

Provisional summary record of the fifth meeting

**WHO headquarters, Geneva
Wednesday, 4 February 2026, scheduled at 10:00**

Chair: Mr B. Comley (Australia)

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Fifth meeting

Wednesday, 4 February 2026, at 10:00

Chair: Mr B. Comley (Australia)

Provide health

1. **Substandard and falsified medical products:** Item 12 of the agenda (document EB158/16)

Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel: Item 13 of the agenda (document EB158/17)

Draft updated global action plan on antimicrobial resistance: Item 14 of the agenda (documents EB158/18 and EB158/18 Add.1)

Harmonization of regulatory approaches, governance and standards for data, digital health and artificial intelligence in the health sector: Item 15 of the agenda (document EB158/19)

The CHAIR drew attention to the reports contained in documents EB158/16, EB158/17, EB158/18 and EB158/19, and invited the Board to provide guidance in respect of the questions set out in paragraph 10 of document EB158/17 and paragraph 24 of document EB158/19. He also drew attention to the draft decision, which contained a draft decision to be submitted to the Seventy-ninth World Health Assembly, on the draft updated global action plan on antimicrobial resistance 2026–2036, contained in document EB158/18, the financial and administrative implications of which were contained in document EB158/18 Add.1. He also drew attention to a draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel, proposed by Germany, the Philippines, Romania and Thailand, which read:

The Executive Board, having considered the report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel,¹

Decided:

- (1) to reiterate its support for the WHO Global Code of Practice on the International Recruitment of Health Personnel;
- (2) to recognize the final report of the Expert Advisory Group following regional consultations, and to commend the Group for the work;
- (3) to invite Member States and partners, and request the Secretariat, including by utilizing the WHO Academy and WHO collaborating centres, to renew their efforts to strengthen implementation of the Code, in alignment with the recommendations of the Expert Advisory Group;
- (4) to note the Expert Advisory Group's recommendations including regarding clarity, safeguards and appropriate flexibility in the application of the WHO Health Workforce Support and Safeguards List;
- (5) to further note the Expert Advisory Group's emphasis on the need for meaningful co-investment in health workforce development and health system

¹ Document EB158/17.

strengthening in source countries, in order to support health workforce sustainability and the delivery of proportional benefits;

(6) to request the next review of the relevance and effectiveness of the Code to be submitted to the Eighty-fifth World Health Assembly, after the seventh round of Code reporting within available resources;

(7) to request the Director-General to facilitate Member-State led informal consultations on a decision or resolution, focusing on the Expert Advisory Group's recommendations, including those for additional text to be included in the Code, to be considered for adoption by the Seventy-ninth World Health Assembly.

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 decision would be implemented if adopted:**
3.2.1. WHO provides technical guidance and operational support to countries to optimize and expand their health and care workforce
2. **Short justification for considering the draft decision, 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 decision:**
Five months.

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

1. **Total planned costs required to implement the decision, in US\$ millions:**
Zero.
- 2.a. **Estimated planned costs required that can be accommodated within the approved Programme budget 2026–2027 ceiling, in US\$ millions:**
Zero.
- 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:**
Zero.
4. **Estimated planned costs required to be budgeted for in the proposed programme budgets of future bienniums, in US\$ millions:**
Zero.
5. **Level of financial resources already available to fund the implementation of the decision in the current biennium, in US\$ millions**
 - **Financial resources available to fund the decision in the current biennium:**
Not applicable.
 - **Remaining financing gap in the current biennium:**
Not applicable.
 - **Estimated financial resources, which are currently being mobilized, if any, that would help to close the financing gap in the current biennium:**
Not applicable.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the WHO Global Code of Practice on the International Recruitment of Health Personnel remained highly relevant to his Region due to the increasing international mobility of health workers caused by conflicts, protracted crises and economic instability. He welcomed, in particular, the Expert Advisory Group's recommendation regarding the need to pay special attention to countries experiencing emergencies. Regional consultations in 2025 had highlighted the need for stronger retention strategies, enhanced regional solidarity and strengthening of the health workforce. A regional flagship initiative was facilitating dialogue among countries to address international mobility through collaborative arrangements and greater investment in the health workforce. He highlighted the large potential resource of the Eastern Mediterranean Region's diaspora, noting that the Regional Office, the League of Arab States and the International Organization for Migration were working to enhance diaspora engagement in health. He expressed support for consultations on the additional text recommended by the Expert Advisory Group for inclusion in the Code.

The representative of ISRAEL emphasized the importance of inclusive participation in the Health Assembly. He called for further consideration of the metrics used to determine international mobility, highlighting the current insufficient differentiation between foreign-born professionals and domestic professionals trained abroad. He welcomed the call to advance health system sustainability and development and requested guidance on improving sustainability through incentive and investment strategies. Regarding digital harmonization, efforts should be focused on ensuring governance and accountability through the artificial intelligence cycle, including differentiating responsibility between stakeholders while integrating ethical and safety considerations; complementing formal regulation with experimental frameworks, such as regulatory sandboxes; and integrating economic considerations into a draft global strategy on digital health for the period 2028–2033, including assessing the costs of infrastructure and workforce development against the clinical, operational and systemic benefits of artificial intelligence. WHO, alongside international bodies such as the Organisation for Economic Co-operation and Development and the International Medical Device Regulators Forum, played an important role in setting uniform standards for the adoption of technology.

The representative of NEPAL said that large-scale international recruitment of health professionals meant that investment from source countries in their education and training was effectively subsidizing the health workforce of destination countries. Co-investment was essential for proportional and mutually beneficial outcomes. He asked the Secretariat whether there were any documented cases in which international recruitment had been accompanied by sustained co-investment in the health workforce of source countries. His Government wished to be added to the list of sponsors for the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

He welcomed WHO's leadership on antimicrobial resistance and called for strengthened One Health governance and regulatory systems through technical support and policy harmonization. The Secretariat should accelerate integrated antimicrobial resistance and antimicrobial use surveillance through support for laboratory capacity, digital data systems and regional data-sharing platforms. Predictable, long-term financing should be mobilized by coordinating global investment in alignment with Member States' needs.

The representative of POLAND, 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 aligned themselves with her statement. She agreed with the Expert Advisory Group's assessment of the implementation and impact of the WHO Global Code of

Practice on the International Recruitment of Health Personnel, including achievements and ongoing challenges, as well as the need for international cooperation. She recognized the needs of healthcare systems in recruiting countries and the obligation to protect the health systems of source countries, particularly in low- and middle-income countries. The Global Code of Practice should be a cornerstone for ethical international recruitment. Greater engagement with professional associations, health institutions and international organizations was needed to align recruitment practices with global standards and human rights obligations.

Sustained investment in education, innovation, training and retention in alignment with the Global Strategy on Human Resources for Health: Workforce 2030 was also essential. Initiatives such as the WHO Academy played a key role in equipping health workers with the skills needed to deliver high-quality care. She expressed support for the draft decision on the Global Code of Practice, noting the importance of focused consultations to safeguard the Code's integrity.

The representative of SPAIN, 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. He expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036, welcoming its focus on accelerating national and global responses and operationalizing the One Health approach, as well as its inclusion of a new objective concerning governance and accountability. Member States must translate its guidance into tangible action at the national, subnational and local levels, with the help of technical support tailored to country contexts. Robust intersectoral governance and measurable, appropriately costed national action plans were essential for effective action. With the support of WHO headquarters and the regional offices, countries must continue focusing their efforts on responsible and prudent antimicrobial use while ensuring sufficient access to effective antimicrobials and high standards in infection prevention and control. Effective measures should also be taken in farming and wildlife settings, communities, hospitals and long-term care facilities to reduce the spread of antimicrobial resistance. International cooperation remained crucial; the Secretariat should support countries in collaborating and upholding collective responsibility, and the Quadripartite organizations must ensure that antimicrobial resistance remained a global priority. The Fifth Global High-level Ministerial Conference on Antimicrobial Resistance would be a key part of efforts to advance action.

The representative of SWITZERLAND welcomed the Expert Advisory Group's recommendations on the WHO Global Code of Practice on the International Recruitment of Health Personnel and expressed support for focused informal consultations thereon. She fully supported the draft updated global action plan on antimicrobial resistance 2026–2036, emphasizing the importance of strengthening national and international surveillance systems, and welcomed efforts to improve data quality and comparability. Research and innovation were important to support the development of new antimicrobials and complementary approaches. Regarding digital health, she expressed support for the development of a draft global strategy on digital health for the period 2028–2033. Artificial intelligence readiness should be addressed to ensure safe, effective adoption of artificial intelligence-driven solutions; to that end, she encouraged close cooperation with relevant organizations with a view to building on existing instruments and ensuring alignment with national and international priorities.

