition;
> >
> > (PP3) Recalling also United Nations General Assembly resolution 70/1 and the commitments made to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner through the 2030 Agenda for Sustainable Development, in particular Goal 3 "Ensuring healthy lives and promote well-being for all", including indicator 3.8.2 on the proportion of the population with large household expenditures on health as a share of total household expenditure or income, as well as its pledge to leave no-one behind;
> >
> > (PP4) Recalling further the United Nations General Assembly's Political declaration of the high-level meeting on universal health coverage (resolution 78/4), "Universal health coverage: expanding our ambition for health and well-being in a post-COVID world";
> >
> > (PP5) Further recalling the Convention on Biological Diversity, the United Nations Framework Convention on Climate Change, the Kyoto Protocol to the Framework Convention, and the Paris Agreement, adopted under the United Nations Framework Convention on Climate Change, and through the Global Framework on Chemicals, and taking note the Declaration on Climate and Health of the 28th Conference of the Parties of the United Nations Framework Convention on Climate Change (COP28), including by implementing a One Health approach, for their respective area of application;
> >
> > (PP6) Recalling also the Thirteenth General Programme of Work, 2019–2025 and its strategic priorities, requiring a shift in the ways of working across health and other sectors and need for new partnerships and areas of collaboration;
> >
> > (PP7) Noting Health Assembly resolutions WHA58.33 (2005) on sustainable health financing, universal health coverage and social health insurance, WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA64.9 (2011) on sustainable health financing structures and universal health coverage, WHA72.8 (2019) on improving the transparency of markets for medicines, vaccines, and other health products, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005), WHA74.6 (2021) on strengthening local production of medicines and health technologies to improve access, WHA74.16 (2021) on social determinants of health, and WHA75.19 (2022) on well-being and health promotion;
> >
> > (PP8) Recalling the Declaration of Alma-Ata (1978) and noting the work done within WHO at global and regional levels on the linkage between the economy, health and well-being, including the Geneva Charter for well-being;

[1] Document EB154/26.

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

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

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

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

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

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

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

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

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

(PP18) Recognizing the need to increase the engagement of nongovernmental actors, including the private sector in contributing to equitable health and well-being and the importance of healthy people as foundation for prosperous economies and societies, as well

as the critical role of the government in ensuring stewardship and providing for access to equitable health services for all and accountability, while acknowledging different national contexts;

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

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

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

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

(1) to consider the interlinkage between health and the economy and include an economy of well-being perspective horizontally into national policies and put people and their health and well-being at the centre of policy-making;

(2) to implement, where appropriate, evidence-based and effective policy interventions at national level that reorient economic and innovation strategies towards health and well-being for all, including consideration for the needs of those in vulnerable situations;[2]

(3) to invest in health system infrastructure, including capacitating and retaining human resources for health, in order to deliver on essential public health functions and access to quality health services, including through domestic financing and official development assistance based on needs for achievement of universal health coverage;

(4) to work towards shifting public and private investments from activities that are harmful for people's health and well-being towards investments that improve them, including through enhancing corporate social responsibility;

(5) to consider the mutually reinforcing linkages between the economy and the health of humans, animals, plants and the environment, critical to the resilience and stability of economies worldwide, requiring multi-sectoral and cost effective actions and the prevention of drivers of biodiversity loss, pollution and climate change;

(6) to address social and economic determinants that result in health inequities, including gender inequalities and differences in the level of development, and that disproportionately affect those in vulnerable and marginalized situations, [people under foreign occupation] and hard-to-reach populations, and shape their unequal distribution within and across countries;

(7) to recognize that health is a pre-requisite for development and that as part of broader sustainable development strategies, policies need to actively pursue in a mutually reinforcing manner inclusive economic development and healthy populations, as well as sustainable societies, including resilient health systems, with

[1] And, where applicable, regional economic integration organizations.

[[2] And those under foreign occupation.]

a view to a balance of short-term and long-term multisectoral investments that enable sustained health and well-being over time and for future generations;

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

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

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

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

(OP)3. REQUESTS the Director-General:

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

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

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

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

(5) to provide technical support to countries on domestic resource mobilization and other fiscally sustainable ways to finance the progressive realization of the right to the enjoyment of the highest attainable standard of health, including financing universal health coverage, primary health care, as well as addressing broader social determinants of health, and ensuring health systems strengthening, preparedness and resilience;

(6) to work with Member States, the Secretary-General of the United Nations and other relevant United Nations specialized agencies to define key messages on the economics of health for all and to bring them into the preparation process of future

United Nations conferences, as critically important components of sustainable development;

(7) to strengthen the country offices' access to expertise to provide technical support, at the request of Member States, to engage with finance and other sectors, towards economics of health for all in national policies, including through capacity-building via the WHO Academy [and WHO collaborating centres];

(8) to report on the implementation of this resolution to the Seventy-ninth World Health Assembly, through the Executive Board at its 158th session, and then to submit progress reports to the Eighty-first and Eighty-third World Health Assemblies.

