

Provisional summary record of the third meeting

**WHO headquarters, Geneva
Tuesday, 3 February 2026, scheduled at 10:00**

Chair: Mr B. Comley (Australia)

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Third meeting

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Provide health

- 1. Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases:** Item 6 of the agenda (documents EB158/6 and EB158/6 Add.1) (continued)

The CHAIR recalled that the Board had before it two draft decisions, on the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and on global action to advance health equity for people with haemophilia and other bleeding disorders, both of which respectively contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly. He also drew attention to a draft resolution, which contained a draft resolution to be submitted to the Seventy-ninth World Health Assembly, entitled Steatotic liver disease: a missing piece in the global noncommunicable disease response, proposed by Armenia, Burundi, Chad, Chile, Egypt, Kuwait, Nigeria, Palestine, Paraguay, Qatar, Romania, Tunisia and the United Republic of Tanzania. The draft resolution read:

The Executive Board,

Having considered the report of the Director-General,¹

RECOMMENDS to the Seventy-ninth World Health Assembly the adoption of the following resolution:

The Seventy-ninth World Health Assembly,

(PP1) Having considered the report by the Director-General on universal health coverage;

(PP2) Recognizing that steatotic liver disease (SLD), formerly referred to as fatty liver disease, comprises metabolic dysfunction – associated steatotic liver disease (MASLD), including its more severe inflammatory form, metabolic dysfunction – associated steatohepatitis (MASH); alcohol-associated liver disease (ALD); and metabolic dysfunction – associated steatotic liver disease combined with increased alcohol intake (Met-ALD),^{2,3} and is one of the fastest-growing causes of chronic liver disease, affecting about 1.7 billion people worldwide with substantial prevalence across age groups, with prevalence projected to increase further in parallel with the

¹ Document EB158/6.

² [https://www.journal-of-hepatology.eu/article/S0168-8278\(23\)00418-X/pdf](https://www.journal-of-hepatology.eu/article/S0168-8278(23)00418-X/pdf).

³ Younossi ZM, Kalligeros M, Henry L. Epidemiology of metabolic dysfunction-associated steatotic liver disease. Clin Mol Hepatol. 2025;31(Suppl): S32-S50.

global rise in obesity, type 2 diabetes, and other metabolic risk factors, and in the context of the continued global public-health burden of harmful use of alcohol;^{4,5}

(PP3) Noting with concern that SLD encompasses a spectrum of chronic liver disease, with documented risk of progression particularly in higher risk groups, to steatohepatites and fibrosis which, in some cases may progress to cirrhosis and even liver cancer;

(PP4) Recognizing that morbidity and mortality related to steatotic liver disease (SLD) are driven by modifiable risk factors common to major noncommunicable diseases (NCDs), including but not limited to unhealthy diets, obesity, physical inactivity, tobacco use and the harmful use of alcohol, and noting emerging evidence of additional contributing factors, and further recognizing that SLD is closely associated with type 2 diabetes, cardiovascular disease, chronic kidney disease and other metabolic conditions, thereby amplifying the overall burden of NCDs and underscoring the need for integrated and comprehensive public-health responses;

(PP5) Acknowledging that SLD is a leading cause of liver-related morbidity and mortality, and a major indication for liver transplantation in high-income countries,⁶ while also imposing a rapidly rising burden in developing countries where early detection, diagnostic and treatment capacity remain constrained by broader health systems resource challenges;

(PP6) Expressing concern at new projections indicating a marked and continuing increase in the global burden of SLD, including progression to decompensated chronic advanced liver disease, and liver cancer, as well as rising demand for specialized care, with serious implications for health systems worldwide;⁷

(PP7) Noting with concern the increasing prevalence of SLD among children and adolescents, particularly in association with rising rates of childhood obesity, unhealthy dietary patterns, and physical inactivity, which may lead to long-term consequences for health, human capital, and sustainable development particularly in resource constrained settings;

(PP8) Recognizing that SLD has substantial economic consequences, associated with increased healthcare expenditures, as well as the possible reduction of productivity and long-term disability, which places additional burden on health systems and disproportionately affect populations, including those facing limited access to affordable and equitable care, and to health-promoting environments thereby exacerbating existing health inequities;

(PP9) Noting the under-recognition, under-diagnosis, and limited availability of data of SLD within national health systems and globally, thereby hindering timely prevention, early detection and treatment, thereby exacerbating existing health inequities, particularly in developing countries;

(PP10) Noting also that limited awareness of SLD among policy-makers, health professionals, and the public contributes to under-diagnosis, late presentation, limited integration within NCD programmes and challenges in resource allocation;

⁴ <https://www.who.int/publications/i/item/9789241565639>.

⁵ <https://pubmed.ncbi.nlm.nih.gov/37363821>.

⁶ [Epidemiology of metabolic dysfunction-associated steatotic liver disease – PMC](#).

⁷ Source: Estes, C., Anstee, Q. M., Arias-Loste, M. T., et al. (2018). "Modeling the epidemic of nonalcoholic fatty liver disease demonstrates an exponential increase in burden of disease". *Hepatology*, 67(1), 123–133. DOI: 10.1002/hep.29466.

(PP11) Recalling the United Nations resolutions (A/RES/68/300 2014)⁸ and, in particular, the resolution (A/RES/70/1, 2015) “Transforming our world: the 2030 Agenda for Sustainable Development”, which includes Sustainable Development Goal target 3.4, by 2030, reduce premature mortality from NCDs by one third through prevention and treatment against a baseline of 2015;⁹

(PP12) Recalling also, as appropriate, the United Nations political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted by the United Nations General Assembly resolution (A/RES/73/2, 2018),¹⁰ which called for intensified actions on NCD prevention and control and their shared risk factors, and emphasized the urgency of accelerating the implementation of evidence-based, cost-effective interventions, strengthening accountability and monitoring, and advancing equity-focused integrated health responses;

(PP13) Recalling, as appropriate, the United Nations political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being, adopted by the United Nations General Assembly (A/80/L.34, 2025),¹¹ which commits Member States to take actions towards preventing liver cancer and other liver diseases, including through scaling up hepatitis B and C prevention, diagnosis and treatment, hepatitis B vaccination, strengthening monitoring for early detection of liver cancer, and improving survival, as well as strengthening screening and management for non-alcoholic fatty liver disease, referred to in the context of this resolution as steatotic liver disease (SLD);

(PP14) Recalling, as appropriate, decision WHA72(11) (2019)¹² “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”, which confirmed the objectives of WHO’s global action plan for the prevention and control of noncommunicable diseases 2013–2020¹³ as a contribution towards the achievement of Sustainable Development Goal target 3.4, and extended its implementation to 2030 in alignment with the 2030 Agenda for Sustainable Development;

(PP15) Recalling also, as appropriate, the United Nations political declaration of the first high-level meeting on universal health coverage (UHC), adopted by General Assembly resolution (A/RES/74/2, 2019),¹⁴ which included the commitment to progressively cover one billion additional people by 2023 with quality essential healthcare services and safe, effective, affordable and quality essential medicines, vaccines, diagnostics and health technologies, with a view to covering all people by 2030, and the United Nations political declaration of the second high-level meeting on

⁸ Available on-line: <https://docs.un.org/en/A/RES/68/300>.

⁹ https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf.

¹⁰ Available on-line: <https://docs.un.org/en/A/RES/73/2>.

¹¹ Available on-line: <https://docs.un.org/en/A/80/L.34>.

¹² Available on-line: [https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72\(11\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72(11)-en.pdf).

¹³ Available on-line: [Global action plan for the prevention and control of non-communicable diseases 2013-2020](https://www.who.int/publications-detail/global-action-plan-for-the-prevention-and-control-of-non-communicable-diseases-2013-2020).

¹⁴ Available on-line: <https://documents.un.org/doc/undoc/gen/n19/311/84/pdf/n1931184.pdf>.

UHC, adopted by resolution (A/RES/78/4, 2023),¹⁵ which reaffirmed the importance of integrated health responses, and the commitment to leave no one behind;

(PP16) Emphasizing the importance of life-course approaches, primary healthcare, and universal health coverage as enablers for effective health promotion, prevention, and management of SLD within the broader NCDs agenda;

(PP17) Recognizing the need to invest in research and innovation, including digital health solutions, public health measures on health promotion and disease prevention, within a common NCD risk factors approach, timely diagnostics, and evidence-based and cost-effective interventions, that take into account heterogeneity of SLD, together with strengthened health information systems, to improve national and global responses to SLD, in line with individual and population health needs;

(PP18) Emphasizing also the need for integrated, evidence-based, whole-of-government and whole-of-society approaches to the prevention and control of SLD including policies to promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO Global Action Plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, while addressing the social and environmental determinants of health, and the impact of economic, commercial and market factors in health through coherent and multisectoral policy actions, in line with national priorities and capacities;

(PP19) Recognizing the importance of the ongoing work of the World Health Organization, in collaboration with Member States and relevant stakeholders, to support evidence-based and cost-effective actions on NCDs and metabolic conditions, and its relevance for SLD prevention and control within these efforts,

(OP)1. ENCOURAGES Member States:¹⁶

- (1) to take actions on SLD, in accordance with national contexts and priorities, and consistent with existing commitments under the relevant United Nations political declarations on NCDs and UHC;
- (2) to integrate, or where it is already in place, continue to address SLD into national NCDs strategies, action plans, and monitoring frameworks, ensuring policy coherence and alignment with commitments to accelerate efforts toward achieving Sustainable Development Goal target 3.4 by 2030, as appropriate, to national epidemiological and health system context;
- (3) to strengthen multisectoral action addressing shared risk factors of SLD and other NCDs, including through legislative, and regulatory measures that promote healthy diets, increase physical activity, reduce excessive levels of saturated fats and free sugars, alcohol strategies, interventions and policies in line with the WHO Global Action Plan 2022–2030 to effectively implement global strategies to reduce harmful use of alcohol as a public health priority, and as appropriate, the application of WHO “best buys” interventions;¹⁷
- (4) to incorporate, or continue to undertake, health promotion, and SLD prevention, screening, early detection, diagnosis and management into essential healthcare service packages within universal health coverage, with a focus on

¹⁵ Available on-line: <https://documents.un.org/doc/undoc/gen/n23/306/84/pdf/n2330684.pdf>.