The representative of UKRAINE supported efforts to streamline the Member State mechanism on substandard and falsified medical products to increase its focus on critical priorities such as security of the supply chain for high-risk excipients and combating unregulated online sales. National traceability systems should be implemented, and continued technical support

should be provided to help regulatory authorities to manage threats. He expressed strong support for the WHO Global Code of Practice on the International Recruitment of Health Personnel, noting that, as a conflict-affected source country, Ukraine faced a risk from unmanaged and unethical recruitment. Transparency, clear rules and shared responsibility between source and destination countries were essential. Co-investment in the education, training and retention of health workers in source countries was also important, and the Global Code of Practice must be applied in emergency and conflict situations, with additional safeguards and targeted international support.

Despite the Russian Federation's full-scale war of aggression against his country, it continued to address antimicrobial resistance. He expressed strong support for international cooperation on antimicrobial resistance and WHO's coordinating role, and said that sustainable financing, technical support and strong governance were essential, especially for crisis-affected countries. Turning to digital health, he expressed support for a health system approach to digital investment, noting that digital solutions should strengthen national systems without creating parallel structures. Capacity-building was needed for the safe and responsible use of digital tools.

The representative of THAILAND said that the WHO Global Surveillance and Monitoring System for substandard and falsified medical products could be strengthened by ensuring a timely response mechanism, including effective risk communication among Member States. She welcomed the Expert Advisory Group's report and the related actions, and underscored the importance of mutually beneficial co-investment and engagement with financial institutions. Technical support was needed to overcome data fragmentation and safeguard the health workforce. Regarding antimicrobial resistance, the monitoring and evaluation framework should be elaborated to capture key elements such as multisectoral collaboration, financing management and accountability. The Quadripartite organizations should develop practical, actionable guidance for environmental surveillance of antimicrobial resistance and antimicrobial residues. On digital health, she highlighted that digital technology and artificial intelligence were essential resource-saving tools that required investment in digital literacy and digital public infrastructure to fix fragmented systems. She urged the Secretariat to provide technical support in that regard, taking into account the need to respect national data sovereignty and laws.

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 the European Free Trade Association country Norway, member of the European Economic Area, and Armenia aligned themselves with his statement. Digital technology, including artificial intelligence, was a driver of stronger, more inclusive health systems. It was essential to build equitable, transparent, well-regulated, person-centred digital health systems that improved access, quality and safety for all while preserving human rights, paying particular attention to the protection and security of health data. The draft global strategy on digital health for the period 2028–2033 should address inequitable progress in digital health, including fragmented, fragile and parallel systems, limited interoperability and insufficient capacity. Reliable, representative, interoperable and trustworthy health data and health information systems, along with strong and ethical governance, were needed to successfully apply artificial intelligence to health systems. Building trust among patients and healthcare professionals was crucial for progress in embedding artificial intelligence into healthcare; a stronger focus on digital foundations, anchored in the building blocks of the WHO–ITU National eHealth Strategy Toolkit, was needed. WHO should take a more active role in leading harmonization efforts with international standards organizations. He expressed support for efforts to advance performance and quality benchmarking, transparency and validation regarding artificial intelligence. Frameworks for assessing artificial intelligence algorithms should also be established, grounded in WHO's ethical principles. An integrated health system approach

to digital investments, building on existing initiatives, was needed to improve sustainability and avoid duplication.

The representative of CHILE welcomed the Expert Advisory Group's recommendations and emphasized the need to strengthen data exchange platforms, harmonize migration practices and conduct studies on the impact of mobility on health systems. She commended the joint work carried out on antimicrobial resistance but noted with concern that limited financing had been allocated to the topic at the national level. Regarding substandard and falsified medical products, she welcomed the strategic vision of the Member State mechanism for the period 2026–2027, in particular the focus on technologies for detection, control, unregulated channels and strengthening of the supply chain. Turning to digital health, she stressed that data should be viewed as a strategic public good, information systems should be interoperable, and artificial intelligence should be used in an ethical and transparent manner. It would be crucial to strengthen regulation to ensure data interoperability and security and protect rights, while also prioritizing equitable promotion of population genomics and avoiding concentrating knowledge and benefits in the hands of a few. WHO should lead efforts on international standards to ensure harmonized adoption at the country level.

The representative of BARBADOS emphasized the importance of safeguarding public health through quality medical products. Expressing strong support for the draft updated global action plan on antimicrobial resistance 2026–2036, she highlighted the growing global burden of antimicrobial resistance, which disproportionately threatened the health systems and economic resilience of small island developing States, and underscored the urgent need for sustainable financing. The draft global strategy on digital health for the period 2028–2033 should focus on three priorities: interconnected pillars, treating health data, information systems and artificial intelligence as mutually reinforcing; robust governance, ensuring data sovereignty and public trust; and sustainable financing, with a focus on long-term, predictable digital infrastructure funding.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA expressed appreciation for the draft updated global action plan on antimicrobial resistance 2026–2036. Closer alignment with the 2024 political declaration of the second high-level meeting on antimicrobial resistance, including quantified targets, was needed to advance efforts to tackle antimicrobial resistance. A prevention-first approach was needed, prioritizing infection prevention and control, water sanitation and hygiene, vaccination, biosecurity and alternatives to antimicrobials. Clearer articulation of multisectoral governance, sustainable financing and accountability mechanisms was also needed, including greater integration of antimicrobial resistance into national development agendas and alignment with universal health coverage, food security, environmental protection and pandemic preparedness efforts.

Regarding digital technologies, she requested clear guidance from the Secretariat and close cooperation to ensure the safe and ethical use and the interoperability of artificial intelligence and digital health tools. Strong data governance, interoperable health information systems and digital public infrastructure were essential foundations for the use of artificial intelligence. While harmonization of standards was important, implementation of artificial intelligence standards must be adaptable to national contexts. WHO's normative and convening role should be adequately resourced to ensure that countries could translate policy guidance into practice.

The representative of BRUNEI DARUSSALAM, underscored the importance of sustained international cooperation, effective risk communication and strengthened regulatory and market surveillance systems to prevent, detect and respond to substandard and falsified medical

products. He expressed appreciation for WHO's ongoing technical support and collaboration with international partners in that area. A strong One Health response was needed to address the global threat of antimicrobial resistance. He welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, noting that effective implementation must consider diverse national contexts, regulatory mechanisms, system capacities and implementation pathways to ensure fair, equitable, practical, scalable and impactful application. Regarding digital technologies, strong data foundations, interoperability and governance were important, and he expressed support for WHO's normative role in setting standards, strengthening regulatory coherence, facilitating dialogue and knowledge sharing, and aligning approaches while ensuring that digital and artificial intelligence health solutions were ethical, secure, trusted and people-centred.

The representative of the REPUBLIC OF KOREA expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036, in particular its alignment with the One Health approach and the commitments set out in the 2024 political declaration of the second high-level meeting on antimicrobial resistance. Turning to digital health and artificial intelligence, he endorsed the vision outlined in the related report, noting that digital transformation was essential to address global health challenges. His Government stood ready to share its expertise in data standardization and interoperability. The draft global strategy on digital health for the period 2028–2033 should be adaptable to regional contexts and take into consideration the needs of areas with unstable communication infrastructure, such as island nations.

The representative of JAPAN emphasized the importance of well-organized informal consultations and the timely distribution of draft materials to enable a meaningful and productive discussion of the Expert Advisory Group's recommendations ahead of the Seventy-ninth World Health Assembly. He welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, notably the emphasis on a strengthened One Health approach and environmental considerations, and encouraged continued collaboration among the Quadripartite organizations. The establishment of the Independent Panel on Evidence for Action against Antimicrobial Resistance was also a positive step. Artificial intelligence, digital health and telemedicine should be leveraged to improve health services, particularly in small island States and remote areas. The Secretariat should advance implementation of the global strategy on digital health and related programmes at the country level.

The representative of NORWAY expressed support for the Expert Advisory Group's recommendation to safeguard the continued relevance and effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Regarding the way forward, she expressed support for the proposal to hold consultations focused on the Expert Advisory Group's recommendation for additional elements to be included in the Global Code of Practice; opening the Code itself for negotiations was not desirable, as it would require significant resources and risk undermining the hard-won consensus reached. She welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, in particular its promotion of a One Health approach and incorporation of input from Member States and the Quadripartite Joint Secretariat on Antimicrobial Resistance.