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

Decision:	Economics of health for all
A.	**Link to the approved Programme budget 2024–2025**
1.	**Output(s) in the approved Programme budget 2024–2025 under which this draft decision would be implemented if adopted:** 1.2.1. Countries enabled to develop and implement equitable health financing strategies and reforms to sustain progress towards universal health coverage 1.2.2. Countries enabled to produce and analyse information on financial risk protection, equity and health expenditures, and to use this information to track progress and inform decision-making 1.2.3. Countries enabled to improve institutional capacity for transparent decision-making in priority-setting and resource allocation, and analysis of the impact of health in the national economy 3.2.2. Countries enabled to reinforce partnerships across sectors, as well as governance mechanisms, laws and fiscal measures
2.	**Short justification for considering the draft decision, if there is no link to the results as indicated in the approved Programme budget 2024–2025:** Not applicable.
3.	**Any additional Secretariat work during the biennium 2024–2025 that cannot be accommodated within the approved Programme budget 2024–2025 ceiling:** Not applicable.
4.	**Estimated time frame (in years or months) to implement the decision:** Six years (2024–2030).
B.	**Resource implications for the Secretariat for implementation of the decision**
1.	**Total budgeted resource levels required to implement the decision, in US$ millions:** US$ 50.07 million.
2.a.	**Estimated resource levels required that can be accommodated within the approved Programme budget 2024–2025 ceiling, in US$ millions:** US$ 8.38 million.
2.b.	**Estimated resource levels required in addition to those already budgeted for in the approved Programme budget 2024–2025, in US$ millions:** Not applicable.
3.	**Estimated resource levels required to be budgeted for in the proposed programme budget for 2026–2027, in US$ millions:** US$ 16.28 million.

4. Estimated resource levels required to be budgeted for in the proposed programme budgets of future bienniums, in US$ millions:

US$ 25.41 million.

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

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

US$ 0.64 million.

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

US$ 7.74 million.

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

Action has been taken to mobilize financing for the WHO Council on the Economics of Health for All and post-Council dissemination work. Resource mobilization efforts will continue.

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

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

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

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

The representative of BRAZIL said that the right to health required a powerful economic base. As such, she supported the work of the Council on the Economics of Health for All. Positioning the

economy in service of life could lead to the development of policies designed to meet social needs. She called on Member States to support the draft decision.

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

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

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

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

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

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

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

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

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

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

The representative of TÜRKIYE[1] said that the recommendations of the Council on the Economics of Health for All were invaluable not only for WHO, but also for Member States, and said that they should be implemented cohesively across the three levels of the Organization. The Secretariat should use its technical expertise to provide normative guidance and facilitate the innovative use of digital tools. Member States and the Secretariat should work together to build capacity and reorient national economies towards health for all.

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

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

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

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

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

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

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

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that societies and economies were structured to prioritize financial interests at the expense of public health. She commended the efforts of the global framework for integrating well-being into public health utilizing a health promotion approach and through the work of the Council on the Economics of Health for All to address those concerns and reshape economies based on social and planetary well-being. Her organization called on Member States to use a wide range of indicators on health and well-being to track progress against core societal values; implement legislative and financial measures to combat industries harming health, and engage civil society in a cross-sectoral, whole-of-society approach to achieve health equity and tackle the determinants of health.

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

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

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

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

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

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

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

The Board noted the report.

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

It was so agreed.

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

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

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

The CHAIR drew attention to draft decision 1 on the election of Regional Directors and draft decision 2 on the election of the Director-General, which were contained in document EB154/38 Add.2.

The financial and administrative implications for the Secretariat of the draft decisions were contained in document EB154/38 Add.1. She first invited the Board to consider draft decision 1.

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

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

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

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

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

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

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

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

The draft decision was adopted.[1]

The CHAIR suggested that, given that no consensus had been reached on the way forward regarding the election of the Director-General, discussions on draft decision 2 should be postponed and

[1] Decision EB154(14).

invited Member States to make proposals on the matter for consideration at the 155th session of the Executive Board.

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

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

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

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

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

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

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

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

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

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, expressed opposition to revisiting the procedures for the election of the Director-General, which had

already been established. That said, she expressed support for the suggestion that the Secretariat should develop a consultation document, clarifying the aims of any future informal or formal processes.

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

It was so agreed.

The meeting rose at 13:10.