¹⁶ And, where applicable, regional economic integration organizations.

¹⁷ <https://www.who.int/publications/i/item/9789240091078>.

primary healthcare, equity and access, and phased implementation based on national capacity;

(5) to increase awareness and education initiatives on SLD among policy-makers, health professionals and the public, reducing stigma and empowering people and communities to adopt healthier lifestyles;

(6) to develop, as appropriate, national investment cases for SLD within the broader NCD agenda highlighting the economic burden, health inequities and return on investment of prevention and control measures;

(7) to strengthen national surveillance, monitoring and accountability mechanisms for SLD, and to strengthen national reporting, in alignment with existing NCD frameworks and SDG processes, while avoiding duplication of systems;

(8) to strengthen health systems, particularly through primary healthcare, to ensure universal access to affordable, high-quality and comprehensive healthcare services for people living with SLD, with particular attention to children;

(9) to continue to invest in research and innovation, including digital health solutions and cost-effective tools for SLD screening, prevention, diagnosis and management, with the aim to address individual and population health needs, and to enhance equitable access to affordable, safe, effective and quality-assured diagnostics, therapeutics, and technologies, respecting international rules and national rules in line therewith;

(10) to foster collaboration among policy-makers, governmental health and research authorities, academic institutions, clinicians, patient organizations, private sector, and civil society, taking into account, the need to prevent conflict of interest, to advance comprehensive actions on SLD prevention and control, promote knowledge-sharing and innovation, strengthen accountability, and ensure that such collaboration is consistent with global actions on NCDs, national health priorities, and the 2030 Agenda for Sustainable Development;

(11) to raise awareness regarding SLD and its risk factors within relevant multilateral fora, to ensure sustained and concrete political attention, and explore ways to integrate SLD into health policies and programmes, in line with national strategies and priorities;

(12) to regularly assess, where applicable, the implementation of their national action plans for NCDs including SLD and, to the extent possible, review their contribution to the implementation of global, and regional action plans related to NCDs;

(OP)2. REQUESTS the Director-General:

(1) to integrate SLD within the broader context of NCDs prevention, early detection and management, and to strengthen ongoing multisectoral collaboration on SLD through a whole-of-society approach, including through the implementation of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030, and its road map;

(2) to provide, in line with WHO's Fourteenth General Programme of Work (GPW 14), 2025–2028, and prioritized functions, technical support to Member States, upon request, to strengthen integrated SLD services within current healthcare service delivery models, workforce capacity, surveillance systems and referral pathways, with particular attention to developing countries and populations at higher risk;

- (3) to Support Member States by promoting the use of existing WHO guidance and operational tools relevant to SLD, and facilitating their integration across relevant technical areas, as appropriate;
- (4) to integrate SLD into ongoing efforts to strengthen global, regional and national collaboration with relevant partners, academic institutions, and civil society, in line with Framework of Engagement with Non-State Actors (FENSA), as applicable, to mobilize resources, foster research and innovation, promote equitable access to diagnostics, medicines, and digital tools, and to facilitate the exchange of technologies for NCDs and relevant to SLD, respecting international rules;
- (5) to continue exercising WHO's leadership and coordination, within existing WHO mandates, in NCDs prevention and control including through the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2030, the WHO strategic approach to address cardiometabolic condition, and other frameworks, as appropriate, across relevant WHO programmes;
- (6) to report biennially on the implementation of this resolution to the World Health Assembly through the report submitted in response to decision WHA72(11) (2019) on the follow-up to the United Nations political declaration of the third high-level meeting of the General Assembly on the prevention and control of NCDs, adopted by the United Nations General Assembly resolution (A/RES/73/2, 2018), which also will cover the outcome of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being on the progress made in addressing SLD as part of the global NCD agenda.

The financial and administrative implications for the Secretariat of its adoption were:

A. Link to the approved Programme budget 2026–2027

1. **Output(s) in the approved Programme budget 2026–2027 under which this draft resolution would be implemented if adopted:**
 - 2.2.1. WHO develops norms, standards and technical packages to address risk factors for communicable and noncommunicable diseases, violence and injuries, prevent poor nutrition and strengthen food safety and reduce environmental health risks, and supports countries in their implementation, including in the monitoring and development of legislation and regulations
 - 2.2.2. WHO supports countries to ensure comprehensive access to promotion and preventive health services for populations (such as tobacco and alcohol cessation services, physical activity counselling and nutrition counselling, including for breastfeeding), and to monitor their implementation
 - 2.3.1. WHO develops guidance and supports countries to strengthen their capacity to engage with and empower individuals and communities and all levels of government across sectors to increase health literacy, enable healthier behaviours, advance co-benefits and improve the governance and implementation of settings-based approaches and health promotion policies
 - 3.3.1. WHO builds country capacity and develops tools and platforms to support countries in developing and improving their national digital health and health information systems to improve resilience, coverage, equity and impact
2. **Short justification for considering the draft resolution, if there is no link to the results as indicated in the approved Programme budget 2026–2027:**
Not applicable.

3. **Any additional Secretariat work during the biennium 2026–2027 that cannot be accommodated within the approved Programme budget 2026–2027 ceiling:**
Not applicable.
4. **Estimated time frame (in years or months) to implement the resolution:**
Five years (2026–2030).

B. Budget and resource implications for the Secretariat for implementation of the resolution

1. **Total planned costs required to implement the resolution, in US\$ millions:**
US\$ 1.01 million.
- 2.a. **Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
US\$ 0.32 million.
- 2.b. **Estimated planned costs required in addition to those already budgeted for in the approved Programme budget 2026–2027, in US\$ millions:**
Not applicable.
3. **Estimated planned costs required to be budgeted for in the proposed programme budget for 2028–2029, in US\$ millions:**
US\$ 0.33 million.
4. **Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
US\$ 0.36 million.
5. **Level of financial resources already available to fund the implementation of the resolution in the current biennium, in US\$ millions**
 - **Financial resources available to fund the resolution in the current biennium:**
Zero.
 - **Remaining financing gap in the current biennium:**
US\$ 0.32 million.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
There are efforts to obtain funds for the agenda of cardiometabolic diseases, of which steatotic liver disease forms part.

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. 2026–2027 cost of resources already planned	Staff	0.01	0.01	0.00	0.01	0.00	0.00	0.01	0.04
	Activities	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.28
	Total	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.32
B.2.b. 2026–2027 cost of additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
B.3. 2028–2029 cost of resources to be planned	Staff	0.01	0.01	0.00	0.01	0.00	0.00	0.01	0.04
	Activities	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.29
	Total	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.33
B.4. Future bienniums cost of resources to be planned	Staff	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.06
	Activities	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.30
	Total	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.36
B.1. Total planned costs required to implement the resolution									1.01

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

The ASSISTANT DIRECTOR-GENERAL (Health Promotion, Disease Prevention and Care) welcomed the high level of engagement on the prevention and control of noncommunicable diseases. It was reassuring that the United Nations General Assembly had succeeded in adopting a political declaration at the fourth high-level meeting on the issue, despite the difficult multilateral context. The Secretariat would support Member States in taking the vital next step of harnessing that political support to make a real difference to people's lives. Given the challenges of demographic shifts, increasing multimorbidity, a focus on treatment over prevention and growing inequity within and between countries, noncommunicable diseases and mental health represented a defining issue for global health in the 21st century. By bringing together health promotion, disease prevention and care under a single division at headquarters, WHO was seeking to transform its approach to the issue and work with the regional offices in a closer, more complementary way. The Organization also had a clear responsibility to ensure that noncommunicable diseases and mental health were taken into consideration in discussions on the UN80 Initiative and the future global health architecture.

The CHAIR took it that the Board wished to note the report contained in document EB158/6.

The Board noted the report.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB158/6.

The decision was adopted.¹⁸

The representative of the RUSSIAN FEDERATION¹⁹ asked to be added to the list of sponsors of the draft decision on global action to advance health equity for people with haemophilia and other bleeding disorders, and to the list of sponsors of the draft resolution on steatotic liver disease.