The representative of HAITI said that the global health challenges under discussion were interconnected and disproportionately affected low-income countries. She commended the integrated approaches proposed, including regulatory cooperation, ethical application of the WHO Global Code of Practice on the International Recruitment of Health Personnel, implementation of the One Health approach to address antimicrobial resistance, and harmonization of digital health and artificial intelligence standards. Effective implementation

would require sustainable technical support, adequate financing and skills transfer to the most vulnerable countries. Strengthened international solidarity was needed to translate regulatory frameworks into tangible national capacities.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the growing number of deaths linked to antimicrobial resistance at the global and regional levels, including in the Gaza Strip, and called for increased national and international efforts in that regard. He expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036, adding that it must address challenges in vulnerable and conflict-affected settings. At the regional level, Member States continued to implement the Jeddah Commitments, taking a multisectoral approach to enhance surveillance, infection prevention, appropriate antimicrobial use and research and innovation. Antimicrobial resistance should be integrated into emergency responses, with specific support for conflict-affected and vulnerable countries. Guidelines were needed on prevention of contamination, antibiotic use, appropriate use of diagnostic tools and health workforce training.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the regional objective of establishing a robust architecture for data governance and standards and an interoperable digital health infrastructure. A coordinated approach was necessary to promote resilience and address fragmentation and digital disparities. Ethical digital governance must be ensured, aligned with public health values. The effectiveness of telemedicine must also be rigorously evaluated, and regional guidelines should be established to ensure patient confidentiality and data protection. Priorities included digital health development, training of health workers and forward-looking regulation of artificial intelligence. Targeted technical support should be accelerated, with a focus on co-creating a regional digital health architecture blueprint, fostering knowledge-sharing partnerships and developing a clear investment road map to address critical gaps and ensure an equitable and safe digital transformation.

The representative of TOGO, speaking on behalf of the Member States of the African Region, commended the work carried out under the WHO Global Surveillance and Monitoring System for substandard and falsified medical products. Despite those efforts, the African Region faced ongoing challenges related to regulatory capacities, legislative frameworks, laboratories, risk communication, control of the informal market and sustainable financing. Expressing support for the working groups' recommendations, he called for a dedicated financing window for the implementation of priority activities in resource-poor areas; innovative financing models, including shared or pooled mechanisms; the accelerated roll-out of the Epione tool with regional multilingual support; and strengthened guidelines and training on risk-based surveillance, screening technologies and risk communication, taking into consideration the priorities of the Member States of the African Region.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, expressed support for the Expert Advisory Group's recommendations on health system sustainability and on extending the scope of the WHO Global Code of Practice on the International Recruitment of Health Personnel to all health personnel migrating to destination countries, including during emergencies. Co-investment by development banks and donor agencies across the health worker life cycle was needed to improve workforce management and population health, in addition to the development of sustainable workforce policies to reduce reliance on international recruitment, with a focus on country-specific needs. He expressed support for the recommendation to allow flexibility in the application of the WHO Health Workforce Support and

Safeguards List, provided that it would be driven by domestic policy and robust labour market data.

The Secretariat should strengthen capacity for negotiating equitable bilateral agreements and prioritize research that reflected national contexts, ensuring equitable geographical distribution and gender balance in workforce planning. Future assessment of the relevance of the Global Code of Practice should be conducted in an inclusive and transparent manner following the seventh round of national reporting to be presented to the Eighty-fifth World Health Assembly. Ethical, collaborative, transparent and mutually beneficial recruitment practices were essential to minimize impact on source countries, and data collection mechanisms must be strengthened to better monitor migration trends. He expressed support for the draft decision on the Global Code of Practice.

The representative of PANAMA, expressing support for the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel, welcomed recommendations to strengthen implementation of the Code to ensure sustainable financing, avoid unethical recruitment, promote the sharing of health workforce data and facilitate research into health worker migration. She expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036 and reaffirmed her Government's commitment to a One Health approach. Turning to digital health and artificial intelligence, she called for efforts to harmonize international data and strengthen ethical governance and regulatory surveillance in the period 2028–2033. The gradual incorporation of health data and precision medicine was necessary to enable more predictable, preventive and person-centred health systems. It was also important to strengthen national governance of health data and investment in public digital infrastructure and interoperability – with a focus on primary healthcare, geographical equity and the development of regulatory and technical capacities – to ensure the responsible use of artificial intelligence and precision medicine.

The representative of EGYPT welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, in particular its focus on infection prevention and control, surveillance, antimicrobial stewardship, equitable access and strengthened governance. Regarding digital health, he highlighted the importance of sound data governance, interoperability, the ethical use of artificial intelligence and respect for national contexts. It was essential to translate global frameworks into flexible, implementable pathways, while respecting national sovereignty over health data, and to strengthen international cooperation through capacity-building and knowledge exchange.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the risk of substandard and falsified medical products entering public and private markets in the Region due to humanitarian crises, porous borders and significant market demand. Further international cooperation would be essential to combating the scourge of such products. He also noted the importance of effective participation in early warning systems, public awareness-raising activities, prioritization of vulnerable and conflict-affected areas and implementation of WHO guidelines at the national level. Member States must strengthen national regulatory frameworks and market surveillance capacities and participate in the Global Focal Point Network for substandard and falsified medical products. He called for greater regional cooperation on product traceability, risk communication and monitoring of potentially harmful products to reduce cross-border risks.

The representative of LEBANON, speaking on behalf of the Group of Friends of the WHO Academy, commended the Expert Advisory Group's work and expressed appreciation for the

reference in the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel to the important role to be played by the WHO Academy in its implementation. She welcomed the Secretariat's decision to transfer the Health Workforce Department to the WHO Academy, which would help to create a centre of excellence for human resources in Lyon, France. The WHO Academy's inauguration in 2024 had given rise to high expectations; concrete actions must now be implemented to meet them. She called for the timely appointment of the next Director of the WHO Academy and expressed confidence that the Director-General would select a candidate with the required skills and managerial qualities. The Group of Friends would extend its full support to the new Director to prioritize support for health personnel globally, delivering training and services aligned with Member States' priorities, building partnerships, consolidating and diversifying resources and defining a sustainable business model for the WHO Academy.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, said that the proliferation of substandard and falsified medical products was a significant public health concern that required intensified cross-border efforts and harmonization of official supply chains. Turning to the issue of international recruitment of health personnel, he highlighted the need for stronger advocacy to ensure appropriate recruitment and called for the finalization of the procedures of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Regarding antimicrobial resistance, it was important to increase investment in laboratory surveillance techniques, surveillance mechanisms and combating illegal trafficking. Digital health and artificial intelligence had a transformative potential for advancing universal health coverage and improving well-being but required rigorous ethical governance, transparent and safe data management, and harmonization of regional regulatory frameworks to ensure cross-border interoperability.

The representative of the COMOROS, speaking on behalf of the Member States of the African Region, outlined the significant progress made in his Region in addressing antimicrobial resistance. Nevertheless, challenges remained, including, in some countries, a lack of resources, sustainable financing or effective coordination. Data collection and use remained inconsistent; strong political commitment was needed to accelerate progress. Key priorities involved strengthening Member States' engagement to ensure that realities in the African Region would be taken into account; ensuring greater political commitment to accelerate implementation; and guaranteeing predictable and sustainable financing to translate strategies into tangible action. He welcomed the Secretariat's continued support and called for increased commitment to resource mobilization.

The representative of CAMEROON, speaking in his national capacity, said that health information was crucial to political decision-making, strategic planning and resource mobilization. The rapid growth in data and digital health technologies provided an opportunity to optimize resource allocation and anticipate health risks through predictive analysis. He recognized the transformative potential of digital health and artificial intelligence to accelerate progress towards universal health coverage and sustainably improve population well-being and global health security. He expressed support for the implementation of global standards and requested the Secretariat to strengthen support for the least developed countries, highlighting the need for a pragmatic approach adapted to national capacities.

The representative of COSTA RICA, recognizing the threat of substandard and falsified medical products to public health, called for enhanced post-marketing surveillance and improved understanding of the root causes of demand for such products. High medicine prices drove

purchases from informal sources; it would be crucial to develop a robust international framework to provide access to strategies for stabilizing prices, improving access to essential medicines and molecules, and enabling joint procurement, while ensuring equal opportunities for all regions. Strengthened coordination through regional regulatory harmonization mechanisms was also needed, taking into consideration regional specificities. Turning to digital health, she welcomed WHO's leadership on promoting regulatory approaches and strengthening digital health and artificial intelligence capacities, and she outlined regional and national efforts to enhance coordination in that regard. She highlighted the need to enhance international cooperation to strengthen local capacities.