SIXTEENTH MEETING

Saturday, 27 January 2024, at 14:40

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

PILLAR 4: MORE EFFECTIVE AND EFFICIENT WHO PROVIDING BETTER SUPPORT TO COUNTRIES (continued)

1. PROVISIONAL AGENDA OF THE SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY AND DATE AND PLACE OF THE 155th SESSION OF THE EXECUTIVE BOARD: Item 26 of the agenda (documents EB154/39 and EB154/40)

The CHAIR drew attention to the report contained in document EB154/39 on the provisional agenda of the Seventy-seventh World Health Assembly, and invited the Board to consider a draft decision to approve the provisional agenda. She also drew attention to the report contained in document EB154/40 on the date and place of the Board's 155th session, which invited the Board to consider a draft decision to convene its 155th session on 3 and 4 June 2024.

The SECRETARY said that, based on guidance from the Programme, Budget and Administration Committee of the Executive Board, an item on the Secretariat implementation plan on reform would be included on the agenda of the Seventy-seventh World Health Assembly. Furthermore, as a result of the adoption of decision EB154(12) on engagement with non-State actors, a related item would be included on the agenda of the 155th session of the Executive Board.

The representative of SWITZERLAND said that the coronavirus disease (COVID-19) pandemic had shown Member States that they were collectively capable of working more than ever before. It had also led to discussions on an increasingly wide and complex range of topics, including population health, health protection, mental health and health in sport, alongside long-standing concerns such as the health consequences of conflicts. The length of the current session of the Board had demonstrated the importance of allowing sufficient time for Member States to focus on subjects that would improve health for all. In that regard, her Government was convinced of the need for an agenda that would allow for effective debate.

As a result, and following informal consultations with Member States, her Government had circulated an informal proposal to amend the agenda that would allow Member States to work more effectively at the Seventy-seventh World Health Assembly. It would provide for a more logical organization of debates, including by creating a single item on the agenda of Committee B for the review and update of implementation of resolutions and decisions on health conditions in areas of concern. Her Government was ready to provide further explanation if required, and called on Member States to engage with its proposal.

The representative of UKRAINE expressed appreciation for the efforts of the Government of Switzerland towards rationalizing the Health Assembly agenda and enhancing WHO's efficiency. However, he expressed concern regarding the proposed amendments, which could have unintended consequences: attention could be diverted from health emergencies, and some States may exploit the changes to divert attention from critical discussions on health emergencies, particularly the ongoing health emergency in his country. While he welcomed the collaborative spirit of the proposal, further

deliberations would be necessary to address those concerns. Alternative approaches to streamlining the agenda should also be explored and Member States should seek to reach consensus on any proposal.

The representative of YEMEN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, given the late circulation of the proposal and the importance of the issue, it was not yet possible for governments to express an opinion on it. He said that many similar proposals had been discussed and rejected by Member States and he did not believe that consensus could be reached. He encouraged Member States to prioritize the efficient completion of the work of the Health Assembly.

The representative Of SENEGAL said that, while his Government welcomed the idea of rationalizing the Health Assembly agenda to improve time management, it was not prepared to support a proposal that had been circulated only the day before. He therefore requested that the agenda of the Seventy-seventh World Health Assembly remain unchanged, adding that his Government was ready to participate in consultations towards a different proposal.

The representative of MALAYSIA, noting that there had not been time to fully consider the proposal, said that it was unlikely that her Government would be able to support it. There was no basis for moving the discussion of resolution EBSS7.R1 to Committee B of the Health Assembly, as that resolution fell under WHO's work on health emergencies, which should remain under Committee A, particularly as it concerned a new resolution on an ongoing health crisis. Moreover, the annual resolution resulting from the standing item on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan was always subject to a vote in Committee B, whereas the resolution resulting from the Seventh special session of the Executive Board had achieved consensus. She said that conflating the discussion of the two resolutions would cause confusion and as a result she did not support changing the agenda of the Seventy-seventh World Health Assembly. That said, her Government was prepared to discuss efforts to increase efficiency by transferring some items to Committee B, as long as they were not related to health emergencies.

The representative of the COMOROS said that her Government had been unable to review the proposal and wished to retain the current version of the agenda for the Seventy-seventh World Health Assembly.

The representative of EGYPT, supporting the comments made by the representative of Malaysia, expressed opposition to the changes proposed by the representative of Switzerland.

The representative of FRANCE said that the proposal of the Government of Switzerland should prompt a necessary reflection on rationalizing the Health Assembly agenda. However, he agreed that there had not been enough time for the proposal to be discussed and, therefore, no consensus had been reached. While the Board could not make a decision on the proposal at the current session, his Government would be keen to continue consultations during the intersessional period.

The representative of MALDIVES said that the proposed changes could not be accepted at the current session of the Board, and called for the agenda of the Seventy-seventh World Health Assembly to remain unchanged.

The representative of BRAZIL expressed support for the proposed provisional agenda of the Seventy-seventh World Health Assembly without amendment. He said that past efforts to combine discussions on WHO's work in health emergencies had not proven conducive to meaningful discussions. Her Government was prepared to discuss how to improve the agenda and management of the governing bodies, but more time would be required before any proposal could be adopted.