The CHAIR took it that the Board wished to adopt the draft decision on global action to advance health equity for people with haemophilia and other bleeding disorders.

The decision was adopted.²⁰

The CHAIR took it that the Board wished to adopt the draft resolution on steatotic liver disease: a missing piece in the global noncommunicable disease response.

The resolution was adopted.²¹

2. Mental health: Item 7 of the agenda (document EB158/7)

The CHAIR invited the Board to consider the report contained in document EB158/7 and to provide guidance on the elements set out in paragraph 25 of the document.

The representative of BULGARIA, 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 Armenia aligned themselves with his statement. Welcoming the introduction of a dedicated agenda item on mental health, he emphasized the need to mainstream the issue across the work of the Organization, including by addressing its linkages with noncommunicable diseases, major risk factors and drug use disorders. His group welcomed WHO's guidance on transforming mental health systems and integrating action on mental health, brain health and substance use into primary care. Mental health and psychosocial support should also be integrated into emergency preparedness, response and recovery; to that end, Member States must take action on resolution WHA77.3 (2024) on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies. However, dedicated financial and human resources for mental health remained insufficient.

Greater efforts were needed to uphold the human rights of persons with severe mental health conditions. High levels of mental health problems among children and young people were of particular concern; WHO's collaboration with UNICEF was welcome in that regard. A whole-of-government and whole-of-society response was needed to address the determinants of mental health. It was therefore positive that mental health had been centred in the political declaration of the fourth high-level meeting of the United Nations General Assembly on the prevention and

¹⁸ Decision EB158(1).

¹⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

²⁰ Decision EB158(2).

²¹ Resolution EB158.R1.

control of non-communicable diseases. He encouraged WHO to develop a new package of policy options of cost-effective, evidence-based, and up-to-date interventions to promote and protect mental health.

The mental and physical health risks posed by digital technologies, including social media and artificial intelligence-enabled applications, must be addressed, including by updating regulatory and education systems to protect the rights, health and well-being of children and adolescents. In particular, children should be protected from the aggressive online marketing of alcohol, tobacco, unhealthy food and prohibited substances. He called on WHO to continue to advance research and develop guidance on the protection and promotion of good mental health online and offline, while recognizing the responsibility of digital platforms and industries.

The representative of ISRAEL called for greater emphasis on the importance of community as a natural source of resilience and on optimizing community structures as a way to promote mental health. A measuring tool for community resilience should be created, which could include indicators pertaining to health provisions within a local authority, internal meetings on mental health challenges and needs mapping. Intervention timelines could be established on the basis of monitoring through periodic surveys. Sound triage and up-to-date metric models should be established to facilitate effective, patient-centric treatment, the success of which would depend on making use of appropriate technologies and experienced professionals. Short, focused treatment provided by non-specialist staff with intervention-specific training could help to bridge therapeutic gaps.

The representative of SPAIN agreed that there was a need for an integrated response to address shared determinants and system challenges for mental health and substance use, as part of a community-based, human rights-centred approach. It was vital to mainstream mental health into all policies, and address inequalities related to housing, socioeconomic status, work, climate change, discrimination and violence. Local community resources must also be leveraged to promote equity, community empowerment and social connection. Underscoring the importance of primary healthcare as the foundation for mental healthcare and the need for health worker training, she called for a focus on non-pharmaceutical interventions, the deprescribing of psychotropic medicines where appropriate and the promotion of social measures and community action. Specialized mental health networks should be accessible and flexible, based on the QualityRights methodology, involve multidisciplinary teams and pay special attention to people with severe mental and psychosocial conditions. Rehabilitation, social inclusion and housing services, and alternatives to hospitalization must be integrated into care provision. Her Government supported the development of a global framework of standardized indicators covering social determinants and service availability, accessibility and acceptability. Strengthening tools like the WHO mental health atlas would be particularly valuable; technical support from the Secretariat to improve data comparability and analysis would be welcome in that regard.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the burden of mental health conditions in the Region was particularly high due to ongoing emergencies. Although progress had been made in terms of policy and planning, limited allocations from general health budgets had led to a significant treatment gap for mental health conditions. There was a clear need to integrate mental health across health system platforms and achieve systemic change towards accessible, community-based models of care. He welcomed the Secretariat's ongoing support in the implementation of the regional action plan for mental health and psychosocial support in emergencies, 2024–2030, notably in relation to capacity-building for the workforce, the establishment of a regional coalition for mental health and substance use, and the development of a monitoring platform. It was also positive that the

political declaration of the fourth high-level meeting had explicitly included mental health, providing an unprecedented mandate and time-bound targets to address the issue.

The representative of UKRAINE drew attention to national measures taken in support of mental health during the war of aggression against his country by the Russian Federation. He highlighted the importance of integrating mental health services into primary healthcare, using the WHO mental health gap action programme as a practical framework. Community services should be developed to match real needs, including crisis support interventions, community mental health centres and psychosocial services linked to social support, ensuring the continuity, proximity and timeliness of care. Mental health and psychosocial support must be built into emergency plans, financing, planning and supply chains. Ensuring quality in mental health services must include safeguarding the rights and dignity of people experiencing mental health challenges, reducing stigma and increasing the meaningful involvement of people with lived experience. His Government was ready to share its experience of delivering mental health services under extreme pressure and work with WHO and other partners to scale up affordable, evidence-based solutions.

The representative of the REPUBLIC OF KOREA commended efforts to address the global mental health crisis, in particular the focus on transitioning to person-centred, community-based approaches with a view to achieving universal health coverage. To that end, his Government was enhancing mental health policies and improving collaboration between ministries, local authorities and the private sector. Data-based assessment was crucial to successful policy formulation; the Secretariat should continue to share best practices and maintain technical support for data-driven monitoring to help governments to implement community-based mental health models.

The representative of PANAMA said that the Secretariat should provide greater support to Member States by promoting integrated frameworks for incorporating mental health, brain health and substance use within public health policies, plans and budgets. Sustained technical support for intersectoral governance was also needed to reduce inequalities and act on the social determinants of mental health, alongside tailored national capacity-building measures at the primary healthcare level. Evidence generated must be translated into cost-effective, culturally relevant interventions to respond to health emergencies and challenging situations. In order to measure progress towards targets, the Secretariat should promote harmonized indicators sensitive to national realities to strengthen health information systems and should support monitoring exercises to close gaps and geographic inequalities and follow up on indicators. The Secretariat should also provide technical support for the development of sound data analysis capacity to inform focused interventions and should promote the strategic use of global platforms to boost a culture of monitoring and evaluation.

The representative of LEBANON outlined efforts to strengthen the national health system in line with WHO's comprehensive mental health action plan 2013–2030, observing that clinical depression was a significant issue in the country. She commended the regional action plan for mental health and psychosocial support in emergencies, 2024–2030, notably the expansion of the regional platform for the live monitoring of resources, capacities and activities, and called for the continuation of that successful initiative. Mental health must continue to receive close attention, including through the careful monitoring of programme performance and mental health indicators.

The representative of NEPAL underscored the urgent need to prioritize mental health as a core public health priority, noting that mental health conditions accounted for a substantial and rising share of the global disease burden, with aggravating factors including poverty, conflict, climate stressors and social isolation. Mental health services remained inadequate in many

countries, leading to inequities in access to care and poorer outcomes for vulnerable populations. Stigma, discrimination and poor awareness of mental health could also delay care. Interventions must span community-based promotion, integrated service delivery and strong national policy frameworks. The Secretariat must support Member States to integrate mental health into primary care and universal health coverage; to respond more effectively to the growing burden among young people, women and vulnerable populations; and to accelerate the development of climate-resilient mental health systems that were prepared for emergencies. His Government remained committed to equity, multisectoral collaboration and evidence-based policies to address mental health issues.

The representative of QATAR reaffirmed the importance of mental health for his Government, highlighting measures taken to integrate services into primary healthcare as part of a person-centred approach. New technologies offered a way to enhance mental health services and ensure that they were available where they were most needed, particularly in crisis settings such as those experienced in the Eastern Mediterranean Region.

The representative of EGYPT agreed that there was a need to integrate mental health into primary healthcare and to address shared determinants through the life course through whole-of-society approaches. His Government had taken several steps to that end, seeking to provide accessible, preventive and person-centred care. Accelerating progress towards the targets of the comprehensive mental health action plan 2013–2030 would require sustained political commitment, increased investment, improved data systems and continued technical support from the Secretariat, particularly for low- and middle-income countries.

The representative of BRUNEI DARUSSALAM said that mental health was a multisectoral development priority. He stressed the importance of a prevention-first mental health architecture focused on building resilience through integrated multisectoral collaboration. It was particularly important to empower communities with lived experience of mental health challenges, nongovernmental organizations and community leaders; education and policy reform should be used to place mental health on the same footing as physical health. Greater effort should be made to address the root causes of mental health conditions, while services should be integrated into primary healthcare to ensure delivery of holistic, accessible and stigma-reducing care. The Secretariat must support Member States to improve the use of harmonized indicators and data systems that were in alignment with relevant WHO action plans and the commitments made during the fourth high-level meeting of the General Assembly on non-communicable diseases. Such a step would make it possible to track the outcome of interventions and ensure accountability.

