

Provisional summary record of the eighth meeting

**WHO headquarters, Geneva
Thursday, 5 February 2026, scheduled at 14:30**

Chair: Mr B. Comley (Australia)

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Eighth meeting

Thursday, 5 February 2026, at 14:35

Chair: Mr B. Comley (Australia)

Promote health

- 1. Strengthening rehabilitation in health systems:** Item 22 of the agenda (document EB158/26) (continued)

Well-being and health promotion: Item 23 of the agenda (document EB158/27) (continued)

- Outcome of the WHO Commission on Social Connection (document EB158/28) (continued)

Economics of health for all: Item 26 of the agenda (documents EB138/31 and EB158/31 Add.1) (continued)

The CHAIR recalled that the Board had before it two draft decisions, one on the economics of health for all and one on radiation and health.

The representative of SPAIN said that the draft strategy on the economics of health for all (2026–2030) represented a vital step towards recognizing health as an investment in sustainable, resilient development. It was crucial to work towards a new paradigm in which health lay at the heart of economic decision-making. A Health in All Policies approach was the only viable way to address the social and commercial determinants of health, and the draft strategy provided the high-level practical guidance needed to do so. He supported the fundamental principles that guided the draft strategy, particularly equity, social participation and evidence-based policies, and the focus on creating innovation ecosystems that prioritized public interest. He supported the adoption of the draft strategy.

The representative of COSTA RICA said that securing the resources needed to implement health initiatives was an imperative for health ministries. Rising health expenditure, including out-of-pocket expenses, constituted a major economic challenge for governments – particularly in the light of phenomena such as population ageing, the growing chronic disease burden and pressure on public funding – and should be addressed through capacity-building and strategies to generate economies of scale. Transparency and traceability of resources must be ensured as best practice, with a view to enabling countries dependent on international cooperation to continue leveraging that support while gradually incorporating health investment into their budgets.

The representative of BRAZIL¹ welcomed the outcome of the WHO Commission on Social Connection, in particular the recognition of the link between isolation and digital technologies. Those technologies had reshaped social interaction and changed how work was performed, and in many cases they had weakened social bonds. Digital technologies should be considered a social determinant of health, and their link to loneliness and social isolation should be closely monitored.

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

The representative of BELGIUM² noted that, in work on economics for health, outdated approaches needed to be replaced by scientifically robust solutions; the draft strategy on the economics of health for all (2026–2030) could make an important contribution in that regard. He supported the strengthening of WHO's work in that area, ideally under the leadership of a chief economist with a strong public profile, and encouraged continued close collaboration through the WHO Council on the Economics of Health for All to advance policy solutions. He strongly supported proposed work on commercial determinants, including guidance on effective measures.

The representative of INDIA² described the measures taken in her country for rehabilitation and expressed support for a phased and flexible approach to baseline data collection and the setting of global targets. The Secretariat should develop operational guidance for disability-inclusive rehabilitation that was integrated into primary healthcare. On well-being and health promotion, the focus on whole-of-government and whole-of-society approaches was welcome, and she supported the call to recognize social connection as a public health priority. Member States should integrate measures to address loneliness and social isolation into existing mental health services and into primary healthcare and social welfare systems.

The representative of FINLAND² said that the draft strategy on the economics of health for all (2026–2030) recognized that improving well-being would contribute to sustainable economic prosperity. The draft strategy provided concrete proposals towards the goal of safeguarding the well-being of future generations. Social participation and engagement with communities would be essential to its successful implementation.

The representative of MEXICO² emphasized the need for a whole-of-government and Health in All Policies approach, together with operational guidance, to translate the global framework for integrating well-being into public health into national regulatory frameworks with clear responsibilities and coordination across all levels of government. The leadership of ministries of health should be reinforced through technical capacity-building, continuing training and mandatory quality criteria, especially regarding primary healthcare. Interoperable data systems were needed, as were well-being indicators that went beyond gross domestic product, as well as digital tools such as telehealth. He welcomed the proposal to develop a global index on social connection, which would strengthen the evidence base and inform decision-making.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR and also on behalf of The Worldwide Hospice Palliative Care Alliance, the World Stroke Organization, Alzheimer's Disease International, PATH, the World Heart Federation, World Cancer Research Fund International, the International Society on Thrombosis and Haemostasis, Inc., the International Society for Biomedical Research on Alcoholism, the International Alliance of Patients' Organizations, the Union for International Cancer Control, the International Diabetes Federation, the Global Alliance for Tobacco Control, Humatem, and Vital Strategies, Inc., said that she welcomed the focus in the draft strategy on the economics of health for all (2026–2030) on policy coherence, good governance, accountability across sectors and multidimensional development measures that went beyond gross domestic product. However, the draft strategy insufficiently addressed the influence of commercial determinants on policy. She called for a clearer distinction between public and private economic interests, with explicit safeguards against undue influence and externalization of costs by health-harming industries. She urged Member States to support the draft strategy and refine it to advocate for the development of a health taxonomy beyond private investment; promote cross-sectoral budgeting that reflected the health impact and

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

economic value of prevention and early management; foster fiscal policy coherence, including through subsidy reforms; address risks related to poorly designed trade liberalization and differing health system capacities; utilize market dynamics, emphasizing fair and transparent pricing and tools such as pooled procurement; prioritize investment in WHO best buy interventions; explicitly recognize the needs of small island developing States; and clarify the draft strategy's alignment with other major global health and development agendas.

The representative of SINGAPORE³ noted that demand for rehabilitation was increasing due to ageing populations and described his Government's system-wide approach to rehabilitation. On the proposed global rehabilitation indicators, he advocated a phased measurement approach that prioritized robust baseline data and feasible indicators for coverage and functional outcomes. He supported the integration of well-being into public health, highlighting social connection as vital for elderly persons in particular, and the proposal to develop a global social connection index. Guidelines on reducing isolation would be welcome.

The Observer of PALESTINE said that strengthening rehabilitation in the Palestinian health system required a targeted approach that reflected its unique, human-made and complex humanitarian setting and specific rehabilitation needs that resulted from the Israeli military operation, including injuries and permanent disabilities. Telehealth and digital solutions could provide rehabilitation services in isolated areas affected by destruction and movement restrictions, and rehabilitation providers needed to be trained in trauma-informed care principles to address patients' holistic needs. Partnership and close collaboration could help to reduce economic disparities and ensure equity and health for all.

The representative of ZAMBIA³ expressed support for the launch of baseline data collection on rehabilitation in 2026 and requested the fast-tracking of global tools for rehabilitation at the primary healthcare level and for service standards and workforce competencies. She agreed that a broad set of indicators was needed to measure health and well-being that would complement conventional gross domestic product metrics. To avoid fragmentation, initiatives related to health economics for all should be aligned with national priorities and regional and national initiatives.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, and also on behalf of FDI World Dental Federation, the International Pharmaceutical Federation, the International Council of Nurses, the World Medical Association, the World Confederation for Physical Therapy, Humatem, the WONCA Association, the International Federation Of Biomedical Laboratory Science, the International Federation on Ageing, International Physicians for the Prevention of Nuclear War and The Task Force For Global Health, Inc., said that economic prosperity depended on population health, which required a skilled, supported, protected and adequately resourced health workforce. The global health workforce crisis required long-term sustainable strategies that prioritized workforce well-being, since investment in the health of health workers improved care quality, patient safety, system resilience and economic productivity. Higher health workforce density was correlated with longer life expectancy and sustained economic growth. Health innovation and macroeconomic strategies must prioritize public health value, equity, population needs, and the strengthening of primary healthcare and the workforce.

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

The representative of ETHIOPIA⁴ supported the proposal on baseline data collection on rehabilitation, which should leverage existing health information infrastructure with phased implementation. The Secretariat and partners should support capacity-building and facilitate experience sharing among countries with successful rehabilitation data systems. She expressed concern regarding the proposal to postpone the publication of the first global status report on rehabilitation; a clear timeline was needed to maintain momentum. She encouraged the Secretariat to explore alternative ways to mobilize resources and leverage in-country institutional capacities on rehabilitation. She welcomed the draft strategy on the economics of health for all (2026–2030), and she called on the Secretariat to support countries in its implementation, noting that its proposed policy reforms required robust advocacy and cross-sectoral collaboration.