The representative of BELARUS welcomed the spirit of the proposal made by the representative of Switzerland, but said that his Government had not had enough time to consider it fully.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed his Government's opposition to the proposal made by the representative of Switzerland.

The representative of the SYRIAN ARAB REPUBLIC said that, while she appreciated the efforts of the representative of Switzerland to streamline the Health Assembly's work, the standing item on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, was justified, in view of the ongoing Israeli occupation and should not be renamed. Moreover, resolution EBSS7.R1 on the health situation in the occupied Palestinian territory, adopted at the Seventh special session of the Board in December 2023, fell within the scope of health emergency preparedness and response under Committee A of the Health Assembly. Her Government rejected any proposed change to the agenda in that regard while the Israeli occupation continued.

The representative of PERU said that there was merit in the proposal by the Government of Switzerland to improve the work of the governing bodies. However, he agreed that more time was required to consider it; his Government was ready to participate in constructive dialogue to that end.

The representative of the UNITED STATES OF AMERICA said that, while she commended the intentions behind the proposal by the representative of Switzerland, her Government could not accept it. Member States' interest in reducing the overwhelming size of the agendas of the governing bodies would be better directed towards the ongoing work on WHO Reform. She recalled the adoption of decision EB154(5) on matters emanating from the Agile Member States Task Group on Strengthening WHO's Budgetary, Programmatic and Financing Governance, which, it was to be hoped, would address Member States' concerns in time. She urged the Secretariat to recommend ways to manage the extensive agenda of the Seventy-seventh World Health Assembly.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/39 and EB154/40.

The Board noted the reports.

The representative of SWITZERLAND said that, since there had been broad support for efforts to enhance the efficiency of the Health Assembly, her Government would continue holding informal consultations, with a view to reaching consensus on a proposal to modify the agenda of the Seventy-seventh World Health Assembly.

The CHAIR took it that the Board wished to adopt the draft decision on the provisional agenda of the Seventy-seventh World Health Assembly, contained in paragraph 4 of document EB154/39.

The decision was adopted.[1]

The CHAIR took it that the Board wished to adopt the draft decision on the date and place of the 155th session of the Executive Board, contained in paragraph 4 of document EB154/40.

The decision was adopted.[2]

[1] Decision EB154(15).

[2] Decision EB154(16).

The representative of CHINA asked whether the informal consultations to be held by the Government of Switzerland would take place prior to the Seventy-seventh World Health Assembly.

The representative of SWITZERLAND said that any Government was able to hold informal consultations on any matters that were to be discussed by the governing bodies. Her Government would therefore hold informal consultations on its proposal, as Member States had requested more time for such discussions.

The representative of CHINA asked for clarification as to whether it would be procedurally acceptable for Member States to propose changes at the Seventy-seventh World Health Assembly to the agenda for that same session, given that it had just been adopted by the Board.

The LEGAL COUNSEL said that decision EB154(15) contained a provisional agenda for the Seventy-seventh World Health Assembly proposed by the Executive Board. At the Seventy-seventh World Health Assembly, that document would be considered at the General Committee, together with any proposed amendments, prior to its adoption by the Health Assembly. Any Member State could hold informal consultations in order to formulate or discuss proposals to amend the agenda, which would have to be submitted prior to the first meeting of the General Committee.

The representative of SWITZERLAND said that her Government had joined consensus on the adoption of decision EB154(15). During the intersessional period, it would hold informal consultations with a view to reaching consensus on amendments to streamline the provisional agenda for the Seventy-seventh World Health Assembly. If no agreement could be reached, her Government would withdraw its proposal.

2. STAFFING MATTERS: Item 28 of the agenda (continued)

Statement by the representative of the WHO staff associations: Item 28.4 of the agenda (document EB154/INF./2)

Report of the Ombudsperson: Item 28.5 of the agenda (documents EB154/INF./3 and EB154/INF./4)

The CHAIR invited the Board to consider the statement contained in EB154/INF./2 and the reports contained in EB154/INF./3 and EB154/INF./4. She drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in EB154/4, paragraphs 68–74.

The representative of the WHO STAFF ASSOCIATIONS, speaking on behalf of the staff associations of WHO, IARC, PAHO and UNAIDS, said that the deaths of WHO colleague Dima Abdullatif Mohammed Alhaj and the 134 United Nations staff members who had lost their lives at duty stations in conflict zones in 2023 were a stark reminder of the challenging and increasingly violent environments in which many staff operated. She commended all staff and the health workforce for their strength, courage and perseverance. The increased assessed contributions paid by Member States underpinned WHO's response to emerging diseases and multifaceted challenges. She commended initiatives to contribute to a positive organizational culture, such as the Business Management System, Respectful Workplace Initiative, the Transparency and Fairness Committee and the accompanying focus on mental health and well-being.