The representative of POLAND highlighted national measures to strengthen mental health provision using a community-based, patient-centred model to reduce stigmatization and improve therapeutic and economic outcomes. The mental well-being of children and adolescents in the context of digitalization was of particular concern. Her Government remained committed to close collaboration with WHO on mental health.

The representative of COSTA RICA said that governance, primary healthcare and community healthcare services were priorities for her Government in terms of mental health policy, as was monitoring progress towards the targets of the comprehensive mental health action plan 2013–2030. It had proved challenging to keep up with the rapid evolution of mental disorders, their manifestations and root causes and respond with innovative solutions; certain mental health conditions were therefore not being sufficiently addressed or monitored, and a comprehensive approach to the situation was needed. Specific policies on technological products should be

developed and their impact on young children analysed; raising awareness of their adverse effects in the same way as the side effects of medicines could help to manage and regulate exposure to such products. The normalization of the use of certain psychoactive substances and resulting dependency was not currently being addressed to a sufficient degree to enable the development of suitable global guidelines aimed at reducing disability and working-age years lost. The Secretariat should continue providing technical support in monitoring progress, implementing guidelines, mobilizing resources and developing innovative interdisciplinary global guidelines.

The representative of CHILE noted the global progress made on mental health and noted the importance of advocacy, guidelines and technical support to the implementation of policies requiring long-term commitment. Mental health was a priority for her Government, which was modernizing services as part of a protective mental health model. To achieve an integrated response and avoid silos, WHO should support strengthening of primary healthcare and promote integration of social and health services along the continuum of care. It would be important to build societies that protected mental health by addressing the social determinants and ensuring inclusion of people with mental health conditions through intersectoral policies; exchanging experiences through South–South cooperation would be crucial to that end.

The representative of HAITI said that young people were particularly at risk of developing mental health conditions due to insecurity, inequality and trauma. His Government remained committed to integrating mental health services into primary healthcare as part of a community-based, person-centred approach that aimed to improve access by combating stigma. He expressed appreciation for the support provided by the Secretariat to enhance national capacities in the field of mental health, including training of health professionals and development of multisectoral programmes. It would be vital to build more resilient, inclusive and human-centred health systems.

The representative of BULGARIA, welcomed the comprehensive approach taken in the report, together with the emphasis on human rights and person-centred, community-based services. The strategic focus on strengthening governance, integrating mental health into primary healthcare and increasing health system resilience was also welcome. However, guidelines should be applied in a flexible way depending on national resources and health system modalities. WHO must continue to play a role in providing strategic guidance and technical support and in facilitating the exchange of best practices, while avoiding the introduction of additional binding commitments. The Secretariat should work with national health authorities to develop evidence-based policies adapted to national contexts, support capacity-building at the primary healthcare level and promote the exchange of experiences among Member States. Greater efforts should also be made to improve indicators and data collection in line with domestic data protection rules and reduce the administrative burden on national institutions.

The representative of ZIMBABWE drew attention to the growing burden of mental health disorders in his country and described steps taken by his Government to strengthen mental health services. The Secretariat and other international partners must continue supporting countries to advance progress towards the objectives of the comprehensive mental health action plan 2013–2030.

The representative of JAPAN noted the progress made under the comprehensive mental action plan 2013–2030 and highlighted measures taken at the national level to develop a community-based integrated care system. Her Government remained committed to knowledge sharing and technical cooperation with the Secretariat and Member States.

The representative of SWITZERLAND asked whether the written statements provided by Member States to supplement spoken statements would be translated and how they would be reflected in the record of the meeting. She expressed particular concern about the mental health of young people, especially girls and young women, and noted that insurance payouts for mental health issues experienced by young people were on the rise. In that context, she welcomed WHO's collaboration with UNICEF on mental health services for children and young people. The development of an implementation toolkit on international standards for the treatment of drug use disorders was also commendable.

The Observer of PALESTINE drew attention to the damage to civilian infrastructure in the Gaza Strip, including the only psychiatric hospital, that had been caused by Israeli strikes. A mechanism must be set up to support traumatized children, many of whom had no surviving family members. The mental health situation was critical, with future generations also at risk. Medical and humanitarian teams were also exhausted and in need of urgent psychological support.

The representative of FRANCE²² welcomed the increased focus on mental health and well-being in the light of rising suicide rates among young people, poor social well-being and weakening social ties. His Government had identified mental health as a national priority and was committed to sharing best practices internationally. He welcomed the intersectoral and interministerial approaches promoted by WHO and emphasized the need for robust, harmonized measures. Well-being should be recognized as a key public policy objective.

The representative of BRAZIL²² welcomed the leadership shown by the Secretariat in relation to mental health, noting its efforts to promote mental health over the life course, support community service development and integrate mental health into emergency preparedness and response. His Government was particularly concerned about the negative effects of online gambling platforms on public health and had taken several steps to address the issue. He urged other Member States and the Secretariat to jointly prioritize work to address the consequences of online gambling on the global health agenda.

The representative of URUGUAY²² welcomed the outcome of the fourth high-level meeting of the General Assembly on non-communicable diseases and the progress detailed in the report, which consolidated the positioning of mental health as a global political priority. She expressed support for the recognition of social determinants such as loneliness and social disconnection as risk factors for mental health conditions. Her Government supported the integration of mental health services into primary healthcare and had a number of policies and programmes in place to that end.

The representative of BELGIUM²² commended the inclusion of mental health in the political declaration of the fourth high-level meeting on non-communicable diseases and called on the Secretariat to support the implementation of the associated commitments by developing a cost-effective, up-to-date policy package for Member States, based on the latest scientific evidence. The mental health of young people presented particular challenges in the current technological landscape; digital companies and platforms should be held accountable for designing addictive products and disseminating harmful content, including disinformation, violence, hate speech and other damaging material. Another area of concern requiring further attention from

²² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

WHO was the online sale and marketing of harmful products such as alcohol, tobacco and e-cigarettes.

The representative of PARAGUAY²³ said that her Government sought to take a human rights-based approach to mental health in alignment with WHO priorities. However, it faced challenges relating to human resources and in overcoming the stigma surrounding mental health disorders. To close those gaps, she requested WHO technical support for capacity-building, the development of mental health policies and integration of such policies into primary healthcare to ensure the availability of psychosocial support during emergencies. Noting the importance of promoting cooperation and exchange of best practices, she expressed support for the participation of Taiwan²⁴ in the work of the Organization as an observer.

The representative of BANGLADESH²³ commended WHO's initiatives on mental health awareness, e-training, brain health and substance use; addressing stigma related to mental illness; and the mental health and well-being of children and young people. He thanked the Regional Office for South-East Asia for its provision of psychosocial support to forcibly displaced nationals of Myanmar and highlighted the need for a coordinated regional action plan addressing mental health and trauma in post-conflict and emergency situations.

The representative of ITALY²³ expressed concern about the increase in mental health disorders among young people and the fragmentation of mental health services. Her Government was addressing those challenges using innovative, scalable best practices, which it would aim to institutionalize through a new action plan on mental health. In that context, she sought support from the Secretariat with the monitoring and evaluation of that plan, focusing on methodological quality, comparability and training; its indicators should guide national policies and resource allocation to promote integration and innovation.

The representative of SLOVAKIA²³ reaffirmed the Secretariat's vital role in supporting Member States to address mental health, brain health and substance use challenges. Coordinated guidance, targeted technical support and robust monitoring frameworks were needed to translate global commitments into national actions. In particular, further support was needed to harmonize indicators, enhance national data systems and build capacities for routine monitoring to improve progress tracking.

The representative of INDIA²³ endorsed a rights-based, people-centred and community-driven approach to addressing the growing global burden of mental health conditions. Highlighting key national initiatives, she called for increased technical support and capacity-building to help Member States in implementing the WHO mental health gap action programme, the QualityRights initiative and community-based service delivery frameworks, especially in low- and middle-income countries. Resource constraints could be addressed through task sharing and digital mental health solutions.

The representative of the DOMINICAN REPUBLIC,²³ underscored the importance of an intersectoral and human rights-based approach to mental healthcare and substance use. She reaffirmed her Government's commitment to the comprehensive mental health action plan 2013–2030, noting the importance of governance, reducing stigma and a community-based approach to mental healthcare. To that end, a national mental health strategy had been launched

²³ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

²⁴ World Health Organization terminology refers to "Taiwan, China".

addressing the social and economic determinants of health. In WHO's work on mental health, it was vital to strengthen monitoring systems, including through the use of indicators, and to harmonize regional platforms for disaggregated data.

The representative of ECUADOR²⁵ acknowledged efforts to advance Health Assembly mandates in the field of mental health but noted with concern the gaps between commitments and the capacities of national systems. Highlighting national efforts to strengthen the mental health response, he called for closer intersectoral coordination between WHO and other United Nations organizations for a stronger and more comprehensive response to mental health.