The representative of OMAN⁴ emphasized the need to consider all factors with regard to the economics of health for all and to develop a supportive environment and digital infrastructure. He welcomed the focus on reducing health-related costs and expressed support for the adoption of the draft strategy on the economics of health for all (2026–2030) and the provision of interim reports on its implementation.

The representative of KUWAIT,⁴ speaking on behalf of the Member States of the Eastern Mediterranean Region and Palestine, called for a paradigm shift to a well-being-based approach to health equity, food security, social protection and digital access. Community engagement in health promotion was crucial to building emergency capacities and resilience; a new regional roadmap could guide Member States in those efforts. The findings of the WHO Commission on Social Connection were critical for his Region; strengthened social connection boosted community resilience, supported mental health in humanitarian settings and accelerated progress towards health equity and the Sustainable Development Goals. The Commission's work provided a framework for multisectoral action to address the social determinants of health. A global social connection index would standardize measurement and enable countries to track progress and identify vulnerable populations for targeted interventions.

The representative of NAMIBIA⁴ emphasized that over half the world lacked essential health services and faced catastrophic health costs. Inequality and vulnerability, especially among children, women and girls in developing countries burdened by debt, constrained economies and the ability to invest in health. The global health architecture must be strengthened by centring the economics of health for all. The UN80 Initiative provided an opportunity to advocate for equitable debt restructuring.

The representative of SENEGAL⁴ endorsed the vision of health as a fundamental right and a strategic investment in shared prosperity, and described the measures taken in his country to make health a pillar of society.

The representative of NIGERIA⁴ welcomed progress in defining effective coverage of rehabilitation, identifying tracer conditions, developing global rehabilitation indicators. Decision-making processes should focus on the areas with the greatest impact, including strengthening national capacity for rehabilitation data, supporting integration into primary healthcare, expansion and equitable distribution of the rehabilitation workforce, and enhancing emergency preparedness. He supported the proposed postponement of the publication of the first global status report on rehabilitation to allow for more complete and reliable data collection, which would ultimately strengthen rehabilitation monitoring. He encouraged the Secretariat to

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

use the additional time for further Member State engagement and the refinement of tools needed for effective reporting. He called for high-level coordination mechanisms that brought together the health, education, environment, finance and social protection sectors, and integrated well-being indicators and essential tracking.

The representative of GERMANY⁵ welcomed the draft strategy on the economics of health for all (2026–2030). While there was merit in strengthening policy coherence and better integrating health considerations into public policies, she stressed the importance of the clear delineation of roles and responsibilities, aligned with national fiscal and budgetary policies. WHO's contribution was most effective when focused on its core mandate, particularly normative guidance. Regarding social connection, three actions should be prioritized at the global level: the development of evidence-based policy recommendations on causes and consequences; the establishment of standardized international measures and clear guidelines for effective interventions; and the strengthening of multisectoral approaches.

The representative of INDONESIA⁵ expressed support for shifting to a whole-of-government and whole-of-society approach to well-being that went beyond narrow economic indicators, which would require placing well-being at the centre of governance with clear leadership, cross-ministerial coordination and accountability for determinants outside the health sector. Health ministries could act as conveners while embedding well-being objectives into national planning, monitoring and financing frameworks. The draft strategy on the economics of health for all (2026–2030) was timely and positioned health and well-being as both an outcome and a driver of economic policy. Health should be treated as an economic investment that strengthened productivity, resilience and inclusive growth. Economic policy for health should be anchored in medium-term development plans and fiscal frameworks, focused on high-return priorities including primary healthcare, maternal and child health, and nutrition, and supported by sustainable domestic financing and coherent whole-of-government action.

The representative of URUGUAY⁵ provided information on national measures taken to integrate rehabilitation into the national health system. She welcomed the emphasis on promoting physical health and exercise as a pillar of well-being and noncommunicable disease prevention, noting the challenges presented by sedentary lifestyles among adolescents. The focus in the draft strategy on the economics of health for all (2026–2030) on improving well-being and reducing inequalities chimed with her country's experience.

The representative of CHINA⁵ took note of the draft strategy on the economics of health for all (2026–2030) and emphasized WHO's role in enhancing technical support for government decision-making in that regard. He expressed support for the draft resolution on radiation and health. His Government remained opposed to the discharge by Japan of contaminated water into the sea, with potential impacts on human health and the marine environment. He urged Japan to ensure that the discharges remained under international monitoring with independent sampling. He supported strengthened research and monitoring of radiation-related health outcomes and called for enhanced global coordination in the field of radiation and health.

The representative of the HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIR, and also on behalf of the World Rehabilitation Alliance, said that, although the adoption of resolution WHA76.6 (2023) on strengthening rehabilitation in health systems was an historic milestone, funding cuts and reduced engagement threatened progress, especially in

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

low- and middle-income countries and crisis-affected settings. Member States were urged to uphold commitments through sustained political engagement, targeted financing and timely reporting to WHO. A confirmed timeline was needed for the first global status report, since it would be critical to guide implementation and accountability.

The representative of the WORLD STROKE ORGANIZATION, speaking at the invitation of the CHAIR, highlighted stroke as the third leading cause of disability worldwide and noted that recovery depended on timely, high-quality rehabilitation services, including for mobility, speech, language and vision. Between 20% and 40% of healthcare settings globally lacked basic stroke rehabilitation services, with particularly limited access in low- and middle-income countries. Ensuring access to rehabilitation as part of universal health coverage supported economic participation and reduced social and economic burdens. Member States were encouraged to align rehabilitation services with the scale of the stroke burden and the needs of stroke survivors.

The representative of THE COCHRANE COLLABORATION, speaking at the invitation of the CHAIR, and also on behalf of the World Rehabilitation Alliance, welcomed recognition of functioning, disability and participation as central to health. Rehabilitation was not sufficiently identified as a health system response to social disconnection, and she urged WHO to explicitly integrate rehabilitation into implementation efforts, particularly through primary healthcare and universal health coverage.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIR, welcomed the continued focus on health promotion, even though it was under-resourced and poorly integrated into health systems and policies. A global health treaty based on the right to health would translate global commitments into community-level actions through health literacy, community engagement and addressing the social determinants of health. She called on Member States and WHO to initiate a clear process to advance discussion in that regard.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, and also on behalf of the Alliance for Health Promotion, emphasized the need for a whole-of-government, whole-of-society approach to health promotion that mobilized all health professions, including pharmacists and pharmacy students. Linking young persons and professionals could sustain a continuous chain of health promotion, from addressing macro-level determinants to driving concrete action in communities.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, noted that both the report on well-being and health promotion and the flagship report of the WHO Commission on Social Connection treated alcohol as a peripheral rather than structural determinant of mental health, noncommunicable disease and social isolation. It was framed as an individual coping mechanism, and the role of alcohol products and industry practices in causing harm and social disconnection was absent. He called for explicit recognition of alcohol as a cross-cutting, preventable risk factor that interacted with loneliness across the life course. The Secretariat should integrate the SAFER initiative into social connection guidance, include alcohol indicators in measurement frameworks, and centre social participation. Civil society organizations contributed to strengthening social connection through prevention, recovery and family support.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, INC., speaking at the invitation of the CHAIR, emphasized that unequal access to new medicines could be fixed through policy changes to improve equity. Products were cheap to manufacture but access was blocked by legal monopolies that maintained high prices. Incentives for research and development should be