The representative of BRAZIL² said that the current draft of the updated global action plan on antimicrobial resistance 2026–2036 required revision before its submission to the Health Assembly. References to voluntary and mutually agreed technology transfer were of particular concern; a more balanced approach was required. He underscored the importance of robust regulatory governance, including in relation to data, digital health and artificial intelligence. Continued efforts were needed to combat substandard and falsified medical products and to further strengthen the WHO Global Code of Practice on the International Recruitment of Health Personnel, with clearer safeguards to reduce global inequities. Multilateral and evidence-based solutions were essential.

The representative of GERMANY² urged Member States to support the proposal for further informal consultations on a decision or resolution focused on the Expert Advisory Group's recommendations, including on additional text to be included in the WHO Global Code of Practice on the International Recruitment of Health Personnel, for consideration at the Seventy-ninth World Health Assembly. To maintain the integrity of the Global Code of Practice, consultations must maintain focus on the elements targeted for discussion. She expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036 and welcomed the inclusive consultations on its development. Further progress was needed regarding the establishment of the Independent Panel on Evidence for Action Against Antimicrobial Resistance. She expressed concern over the continued underfunding of WHO core functions relating to antimicrobial resistance, including norms and standards for surveillance and stewardship. While welcoming WHO's coordination of partners, she requested clarification on the roles and responsibilities of WHO collaborating centres for antimicrobial resistance.

The representative of ROMANIA² expressed support for justice, ethics and equity in the international recruitment of health personnel, highlighting the importance of the WHO Global Code of Practice on the International Recruitment of Health Personnel in promoting transparent and responsible practices, safeguarding health professionals' rights and strengthening international cooperation. In that context, her Government had sponsored the draft decision on the Global Code of Practice and welcomed the Expert Advisory Group's recommendations on fairness, transparency, responsibility and cooperation between source and destination countries.

The representative of CANADA² noted that, unlike previous drafts, the current version of the draft updated global action plan on antimicrobial resistance 2026–2036 did not include a table on roles and responsibilities within the implementation framework, and asked whether further consultations would be held on that section of the draft updated global action plan. She also asked for information on the status of the monitoring and evaluation framework and whether Member States would be consulted thereon, and requested the reinsertion of language on reporting

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

through the Tracking Antimicrobial Resistance Country Self-Assessment Survey. Regarding the recruitment of health personnel, she welcomed the Expert Advisory Group's review and recommendations, adding that her country was pleased to co-chair the review and her Government wished to be added to the list of sponsors of the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel. Turning to digital health and artificial intelligence, she recommended a focus on governance; operationalization of data and digital systems; interoperable health information systems and data stewardship; harmonization of standards for performance benchmarking; and equitable access to validation resources.

The representative of MEXICO³ said that the draft updated global action plan on antimicrobial resistance 2026–2036 offered an opportunity to strengthen prevention, surveillance, appropriate antimicrobial use and multisectoral coordination, under a One Health approach. A robust international framework was essential to help Member States adapt national plans in line with international best practices. It was encouraging that the additional coordination, monitoring and evaluation activities proposed in the draft updated global plan were integrated within sustainable budgetary parameters.

The representative of SINGAPORE³ said that the draft updated global action plan on antimicrobial resistance 2026–2036 would provide timely guidance on operationalizing the commitments set out in the 2024 political declaration of the second high-level meeting on antimicrobial resistance. She welcomed the increased focus on the environment and a One Health approach and supported measures to strengthen behavioural change and multisectoral governance. Measures to reduce the emergence and spread of antimicrobial resistance should continue to be prioritized, and indicators to measure stakeholder awareness and understanding of antimicrobial resistance should be developed as part of the monitoring and evaluation framework to track progress.

The representative of ANGOLA³ outlined measures implemented in her country to tackle substandard and falsified medical products and welcomed WHO's technical guidance and support on ensuring access to quality health products.

The representative of OMAN³ welcomed the inclusion on the Board's agenda of the consolidated item on harmonization of regulatory approaches, governance and standards for data, digital health and artificial intelligence in the health sector and looked forward to further discussions on the topic at the Seventy-ninth World Health Assembly. He emphasized the importance of harmonization for the interoperability of digital health systems.

The representative of BANGLADESH³ expressed strong support for Member State consultations on the Expert Advisory Group's recommendations, taking into consideration national contexts and the underlying drivers of health workforce challenges. He endorsed the recommendation on flexibility in the application of the WHO Health Workforce Support and Safeguards List, which should take into account a source country's capacity to effectively absorb its health workforce in the light of its level of investment and prevailing economic conditions. He underscored the importance of support measures, including co-investment and the transfer of professional knowledge gained through circular migration, which could strengthen access to

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

quality health services in source countries. He expressed support for the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND⁴ emphasized the need for the WHO Global Code of Practice on the International Recruitment of Health Personnel to evolve in order to address current realities, with stronger data and accountability and clearer guidance and flexibility in the application of the WHO Health Workforce Support and Safeguards List. She expressed support for WHO-led consultations to refine proposed additions to the text of the Global Code of Practice, which should remain practical and proportionate.

She welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, noting that clear monitoring and evaluation mechanisms and explicit guidance on conflict settings would be necessary to ensure effective implementation. Ambition must be matched by practical delivery, robust accountability and inclusive governance. Turning to digital technologies, she expressed support for the focus on interoperability. The draft global strategy on digital health for the period 2028–2033 should build on progress achieved through other multilateral initiatives, prioritizing areas such as governance of artificial intelligence, interoperability, digital inclusion and cybersecurity.

The representative of the KINGDOM OF THE NETHERLANDS⁴ welcomed the draft updated global action plan on antimicrobial resistance 2026–2036. Responsible antibiotic use, aligned surveillance, prevention and a One Health approach were essential to reduce rates of antimicrobial resistance. A coordinated international response was necessary, as was the mainstreaming of antimicrobial resistance into health systems. Regarding digital health and artificial intelligence, she welcomed continued partnerships between WHO and other actors, including standards organizations, and encouraged the further development of WHO tools. The draft global strategy on digital health for the period 2028–2033 should recognize the broader ecosystem and the complementary roles of all stakeholders.

The representative of PARAGUAY⁴ expressed support for a revision of the Member State mechanism on substandard and falsified medical products and called for continued technical cooperation. She also expressed support for the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel, highlighting the need to incorporate training and retention strategies and to ensure the relevance and effectiveness of the Code. While welcoming cooperative and comprehensive approach of the draft updated global action plan on antimicrobial resistance 2026–2036, certain elements should be amended through further consultations with Member States before submitting the text for consideration at the Seventy-ninth World Health Assembly.

The representative of GEORGIA⁴ expressed support for the harmonized regulation and governance of digital health and artificial intelligence. She welcomed efforts to strengthen WHO's leadership in that area, which would help countries to navigate rapid digital transformation. Coordinated action was needed to avoid fragmentation of the global digital health landscape. Shared global standards, ethical governance and harmonized technical standards were necessary for progress at the national level. WHO had a critical role in strengthening health systems, protecting people and advancing universal health coverage through digital innovation.

⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of URUGUAY⁵ said that intersectoral and international cooperation were needed to address ongoing challenges related to substandard and falsified medical products, in particular informal markets and digital platforms. Turning to the recruitment of health personnel, she emphasized the importance of sustainable planning policies for the health workforce. Progress on digital health and artificial intelligence must be complemented by strong data governance grounded in interoperability, private data protection and cybersecurity, which were key conditions for the responsible use of artificial intelligence in health that was aligned with WHO principles.

The representative of ZAMBIA⁵ said that insufficient financing and suboptimal reporting to global antimicrobial resistance surveillance systems were barriers to the sustainable implementation of national action plans on antimicrobial resistance, and requested support in relation to reporting. On digital health, she emphasized that the use of digital tools must respect data sovereignty, human dignity, ethical principles, quality in healthcare, patient safety, equity and fairness. Interventions aimed at addressing gaps in digital infrastructure and regulatory fragmentation should draw on relevant global initiatives and be aligned with national contexts and priorities. It was also important to explore best practices for technology transfer, capacity-building and ethical data access, with balanced benefit-sharing mechanisms.