The staff associations wished to highlight five key areas of work that affected staff wellbeing. First, she said that lessons should be learned from the first voluntary phase of the staff mobility policy. Staff should not repeatedly serve at hardship duty stations without reprieve, and eligible staff from such stations in the African and Eastern Mediterranean regions should be rotated to locations where they

could reunite with their families. The staff associations would continue to work with the Secretariat to improve the staff mobility policy, while maintaining WHO's normative and specialist functions and the duty of care towards all staff. Second, a fair and equitable remuneration system was crucial for attracting and retaining staff, especially at challenging duty stations with high inflation. The Board should call on the International Civil Service Commission for a compensation system that ensured purchasing power parity, particularly where pay was in local currency; for the accurate classification of hardship duty stations; and for a more systematic and transparent application of the Commission's methodologies.

Third, the staff associations advocated for a human rights-based internal justice system that provided affordable and confidential access to fair processes, and she welcomed the establishment of legal services that were accessible to all staff. She endorsed training on the internal justice system, and called for senior management to expedite investigations and allocate additional resources to resolve cases within an appropriate period. Fourth, the new high-level career management framework would enhance staff excellence. She encouraged the Secretariat to use generic post descriptions in recruitment, short-term development assignments and staff promotion to aid career development. Fifth, she advocated for a safe and respectful work environment and protection from excessive workloads. The Secretariat should monitor virtual processes and any new use of resources. Additionally, staff experiencing isolation and anxiety needed support and she welcomed efforts to improve mental health and access to health services at all duty stations. She reiterated that staff were WHO's most important asset and called on Member States to support ongoing efforts in all five areas of work.

The OMBUDSPERSON, speaking on behalf of all WHO ombudspersons, said that there were now full-time ombudspersons in five of WHO's regions. She explained the role of an ombudsperson, noting the importance of listening to individuals in a safe and confidential space in order to defuse tensions and explore possible solutions, many of which required collaboration with other stakeholders across WHO. Conflict was an expected part of working life, but through conflict resolution, mutually acceptable solutions could be sought without allocating blame, and situations were not left to worsen. Lessons learned from resolved cases could be used to identify and address systemic issues and trends. In 2023, three needs had been identified: to better support staff and managers in difficult situations; to improve discussions about performance; and to establish post-conflict restorative processes. The complexity of managing individuals made the relationship between supervisor and supervisee a perennial topic of the report. Managers needed support, including through confidential coaching, in how to best conduct performance management discussions, as there was a concern that comments could be misunderstood. While recognizing the need to prevent harmful conduct and promote accountability, however, ombudspersons and other key stakeholders had a responsibility to consider how best to facilitate the restoration of relationships between individuals and in teams following the resolution of conflict. That work would be further developed in 2024. She welcomed management's support for the wider use of mediation where appropriate, and for more training in conflict resolution. Having taken note of the comments made during the meeting of the Programme, Budget and Administration Committee of the Executive Board, she looked forward to working closely with the administration on addressing gaps in whistle-blower protection. She commended the gains made in 2023, noting that staff members had attested to a safer, healthier and more positive working environment.

The representative of the UNITED STATES OF AMERICA, offering condolences for the lives lost in areas of conflict in 2023, thanked the many humanitarian actors operating in conflict areas at great personal risk. Noting the five areas mentioned in the report of the staff associations, she urged WHO management to take the staff associations' views into account, welcoming collaborative work to support the well-being of WHO staff, especially those at D and E hardship duty stations. She urged management to address the ombudspersons' recommendations as soon as possible, since they were essential for maintaining a working environment defined by WHO's core values of respect, integrity, tolerance and non-discrimination.

The representative of SLOVAKIA called for expanded efforts in the areas of staff protection, therapy following trauma and prevention of burnout. He recommended that the Secretariat should work

on internal human resources strategies to alleviate unreasonable employee workloads, including by creating more uniform working conditions; and should provide legal, medical and psychological support and prevent sexual and other misconduct across the Organization and in the field. He strongly advocated for the recognition of staff members who had lost their lives in previous years.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, offered condolences to the families of WHO staff who had lost their lives. He welcomed WHO's initiatives to create a safe and respectful work environment and promote efficient and transparent management processes. In addition, he called on the Secretariat to review the International Civil Service Commission methodology for staff remuneration; establish an office to provide staff with legal assistance; develop key performance indicators to improve career progression; and employ counsellors at D and E hardship duty stations. Recognizing the importance of a respectful and productive work environment, his Region remained committed to monitoring working conditions and mental well-being, including through a permanent dialogue with workers' representatives. He called on WHO to enhance support to ombudspersons to enable them to identify solutions to the issues that had emerged during the previous year and to respond to emerging concerns.