redesigned to delink rewards from legal monopolies and high prices; to that end, policy-makers needed to analyse appropriate market entry rewards and plan for the progressive implementation of a new business model.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, said that market-driven research and development failed to address diseases with little commercial return, such as neglected tropical diseases; governments must ensure that public investments in health innovation delivered public value. He supported the directing of publicly funded innovation towards public health priorities. Conditions on public funding of innovation could help to ensure the development of, and equitable access, to health technologies. He urged Member States to implement article 9.5 of the WHO Pandemic Agreement by establishing policies on conditions for publicly funded research. Policies should embed equity and affordability into the innovation process from the beginning, including in priority-setting, partnership models, open science, pro-access licensing and technology transfer.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIR, welcomed the commitment to equity and gender equality in the draft strategy on the economics of health for all (2026–2030), noting that 66% of the poorest women lacked access to universal health coverage due to financial constraints, and 20% required permission from partners or family to seek treatment. Women constituted 70% of the global health workforce yet held only 25% of leadership positions. It was essential to prioritize the most vulnerable women and female health professionals to achieve health for all.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, welcomed the draft strategy on the economics of health for all (2026–2030). While it was important to frame health as a public investment, the draft strategy needed to specify the equity trade-offs that could arise in the event that health was addressed solely through an economic lens. Vulnerable populations, including children in hard-to-reach areas, must be prioritized through targeted investments that yielded high-return human capital and ensured that no one was left behind. Civil society involvement and alignment with the Lusaka Agenda principles were essential for securing predictable, equity-driven financing and building momentum towards the high-level meeting on universal health coverage scheduled for 2027.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, said that there was no well-being without social connection, and noted that young people were digitally connected yet socially disconnected. Deliberate, equity-centred policy actions were needed to address the structural determinants of social disconnection. She called on Member States to integrate national strategies for social connection across the health, education and social sectors and urged the Secretariat to develop robust metrics to track progress on social connection and to continue efforts to build well-being societies. Investment in social connection was the foundation of resilient health systems for sustainable well-being.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that the draft strategy on the economics of health for all (2026–2030) fell short in proposing transformative action centring health in economic decision-making. Achieving health for all would require political decisions to structurally reform the global political economy, stop the commodification of healthcare, limit corporate power and prioritize people and planet over profit. Health and social inequalities were interconnected. Member States had the power to make a difference and should act decisively for future generations' well-being.

The REGIONAL DIRECTOR FOR THE AMERICAS, speaking on behalf of all six regions of WHO, commended the WHO Commission on Social Connection for bringing renewed attention to an issue that was increasingly shaping health and well-being. The Commission's report contained a reminder that social connection was not just about individual relationships but about the conditions that enabled people to participate in their communities, and those conditions were shaped by public policy, organization of environments and services, and the way in which people were enabled to engage in social life. The report had also highlighted the close relationship between social connection and mental health; social isolation and loneliness increased vulnerability, whereas supportive social environments strengthened resilience and protected well-being, particularly in the context of ageing populations and longer life expectancy. Three key responses to the Commission's findings were: first, to prevent social isolation by strengthening social participation and community engagement; second, to address loneliness and social disconnection through coordinated action beyond the health sector; and third, to respond to the health and social consequences of loneliness as a public health priority. The translation of evidence into action would depend on sustainable political leadership and stewardship. The Secretariat stood ready to support such work.

The REGIONAL DIRECTOR FOR AFRICA highlighted that, in Africa and in the world at large, the economics of health for all was not a theory; every day, families were pushed towards poverty and delaying life-saving care because health was becoming unaffordable. That was a consequence of economic models that advanced while healthcare systems were left behind. Primary healthcare drove economic strength, yet debt servicing, climate shocks and shrinking physical space were choking choices in Africa and around the world. Health was not a privilege but a national and global responsibility. Economies could either protect life or decide whose life was worth protecting.

The ASSISTANT DIRECTOR-GENERAL (Health Promotion, Disease Prevention and Care) said that he noted significant support for WHO to take a strong science-based approach to its work. The discussion showed that the issues being debated were common to all – including rapid social change, demographic shifts, rising noncommunicable diseases, infectious diseases, inequality and the movement of people. Within the public health community, it was agreed that health was an investment in the future; the health sector had a responsibility to make the case to other sectors that health was an investment, not just for well-being but also for economic growth and productivity. A whole-of-government approach and a whole-of-WHO approach was needed. The strategic prioritization and reforms of 2025 had led to the integration of different areas of work at all three levels of the Organization. There was also an opportunity to leverage the WHO collaborating centres, with the network meeting of collaborating centres scheduled for April 2026. He took note of comments about the need for the global rehabilitation indicators to cover more complex issues; the Secretariat would work with those Member States that had raised the issue. Further comments on the economics of health for all would be welcome and, the Secretariat would organize intersessional consultations on the issue if requested by Member States.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB158/31.

The decision was adopted.⁶

⁶ Decision EB158(8).

The CHAIR took it that the Board wished to adopt the draft decision on radiation and health.

The decision was adopted.⁷

2. Draft global plan of action for the health of Indigenous Peoples: Item 24 of the agenda (documents EB158/29 and EB158/29 Add.1)

Maternal, infant and young child nutrition: Item 25 of the agenda (document EB158/30)

The CHAIR drew the attention of the Board to the draft decision, which contained a draft decision to be submitted to the Seventy-ninth World Health Assembly, on deferring consideration of the draft global plan of action for the health of Indigenous Peoples to the Eightieth World Health Assembly, which was contained in document EB158/29. The financial and administrative implications of the draft decision were contained in document EB158/29 Add.1.

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, commended the Secretariat's progress and its inclusive approach based on human rights, gender equality, health equity and respect for Indigenous knowledge and practices. He welcomed the five priority areas for action and highlighted the principle of free, prior and informed consent as the basis for the draft global plan of action for the health of Indigenous Peoples, in step with the United Nations Declaration on the Rights of Indigenous Peoples and resolution WHA76.16 (2023) on the health of Indigenous Peoples. He shared the Secretariat's view on the need for deeper consultations, especially in contexts where Indigenous Peoples were in a minority, dispersed or insufficiently documented; in that regard, it was important to strengthen consultation mechanisms tailored to cultural and linguistic realities to ensure effective participation. He expressed support for postponing the final consideration of the draft global plan of action for one year to allow for additional consultations to ensure that it reflected diverse contexts and the priorities of Indigenous Peoples and Member States. He supported the draft decision.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed support for the overarching principles and five priority areas for action of the draft global plan of action for the health of Indigenous Peoples, which were aligned with WHO's Fourteenth General Programme of Work, 2025–2028, and were relevant to health challenges in the Region. The Member States of her Region looked forward to receiving technical support to develop national plans to advance, promote, protect and enhance the physical and mental health of Indigenous Peoples, including in health emergencies, and to contributing to regional consultations on the draft global plan of action.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, highlighted slow global progress on maternal, infant and young child nutrition, despite improvements in exclusive breastfeeding rates and nutrition-related policies. The fact that her Region continued to bear the highest global burden of childhood stunting and anaemia among women of reproductive age and had made slow progress on low birth weight were causes of concern. Challenges such as persistent inequities, particularly in fragile and climate-vulnerable settings, and a rising prevalence of childhood overweight in parts of the Region were compounded by declining external financing, limited domestic investment, weak multisectoral coordination,

⁷ Decision EB158(9).

regulatory enforcement gaps and fragmented data systems. She called for sustained and predictable financing for nutrition; stronger integration of nutrition into primary healthcare, universal health coverage and social protection systems; the accelerated scaling-up of proven, cost-effective interventions targeting anaemia, stunting, low birth weight, wasting and obesity; and strengthened regulations and technical measures addressing digital marketing of unhealthy foods and breast-milk substitutes. Enhanced WHO support was needed for fragile and climate-vulnerable settings to enhance emergency-responsive nutrition services, surveillance and multisectoral coordination.