The representative of the UNITED REPUBLIC OF TANZANIA²⁵ drew attention to improvements in access to mental health, neurological, and substance use disorder services in her country, thanks to collaboration with WHO. Further technical support and coordinated efforts were needed, however, to address the high burden of mental health and neurological disorders, in particular across sub-Saharan Africa.

The representative of PORTUGAL²⁵ drawing attention to the insufficient allocation of resources to mental healthcare despite rising needs, welcomed WHO initiatives in support of rights-based reform, such as the QualityRights initiative, the WHO mental health gap action programme and the WHO Special Initiative for Mental Health. National measures in that area included updates to mental health legislation and training for community mental health teams. His Government was working with the Government of Brazil to propose a resolution on mental health as a human right before the Human Rights Council of the United Nations.

The representative of MEXICO²⁵ drew attention to the lack of global investment in mental health and the limited availability of specialized human resources. Rising suicide rates among young people were a cause of concern, as was the treatment gap aggravated by social determinants such as the consumption of alcohol and other addictive substances. Anxiety and depressive disorders represented a major social burden and reduced quality of life, especially among older adults, while social and gender-based violence were associated with inequality and other social determinants of health. It was vital to integrate mental health services, including prevention and treatment of substance use disorders, into primary healthcare as part of a person-centred, human rights- and community-based approach focusing on social well-being. Political will and sustainable financing would be needed to promote effective regulation of alcohol and tobacco and prevent addiction through a human-centred approach.

The representative of COLOMBIA²⁵ acknowledged the progress made and WHO's leadership role in adopting a human rights-based approach to mental health. Her Government had introduced a mental health action plan but continued to face challenges in addressing regional gaps and funding issues. She therefore requested continued technical support from the Secretariat to improve national capacities, foster international cooperation and advance the effective implementation of mental healthcare policies based on human rights, equity and community-oriented approaches.

The representative of IRELAND²⁵ gave an overview of national measures to promote well-being, which included an initiative to combat social isolation among older people and the use of social prescribing to empower individuals to access community-based health services.

²⁵ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of ARMENIA²⁶ noted the urgent need for psychosocial support among health workers and strengthen community resilience. He highlighted national steps taken to bridge the gap between mental health provision and social protection. Good mental health was foundational to individual potential and national resilience and must be treated as a shared responsibility that spanned every sector of government and society. Improved partnership between the Secretariat and the Member States would help to uphold the right to dignified, high-quality mental healthcare.

The representative of MOROCCO²⁶ highlighted domestic measures taken, including the implementation of a national mental health plan. The Secretariat should support Member States through multisectoral frameworks and by providing effective evaluation mechanisms, including robust information systems and regional platforms, to measure progress against international commitments on mental health.

The representative of SINGAPORE²⁶ underscored the interdependence of physical, emotional and mental health, as recognized in his Government's mental health and well-being strategy.

The representative of PERU²⁶ encouraged the Secretariat to strengthen support for Member States through comprehensive strategies to address the social determinants of health and substance use. Exchange of successful experiences would be useful, as would the provision of further technical support should to Member States, such as his, that were reforming their mental health systems. In that context, evaluation systems must be improved and mental health integrated into strategies to address noncommunicable diseases. It was also vital to promote multisectoral alliances to generate relevant shared indicators that were adapted to national realities.

The representative of TÜRKIYE²⁶ noted that many countries were not on track to achieve global mental health targets. To accelerate progress, Member States required strengthened WHO support, including guidance tailored to country contexts, capacity-building for primary healthcare, improved data and monitoring, and inclusive collaboration with stakeholders. Her Government would welcome enhanced technical guidance and knowledge sharing to support integration of mental health into disaster preparedness and climate adaptation policies and community-based interventions.

The representative of CHINA²⁶ highlighted national measures taken in relation to mental health, notably the introduction of a comprehensive management mechanism and a three-year action plan. Observing that the Organization's figures on alcohol and drug consumption dated back to 2019, she asked the Secretariat to provide updated data on the issue. In addition, only 75 000 people had completed the QualityRights e-training course; further efforts were needed to promote human resource training for mental health.

The representative of NIGERIA²⁶ said that socioeconomic pressures, insecurity and climate-related shocks were driving the significant mental health burden. Her Government supported the call for accelerated, integrated and rights-based action on mental health and commended WHO's leadership in advancing a whole-of-government and whole-of-society approach. Although progress had been made in her country, challenges persisted, notably in relation to financing and data systems and reducing the stigma surrounding mental health disorders. The Secretariat should continue supporting Member States in advancing multisectoral

²⁶ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

action and accelerating integration into primary healthcare of mental health, neurological health and the treatment of substance use disorders.

The representative of NAMIBIA²⁷ said that the high levels of mental health issues in her country were linked to social isolation, substance use disorders, youth unemployment and gender-based violence, highlighting national initiatives implemented in that regard and emphasizing the need to integrate mental health into all pillars of primary healthcare. Her Government would continue to collaborate with WHO on effective interventions and research to inform public mental health policy.

The representative of ESWATINI²⁷ expressed concern regarding the lack of progress towards the targets of the comprehensive mental health action plan 2013–2030. Highlighting national efforts to integrate mental health services into primary healthcare and reduce stigma, she encouraged the Secretariat to strengthen technical support, data systems and capacity-building to support Member States in scaling up the accessibility of mental health and psychosocial support services.

The representative of ETHIOPIA²⁷ said that mental health was a priority for her Government, which was implementing the WHO mental health gap action programme. Continued support was needed from the Secretariat, particularly in relation to child mental health.

The Observer of the HOLY SEE expressed concern regarding the mental health challenges facing young people, which were often related to existential crises arising from the loss of meaning and value in human lives. In a culture of immediacy and indifference, the needs and suffering of individuals often went unrecognized; he therefore underscored the importance of recognizing the spiritual needs of individuals. Alongside the provision of professional mental healthcare, spiritual assistance could provide a sense of belonging, purpose and hope. Spiritual assistance was crucial to addressing mental health challenges, upholding human dignity and supporting the development of authentic relationships.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIR, expressed support for the transition to person-centred, community-based mental healthcare within the framework of a universal health coverage grounded in human rights. People with mental health conditions must have equal access to healthcare, free from stigma and discrimination, with respect for their dignity, autonomy, confidentiality and informed consent. Evidence-based interventions should be integrated into primary healthcare as an entry point, with clear referral pathways provided to well-resourced secondary and tertiary services. He called for sustained financing and investment in the mental health workforce, safe working conditions and the meaningful engagement of people with lived experience of mental health conditions, including in emergency preparedness and response.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, said that there was a global mental health workforce crisis. Urgent investment was needed in mental health and addiction nursing and nursing leadership, including skills development for mental health and psychosocial services. Member States must empower nurses to take expanded roles within interprofessional teams delivering integrated community-based mental health services.

²⁷ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, highlighted the urgent need for improved access to mental healthcare and essential medicines, particularly in low-resource and emergency settings. Despite the implementation of the WHO mental health gap action programme in 96 countries in 2024, treatment gaps persisted; in many areas implementation only involved training, without ongoing supervision or medicine availability. She expressed support for the wider dissemination of the QualityRights Initiative and highlighted the lack of availability and affordability of medicines such as oral and long-acting antipsychotics. She emphasized that people with mental health conditions required access to quality care, including appropriate medicines and psychosocial interventions.

The representative of THE INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES, speaking at the invitation of the CHAIR, said that many common skin diseases were associated with mental health conditions; their visible nature often created a psychological burden, which was compounded by stigma and social determinants. Member States must integrate dermatological care into mental health strategies and ensure that the impact of such diseases was addressed by primary healthcare and community-based services.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, noted that grief and bereavement had not been addressed in the report, despite the prevalence of prolonged grief disorder, the economic impact of bereavement and the importance of mental health services in addressing those issues. Grief and bereavement should be included in the comprehensive mental health action plan 2013–2030.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIR, welcomed the global status report on neurology, which was an important step towards implementing the intersectoral global action plan on epilepsy and other neurological disorders. Noting the intrinsic connection and high comorbidity between neurological and mental health disorders, she urged Member States to develop integrated clinical and research frameworks and multidisciplinary policies addressing neurological and mental health conditions across all life stages.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, expressed support for the emphasis in the report on leadership, rights-based policies and community-based mental healthcare. WHO and its Member States must include pharmacy students and young pharmacists in policy dialogues, workforce initiatives and education reforms in order to convert commitments into community change.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, expressed concern that countries were significantly off track in meeting the targets of the comprehensive mental health action plan 2013–2030, which placed a great burden on health and social care workers. Moreover, the integration of mental health services into universal health coverage plans had been inadequate for health workers. Given the mental health crisis faced by health workers, Member States must scale up efforts to strengthen mental health and psychosocial support, with dedicated programmes for health workers. As part of those efforts, it was essential to address overlapping drivers – such as psychosocial workplace risk, excessive hours, job insecurity, violence and understaffing – through collective bargaining and social dialogue with unions.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIR, welcomed the emphasis on promoting and protecting health over the life course and strengthening the measurement of early childhood development. Responsive

breastfeeding and caregiving supported optimal brain development and protected maternal and infant mental health, reducing postnatal depression. Strong maternal mental well-being and secure attachment were foundational for family relations. Investment in breastfeeding yielded lifelong cognitive, emotional and immunological benefits and improved mental health and social connections. WHO should recognize those important elements in future reports.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that the report treated alcohol consumption as a peripheral, rather than structural, determinant of mental ill health. There was strong evidence that alcohol consumption was a major risk factor for suicide and poor mental health across the life course. The Secretariat should provide technical and normative guidance to enable Member States to leverage the SAFER initiative within prevention-ready, recovery-focused, self-sustaining mental health systems.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that medical students often witnessed significant treatment gaps for mental health disorders, with systems lacking adequate capacity to respond effectively. She called for integrated investment in mental health within universal health coverage, crisis resilience services for disasters and conflicts, and strong protection for healthcare workers and young people.