The representative of INDIA⁵ expressed support for the streamlined workplan of the Member State mechanism on substandard and falsified medical products for 2026–2027, emphasizing that the mechanism must continue to be led by Member States, with a focus on practical, implementable outputs and regulatory capacity strengthening. Regarding the recruitment of health personnel, she welcomed the emphasis on strengthening implementation and monitoring of the WHO Global Code of Practice on the International Recruitment of Health Personnel, improving workforce data and transparency, and fostering international cooperation through bilateral and multilateral agreements. She expressed support for the overarching objectives of the draft updated global action plan on antimicrobial resistance 2026–2036 and endorsed the statements by the representatives of Brazil and Nepal.

The representative of the RUSSIAN FEDERATION⁵ expressed support for streamlining the work of the Member States mechanism on substandard and falsified medical products given constraints on resources; however, there must be no adverse impact on the quality of its work. Inclusive and depoliticized collaboration would help to strengthen trust and increase stakeholder engagement. Efforts to combat antimicrobial resistance must take into consideration national legislation and existing systems and classifications. The Secretariat should continue supporting Member States in making the case for investment in combatting antimicrobial resistance and should develop strategic documents, guidelines and materials. Research and development on antimicrobial resistance should be intensified. She expressed support for the draft updated global action plan on antimicrobial resistance 2026–2036.

The representative of PORTUGAL⁵ welcomed the emphasis on governance standards and interoperability for digital health and artificial intelligence, noting the importance of privacy and accountability. The Secretariat should issue guidance on regulating and validating artificial intelligence tools and strengthen capacity for regulators and health ministries. His Government had co-hosted the second WHO Symposium on the Future of Health Systems in a Digital Era in the European Region in September 2023 and, together with the Regional Office for Europe, had co-launched an initiative on health, humanity and artificial intelligence in September 2025. Data,

⁵ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

health information systems and artificial intelligence should be linked with equity and human rights throughout the draft global strategy on digital health for the period 2028–2033.

The representative of CUBA⁶ said that a more binding framework was needed to guarantee ethical health workforce mobility and stop the outflow of trained health professionals from resource-limited countries. Regarding antimicrobial resistance, WHO should continue supporting technical and financial mechanisms to enable developing countries to strengthen integrated surveillance, access to rapid diagnostics and local production of essential antimicrobial agents. Predictable, dedicated financing was needed for effective and equitable implementation of the draft updated global action plan on antimicrobial resistance 2026–2036, and clearer accountability, monitoring and evaluation indicators should be established to ensure that commitments would be translated into tangible outcomes, taking account of national priorities and resources. Regarding the draft decision on the draft updated global action plan, she endorsed the statement by the representative of Brazil and urged other Member States to take it into consideration.

The representative of the PHILIPPINES⁶ expressed strong support for the WHO Global Code of Practice on the International Recruitment of Health Personnel, in particular its continued role in promoting ethical recruitment and protecting the welfare of health personnel, and underscored the importance of ensuring that its spirit was reflected in practice. Fair partnerships, health systems strengthening and equitable, mutually beneficial mobility arrangements were essential. Further informal consultations were needed to facilitate broad, inclusive dialogue on the proposed revision of the Global Code of Practice, which would signal a collective commitment to more responsive global health workforce management.

The representative of TÜRKIYE⁶ welcomed the progress reported by the Member State mechanism on substandard and falsified medical products. Turning to the recruitment of health personnel, he said that his Government wished to be added to the list of sponsors of the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel. He welcomed the draft updated global action plan on antimicrobial resistance 2026–2036, in particular its emphasis on a One Health approach, accountability and monitoring.

The representative of MOROCCO,⁶ expressed support for the prevention-first approach of the draft updated global action plan on antimicrobial resistance 2026–2036, noting in particular its focus on infection prevention, access to drinking water, sanitation, hygiene and vaccination, particularly for vulnerable populations. Evaluation was a key priority: strengthening laboratory networks and ensuring integrated surveillance covering human, animal, plant and environmental health would enable evidence-based decisions. High-level multisectoral governance mechanisms were needed for successful implementation.

The representative of INDONESIA⁶ expressed support for the strengthened, fair and ethical implementation of the WHO Global Code of Practice for the International Recruitment of Health Personnel. Destination countries must co-invest in and support workforce development in alignment with the national plans of source countries, including through support for training institutions. Global action should also address retention policies, including decent working conditions, career pathways and financial incentives as legitimate areas for international co-investment. Regarding antimicrobial resistance, he emphasized that equitable access to antimicrobial diagnostics and vaccines must be supported with effective technology transfer for

⁶ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

regional manufacturing. References to voluntary and mutually agreed technology transfer in the draft updated global action plan on antimicrobial resistance 2026–2036 were of particular concern and should be removed to better support equity, sustainability and effective implementation.

The representative of COLOMBIA⁷ called for the draft updated global action plan on antimicrobial resistance 2026–2036 to be amended before its submission to the Seventy-ninth World Health Assembly. She specifically requested the deletion of the word “voluntary” in the references to technology transfer in paragraphs 37 and 45 of document EB158/18, since it implied a double requirement that might hinder technology transfer and undermine State regulatory and political capacity to promote alternative methods of technology transfer in line with international and national legislation, including by utilizing the flexibilities offered by the Agreement on Trade-Related Aspects of Intellectual Property Rights.

The representative of BOTSWANA,⁷ recognizing the progress made in digital health transformation since the adoption of the global strategy on digital health in 2020, described the measures implemented in her country, including in the areas of data protection and management. She welcomed the development of the draft global strategy on digital health for the period 2028–2033, especially the focus on governance of data and artificial intelligence, cross-border data governance, effective cross-sectoral coordination, equity and ethics.

The representative of the UNITED REPUBLIC OF TANZANIA⁷ outlined actions taken in her country to address antimicrobial resistance and substandard and falsified medical products, including strengthening surveillance and raising awareness. WHO’s leadership in data governance and harmonization was essential to ensure data quality, interoperability and informed decision-making.

The representative of PERU⁷ said that the draft updated global action plan on antimicrobial resistance 2026–2036 and the draft global strategy on digital health for the period 2028–2033 had a role to play in strengthening understanding of the relevant agendas and promoting a One Health approach and coordinated responses. Tackling antimicrobial resistance required strong governance, sustained financing, innovation and surveillance systems with high-quality data. He expressed support for the draft decision on the draft updated global action plan on antimicrobial resistance 2026–2036, noting the importance of integrating data, information systems, digital health and artificial intelligence under ethical and humane principles. He also emphasized the need for interoperability and frameworks to build trust.

The representative of CHINA⁷ said that timely detection, early control and standardized supply chain operations were essential for the prevention and control of substandard and falsified medical products. Regarding the recruitment of health personnel, she highlighted the importance of incorporating the principle of equity into the WHO Global Code of Practice on the International Recruitment of Health Personnel. A One Health approach and strengthened intersectoral collaboration were needed to address antimicrobial resistance. Regarding digital health, she commended the emphasis on equipping stakeholders with the necessary knowledge and applying artificial intelligence in medicine. She encouraged the Secretariat to actively explore the possibility of building a global regulatory framework that balanced safety and innovation, enabling artificial intelligence to better serve the healthcare sector and promote industry development.

⁷ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of CYPRUS,⁸ speaking on behalf of the European Union and its Member States, welcomed the ambition of the draft updated global action plan on antimicrobial resistance 2026–2036, in particular its focus on incentivizing innovation. She welcomed the balanced approach to public–private cooperation on a voluntary, mutually agreed basis, which would create the conditions needed for effective innovation and delivery and was consistent with international legal frameworks. The impact of substandard and falsified medicines, especially in low- and middle-income countries, exacerbated antimicrobial resistance, underscoring the need to tackle illegal trade by improving regulatory frameworks.

The representative of SOUTH AFRICA,⁸ expressing support for the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel, emphasized the importance of its implementation and welcomed the Expert Advisory Group's report and recommendations. Regarding antimicrobial resistance, she endorsed the statements by the representatives of Brazil and Indonesia concerning the references to voluntary technology transfer in paragraphs 37 and 45 of document EB158/18; the proposed approach could unduly create constraints, reduce impact and weaken equity, sustainability and effective implementation of the draft updated global action plan on antimicrobial resistance 2026–2036.

The representative of IRELAND⁸ said that a sufficient, competent and motivated health and care workforce was essential for achieving universal health coverage, advancing primary healthcare and strengthening health security. Sustained and strategic investments in education, lifelong learning, fair remuneration and safe working conditions were necessary to protect, support and retain health and care workers while ensuring their well-being, security and career development. Turning to antimicrobial resistance, she expressed the hope that the draft updated global action plan on antimicrobial resistance 2026–2036 would be the blueprint for addressing that issue at the global level.