The representative of NORWAY welcomed the efforts made on the draft global plan of action for the health of Indigenous Peoples and supported the postponement of its development due to WHO's financial situation and the need for further consultation, including with Indigenous populations. She commended the Secretariat's efforts to promote good nutrition for mothers, infants and young children but expressed concern about slow progress towards the 2030 target and called for stronger action from all stakeholders to fulfil commitments made at past Nutrition for Growth summits. Implementation of the International Code of Marketing of Breast-milk Substitutes was essential to protect breastfeeding and maternal and child health, and governments should regulate and monitor digital marketing of breast-milk substitutes in accordance with resolution WHA78.18 (2025) on regulating the digital marketing of breast-milk substitutes. The Secretariat should provide guidance and technical support to that end. Governments needed to address conflicts of interest in healthcare facilities and clarify prohibited sponsorship, in line with WHO guidelines. Recent large-scale recalls of breast-milk substitutes were a cause of deep concern and underscored the importance of food safety and robust monitoring.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, as well as Armenia, aligned themselves with his statement. He acknowledged progress towards global nutrition targets but noted significant challenges due to conflict, climate change, poverty and gender discrimination as major drivers of malnutrition. He called on Member States to develop and support action plans and initiatives to implement resolution WHA78.24 (2025) on the extension of the comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025, which would include the integration of nutrition into health systems, with essential nutrition actions in primary care. The European Union had pledged €6.5 billion at the 2025 Nutrition for Growth Summit to fight malnutrition until 2029. He urged donor countries to scale up financial investment in nutrition and called on all Member States to increase domestic resource mobilization. The most effective and coordinated interventions should be prioritized and integrated into health, social protection, education systems and humanitarian response. Food systems, such as national school meal programmes, must be transformed to improve nutrition and environment outcomes. Increased coordination and support for data collection on nutrition actions and outcomes was needed to better target vulnerable groups. Ensuring optimal nutrition during the first 1000 days of life was crucial for long-term health and economic benefits. He urged a renewed commitment to cross-border and cross-sector collaboration and suggested that the Secretariat should continue to disseminate evidence on the negative impact of digital marketing of breast-milk substitutes and provide technical support on implementing the International Code of Marketing of Breast-milk Substitutes.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region faced a complex nutrition burden driven by conflict, displacement, climate shocks and economic pressures, with many reporting a double burden of

undernutrition alongside overweight and obesity. While there had been reductions in stunting and wasting, and the Region was on track to meet the global target for overweight children under 5 years of age, many countries remained off track on global nutrition targets, with efforts to address those issues focused on essential nutrition services in primary healthcare. He welcomed support from WHO for implementing high-impact evidence-based interventions, strengthening multilateral action and targeting nutrition within health systems. The promotion of breastfeeding, including full implementation of the International Code of Marketing of Breast-milk Substitutes, especially in fragile and humanitarian settings, was critical. He called for prioritized support for fragile and conflict-affected settings to strengthen nutrition surveillance and food systems, while safeguarding public health policies from conflicts of interest.

The representative of BARBADOS highlighted the progress made on nutrition in her country, including through a school nutrition policy and regulatory measures, yet noted that further efforts were required to tackle low rates of exclusive breastfeeding. Priority actions on nutrition included strengthening supportive food and nutrition policy environments; integrating evidence-based nutrition interventions into national health and development plans; advancing multisectoral action across labour, education, social protection and food systems; building institutional and human capacity, including revitalizing nutrition surveillance; and enhancing monitoring, evaluation and reporting to ensure accountability and impact. WHO, in collaboration with partners, played a critical role in advancing the nutrition agenda through technical leadership.

The representative of THAILAND expressed concern that the world remained off track on the global nutrition targets, despite the extended 2030 deadline. He emphasized a life-course approach that prioritized prevention, specifically breastfeeding protection and age-appropriate feeding, and called for strengthened service delivery across health and non-health settings, including early childhood development centres, and the integration of nutrition supplements into universal coverage benefit packages. He urged WHO to support tools like SQL detectors to monitor and restrict harmful online food marketing. He stressed that Indigenous People's health was vital to achieving health equity and supported the principle of free, prior and informed consent, and the deferral of the draft global plan of action to allow for culturally appropriate dialogue. His Government stood ready to share its experience in ethnic minority health to contribute to a robust, actionable plan.

The representative of PANAMA said that it would be useful to have more time for inclusive consultations on the draft global plan of action for the health of Indigenous Peoples to ensure that it reflected diverse contexts and priorities and was aligned with national laws. She supported the related draft decision. Regarding nutrition, the focus should be on cost-effective, high-impact interventions, particularly during the first 1000 days of life; breastfeeding promotion, protection and support represented the best investment. Territorial planning, strategic data use for informed decision-making, and intersectoral coordination with social protection, education and school nutrition systems would maximize results with limited resources. Normative and technological tools, including standardized tools for surveillance, documentation and penalization, were needed to adapt the implementation of the International Code of Marketing of Breast-milk Substitutes to address digital environments; to that end, infant and young child nutrition protocols and food safety systems must be reviewed. Technical assistance from PAHO and WHO was appreciated.

The representative of NEPAL emphasized the importance of addressing all forms of malnutrition for universal health coverage. He described the measures taken in that regard in his country, noting that climate change, food insecurity and socioeconomic inequities continued to threaten progress. He called for stronger multisectoral action that linked health, agriculture,

education, social protection and science to address the root causes of malnutrition. He called on the Secretariat to support the strengthening of country capacity for early prevention and integration of nutrition across food systems, social protection and climate-resilient policies. There was a need to increase awareness of the WHO Guidance on regulatory measures aimed at restricting digital marketing of breast-milk substitutes.

The representative of HAITI highlighted the ongoing inequalities faced by Indigenous Peoples in access to care, adverse social determinants and insufficient recognition of their knowledge and cultural approaches. Accessible, culturally appropriate and participative health services were essential to health justice. Maternal and child nutrition challenges required intersectoral responses. She therefore called for sustainable financing, the reinforcement of local capacity-building and integrated community approaches, and investment in nutrition and cultural equity to build resilience for future generations. Stronger international cooperation was needed to translate frameworks into concrete action.

The representative of COSTA RICA said that maternal anaemia, low breastfeeding rates and childhood obesity were the main nutrition challenges in her country. Strong public policies were needed to ensure that the food industry operated in line with healthy standards; discussions on nutrition warnings on food packaging were futile if harmful products continued to be marketed, particularly since cost was often the deciding factor for many consumers. It was therefore important to determine how to make the healthiest foods the cheapest and most accessible. She welcomed the draft global plan of action for the health of Indigenous Peoples; to progress towards implementation, it would be essential to take into account the needs and requirements of Indigenous Peoples, as well as data specific to those populations, and to consider the economic, political and scientific resources of each country and region. Deeper analysis of available data pertaining to Indigenous Peoples at the global and regional levels was needed to guide approaches and interventions.

The representative of CAMEROON took note of the progress made on Indigenous Peoples' health and maternal, infant and young child nutrition. Describing the adoption of legislation on traditional medicine in his country, he called for the development of regulatory frameworks that promoted social equity and considered Indigenous Peoples' health. He supported the draft global plan of action for the health of Indigenous Peoples. Despite efforts, Africa continued to face significant malnutrition in mothers, infants and young children; in his country, Indigenous Peoples in particular faced low coverage of nutritional interventions. Increased funding was needed for local innovations in maternal, infant and young child nutrition, and there should be greater coordination between policies on nutrition, social protection, education and community integration.

The representative of the CENTRAL AFRICAN REPUBLIC expressed concern about the aggressive marketing of breast-milk substitutes, which undermined breastfeeding and risked the exposure of children to infection due to contamination, particularly in vulnerable and fragile settings and where there was poor access to safe drinking water. He urged the Secretariat to actively engage in monitoring of digital marketing that targeted African countries and to facilitate cross-border, multisectoral cooperation among private and public stakeholders to address the issue. His Government had launched a campaign to protect breastfeeding.

The representative of JAPAN said that her country had been addressing nutrition issues since the late 19th century and considered the key elements of such work to be a diet-based approach, human resources and scientific evidence. The training of nutrition professionals was vital for each country to independently advance its nutrition policies. Given interest in her country's approach to

nutrition, particularly in schools, the Japan International Cooperation Agency supported technical cooperation projects to improve nutrition.

The representative of UKRAINE highlighted that global progress on maternal, infant and young child nutrition was off track, with the gap widening in crisis settings. Her Government's priority was ensuring equity in delivery and protecting children in the first 1000 days of life, in particular by integrating essential nutrition interventions into primary healthcare and maternal and child services. To tackle the double burden of undernutrition and obesity, it was crucial to invest in food environments, particularly in schools. She emphasized the need to implement international codes on digital spaces and WHO guidance on restricting digital marketing of breast-milk substitutes. Countries needed ready-to-use legal frameworks to target the responsibility of digital platforms, scalable monitoring and cross-border cooperation.

The representative of CHAD⁸ said that his country faced multiple health, food and humanitarian crises that had been worsened by the arrival of Sudanese refugees and had affected its fragile health system. He described the Government action taken on nutrition, including legislative measures on breast-milk substitutes and unhealthy foods.