The ASSISTANT DIRECTOR-GENERAL (Health Promotion, Disease Prevention and Care) thanked speakers for their support. He welcomed the strong call for community-based mental healthcare, noting that it could incorporate creative approaches as a way to overcome service limitations. Despite the difficulties of putting it into practice, multisectoral and interdisciplinary work should be the cornerstone of efforts to improve mental health provision given the cross-cutting nature of mental health conditions. The Secretariat was seeking to take a similarly multidisciplinary approach, as demonstrated through the restructuring of divisions at headquarters and close collaboration with the regional offices. Efforts were also under way to reduce fragmentation between neurological, psychiatric, psychological and other biological and clinical specialisms, including through the WHO collaborating centres. Data harmonization and the development of cohesive scientific and academic communities would be crucial in that regard.

The DIRECTOR a.i. (Governing Bodies), responding to the query from the representative of Switzerland, explained that written statements were not included in the official summary records of meetings of the WHO governing bodies. They were simply posted online as received, without translation. It was necessary to balance the principle of multilingualism against cost constraints.

The Board noted the report.

3. Communicable diseases: Item 8 of the agenda

- **Immunization Agenda 2030** (document EB158/8)
- **Road map for neglected tropical diseases 2021–2030** (document EB158/9)
- **End TB Strategy** (documents EB158/10 and EB158/10 Add.1)

The CHAIR drew attention to the reports contained in documents EB158/8, EB158/9 and EB158/10, and invited the Board to provide guidance on the elements set out in paragraph 29 of document EB158/8 and paragraph 49 of document EB158/9. He also invited the Board to consider

the draft decision contained in document EB158/10, the administrative and financial implications of which were contained in document EB158/10 Add.1.

The representative of BULGARIA said that progress on neglected tropical diseases required measures to reduce frequency, spread, morbidity, disability and mortality. The Secretariat should support Member States in implementing the road map for neglected tropical diseases 2021–2030. Achieving the associated targets called for scientific advances, new tools and programme development for prevention, control, elimination and eradication. Climate change would favour the development of aetiological agents, vectors and reservoir hosts and increase neglected tropical disease morbidity. The sustainability of national neglected tropical disease programmes could be assured by promoting research, filling knowledge gaps and ensuring sustained progress towards control, elimination and eradication, with Secretariat support. Participation in research, training and molecular epidemiology would be beneficial, strengthening local research capacity and stimulating investment. Increasing laboratory network capacity and diagnostic access throughout health systems would likewise be critical for timely treatment and control.

The representative of NEPAL drew attention to persistent inequities in immunization, especially for zero-dose and underimmunized children in remote and fragile settings. It was therefore vital to strengthen equity-focused guidance, support life-course vaccination within primary healthcare and universal health coverage, and invest in resilient systems such as cold chain equipment, last-mile delivery and digital data platforms. His Government remained committed to the road map for neglected tropical diseases; to achieve its elimination targets, stronger political prioritization and multisectoral action would be needed in the next phase. He requested guidance on integrating related services into primary healthcare and universal health coverage, expanding community-anchored delivery and ensuring predictable access to essential medicines, diagnostics and vector control tools, particularly for marginalized and rural populations.

Gaps in tuberculosis case detection persisted despite expanded coverage and reduced stigma. The Secretariat should reinforce guidance on decentralized, person-centred tuberculosis care, scale up preventive treatment and systematic screening, and ensure universal access to rapid molecular diagnostics. Efforts to address social and structural determinants through linkages with social protection, nutrition, housing and occupational health must be central to WHO's support in future. The Organization should focus on the provision of strong strategic and policy guidance, rather than operational activities, to support countries in addressing neglected tropical diseases and tuberculosis effectively and sustainably.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, took note of the progress made in combating communicable diseases, in particular implementation of the Immunization Agenda 2030. The immunization landscape had changed dramatically in the aftermath of the coronavirus disease (COVID-19) pandemic and in the light of humanitarian crises, climate change and reduced health financing; the international community must therefore reaffirm its commitment to the Immunization Agenda 2030, and Africa must be placed at the centre of vaccine equity to encourage more predictable international and domestic funding.

Further progress in the control of neglected tropical diseases and consolidation of gains made would require improvements in post-elimination surveillance, cross-boundary cooperation, domestic funding mobilization and a multisectoral approach. Despite the reduction in tuberculosis morbidity and mortality in the African Region, it continued to bear the bulk of the global burden. To that end, more funding and further capacity-building was needed, notably in diagnostics.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, described achievements of countries in her Region in implementing immunization programmes in 2025, noting the introduction of several new vaccines, elimination of measles and rubella in four countries and elimination of maternal and neonatal tetanus in 18 countries. However, her Region faced high levels of child mortality from vaccine-preventable diseases due to the effects of emergencies and fragility. Urgent, targeted and data-driven action was needed to close immunity gaps.

Despite some progress in combating neglected tropical diseases, the Region continued to face a high disease burden and leishmaniasis remained a major challenge, especially in the Sudan. Limited political commitment and resource allocation, emergencies, weakened health systems, surveillance issues and stigma hindered progress on addressing neglected tropical diseases. Strengthened regional action was needed to expand access to medical products, build health workforce capacities and support countries with elimination strategies, particularly where significant gaps remained.

Tuberculosis represented another serious challenge; the epidemic was driven by conflict, climate change, displacement, smoking, undernutrition and diabetes. Fragmented health systems and diminished funding were also impeding service delivery. She supported the development of a WHO post-2030 tuberculosis strategy that was aligned with primary healthcare, universal health coverage and global health security; the strategy must be tailored to regional realities and foster integrated multisectoral and multi-disease approaches.

The representative of EGYPT shared the measures taken in his country under the national immunization programme and to address neglected tropical diseases in line with the WHO road map. His Government was also working to end tuberculosis by 2035. It remained committed to strengthening health systems and collaborating with WHO and other partners to protect vulnerable populations and sustain gains.

The representative of THAILAND welcomed the evolution of the Immunization Agenda 2030, emphasizing the importance of reducing inequity in vaccine access, particularly among zero-dose children in hard-to-reach and marginalized communities. It was vital to strengthen country-owned immunization systems, primarily financed through domestic resources with partner support aligned with national priorities under WHO leadership. The Government supported implementation of the road map for neglected tropical diseases. It also supported the proposed development of a WHO post-2030 tuberculosis strategy aligned with primary healthcare, universal health coverage and global health security, as well as continued reporting on the issue to the Health Assembly.

The representative of BARBADOS highlighted national efforts to improve vaccination coverage and disease surveillance by strengthening primary healthcare systems. Her Government supported the “build from here” approach and the other recommendations for implementation of the Immunization Agenda 2030 during the period 2026–2030. Given that trust and community engagement were a particular challenge, her Government would welcome continued and enhanced technical support from the Secretariat for the development and implementation of plans and strengthening of immunization efforts.

The representative of the REPUBLIC OF KOREA commended the results of the mid-term review of the Immunization Agenda 2030 and stressed the need to prioritize vulnerable and conflict-affected areas with high numbers of zero-dose children. WHO should continue to guide the integration of immunization into primary healthcare, universal health coverage and health emergency preparedness while strengthening regional advisory groups. Reaffirming his

Government's support for the road map for neglected tropical diseases, he highlighted measures taken to support implementation at the national and international levels. He expressed concern regarding unmet tuberculosis incidence and mortality targets and called for strengthened community-based approaches across prevention, treatment and post-treatment care, which should be integrated into primary healthcare and universal health coverage.

The representative of BRUNEI DARUSSALAM noted that financial pressures, health system limitations and inequities contributed to the uneven progress in tackling communicable diseases. He welcomed the recalibration of the Immunization Agenda 2030 for the period 2026–2030 and its timely emphasis on equity, country ownership, integration with primary healthcare and preparedness for outbreaks. WHO and its partners had made progress in addressing neglected tropical diseases, despite financial and operational challenges; the restructuring to bring malaria and neglected tropical diseases under one department was particularly welcome. Collaboration between the Secretariat and Member States should focus on integration, data quality and sustainability. His Government supported the proposal to initiate work on a post-2030 tuberculosis strategy, which would provide an opportunity to align future efforts with the evolving epidemiological science and global health architecture. It was essential to strengthen integrated patient-centred tuberculosis services within universal health coverage, while promoting multisectoral action and social protection. Strong primary healthcare, reliable data, sustainable financing and global solidarity were crucial to address all the communicable diseases under discussion.