The representative of YEMEN, drawing attention to paragraph 17 of the report of the Ombudsperson contained in document EB154/INF./3, said that his Government had sent several letters over the previous five years to the WHO country office in Yemen, the WHO Regional Office for the Eastern Mediterranean and the Director-General, regarding a former staff member of the country office against whom disciplinary measures had been taken prior to reaching a definitive conclusion, and had received no response. The principles of transparency and impartiality required WHO to inform Member States of grievances involving their country offices or their nationals elsewhere in the Organization and of the action taken, so that action could be taken by the respective Government. Cases should be resolved in a timely manner, and disciplinary action should be delayed until an investigation had ended, unless there was irrefutable evidence and a compelling risk.

The representative of GERMANY[1] said that WHO's working culture must promote health and well-being through work–life balance, staff satisfaction and belonging. Staff members in every part of WHO should have the same access to legal advice, regardless of their ability to pay for such services. Her Government supported the mobility policy, which should be viewed as a positive addition to the work of the Organization, and said that the implementation of the voluntary phase of that policy should be used to demonstrate its practical impact. She encouraged the Secretariat to continue to work collaboratively with the ombudspersons to create a positive working environment for all.

The DIRECTOR (Human Resources Management) said that the Secretariat remained committed to regular dialogue and productive collaboration with the staff associations to identify solutions to issues raised, including those noted in the statement given by the representative of the staff associations. Similarly, the Secretariat worked closely with the Ombudsperson on performance management and case management issues, and she expressed appreciation for the work of the Ombudsperson in mediating and resolving issues. She echoed the concerns raised by the Ombudsperson, and said that the Secretariat would take a collaborative approach to their resolution.

The ASSISTANT DIRECTOR-GENERAL (Business Operations) reiterated that the Secretariat engaged with the staff associations and Ombudsperson on a regular basis, and said that points of divergence were uncommon. Many of the issues for which the staff association had requested support had been identified as part of the transformation agenda, and the Secretariat had taken a collaborative approach to addressing them. He called on Member States to advocate with the International Civil Service Commission for the accurate classifications of duty stations and remuneration. The Secretariat had agreed to establish an office of staff legal assistance; however, the focus was being shifted to

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

mediation and conflict resolution to ensure that conflicts were addressed at an early stage and that legal assistance was not required. He recognized the need to enhance work on post-conflict restorative processes to build and maintain teams and reintegrate staff into the workforce. He recognized the duty of care that the Secretariat had towards its staff when implementing the mobility policy. The policy had already been extensively revised on the basis of staff concerns and input from staff and senior management.

The DIRECTOR-GENERAL assured the staff of their importance, and highlighted the value of his monthly meeting with the staff associations and of discussions with individual staff members in understanding systemic problems and receiving proposed solutions. Implementation of the transformation agenda was progressing well and would help to address many staff concerns, particularly as many of the transformation initiatives had been suggested by staff members. The increase in assessed contributions was a welcome source of stability, which would have a positive impact on various systemic concerns. The Secretariat remained committed to a culture of listening and dialogue, even on points of disagreement. Finally, he recognized that the issue of remuneration was particularly acute for staff in the Eastern Mediterranean Region and he urged Member States to provide support in that regard and to advocate for staff members with the International Civil Service Commission.

Human resources: update: Item 28.6 of the agenda (documents EB154/46 and EB154/47)

Amendments to the Staff Regulations and Staff Rules: Item 28.7 of the agenda (documents EB154/48 Rev.1 and EB154/48 Add.1 Rev.1)

Report of the International Civil Service Commission: Item 28.8 of the agenda (document EB154/49)

The CHAIR drew the Board's attention to the draft resolutions relating to amendments to the Staff Regulations and Rules, contained in EB154/48 Rev.1, the financial and administrative implications for the Secretariat of the draft resolutions were contained in document EB154/48 Add.1 Rev.1. She also drew attention to the report of the Programme, Budget and Administration Committee of the Executive Board contained in document EB154/4, paragraphs 79–88.

The representative of CHINA, speaking in his capacity as the Chair of the Programme, Budget and Administration Committee of the Executive Board, read out the action recommended by that Committee contained in document EB154/4, paragraph 88.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that, while his Region appreciated WHO's extensive work to date on diversity, equity and inclusion, it did not approve of the use of concepts that had not been agreed by consensus and were not aligned with the cultural values of Member States. He took note of the proposed amendments to the Staff Regulations and Rules on standards of conduct for staff members, promotion, the Global Board Of Appeal and staff in posts subject to local recruitment, and the recommendations of the International Civil Service Commission on the remuneration of staff in the professional and higher categories. He encouraged the Secretariat to continue action to promote gender parity at all levels of WHO, and he emphasized the value of the Africa Women Health Champions initiative. He expressed concern, however, at the persistent staffing inequalities between WHO headquarters and regional and country offices, and called on the Secretariat to focus on the rationalization and equitable distribution of human and financial resources. He welcomed the internship and training opportunities provided by the Secretariat and encouraged the operationalization of the WHO Academy, which would increase the available human resources.