The representative of BURUNDI⁸ acknowledged WHO's role in promoting breastfeeding and young child health. Despite progress, his country faced challenges with chronic malnutrition in children. A recent case of contaminated breast-milk substitute underscored the urgent need for a coordinated response from WHO and for updated guidance.

The representative of INDIA⁸ acknowledged nutrition as a critical pillar for achieving the Sustainable Development Goals and highlighted the first 1000 days of life as a critical window for optimal growth and development for mother and child. Her Government took action in that regard through integrated multisectoral programmes, including on infant and young child feeding and anaemia. She supported a continued focus on maternal, infant and young child nutrition.

The representative of BRAZIL⁸ emphasized the importance of meaningful consultation with Indigenous Peoples concerning the draft global plan of action for the health of Indigenous Peoples. She commended the Secretariat's engagement with experts in its development but expressed concern over the limitations of exclusively online consultations; her Government stood ready to work with the Secretariat and Member States to ensure an inclusive process to finalize the draft global plan of action for consideration in 2027. Addressing the health of Indigenous Peoples was inseparable from tackling broader health inequalities, particularly regarding nutrition. She reaffirmed her Government's commitment to the 2030 global nutrition targets, with a focus on maternal, infant and young child nutrition.

The representative of URUGUAY⁸ described challenges faced in her country with regard to maternal, infant and young child nutrition. She underscored the importance of addressing malnutrition by implementing integrated interventions through a life-course approach and by strengthening policies on healthy food environments, front-of-package labelling and regulation of marketing of unhealthy foods. Legislative measures should be enhanced to strengthen protection of breastfeeding and address the challenges posed by cross-border digital marketing of breast-milk substitutes.

The representative of SINGAPORE⁸ said that, to address persistent challenges such as childhood obesity, health interventions should begin before conception and continue through

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

childhood. He highlighted measures taken in his country, including the publication of guidelines on gestational diabetes and on early feeding practices, and underlined the importance of supportive home and school environments to shaping children's dietary habits.

The representative of PARAGUAY⁹ highlighted the importance of Indigenous Peoples' health, noting that the establishment of public institutions at the national level to support the country's Indigenous populations had strengthened governance, data generation and access to primary healthcare services. She expressed support for the proposal to extend the time frame for the development of the draft global plan of action for the health of Indigenous Peoples and underscored the importance of holding free, prior and informed consultations to ensure a culturally pertinent and inclusive process, with the full participation of Indigenous Peoples and other stakeholders. She described her country's action to improve nutrition, highlighting a comprehensive nutritional plan and programmes to support breastfeeding.

The representative of MEXICO⁹ emphasized the need to address the health of Indigenous Peoples and Afrodescendants through intercultural, intersectional, gender and human rights-based approaches based on ethical, disaggregated information and effective community participation. Although he agreed with postponing the development of the draft global plan of action for the health of Indigenous Peoples to ensure that it was sufficiently robust, he expressed concern over the delay and called for rapid progress towards a clear operational framework, with effective follow-up and full participation of Indigenous Peoples. On maternal, infant and child nutrition, it was essential to continue strengthening international regulatory frameworks and implementing mechanisms for monitoring and preventing conflicts of interest, especially in healthcare settings and digital spaces.

The representative of MOROCCO⁹ acknowledged progress in reducing malnutrition and childhood obesity. Challenges remained, however, including insufficient access to nutritious food products, in particular among women, which necessitated targeted, evidence-based responses. He emphasized the need for a fully integrated nutrition system that was aligned with comprehensive primary healthcare.

The representative of INDONESIA⁹ supported international efforts to empower and protect Indigenous communities, noting that the concept of Indigenous Peoples was not applicable in his national context, due to the country's multicultural and multi-ethnic composition, and the rights of all groups were promoted and protected. Diverse national circumstances should be taken into consideration in the development of the draft global plan of action for the health of Indigenous Peoples. He agreed with the proposal to defer consideration of the draft global plan of action to allow for meaningful consultation with Member States. His Government had submitted extensive written input and stood ready to engage further to refine the draft.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND⁹ noted that no country was on track to meet maternal, infant and young child nutrition targets and expressed concern at worsening trends in dietary diversity and childhood obesity. Efforts should prioritize the expansion of nutrition interventions for vulnerable populations and improved access to affordable healthy diets, support for breastfeeding and the regulation of digital marketing of breast-milk substitutes. She welcomed WHO's promotion of healthy diets and the Anaemia Action Alliance, noting that it was essential to integrate nutrition objectives across sectors to maximize

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

benefits and optimize the use of resources. She encouraged others to join the 84 signatories of the N4G Global Compact for Nutrition Integration.

The representative of the PHILIPPINES¹⁰ supported the deferral of consideration of the draft global plan of action for the health of Indigenous Peoples to the Eightieth World Health Assembly to allow for meaningful and inclusive consultation with Member States and Indigenous Peoples. Although the draft global plan was a critical tool to reinforce national action on healthcare for Indigenous Peoples, its successful implementation would require a tailored approach that respected diverse national contexts. He urged the Secretariat to facilitate the provision of the funding needed to enable Member States to conduct inclusive, multisectoral consultations.

The Observer of PALESTINE highlighted the catastrophic situation in the Gaza Strip due to the Israeli occupation, genocidal war and blockade, which was causing extreme food insecurity; over 90% of young children and pregnant or breastfeeding women faced severe food poverty, and nutrition was compromised by a lack of hygiene, clean water and safe feeding, which resulted in increased mortality and developmental risks.

The representative of BELGIUM¹⁰ expressed concern over stagnation and reversal in progress toward global nutrition targets, rising child obesity, and high consumption of sugar-sweetened beverages and ultra-processed foods. Nutrition policies should be based on independent, evidence-based guidance and must not depend on industry self-regulation or be influenced by commercial and political interests. Recent food safety crises that had involved powdered infant formula were deeply worrying; independent and transparent handling of contamination risks was essential, alongside unhindered and continued promotion of breastfeeding.

The representative of the MARSHALL ISLANDS¹⁰ highlighted the dual burden of high maternal obesity and childhood stunting among Pacific island countries, which was being addressed through collaboration with the World Bank and UNICEF on a multisectoral early childhood development project. Cross-cutting efforts were needed from all partners; in that regard, he requested WHO to invite the Republic of China, Taiwan,¹¹ to all technical meetings, activities and mechanisms and to participate as an observer at the Health Assembly, noting Taiwan's¹¹ leadership in promoting healthy mother and child nutrition.

The representative of IRELAND¹⁰ said that Member States must strive to end malnutrition in all its forms by 2030; to that end, she called for the full implementation of resolution WHA78.24, highlighting the need for the scaled-up integration of essential nutrition actions in healthcare and for capacity-building.

The representative of CANADA¹⁰ said that global nutrition outcomes could be improved through evidence-based, gender-sensitive nutrition interventions, supported by multilateral alignment, service integration, policy coherence and the mobilization of national resources. She supported updating WHO normative guidance and regulatory frameworks restricting digital advertising of breast-milk substitutes. Strengthened monitoring and enforcement tools – including digitally adapted surveillance systems, standardized indicators and capacity-building – were crucial for regulators. Engagement with civil society, consumer protection agencies and technology

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

¹¹ World Health Organization terminology refers to “Taiwan, China”.

platforms was important to enhance compliance and accountability, and she requested clarity on timelines for guidance updates and enforcement tool development.

The representative of ECUADOR¹² recognized malnutrition in all its forms as a priority challenge for human development, equity and achievement of the Sustainable Development Goals. He described the measures taken in his country on nutrition, in particular to support breastfeeding. He expressed support for the comprehensive implementation plan on maternal, infant and young child nutrition, and emphasized its importance for global targets.