The representative of HAITI said that strengthening primary healthcare was essential to improve resilience amid multiple crises. Vaccination remained a critical tool, and zero-dose children remained the most vulnerable; national efforts were therefore being made to step up community-based immunization programmes. To eradicate neglected tropical diseases, control measures and initiatives to address inequalities were vital. Similarly, innovative research and equitable access to diagnostics and therapeutics must remain global priorities in combating tuberculosis. Equity, service integration and international solidarity must remain at the heart of tuberculosis control efforts.

The representative of EL SALVADOR said that neglected tropical diseases represented a major threat to global stability and posed social and economic challenges that required coordinated efforts. The main obstacle to sustainable progress was antimicrobial resistance; the global objective of eliminating disease transmission could thus only be achieved through responsible, scientifically supported antimicrobial use, robust vaccination programmes, constant surveillance and early outbreak detection. The evolution of illnesses must be addressed to maintain effective treatments.

The representative of CABO VERDE drew attention to national progress in combating communicable diseases through a vaccination system integrated into primary healthcare. He welcomed the road map for neglected tropical diseases, noting that progress in that regard required capacity-building, high-level surveillance and prevention and an integrated multisectoral approach adapted to the realities of small island States. On tuberculosis, he took note of progress in early detection, contact tracing and improved access to treatment. The successes recorded by several countries in the African Region in tackling communicable diseases demonstrated the importance of sustainable investment, resilient health systems and strong national ownership in work towards elimination.

The representative of CHILE, highlighting national measures to improve vaccination coverage, said that her country's experience demonstrated the potential of new immunological

technologies in protecting the most vulnerable and reducing inequalities. She expressed appreciation for the integrated approach of the road map for neglected tropical diseases. Those diseases disproportionately affected people living in poverty and must be addressed through multisectoral action, community engagement approaches addressing structural determinants such as water, sanitation, gender and climate change. The socioeconomic impact of tuberculosis remained a critical obstacle requiring strengthened social protection policies. To accelerate progress on the Immunization Agenda 2030, she recommended prioritizing countries reporting the largest gaps, incorporating equity criteria, strengthening integrated service networks, promoting intersectoral governance, securing sustainable financing and strengthening information systems with disaggregated data to monitor inequalities.

The representative of POLAND expressed support for the draft decision, welcoming the proposal to develop a post-2030 tuberculosis strategy. Her Government had significant experience in addressing tuberculosis due to the recent influx of refugees from Ukraine; it had shifted its approach from prolonged hospital-based regimens to the shorter treatments recommended by WHO, which had improved continuity of care across borders – to the benefit of both refugees and host populations. Her country's experience had shown that ending tuberculosis required not only biomedical innovation but also flexible health systems, rapid regulatory pathways for new medicines, strong partnerships and care models that respected patient dignity and social realities. Her Government stood ready to share its experience to support the development of a new strategy, particularly in the areas of patient-centred care, drug-resistant tuberculosis, migration-sensitive approaches and sustainable access to modern therapies.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed appreciation for the mid-term review of the Immunization Agenda 2030. Immunization was a priority for her Government, which was introducing new vaccines, improving domestic vaccine manufacturing and strengthening digital systems, among other steps. WHO should strengthen advocacy and cooperation among Member States and partners, consolidate the scientific basis for vaccination to address increasing misconceptions and actively cooperate with all Member States in their efforts to integrate immunization into primary healthcare and universal health coverage. WHO should draw on lessons learned from the past five years and make a fresh start on immunization efforts, proactively engaging in advocacy and cooperation initiatives to advance towards the Agenda targets.

The representative of UKRAINE drew attention to the way in which conflicts disrupted health services and accelerated the spread of communicable diseases. Noting that progress on the Immunization Agenda 2030 was off track, he said that the issue of trust was a major barrier; misinformation had become a key constraint, and it was concerning that anti-vaccine narratives were being amplified through coordinated operations, including by State actors. Emphasis must be placed on strengthening primary healthcare and integrating continuous catch-up interventions into routine health services. The European Region was facing a growing risk of outbreaks of neglected tropical diseases, which must be addressed through a stronger regional response, with harmonized surveillance, better diagnostics and a One Health approach to vectors. In relation to tuberculosis, he highlighted his Government's regional leadership in that area. Further global progress required an equitable approach to access to innovative treatment; increased generic competition would help to drive down costs.

The representative of JAPAN expressed support for the recommendations on the Immunization Agenda 2030, especially in relation to the integration of immunization budgets into national health financing frameworks. It was also important to use subnational data and reinforce

accountability mechanisms in immunization strategies. Highlighting her Government's support for activities to address neglected tropical diseases, she stressed the importance of the human rights dimension to leprosy and called for WHO to continue its leadership in that area, alongside its partners. She supported the development of a post-2030 tuberculosis strategy, noting that implementation of WHO strategies on tuberculosis must be underpinned by efforts to strengthen primary healthcare and universal health coverage, and alignment with global health security initiatives should be ensured.

The representative of QATAR reaffirmed her Government's commitment to the initiatives under discussion, highlighting work undertaken at the national level to progress towards global targets. Her Government would continue to strengthen national surveillance systems for communicable diseases and support research for the benefit of other Member States.

The representative of SOMALIA welcomed the regional focus on zero-dose children, catch-up vaccination and health systems strengthening in the Immunization Agenda 2030. Progress had been made in his country in increasing vaccination coverage, although insecurity, climate shocks, weak health infrastructure and a lack of health-seeking behaviours continued to present challenges. Tuberculosis was also a major public health concern, with advancements impeded by funding gaps, high household costs and limited access to diagnostics and treatment, particularly in fragile and humanitarian settings. Welcoming the report on the road map for neglected tropical diseases, he called for sustained technical and financial support to strengthen surveillance, to expand access to preventive chemotherapy and to mainstream action on neglected tropical diseases into primary healthcare and health information systems. Sustained regional and global solidarity was vital to advance progress on communicable diseases.

The representative of LESOTHO said that, in order to strengthen ownership of, and accountability for, immunization outcomes in the context of declining external funding, governments must gradually boost domestic budgets while they still had financing from partners. That funding could be used to address vaccine procurement, vaccine hesitancy and the integration of community-based immunization programmes into primary healthcare. Immunization efforts should be led by community health workers, and culturally sensitive approaches should be applied to increase coverage. Action on neglected tropical diseases should also be integrated into primary healthcare, as funding for that issue remained limited. Member States should be supported to develop the investment case for addressing those diseases in order to attract funding. Her Government supported the proposal to develop a post-2030 tuberculosis strategy; Member States should seek to accelerate progress on the issue pending that new guidance.

The representative of COSTA RICA, noting the particular challenge of migration in addressing vector-borne diseases, said that financing, rapid testing, single-dose treatment and immunization among mobile populations must be prioritized. Certain countries played a critical role in strategies for funding such interventions, and the reduction in international cooperation placed everyone at risk. Expressing support for the intervention by the representative of El Salvador, she agreed that antimicrobial resistance was a grave danger. The management of potentially drug-resistant communicable diseases must be accompanied by strong communication campaigns on the dangers of incorrect prescribing and misuse of antimicrobial agents, with robust public policies that were not influenced by commercial interests.

The representative of GABON²⁸ said that neglected tropical diseases disproportionately affected the most vulnerable groups and were an obstacle to development in many countries. Neglected tropical diseases were a public health priority for her Government, which continued to make progress in that area through mass treatment campaigns, greater integration into primary healthcare, improved epidemiological surveillance and a multisectoral approach. The fight against neglected tropical diseases required sustainable funding, trained personnel and enhanced multisectoral action.

The representative of FRANCE²⁸ commended WHO's work on communicable diseases. On neglected tropical diseases, he reaffirmed support for community-centred interventions, which were vital for vector control and prevention as part of a One Health approach. Mobilizing community action was crucial for reaching key populations in the fight against dengue and chikungunya. He described national interventions concerning immunization and tuberculosis, highlighting the efforts of health workers in reducing malaria transmission.

The representative of CANADA²⁸ expressed support for the proposed evolution of the Immunization Agenda 2030 over the period 2026–2030. Country ownership and accountability should be strengthened, particularly in the context of funding constraints. Given that immunization was a cornerstone of resilient health systems, all partners must align investment with country-led priorities, ensuring that financing, innovation and capacity-building advanced the Agenda's goals and strengthened local systems. As a leader in the fight against tuberculosis, her Government welcomed the progress made on the End TB Strategy but was concerned that progress towards its targets was off track. It therefore supported the proposal to develop a post-2030 tuberculosis strategy aligned with current epidemiology, scientific advances, the evolving global health architecture and the outcome of the third high-level meeting of the United Nations General Assembly on tuberculosis – which was scheduled for 2028. Member States must work collectively and decisively to close gaps and accelerate progress to end tuberculosis. Her country continued to support the road map for neglected tropical diseases 2021–2030 and the Kigali Declaration on Neglected Tropical Diseases (2022).