The representative of the SYRIAN ARAB REPUBLIC, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that, while the efforts detailed in the report on human resources contained in document EB154/46 were appreciated, the Member States of the Region strongly objected to the sentence in paragraph 47 regarding the selection of six UN-GLOBE coordinators for the

benefit of a community that was not recognized in her Region. She firmly requested the removal of that sentence before the report was noted by the Board. Furthermore, she urged WHO to refrain from including references to that community in future reports and official documents.

The representative of JAPAN said that WHO needed a talented and diverse workforce to effectively fulfil its role as expected by Member States, including from under-represented countries.

The representative of DENMARK, speaking on behalf of the European Union and its Member States, emphasized the autonomy of the Director-General and the Secretariat with regard to staffing the Organization and ensuring decent working conditions for all staff in line with staff regulations, as set out in Article 37 of the WHO Constitution. She fully supported efforts to ensure that the WHO working environment was free from all discrimination. She commended the first formal selection of six UN-GLOBE coordinators and wished them well with their task.

The representative of FRANCE said that Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, Colombia, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Mexico, Monaco, Netherlands (Kingdom of the), New Zealand, Norway, Peru, Poland, Portugal, Romania, Slovenia, Spain, Sweden, the United Kingdom of Great Britain and Northern Ireland, and the United States of America aligned themselves with her statement. She welcomed the Director-General's commitment to diversity, equity, gender parity and inclusion, and called for enhanced efforts towards the full inclusion of persons with a disability. She commended the Secretariat's efforts to promote a decent working environment for all staff, including members of the LGBTIQ+ community, WHO's collaboration with UN-GLOBE, and the alignment of WHO's human resources policies with those in use throughout the United Nations system.

She supported the adoption of the report without delay or amendment, and encouraged the Director-General to continue efforts towards full and transparent reporting on human resources. She condemned any attempt to interfere with WHO's human resources policy, emphasizing the Director-General's authority on all matters related to staffing, including the creation of decent working conditions. Moreover, the human resources report contained in document EB154/46 was not a strategy or plan of action that Member States needed to adopt or implement at the national level, and as such should not be the subject of political discussion. She commended the accurate and up-to-date information provided on human resources, in accordance with the principle of transparency.

The representative of the UNITED STATES OF AMERICA said that he strongly encouraged WHO to maintain its momentum in pursuing gender parity, particularly with regard to women in head of country office or director posts. He welcomed the Secretariat's continued attention to preventing, and responding to, sexual misconduct. With regard to the proposed amendments to the Staff Regulations and Rules, he welcomed the Secretariat's intention to include gender-inclusive language in parental leave policies as originally proposed. Expressing support for the recommendations of the International Civil Service Commission, he said that it was concerning that WHO had not begun to implement the Geneva post adjustment multipliers for the Geneva duty station, despite Member States' requests.

The representative of AUSTRALIA, thanking WHO staff for their dedication and resilience while navigating the uncertainties caused by health emergencies, said that it was crucial that all WHO staff had access to a safe, supportive and respectful working environment. He commended the insights provided into the internal management of WHO, in line with the requests for transparency made by Member States.

The representative of GERMANY,[1] welcoming overall improvements in the area of gender parity, said that such efforts should focus on staff in the professional and director categories where there were fewer women, as there was already a large proportion of female employees in the general and

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

professional entry-level positions. A solution must be found to the challenge of short-term contracts, which impeded the recruitment of international experts and talent. The development of the WHO investment round alongside the increase in assessed contributions would boost sustainable financing and help to address those systemic issues.

The representative of the RUSSIAN FEDERATION[1] said that it was vital to create positive working conditions for all, without creating artificial groupings or singling out or infringing upon anyone's interests and beliefs. In that regard, his Government could not support the use of terminology that promoted concepts that had not been accepted by all Member States and that contradicted cultural and religious traditions in a significant number of countries. The inclusion of divisive terminology meant that the governing bodies had to spend time and effort on unnecessary discussions. He supported the proposal made by the representative of Togo to exclude the contentious terminology and called for its use to be avoided in future.

The representative of the DOMINICAN REPUBLIC[1] said that the report on human resources contained in document EB154/46 should be noted without amendment, and expressed support for the intervention made by the representative of France. She emphasized the need for gender parity and respect for diversity in human resource policies.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/46, EB154/47, EB154/48 Rev.1 and EB154/49, while recording that a divergence of views existed and that the act of noting a report constituted neither approval nor disapproval of its content.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt draft resolution 1 on standards of conduct for staff members, promotion, the Global Board of Appeal and staff in posts subject to local recruitment, and draft resolution 2 on parental leave, which were contained in paragraph 11 of document EB154/48 Rev.1.