The representative of CUBA¹² took note of the progress made on the comprehensive implementation plan on maternal, infant and young child nutrition but noted that the world was not on track to meet the 2030 targets. The reduction in overseas development assistance was concerning. She welcomed the extension of the United Nations Decade of Action on Nutrition (2016–2025) to 2030 and expressed appreciation for the Secretariat's efforts to develop new guidance on healthy school food environments and fiscal policies and to review standards on breast-milk substitutes. She affirmed support for the one-China principle; the Board was not the appropriate forum to discuss the matter of Taiwan.¹³

The representative of COLOMBIA¹² expressed appreciation for the five priority areas for action of the draft global plan of action for the health of Indigenous Peoples, which acknowledged the disproportionate impact of the social, economic and environmental determinants of health on Indigenous Peoples. He highlighted the adoption of a decision on biodiversity and health by the Conference of the Parties to the Convention on Biological Diversity, which recognized how environmental degradation affected the health and ways of life of Indigenous Peoples. The Secretariat should continue supporting countries in strengthening national capacities, including by providing technical guidance, collecting and using data, conducting culturally appropriate consultation processes, and facilitating exchange of best practices and resource mobilization. He expressed support for the proposal to defer consideration of the draft global plan of action to allow for inclusive consultations.

The representative of ETHIOPIA¹² welcomed the extension of the Decade of Action on Nutrition to 2030 and the outcomes of the 2025 Nutrition for Growth Summit. She supported the establishment of the Anaemia Action Alliance. To accelerate interventions amid funding cuts, she recommended strengthening domestic resource mobilization, leveraging nutrition-sensitive social protection mechanisms and exploring new, traditional and innovative financing sources. Her Government was committed to promoting optimal breastfeeding and had strengthened the relevant legislation. She called for continued support in regulating cross-border digital marketing and urged countries to accelerate the implementation of resolution WHA78.24.

The representative of ZAMBIA¹² noted the progress made on the global targets for maternal, infant and young child nutrition and described the action taken in his country to address stunting. He welcomed WHO's support for the Global Alliance Against Hunger and Poverty, which would help Member States to strengthen nutrition-sensitive health systems. He supported the proposal to hold broad consultations with Member States, Indigenous Peoples and stakeholders to formulate an effective draft global plan of action for the health of Indigenous Peoples.

¹² Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

¹³ World Health Organization terminology refers to "Taiwan, China".

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO¹⁴ acknowledged the serious problem of stunting and overall malnutrition in his country, noting that a multisectoral nutrition plan had been developed; support from the Secretariat would optimize its implementation.

The representative of the UNITED REPUBLIC OF TANZANIA¹⁴ commended progress on global nutrition but noted that the world was not on track to meet several operational targets set for 2030. She welcomed the extension of the Decade of Action on Nutrition to 2030 and the outcomes of the 2025 Nutrition for Growth Summit, which, combined with the Global Alliance Against Hunger and Poverty, strengthened efforts towards nutrition-sensitive policies for maternal, infant and young child nutrition. She expressed concern at increasing unregulated digital marketing of breast-milk substitutes, which undermined breastfeeding, and called for sustained global solidarity, strong WHO leadership and enhanced technical support to safeguard nutrition gains.

The representative of NIGERIA¹⁴ expressed concern that all six global nutrition impact targets remained off track, noting that cuts in development assistance for nutrition threatened to reverse hard-won gains and increase preventable child deaths. It was essential to make primary healthcare the organizing principle for nutrition action. She encouraged the Secretariat to strengthen structured learning platforms focused on primary healthcare-based nutrition. Stronger alignment of global support behind primary healthcare, enhanced country capacities and vibrant knowledge exchange could bring the global nutrition targets within reach, despite constrained financing.

The representative of TÜRKİYE¹⁴ noted that the tables contained in the report on maternal, infant and young child nutrition highlighted the need for intensified efforts by the Secretariat and Member States to achieve the global nutrition targets by 2030. She appreciated the report's emphasis on global cuts to development assistance and its request for Member States' input on breastfeeding and digital marketing tools.

The representative of the DOMINICAN REPUBLIC¹⁴ emphasized the importance of the comprehensive implementation plan on maternal, infant and young child nutrition in improving the health of mothers and children. To accelerate progress, key actions included strengthening nutritional education, effectively integrating nutrition into healthcare services, building capacities among healthcare workers, ensuring timely access to essential food supplements, supported by effective monitoring systems and innovative technologies. She highlighted the need for legal frameworks and surveillance mechanisms to limit the digital marketing of breast-milk substitutes while promoting exclusive breastfeeding.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the proposals regarding the draft global plan of action for the health of Indigenous Peoples and highlighted the disproportionate impact of preventable diseases on Indigenous communities. She emphasized the need for an intercultural approach that linked mental, physical and environmental health; failure to protect health holistically had mental health consequences. She welcomed the focus taken in the draft global plan of action on centring the social participation and meaningful leadership of Indigenous Peoples in phases of decision-making. The draft global plan of action must be informed by Indigenous Peoples as protagonists of change.

¹⁴ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

She stressed the need to respect traditional medicine and knowledge, encouraging dialogue with traditional healers and communities to improve health services and outcomes.

The representative of MMV MEDICINES FOR MALARIA VENTURE, speaking at the invitation of the CHAIR, supported the draft global plan of action for the health of Indigenous Peoples' and emphasized access to innovations for infectious diseases. In countries in which malaria was endemic, Indigenous populations reported high infection rates; availability of effective, safe and easy-to-administer prevention and treatment was therefore crucial for such communities, particularly those in remote locations.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR and also on behalf of the International Pharmaceutical Students' Federation, said that Indigenous patients faced health inequities, including lower life expectancy, unmet mental health needs, structural discrimination and historical injustices. Holistic interdisciplinary care was needed to address social determinants of health, cultural safety should be integrated into medical education, and Indigenous Peoples should be meaningfully included in policy-making, including transparent consultations on the draft global plan of action for the health of Indigenous Peoples.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, welcomed the proposed deferral of the draft global plan of action for the health of Indigenous Peoples, which would allow additional time to address alcohol policy. Consultations with Indigenous communities in the Americas, Africa and Asia Pacific had identified alcohol harm as a major driver of violence, injury and mental ill health. Alcohol harm disproportionately affected Indigenous communities due to colonialism, corporate exploitation, commercial determinants and policy failures. He called on the Secretariat and Member States to fast-track alcohol policy for health promotion in Indigenous communities.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIR, shared concerns that progress towards the six global nutrition impact targets remained off track. According to UNICEF, obesity was the most prevalent form of malnutrition for school-aged children and adolescents globally, except in sub-Saharan Africa and South Asia. Since obesity increased the risk of 13 types of cancer and would cause significant health and economic impacts without intervention, she urged Member States to accelerate the implementation of policies supporting proposed action on maternal, infant and young child nutrition, especially improving food environments through comprehensive food and nutrition policies – including restrictions on the marketing of breast-milk substitutes – and increased investment. Member States should employ multisectoral approaches and strictly manage conflicts of interest to achieve optimal policy outcomes.

The representative of the NCD ALLIANCE, speaking at the invitation of the CHAIR, welcomed governments' efforts to champion the Acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course. Only 33 governments had adopted legislation aligned with the International Code of Marketing of Breast-milk Substitutes; without stronger legislation and enforcement, the world would not meet the 2030 breastfeeding targets. High consumption of sweet beverages among young children was a cause of alarm. She urged Member States to: integrate current targets into national nutrition and noncommunicable disease strategies; accelerate evidence-based policies, such as sugar-sweetened beverage taxation, front-of-package labelling and marketing restrictions that protected children; strengthen breastfeeding protections in line with WHO guidance; and safeguard nutrition policymaking from conflicts of interest.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIR, said that children were severely affected by global funding cuts and worsening crises, which was leading to a child nutrition emergency, with preventable deaths and famines as well as less visible consequences. She called on Member States to prioritize the first 1000 days as vital for survival and development; focus on adolescent anaemia and overweight; integrate nutrition into public health policies and beyond, including in humanitarian contexts; and translate resolution WHA78.24 into national law.

The representative of the GLOBAL SELF-CARE FEDERATION, speaking at the invitation of the CHAIR, noted that, to achieve the 2030 global nutrition targets, the provision of micronutrient supplements should be prioritized by policy-makers and health systems as a high-impact, cost-effective public health investment that contributed to universal health coverage and the prevention of noncommunicable diseases. Supplementation advanced equity by supporting vulnerable groups, including pregnant women and children, and enhanced health system resilience by improving immunity and supporting preparedness for pandemics and crises.