The representative of URUGUAY²⁸ commended the progress made on tackling communicable diseases and emphasized the need to integrate that work into primary healthcare and information systems as the foundation for advancing towards universal health coverage and reducing inequalities. The impact of climate change, the humanitarian crisis and the decrease in international funding were cause for concern. Greater efforts were needed to implement the actions outlined in the reports in a sustainable and equitable manner.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND²⁸ expressed appreciation for the proposed recommendations in the report on the Immunization Agenda 2030 but suggested that further emphasis was needed on the role of health systems strengthening in improving immunization outcomes. Addressing the long-term decline in vaccination coverage would require sustained action and well-trained health workers with a view to increasing vaccine confidence and strengthening vaccine uptake. The improvement in the tuberculosis response since the COVID-19 pandemic was welcome; his Government supported the development of a post-2030 tuberculosis strategy with a clear framework for effectively deploying new vaccines alongside existing interventions and other new tools. Adequate, sustainable financing was necessary for the Organization's work on immunization and tuberculosis.

²⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of SLOVAKIA²⁹ said that WHO had an essential role to play in advancing progress towards the goals of the End TB Strategy. Global solidarity, predictable and sustainable financing, and effective multilateral cooperation were also necessary in the light of the persistent underfunding and inequalities that continued to pose challenges in tuberculosis prevention and care. Limited market availability and supply disruptions constituted a shared global risk in that regard and must be addressed through intensified research and innovation in diagnostics, medicines and vaccines. Stronger, well-coordinated guidance and technical support from the Secretariat would promote equitable and sustainable access to tuberculosis medicines. He welcomed the proposal to develop a post-2030 tuberculosis strategy; that work must be carried out through an inclusive, Member State-led process.

The representative of BELGIUM²⁹ drew attention to the burden of leishmaniasis in Africa and called for sustained support from the international community to increase case management. He provided details of his Government's efforts to support programmes to address neglected tropical diseases and called for sustained and urgent action to ensure that the progress made in that area was not lost.

The representative of PARAGUAY²⁹ said that immunization, neglected tropical diseases and tuberculosis represented facets of the same challenge, which must be addressed by reducing inequities in healthcare through strengthened health systems centred on primary healthcare. The Secretariat should provide immunization guidelines adapted to national contexts to support equitable immunization systems. Highlighting national measures to address neglected tropical diseases by improving information systems, monitoring and risk assessment, she said that sustained efforts were needed to ensure progress in that area, especially in locales with significant gaps. Her Government welcomed the proposal to develop a post-2030 tuberculosis strategy, which should be adaptable to regional contexts.

The representative of MEXICO²⁹ said that immunization was a cost-effective public health intervention and a pillar of universal health coverage. Its effectiveness depended on sustainable financing, implementation of universal vaccination programmes, and equitable and timely vaccine distribution. A socially conscious, evidence-based approach should be taken to the implementation of immunization programmes, ensuring alignment with national health policies and minimizing individualistic perspectives and commercial influences. The reemergence of measles in the Region of the Americas demonstrated that the Immunization Agenda 2030 must be harmonized with national guidelines and regulations, and global indicators should be translated into clear normative and programmatic responsibilities, with special attention given to the most vulnerable populations. Drawing attention to advances made in addressing neglected tropical diseases, he said that related services must be integrated into primary healthcare, with an intersectoral approach, in order to consolidate gains and reduce inequalities.

The representative of BRAZIL²⁹ said that it was regrettable that implementation of the Immunization Agenda 2030 was off track due to geopolitical instability, weakened public confidence, armed conflicts and misinformation. However, he welcomed the progress made in reducing the number of people affected by neglected tropical diseases and the improved integration of interventions into national health systems and strategies. Noting with concern the sharp rise in new tuberculosis cases, he outlined his Government's involvement in national and international initiatives on the issue.

²⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of GERMANY³⁰ expressed support for the actions recommended under the Immunization Agenda 2030 over the next five years, noting that global actors such as Gavi, the Vaccine Alliance, WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria must strengthen synergies. Enhanced collaboration with national, regional and civil society partners, through multisectoral approaches, was equally important. The alignment of immunization objectives with national health plans and budget cycles was essential to reinforce domestic ownership and long-term sustainability. Sustained political leadership was also necessary to achieve the shared goal of giving children a healthy start in life.

The representative of the UNITED REPUBLIC OF TANZANIA³⁰ highlighted the progress made by her Government in addressing neglected tropical diseases and implementing the End TB Strategy. Progress had also been made in vaccination coverage, although challenges persisted in the form of inequities among hard-to-reach populations, misinformation, health emergencies and financing constraints in supply chains and the health workforce.

The representative of NAMIBIA³⁰ outlined key action taken by her Government to strengthen its immunization programme and scale up tuberculosis interventions. The disproportionate incidence of tuberculosis among those in the lowest quintiles for wealth was of serious concern and lead to catastrophic health spending and undermined universal health coverage. That issue must be addressed to improve health equity and protect the most vulnerable.

The representative of OMAN³⁰ said that ending tuberculosis required an integrated approach that covered prevention, early detection, awareness raising and support for scientific research. His Government had taken a number of measures in that regard, with a particular focus on high-risk and vulnerable populations.

The representative of CUBA³⁰ said that progress towards the Immunization Agenda 2030 targets remained insufficient. In the context of challenges including a shift in global health financing, it was vital to enhance coordination among countries and immunization partners, including organizations providing technical and financial support. She welcomed the support provided by mechanisms such as Gavi, the Vaccine Alliance, but observed the need for global alliances and mechanisms to align with national and regional priorities. She expressed support for the recommendations in the mid-term review of the Agenda, particularly in relation to strengthening governance and the focus on zero-dose children. She asked the Secretariat how the Immunization Agenda 2030 Coordination Group could be supported to improve effective coordination of activities by the various partners supporting the Agenda.

The representative of ZIMBABWE³⁰ reaffirmed his Government's commitment to the End TB Strategy, detailing how innovative approaches and routine data use were enhancing programme performance and informing policy at the national level. However, the rising burden of drug-resistant tuberculosis, economic pressures and greater population mobility continued to pose challenges, which must be addressed through strong multilateral action, resilient partnerships and sustained regional and global solidarity. Continued collaboration, sustainable financing and collective action were needed to ensure that African countries would remain on track towards eliminating tuberculosis as a public health threat.

The representative of SINGAPORE,³⁰ noting that vaccine hesitancy threatened decades of public health progress, said that vaccine confidence must be built through comprehensive,

³⁰ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

coordinated actions and commitment to maintain public trust. To that end, evidence-driven decision-making must remain the foundation of sustainable immunization policies and strategies, and it would be important to invest in community engagement and continue promoting evidence-based communications to enhance vaccine literacy and counter misinformation. A collective commitment to evidence-based approaches and multisectoral collaboration would help to achieve universal immunization coverage by 2030.

The representative of SENEGAL³¹ drew attention to recent national achievements in combating neglected tropical diseases. Those hard-won gains could be lost, however, without sustainable, predictable funding, and efforts to secure the ongoing, equitable availability of medicines and health products for those diseases. He fully supported the recommendations aimed at strengthening disease notification, the monitoring of cross-cutting indicators and the integrated coordination of interventions. The Secretariat should step up technical and strategic support to enable Member States to achieve the targets in the road map for neglected tropical diseases.

The representative of INDONESIA³¹ said that the bottleneck in making progress on communicable diseases was not due to a lack of ambition but to the delivery at scale of primary healthcare and universal health coverage on the basis of equity, sustainable financing, strong subnational implementation and data-driven action. He supported the evolution of the Immunization Agenda 2030, notably the prioritization of zero-dose and missed communities. In relation to neglected tropical diseases, work should address systemic gaps in surveillance, water, sanitation and hygiene integration, and local implementation. Secretariat support should prioritize the integration of neglected tropical disease indicators into routine health information systems, as well as the production of actionable subnational data. Climate change and population mobility were reshaping epidemiology; stronger early warning systems, effective surveillance and cross-border collaboration were therefore vital, particularly for dengue and other vector-borne diseases. To address tuberculosis, it was necessary to improve early detection, treatment, prevention and innovation through increased community-based action, and tuberculosis should be integrated into universal health coverage benefit packages and social protection.

The representative of PERU³¹ expressed support for the recommendations on the Immunization Agenda 2030, noting that the issue was a national priority. In the light of reduced external financing, his Government had engaged in digital transformation to strengthen accountability and identify gaps in immunization. Partners must align their support with national systems, using standardized indicators and strengthening local capacities. He urged the Secretariat to take the lead on results-based governance reform, taking inspiration from regional experiences, and in prioritizing full integration of immunization in primary healthcare, universal health coverage and emergency preparedness.

The representative of the RUSSIAN FEDERATION³¹ welcomed the reports, stressing that the End TB Strategy should allow for adaptation to the differing epidemiological and economic situations of Member States. Tailor-made approaches were needed, particularly for countries experiencing a high burden of tuberculosis while facing resource limitations or emergencies.

The meeting rose at 13:00.

³¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.