The representative of PAKISTAN,⁸ underscoring that the ethical recruitment of health workers was a vital issue for many source countries, welcomed the language on ensuring flexibility in the application of the WHO Health Workforce Support and Safeguards List. A clear WHO road map should be developed detailing the criteria, process and timelines for applying that flexibility in practice. Destination countries had a responsibility to co-invest in strengthening source countries' health systems. Practical guidelines and modalities on operationalizing co-investment were needed, with reference to implementation, support and accountability. Regarding antimicrobial resistance, he echoed the comments by the representatives of Indonesia, Brazil and South Africa, calling for further consultations before the draft updated global action plan on antimicrobial resistance 2026–2036 was submitted to the Seventy-ninth World Health Assembly. He expressed concern that the references to voluntary and mutually agreed technology transfer were too discretionary and insufficiently equitable, and requested a more balanced formulation with clear commitments and accountability.

The representative of NAMIBIA⁸ welcomed the global progress made in addressing antimicrobial resistance and the finalization of the draft updated global action plan on antimicrobial resistance 2026–2036. She highlighted the intersection between relevant sections of the draft updated global action plan and the future annex to the WHO Pandemic Agreement on the WHO Pathogen Access and Benefit-Sharing System, noting in particular the references to strengthening surveillance systems and laboratory networks to inform effective, evidence-driven antimicrobial resistance policy and action across all sectors. Strategic harmonization of guidance in

⁸ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

the draft updated global action plan and the WHO Pandemic Agreement would be required to ensure coherence regarding sharing of genetic information and sequencing.

The representative of SRI LANKA⁹ expressed concern regarding the high level of international mobility of health professionals, which negatively affected the provision of health services in source countries, especially during emergencies, and caused significant financial losses following investment in training. She emphasized the need for co-investment in source countries' health workforce development and health systems. Effective and strengthened implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel was necessary to safeguard global health security.

The representative of CROATIA⁹ endorsed the statement by the representative of Lebanon on behalf of the Group of Friends of the WHO Academy. The WHO Academy had an important role to play in supporting the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. He emphasized the importance of establishing a strong human resources for health hub in Lyon, France, to support Member States in developing public health policies, especially in low- and middle-income countries. The WHO Academy must demonstrate, through concrete action, that it could meet expectations, consolidate its financial sustainability and strengthen Member States' public health capacities.

The representative of ETHIOPIA⁹ called for a greater focus on: developing a context-appropriate governance framework balancing innovation with individual privacy rights; building national regulatory capacities for oversight of artificial intelligence; exploring sustainable financing models; and ensuring the systematic development of workforce digital competency. She expressed support for the development of the draft global strategy on digital health for the period 2028–2033. Regarding antimicrobial resistance, she welcomed the draft updated global action plan on antimicrobial resistance 2026–2036 and stressed the importance of sustainable financing, research and innovation, and support for local manufacturing. She endorsed the Expert Advisory Group's recommendations and the WHO Global Code of Practice on the International Recruitment of Health Personnel and expressed support for the related draft decision. Measures were needed to leverage the full potential of the WHO Academy. Welcoming the work of the Member State mechanism on substandard and falsified medical products, she called for the exploration of innovative resource mobilization methods.

The representative of ESWATINI⁹, welcoming the draft updated global action plan on antimicrobial resistance 2026–2036 and the inclusive consultation process for its development, outlined measures implemented in her country to tackle the growing threat of antimicrobial resistance. She expressed support for the emphasis on sustainable financing, equitable access and strengthened coordination, and looked forward to continued technical support to accelerate national implementation in line with the draft updated global action plan.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, welcomed the review of the global action plan on antimicrobial resistance and highlighted the clinical overlap between cancer and antimicrobial resistance. It was important to recognize the cancer community as a stakeholder in antimicrobial resistance awareness and behavioural change; integrate antimicrobial resistance education into training for oncology professionals; foster collaboration between the areas of oncology and infectious diseases to monitor antimicrobial resistance and cancer outcomes; promote standardized reporting aligned

⁹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

with national cancer and antimicrobial resistance surveillance; include antimicrobial resistance in national cancer control plans and cancer care; and strengthen infection prevention and control strategies and access to diagnostics and antimicrobials, particularly in outpatient oncology settings, where the risk of antimicrobial resistance was elevated.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIR, highlighted the importance of safeguarding the quality of medicines to protect patients and welcomed WHO's training toolkit on substandard and falsified medical products, which complemented her organization's work. Regarding the recruitment of health personnel, she expressed support for the Expert Advisory Group's recommendations and urged Member States to require high-income countries to make targeted core investments in the health workforce and health systems of source countries. She expressed strong support for the draft updated global action plan on antimicrobial resistance 2026–2036, recalling that pharmacists played a unique role in leading antimicrobial stewardship and interprofessional collaboration.

The representative of the INTERNATIONAL ALLIANCE OF PATIENTS' ORGANIZATIONS, speaking at the invitation of the CHAIR, welcomed the discussions on the future of the Member State mechanism on substandard and falsified medical products and expressed support for recommendation 1b, emphasizing the need to strengthen the involvement of technical experts and persons with lived experience in its working groups. Non-State actors contributed specialized expertise, operational insight and credibility.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that the challenges and solutions to the items under discussion were closely linked. Strengthening regulation, pharmacovigilance and equitable access to quality-assured medicine was fundamental to address antimicrobial resistance, which in turn required a supported health workforce, sustained investment and ethical international recruitment in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel. Digital health and artificial intelligence were advancing faster than regulatory frameworks and workers' preparedness, creating new risks. Ethical governance safeguards, capacity-building and the meaningful engagement of young people, communities and healthcare professionals must guide the development of the draft global strategy on digital health for the period 2028–2033.

The representative of the WONCA ASSOCIATION, speaking at the invitation of the CHAIR, said that universal health coverage depended on the workforce being able to deliver it. Digital health must empower, not replace, primary healthcare teams and maintain continuity of care. Member States were urged to invest in family medicine specialization, with standardized training as a core component of national workforce strategies. It was also important to advance human-centred digital transformation in primary healthcare, with robust governance to protect patient privacy, health equity, clinical safety, transparency and accountability. Her organization stood ready to contribute to those efforts, including by supporting the design and oversight of artificial intelligence health tools and strengthening digital literacy and training in the primary healthcare workforce.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the Expert Advisory Group's review and called for redoubled efforts to stop the systematic exploitation of migrant health workers through precarious employment, non-recognition of qualifications and denial of labour rights. Member States were urged to strictly regulate the activities of recruitment companies to ensure fair and ethical migration. Bilateral agreements should be transparent, negotiated through tripartite engagement in source and

destination countries, and include compensation clauses such as strengthening of health and care worker education and technical assistance programmes. Migration policies must ensure equitable benefits and prioritize workers' rights.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, expressed support for the Expert Advisory Group's recommendation to strengthen the WHO Global Code of Practice on the International Recruitment of Health Personnel and called for increased co-investment and enforcement. The increasing migration of nurses from low- and middle-income countries to high-income countries worsened workforce shortages, weakened source countries' health systems and masked unresolved retention challenges in destination countries. Recruiting countries saved significant costs in nurse education and should demonstrate reciprocity. The Global Code of Practice should ensure proportional co-investment in source countries; fully equitable bilateral agreements; clear binding accountability for non-compliance; improved data collection and monitoring, including self-sufficiency indicators; and protection of migrant nurses' rights.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, said that women comprised around two thirds of the global health workforce and were disproportionately affected by international recruitment. The WHO Global Code of Practice on the International Recruitment of Health Personnel should reflect that reality and promote equitable employment opportunities for medical women; her organization stood ready to engage in revisions to the Global Code of Practice. Regarding antimicrobial resistance, she highlighted that sepsis was the human face of antimicrobial resistance and urged Member States and global stakeholders to align policies and actions on antimicrobial resistance and on sepsis.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, expressed support for recommendations on strengthening the WHO Global Code of Practice on the International Recruitment of Health Personnel. Fragmented efforts and limited accountability in addressing workforce shortages and migration challenges were causes of concern. Member States were urged to tackle the root causes of health personnel migration, improve living and working conditions, and provide incentives for health workers to fill positions in underserved rural areas. She underscored the importance of sustainable financing in equipping the workforce to address noncommunicable diseases, as well as investment in training for managing chronic conditions and noncommunicable diseases. Supportive work environments, including mental health support programmes and initiatives to reduce gender inequality, were also needed.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, stressed the urgent need to translate the commitments set out in the draft updated global action plan on antimicrobial resistance 2026–2036 into tangible progress, ensuring a prevention-first, One Health approach. The Secretariat and Member States should strengthen the engagement of pharmacy professionals and young people in surveillance of antimicrobial resistance and antimicrobial use, including through standardized reporting, digital tools and integration with national systems. Healthcare students and young professionals should be included in the design, governance and evaluation of digital health and artificial intelligence strategies, standards and regulatory frameworks.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, welcomed recommendations in the draft updated global action plan on antimicrobial resistance 2026–2036 that encouraged research and development on new treatments, tests and vaccines, as well as the focus on equitable access to testing and treatment. The draft updated global action plan should also specifically address the needs of vulnerable