The representative of the INTERNATIONAL LACTATION CONSULTANT ASSOCIATION emphasized breastfeeding as a life- and cost-saving intervention. Budgetary pressures underscored the need for WHO leadership in infant and young child feeding. Countries must invest in training the workforce in lactation care to achieve breastfeeding goals. Commercial milk formula marketing undermined breastfeeding, and repeated formula recalls due to contamination had caused serious illness and family distress. She called for stronger global safety and hygiene standards, updated preparation guidance from the Codex Alimentarius Commission and WHO, and robust Member State controls to address those issues.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR and also on behalf of the International Federation of Medical Students' Associations, emphasized that more than 50% of mothers and children did not get the chance to exclusively breastfeed for the first six months. She urged Member States to adopt family-focused policies: sufficient paid parental leave, postpartum support, child benefits and guaranteed access to nutritious food for mothers and children. It was crucial to ensure that returning to work did not force mothers to choose between their careers and their families.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIR, said that the contamination of formula had led to infant fatalities, factory closures, interrupted supplies, legal action and distress for families. Such cases had exposed systemic failures in formula production, regulatory surveillance, recall systems and crisis management. Cross-border social media marketing exacerbated food safety risks and enabled contaminated and unregistered products to enter countries where treatment might not be available. Governments must change food safety cultures and ensure independent verification, and manufacturers and authorities must listen to whistle-blowers. The guidelines produced by the Codex Alimentarius Commission and WHO were no longer adequate; a global, WHO-led response was urgently needed to protect families.

The CHEF DE CABINET, responding to comments, welcomed support for the revised timeline for the consideration of the draft global action plan for the health of Indigenous Peoples, the deferral of which would enable deeper and more inclusive consultations across all WHO regions, including with Indigenous Peoples, in order to ensure meaningful engagement grounded in free, prior and informed consent. She took note of the support expressed for the five priority areas for action and their alignment with the Fourteenth General Programme of Work, 2025–2028. She urged Member States and partners to engage in the regional consultations that were being

scheduled; a global consultation would be convened later in the year to ensure that the diverse perspectives of stakeholders, including Indigenous Peoples, were fully reflected. Member States would be kept informed of consultations and progress on the draft global plan of action.

The ASSISTANT DIRECTOR-GENERAL (Health Promotion, Disease Prevention and Care) said that he appreciated continued support from Member States on advancing nutrition. Many regions and countries continued to face undernutrition and malnutrition at the same time as growing obesity, and often in the same communities. The scientific evidence was clear on the acute and long-term impact of maternal and early life nutrition in the first 1000 days, and he welcomed comments on the protection of breastfeeding and prevention of the digital marketing of breast-milk substitutes. Milestones on nutrition in 2025 included the Nutrition for Growth Summit, the adoption of the 2030 operational targets and the extension of the Decade of Action on Nutrition. In 2026 and 2027, the Secretariat would remain focused on its core mandates, including its role as a convening power and provider of technical support for countries, including the WHO acceleration plan to stop obesity, the global action plans on wasting and anaemia, and the recap project to accelerate progress on the 2030 targets. Concerning the increasingly complex global food supply, the Secretariat would continue to work with FAO through the International Food Safety Authorities Network to ensure safety.

The CHAIR took it that the Board wished to note the reports contained in documents EB158/29 and EB158/30.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB158/29.

The decision was adopted.¹⁵

Power and performance

3. Budget and finance matters: Item 27 of the agenda

Financing and implementation of the Programme budget 2024–2025 and outlook on the Programme budget 2026–2027: Item 27.1 of the agenda (document EB158/32)

The CHAIR drew attention to the report contained in document EB158/32, and to the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB158/4, paragraphs 14–22.

The representative of ZIMBABWE, speaking in his capacity as Chair of the Programme, Budget and Administration Committee, read out the recommendations on the Secretariat's implementation of existing mandates pertaining to the financing and implementation of the Programme budget 2024–2025 and outlook on the Programme budget 2026–2027, contained in paragraphs 22(a) to (c) of the Committee's report.

¹⁵ Decision EB158(10).

The representative of ISRAEL said that, while he welcomed the report on the financing and implementation of the Programme budget 2024–2025 and outlook on the Programme budget 2026–2027, it provided insufficient visibility into the operational implications of financing figures. The Board should have access to greater cost granularity, including resource allocations for specific WHO programmes. There was also limited clarity on criteria, governance processes and timelines for programme allocation, which hindered Member States' ability to assess whether resources were being deployed in a timely, strategic and accountable manner. Any call for increased contributions must be accompanied by a clear, prioritized work plan with stronger implementation reporting, clear justification for allocation decisions and more explicit linkages between financing and measurable results. A disciplined approach was needed to prevent mission creep and ensure that limited resources were focused on agreed priorities. Strengthened sustainability, credibility and trust required greater transparency on how resources were translated into impact.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, the Republic of Moldova and Georgia, as well as Armenia, aligned themselves with his statement. In the light of recent challenges to the multilateral system, he emphasized the need to protect WHO by ensuring greater financial flexibility. The increase in assessed contributions agreed at the Seventy-fifth World Health Assembly had been an important step. He commended the Secretariat's successful efforts to broaden and diversify the donor base, including the WHO investment round and encouraged Member States to provide predictable, unearmarked, multiannual, flexible funding to support WHO's work. Funding must support programme budget needs across the three levels of the Organization and must not be used to advance topics outside the scope of prioritized work in the Fourteenth General Programme of Work, 2025–2028. Priority budget needs and funding gaps, especially where pockets of poverty persisted, should be communicated clearly to Member States in a timely manner to enable strategic decision-making and the cost-effective use of contributions. Thematic funds, investment rounds and collaborations for strengthening expertise could constitute useful additional means to support targeted, efficient resource use in the areas of greatest need. WHO must operate effectively within the reduced Programme budget 2026–2027, while ensuring that Member States' priorities were adequately reflected in the Organization's daily work. Transparency, regular updates and continuous exchanges would be needed to achieve sustainable results based on national, regional and global priorities. The expansion or addition of areas of work should be exceptional, budget-neutral and not hinder prioritized work under the General Programme of Work. WHO must fulfil its constitutional mandate and core functions. He requested an update from all six regional directors on cost-saving and downsizing efforts and called for all levels of the Organization to continue to adjust to the new financial reality.

The representative of COSTA RICA acknowledged important progress on funding but emphasized the need to prioritize the Organization's sustainability, effectiveness and accountability. She expressed appreciation for the increase in flexible funding for the Region of the Americas; however, greater equity was needed, and voluntary contributions should align with the cooperation needs identified by countries.

The representative of JAPAN appreciated the Secretariat's efforts to implement essential programmes despite challenging circumstances. Given the likely difficulty of mobilizing resources for the unfunded 15% of the Programme budget 2026–2027, he called for similar measures to those taken for the Programme budget 2024–2025, which should be further refined to enable WHO to focus more on its core mandates. Addressing those challenges would require a change in

mindset among Member States. While the information on underfinanced areas in the Programme budget 2026–2027 was useful, further efforts by the Secretariat to enhance transparency and effectiveness would be needed. He would welcome the Secretariat's perspectives regarding the timely sharing of funding status of targets and departments with Member States; the establishment of clear processes for accepting additional funding once targets had been fully financed; and the ability to ensure that costs associated with resolutions were secured in advance.

The representative of BRAZIL¹⁶ welcomed the Secretariat's efforts to address the Organization's financial challenges, including significantly reducing the financial gap for the current biennium, and recognized the adverse impact on health policy implementation and staffing at all levels. He expressed concern that the Region of the Americas remained the most underfunded region but acknowledged progress in allocating flexible funds and encouraged further advancement in that direction.

The representative of ZAMBIA¹⁶ supported the continued implementation of the prioritization and realignment process to ensure a financially stable and fit-for-purpose WHO as well as country-level impact. She called for the equitable allocation of resources across WHO's three pillars, a reduction in the overreliance on earmarked funding, a focus on core WHO mandates and functions to ensure the adequate funding of core technical programmes, and a broadened financial base with increased flexible funding to improve predictability and equity. She expressed concern that, in the African Region, outcome 2.1 (Countries prepared for health emergencies) remained underfunded and poorly implemented, despite the continent's vulnerability to outbreaks and humanitarian crises, and asked what strategy had been put in place to close the funding gap in that area.