The draft resolutions were adopted.[2]

3. COMMITTEES OF THE EXECUTIVE BOARD: Item 27 of the agenda

Independent Expert Oversight Advisory Committee: membership renewal: Item 27.1 of the agenda (document EB154/41)

The CHAIR took it that the Board wished to note the report contained in document EB154/41.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in paragraph 11 of document EB154/41.

The draft decision was adopted.[3]

Foundation committees and selection panels: Item 27.2 of the agenda (document EB154/42)

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

[2] Resolutions EB154.R8 and EB154.R9.

[3] Decision EB154(17).

Sasakawa Health Prize

Decision: The Executive Board, having considered the report of the Sasakawa Health Prize Selection Panel, awarded the Sasakawa Health Prize for 2024 to Dr Doreen Ramogola-Masire of Botswana.[1]

United Arab Emirates Health Foundation Prize

Decision: The Executive Board, having considered the report of the United Arab Emirates Health Foundation Prize Selection Panel, awarded the United Arab Emirates Health Foundation Prize for 2024 to the National Death Registry System, Ministry of Health of Saudi Arabia.[2]

State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion

Decision: The Executive Board, having considered the report of the State of Kuwait Health Promotion Foundation Selection Panel, awarded the State of Kuwait Health Promotion Foundation's His Highness Sheikh Sabah Al-Ahmad Al-Jaber Al-Sabah Prize for Research in Health Care for the Elderly and in Health Promotion for 2024 to the Chinese Geriatrics Society of China and to Dr Ahmed Hamed Saif Al Wahaibi of Oman.[3]

Dr LEE Jong-wook Memorial Prize for Public Health

Decision: The Executive Board, having considered the report of the Dr LEE Jong-wook Memorial Prize for Public Health Selection Panel, awarded the Dr LEE Jong-wook Memorial Prize for Public Health for 2024 to Dr Bader Al-Rawahi of Oman.[4]

Nelson Mandela Award for Health Promotion

Decision: The Executive Board, having considered the report of the Nelson Mandela Award for Health Promotion Selection Panel, awarded the Nelson Mandela Award for Health Promotion for 2024 to Professor Bontle Mbongwe of Botswana and to the National Institute of Mental Health and Neurosciences of India.[5]

Ihsan Doğramacı Family Health Foundation Prize

Decision: The Executive Board, having considered the report of the Ihsan Doğramacı Family Health Foundation Prize Selection Panel, awarded the Ihsan Doğramacı Family Health Foundation Prize for 2024 to Dr Jamila Taiseer Yasser Al Abri of Oman.[6]

The representative of KUWAIT[7] requested that the Executive Board include an item on the agenda of the 155th session of the Executive Board, with a view to considering the amendments to the

[1] Decision EB154(18).

[2] Decision EB154(19).

[3] Decision EB154(20).

[4] Decision EB154(21).

[5] Decision EB154(22).

[6] Decision EB154(23).

[7] Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

Statutes of the State of Kuwait Health Promotion Foundation and guidelines for the Prize, as agreed by its Selection Panel.

The CHAIR took it that the Board wished to accede to the request.

It was so agreed.

4. REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 29 of the agenda

- **Expert advisory panels and committees and their membership** (documents EB154/50 and EB154/50 Add.1)

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, took note of the recommendations on biological standardization, selection and use of essential medicines, and evaluation of certain food additives. He supported the establishment of guidelines on the nonclinical and clinical evaluation of monoclonal antibodies and related products intended for the prevention or treatment of infectious diseases. Those guidelines would ensure the provision of accurate, up-to-date guidance to national regulatory authorities and biological product manufacturers to ensure that they were safe and effective; the development of a regulatory framework for human cells and tissues and for advanced therapy medicinal products to allow for regulatory harmonization; the timely publication of internationally recognized WHO standards to enable progress towards universal health coverage; an up-to-date WHO Model List of Essential Medicines accounting for efficiency and efficacy criteria; and a reduced prevalence of chemicals in food.

The CHAIR took it that the Board wished to note the reports contained in documents EB154/50 and EB154/50 Add.1.

The Board noted the reports.

5. CLOSURE OF THE SESSION: Item 30 of the agenda

The DIRECTOR-GENERAL thanked Member States and civil society representatives for their collaboration and guidance, which the Secretariat would use as a basis for progress. He commended the leadership of the Chair of the Executive Board and thanked the Chair and all WHO staff members for their, often unseen, dedicated work.

Following the customary exchange of courtesies, the CHAIR declared the 154th session of the Executive Board closed.

The meeting rose at 16:50.