groups, especially children and infants, given that one in five deaths related to antimicrobial resistance occurred in children under 5 years of age, most of whom lived in low- and middle-income countries.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIR, welcomed the timely update of the global action plan on antimicrobial resistance and expressed broad support for the proposed strategic objectives. He emphasized the urgent need for effective warranty incentives for antibiotics to address the growing burden of resistant infections and promote the research expertise needed to tackle current and future threats. Governments should collaborate with industry to advance sustainable access to and appropriate use of antibiotics.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the draft updated global action plan on antimicrobial resistance 2026–2036 and urged Member States to strengthen accountability mechanisms and align implementation with sustainable financing strategies, especially in fragile and conflict-affected settings. The draft updated global action plan must address inequities in access to diagnostics and antibiotics and strengthen infection prevention while monitoring availability, affordability, quality and last-mile delivery. Access must be embedded in research and development financing, supported by public and philanthropic investments to enable timely and affordable access. It was also important to strengthen laboratories and surveillance in fragile and conflict-affected settings, ensure access to microbiology and fit-for-purpose diagnostics, and promote evidence generation to inform policies, financing and implementation.

The representative of MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, expressed support for a comprehensive approach to tackling drug resistance and its impact on efforts to combat malaria. She urged Member States to support the implementation of the Strategy to respond to antimalarial drug resistance in Africa and to include malaria in the draft updated global action plan on antimicrobial resistance 2026–2036.

The representative of the GLOBAL SELF-CARE FEDERATION, speaking at the invitation of the CHAIR, welcomed the stakeholder consultations that had informed the draft updated global action plan on antimicrobial resistance 2026–2036, but expressed concern that its call to curtail over-the-counter sales did not differentiate between well-regulated dispensing of non-prescription antimicrobials and unregulated supply of prescription-only antimicrobials. To avoid misinterpretation, she called for a rewording of the text to clearly distinguish unlawful, unregulated supply from lawful, evidence-based self-care and regulated non-prescription use. The draft updated global action plan should also recognize the important role of community health professionals, including pharmacists, as key champions for stewardship and equitable access.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIR, commended WHO's efforts to advance global standards on interoperability and governance of digital health technologies, emphasizing that such technologies should support, not replace, the relationship between patients and health professionals. Regulatory frameworks must ensure that licensed health professionals retained final clinical authority, with clear, harmonized accountability and liability standards and with equity embedded into processes, including pre-deployment bias assessments. Digital transformation required adequate education on artificial intelligence literacy for health workers and the full protection of patient confidentiality and data privacy. Precision medicine should remain human-centred and equitable.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIR, expressed support for the harmonization of regulatory approaches, governance and standards for digital health and artificial intelligence in precision oncology. Advances in molecular profiling and targeted therapies had the potential to provide more personalized treatment strategies and improved clinical outcomes for all types of cancer; however, global disparities remained in access to molecular testing, digital readiness, data quality, regulatory oversight, ethical frameworks for big data use, and patient communication. Global alignment was essential to prevent a widening of health inequalities and to ensure equitable access, patient safety and high-quality clinical decision-making.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIR, welcomed WHO's efforts to improve guidance on governance and standards in digital health and stressed the importance of prioritizing a patient-centred approach. Technological developments must be focused on supporting healthcare workers' needs by improving access to quality data, providing reliable decision-making support, ensuring privacy and reducing workloads. Medical entities' control over data through open systems and standards must be guaranteed to avoid being locked into using specific providers of information and communication technologies.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, said that the European Health Data Space regulation was an important model for access to health data, covering patient records, genomic and pathogen data, prices, invoices, clinical trial data and other health information. It also established a regulated system for researchers to access health data for secondary uses, such as research and development, artificial intelligence training and policy analysis, and included guidance on setting standards to ensure interoperability and authorized data use.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION, speaking at the invitation of the CHAIR, emphasized the need for a safe, equitable and sustainable approach to digital health. She highlighted the importance of ethical governance, patient privacy and responsible data management, while cautioning against the risk of sharing data with profit-driven entities. A rights-based approach was needed, with technology complementing, not replacing, human interaction and empathy in healthcare. Breastfeeding counselling and support combined in-person and digital methods; the regulation and monitoring of digital marketing of foods for infants and young children must therefore be integrated into the draft global strategy on digital health for the period 2028–2033.

The REGIONAL DIRECTOR FOR EUROPE said that leveraging technology and artificial intelligence to improve health for all was a leadership responsibility. Technology should be used to empower people, not replace them, by delivering smarter, faster and more affordable health. The shift towards its use was already under way in all WHO regions, including in fragile and humanitarian settings. However, innovation alone was not sufficient. Without skills, governance and trust, digital progress risked widening gaps instead of closing them. WHO provided evidence-based guidance, set trusted norms and standards, promoted digital architecture and interoperability, and offered a neutral platform to help countries to navigate an increasingly complex digital world; its efforts in that regard were driven by science, not hype. He expressed appreciation to the Government of Portugal and the European Commission, whose support had helped to drive that work forward regionally and globally, and to the Government of Malta for hosting the regional meeting on artificial intelligence for health and care in Europe in November 2025, a clear signal of the demand for WHO's guidance. The choices made now would

determine whether digital transformation reduced inequities or deepened them. Digital health was a global responsibility that required shared standards, shared learning and digital transformation that served people first everywhere, leaving no one behind.

The ASSISTANT DIRECTOR-GENERAL (Health Systems, Access and Data) thanked Member States and partners for their positive comments, which the Secretariat had taken on board. It was expected that the Quadripartite Joint Secretariat on Antimicrobial Resistance would organize further consultations ahead of the Seventy-ninth World Health Assembly to facilitate discussions on the additional points raised by Member States. Health equity must remain central to efforts. In the light of increasing global complexity and challenges, the focus must remain on serving the poorest and most vulnerable, with clear and visible actions. The third high-level meeting on universal health coverage in 2027 would serve as a key platform to build momentum, reaffirm joint commitments and accelerate action.

Resilient and sustainable health systems were necessary to meet health needs, and required a coherent, comprehensive and innovative approach across essential functions. An integrated approach across programmes and levels of care was also essential, and the Secretariat would support countries in transitioning to self-reliance based on domestic resources. In terms of implementation, she acknowledged current resource constraints, noting the importance of using innovative tools to visualize priorities. A collaborative approach was needed more than ever, in the support provided by the Secretariat to Member States and in how WHO worked as an organization. It was essential to retain a focus on shared priorities and effective delivery at the global, regional and country levels and to leverage contributions from all partners.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/16, EB158/17, EB158/18 and EB158/19.

The Board noted the reports.

The CHAIR invited the Board to adopt the draft decision on the draft updated global action plan on antimicrobial resistance 2026–2036.

The representative of NEPAL said that further work was needed to reach consensus on the language in the draft updated global action plan on antimicrobial resistance 2026–2036. Concerns regarding the language could either be addressed at the current session of the Board or during intersessional consultations prior to the Seventy-ninth World Health Assembly. The latter case would allow for more in-depth discussion of the text. He therefore proposed that the second paragraph of the chapeau of the draft decision should be amended to read: “Decided that informal consultations on the draft global action plan on antimicrobial resistance 2026–2036 will continue to be facilitated by the Secretariat in an inclusive and transparent manner prior to the Seventy-ninth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-ninth World Health Assembly for adoption.”

The representative of SWITZERLAND said that the proposal by the representative of Nepal would involve reopening a document that addressed an urgent global concern and that had already undergone many rounds of Member State consultations. The draft updated global action plan was a technical document that had been developed by the Secretariat in close consultation with Member States and all its elements merited full support.

The representative of BANGLADESH¹⁰ noted that research, innovation and technology transfer were fundamental to effectively address the challenges related to antimicrobial resistance, yet expressed concern that the provision on voluntary and mutually agreed technology transfer might not serve the intended purpose of the draft updated global action plan. He therefore supported the amendment proposed by the representative of Nepal.

The representative of BRAZIL¹⁰ recalled that the text of the draft updated global action plan had been formulated through consultations between the Secretariat and Member States. The language under discussion related to a political, rather than a technical, matter, and required further consultation.

The representative of NEPAL noted that paragraph 2 of document EB158/18 mentioned that regional consultations had been held on the draft updated global action plan between August and September 2025, in addition to global consultations held in October 2025. He requested clarification as to whether the draft updated global action plan had been shared before or after the global consultations.

The representative of INDONESIA¹⁰ said that antimicrobial resistance was a critical priority and the draft updated global action plan must be effective. Concerns regarding the language on voluntary and mutually agreed technology transfer had already been raised on many occasions; including it as a default norm risked unduly constraining ambition and reducing the plan's impact. The Health Assembly was the appropriate forum at which to adopt the text; holding further consultations ahead of the Seventy-ninth World Health Assembly would ensure its responsible adoption. He expressed support for the proposal by the representative of Nepal.

The representative of COLOMBIA¹⁰ endorsed the comments by the representative of Brazil and expressed concern that retaining the current wording of the draft updated global action plan could set a precedent that would restrict technology transfer on a topic of critical importance. She expressed a preference for resolving the matter at the current session of the Board, so as not to delay the plan's adoption; however, if that was not possible, she encouraged the Board to support the proposal by the representative of Nepal.

The representative of BRUNEI DARUSSALAM expressed support for holding further consultations on the draft updated global action plan before the Seventy-ninth World Health Assembly to build broader consensus and ensure that the proposed actions were clearly understood, feasible and implementable in different country contexts. He therefore supported the proposal by the representative of Nepal.

The representative of JAPAN acknowledged the concerns expressed by other Member States but noted that Member States had had the opportunity to engage in two levels of consultations on the draft updated global action plan.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND,¹⁰ emphasizing that antimicrobial resistance was a high priority, expressed support for the Secretariat's role in drafting a comprehensive technical action plan and welcomed the consultative process undertaken to develop it.

¹⁰ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

The representative of NAMIBIA,¹¹ thanking the Secretariat for its work in developing the draft updated global action plan, expressed support for the proposal by the representative of Nepal. Adopting the original version of the draft decision could result in the item being reopened at the Health Assembly, complicating an already heavy agenda. Facilitating intersessional consultations would enable Member States to strengthen the draft updated global action plan before its submission to the Health Assembly.

The representative of AUSTRALIA expressed strong support for the draft updated global action plan and the consultations held to develop it. She supported the original version of the draft decision recommending adoption at the Seventy-ninth World Health Assembly. She was not in favour of reopening consultations, which would be an ineffective use of the Secretariat's resources given the extensive and inclusive consultations already conducted.

The representative of CHILE, recognizing that a number of Member States had requested further consultations to strengthen the draft updated global action plan, expressed support for the proposal by the representative of Nepal.

The representative of PANAMA highlighted the importance of reaching consensus and enabling all countries to consider the different options available. While acknowledging that reopening consultations would entail additional resources, she supported the proposal by the representative of Nepal.

The representative of ETHIOPIA¹¹ said that any further consultations should be limited exclusively to discussing the specific issue of contention and should not reopen other issues outlined in the draft updated global action plan.

The CHAIR, referring to the comments by the representative of Ethiopia, asked whether there were any Board members who would support a narrowing of the consultations to address only the issue of voluntary and mutually agreed technology transfer, and whether the delegation of Nepal would be prepared to adjust its proposed amendment accordingly.

The representative of NEPAL said that his Government was not seeking to reopen negotiations on all aspects of the draft updated global action plan, but instead to address specific differences on particular elements. He had presented the proposal as a way forward. The options were either to proceed immediately or to take more time. He endorsed the suggestion by the representative of Ethiopia to narrow the scope of the discussion and not to reopen any other issues.

The representative of SPAIN said that he would be willing to accept the suggestion by the representative of Ethiopia with a view to reaching consensus and not prolonging the process unduly.

The representative of CUBA endorsed the suggestion of holding further consultations on the specific issue of concern with the aim of reaching consensus.

The CHAIR said that there were two options before the Board: the first was to retain the original wording of the amendment proposed by the representative of Nepal; the second was to

¹¹ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

adjust the wording of the proposed amendment so that it referred to holding consultations on the specific issue of voluntary and mutually agreed technology transfer only.

At the invitation of the CHAIR, the SECRETARY read out the revised proposed amendment to the draft decision on the draft updated global action plan on antimicrobial resistance. The second paragraph of the chapeau would be amended to read: “Decided that informal consultations on the draft global action plan on antimicrobial resistance, and specifically on the subject of voluntary and mutually agreed technology transfer, will continue to be facilitated by the Secretariat in an inclusive and transparent manner prior to the Seventy-ninth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-ninth World Health Assembly for adoption.”

The CHAIR took it that the Board wished to adopt the draft decision, as amended.

The decision, as amended, was adopted.¹²

The CHAIR took it that the Board wished to adopt the draft decision on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

The decision was adopted.¹³

Protect health

2. WHO’s work in health emergencies: Item 16 of the agenda (document EB158/20)

Strengthening the evidence base for public health and social measures: Item 17 of the agenda (document EB158/21)

Global Health and Peace Initiative: Item 18 of the agenda (document EB158/22)

Poliomyelitis: Item 19 of the agenda (document EB158/23)

The CHAIR drew attention to the reports contained in documents EB158/20, EB158/21, EB158/22 and EB158/23. He invited the Board to provide guidance in respect of the questions set out in paragraph 29 of document EB158/20, paragraph 11 of document EB158/21, paragraph 33 of document EB158/22 and paragraph 31 of document EB158/23.

The representative of ISRAEL, referring to the agenda item on WHO’s work in health emergencies, expressed solidarity with the people of the Islamic Republic of Iran following the recent violent crackdown on protests and noted with grave concern the severe health-related consequences. He requested the WHO country office in Tehran to provide a detailed report of the Organization’s activities in support of medical care, access to emergency health services and treatment of injured individuals affected by the recent events, for submission to the Seventy-ninth World Health Assembly, to allow Member States to assess the situation and the scope of WHO’s

¹² Decision EB158(6).

¹³ Decision EB158(7).

engagement on the ground. He expressed the hope that other Member States would support that request.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, said that the link between health and peace was fundamentally political. Peace was a major determinant of public health, and the conditions for both peace and conflict were created through political choices. Wars and protracted crises weakened health systems and public institutions, compromising the well-being of populations. It was the collective responsibility of all international actors, public and private, to recognize the direct and indirect health consequences of policies favouring conflict and war.

The international community could not continue to address health and peace exclusively from a humanitarian or health crisis management angle; addressing the symptoms and not the root causes of conflict was ineffective and counterproductive. More inclusive, coherent approaches, based on dialogue, negotiation, conflict prevention and collective responsibility, were needed. Promoting peace required sustainable political solutions integrated into health, development and governance policies, supported by the international community. The Global Health and Peace Initiative provided a relevant framework; its implementation must be coupled with clear political ambition and genuine commitment to addressing the structural causes of crises. The Initiative's objectives could only be fulfilled if peace was recognized and treated as a non-negotiable determinant of health.

The representative of EGYPT, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted that wild poliovirus continued to pose a global threat, with cases persisting in Afghanistan and Pakistan. Recent successes in the Region had demonstrated that investment in securing access and sustaining efforts could yield results in polio eradication. In the Gaza Strip, political engagement, coordination with partners and courageous health workers had enabled emergency vaccination campaigns to be carried out despite Israel's ongoing unlawful aggression.

Challenges such as insecurity, population movement, limitations to access and fragile health systems continued to hinder efforts to reach all children. Sustained political support, diplomatic engagement and predictable financing beyond technical solutions were essential. Access for children should continue to be championed, governments in countries affected by endemic diseases and outbreaks should be supported, and polio eradication should remain a global priority until transmission was fully interrupted. Support for efforts to strengthen immunization systems was crucial to protect gains and prevent future outbreaks. He called on Member States and partners to remain united, support countries experiencing outbreaks and sustain political and financial support.

The meeting rose at 13:00.