The DIRECTOR (Planning, Resource Coordination, Performance Monitoring and Grants Management) said that, on transparency and communication of information, the Secretariat was open to suggestions on how to provide better information and hold more dialogue. The report provided a short summary of the information available on the programme budget web portal, which was updated monthly and provided more details, including monthly expenditure by country on specific items. A digital platform was also available for the Programme budget 2026–2027 that provided explanations and short summaries on topics such as the criteria for the distribution of flexible funds. Briefings on the overall financial situation and implementation were provided to Member States every three months through the governing bodies or during intersessional periods.

He welcomed recognition of the increased allocation of flexible funding to the Region of the Americas. The Secretariat remained committed to improving the allocation of voluntary contributions to the Region. The Secretariat was also committed to continuing the cost containment measures started in 2025 and was happy to engage further on the points raised regarding transparency and effectiveness. He agreed that sustainable financing was crucial and underscored that the equitable allocation of financing was important to the Secretariat but was limited by the flexibility of voluntary contributions.

The CHAIR took it that the Board wished to note the report contained in document EB158/32, as recommended by the Programme, Budget and Administration Committee, and concur with the proposed guidance set out in paragraph 22 of the Programme, Budget and Administration Committee report contained in document EB158/4.

The Board noted the report.

¹⁶ Participating by virtue of Rule 3 of the Rules of Procedure of the Executive Board.

4. Management and governance matters: Item 28 of the agenda

Prevention of sexual exploitation, abuse and harassment: Item 28.1 of the agenda (document EB158/33)

Evaluation: update and proposed workplan for 2026–2027: Item 28.2 of the agenda (documents EB158/34 and EB158/34 Add.1)

Update on the Infrastructure Fund: Item 28.3 of the agenda (document EB158/35)

- **Geneva buildings renovation strategy**
- **Update on information management and technology**

The CHAIR drew the attention of the Committee to the report contained in document EB158/33, and to the report of the Programme, Budget and Administration Committee of the Executive Board, contained in document EB158/4, paragraphs 40–43. He also drew attention to the report contained in document EB158/34 and the draft decision contained therein, the administrative and financial implications of which were contained in document EB158/34 Add.1, and to the Committee's report, paragraphs 38–39. He further drew attention to the report contained in document EB158/35, and to the Committee's report, paragraphs 62–66.

The representative of ZIMBABWE, speaking in his capacity as Chair of the Programme, Budget and Administration Committee, read out the recommendations on the Secretariat's implementation of existing mandates pertaining to the prevention of sexual exploitation, abuse and harassment, contained in paragraphs 43(a) to (c) of the Committee's report, the update and proposed workplan for 2026–2027, contained in paragraphs 39(a) to (c) of the Committee's report, and the Infrastructure Fund, contained in paragraph 66 of the Committee's report.

The representative of SPAIN said that, in line with its commitment to a feminist foreign policy, his Government attached the greatest importance to the eradication of sexual misconduct in global health, with a focus on gender-based violence against women and girls. He emphasized the need to continue making progress in awareness-raising and staff capacity-building, and he welcomed the high rate of attendance on mandatory training courses on the matter. The objective must be to reinforce a culture of zero tolerance for misconduct at all levels within WHO. He looked forward to receiving details of the upcoming strategy on preventing sexual exploitation, abuse and harassment for the period 2026–2029.

The representative of BULGARIA, speaking also on behalf of Albania, Armenia, Austria, Australia, Belgium, Brazil, Canada, Chile, Colombia, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Mexico, Monaco, Montenegro, the Kingdom of the Netherlands, New Zealand, North Macedonia, Norway, Poland, Portugal, the Republic of Moldova, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine and the United Kingdom of Great Britain and Northern Ireland, reaffirmed the commitment to preventing sexual exploitation, abuse and harassment across all sectors, including global health. Gender-based violence, including violence against women and girls, remained one of the most prevalent human rights violations worldwide and had a severe impact on the development and health of children and adolescents in particular. He commended the measures taken in the scope of the three-year strategy on prevention and response to sexual exploitation, abuse and harassment (2023–2025) and stressed the importance of a zero-tolerance culture for all forms of misconduct within the Organization, especially in

high-risk, fragile and humanitarian settings. The Secretariat should share the new strategy for 2026–2029 as soon as possible. He emphasized the need to strengthen an organizational culture of integrity by setting the tone at the top, providing enhanced whistleblower protection, improving reporting and response mechanisms and ensuring that prevention and response to sexual exploitation, abuse and harassment measures were timely, impartial and adequately resourced. Prevention and response to sexual exploitation, abuse and harassment must remain a priority in all areas of WHO; to that end, he called for clear reporting and accountability structures, continued ownership on the part of the senior leadership, and robust monitoring of the implementation of the relevant strategy together with continued reporting to Member States that included a gender and survivor perspective. WHO should lead by example; he urged the Secretariat to continue its inter-agency work on the topic, sharing lessons learned, tools and best practices with other United Nations agencies, and to use the misconduct disclosure scheme.

The representative of SWITZERLAND took note of the update on the Infrastructure Fund and thanked WHO for its long-standing trust in her country as a host State. In recognition of the fact that the year 2025 had been financially challenging for many international organizations, including WHO, and given the need for multilateralism and dialogue in difficult times, her Government had adopted a package of support measures for international organizations in Geneva. Those measures included mortgage reimbursements for 2025 and 2026 for WHO and in relation to the UNAIDS building.

The representative of JAPAN emphasized that the prevention of and response to sexual exploitation, abuse and harassment was essential to organizational effectiveness and must continue despite financial constraints. He welcomed the evaluation update and proposed workplan for 2026–2027, noting that significant reductions in WHO's overall budget posed a challenge to its effective implementation and the funding had not been secured for half of the planned evaluations. He requested the Secretariat to report on progress and prospects regarding funding and encouraged it to fulfil the coverage norms of one country programme evaluation per region per year.

The representative of LEBANON, speaking on behalf of Member States of the Eastern Mediterranean Region, commended progress in implementing the three-year strategy on prevention and response to sexual exploitation, abuse and harassment (2023–2025), including advances in victim-centred support, strengthened incident management systems, improved service mapping in complex operational settings, enhanced investigative capacity and better coordination across the United Nations system. Those efforts were particularly vital in contexts where conflict, displacement and funding gaps limited access to protection and support services. Safeguarding WHO operations remained a priority for countries in her Region. She acknowledged progress on risk assessment, mitigation planning, partner capacity assessments, contractual safeguards and systematic screening through United Nations mechanisms. Continued investment in focal point training, leadership accountability and partner oversight was needed to maintain integrity and trust in WHO operations. She underlined the importance of a voluntary, non-binding accountability framework for joint operations with governments, reinforced by technical support, national ownership and capacity-building. Member State commitment was essential to operationalize zero-tolerance policies, especially in humanitarian settings. She called for a continued emphasis in the strategy for 2026–2029 on survivor-centred approaches, cultural change, transparency and accountability. Tailored support was needed for regions with complex emergencies.

The representative of CABO VERDE, speaking on behalf of the Member States of the African Region, reaffirmed a zero-tolerance policy towards sexual exploitation, abuse and harassment in the populations served by WHO and among its staff, consultants and implementation partners in all contexts. He acknowledged progress in strengthening prevention, reporting and response mechanisms and the fostering of an organizational culture grounded in ethics, accountability and respect for human rights. He commended the initiative taken in his Region to hold a conference on the issue in 2025, which had marked a strategic turning point – for the African Region and WHO as a whole – in strengthening regional ownership, political dialogue and alignment of action with realities on the ground. Continued sustainable efforts were needed, particularly in emergency humanitarian contexts, and he encouraged the Secretariat to enhance staff capacity, consolidate support systems for victims and ensure survivor-centred approaches, confidentiality and prompt accountability for perpetrators. Close and transparent cooperation between the Secretariat and Member States was essential for coordinated, rapid action adapted to national contexts. Strengthened cooperation with Member States and partners would ensure coherence with efforts across the United Nations system.

The representative of LESOTHO, speaking on behalf of the Member States of the African Region, welcomed the update on the Infrastructure Fund, Geneva buildings renovation strategy and information management and technology. She noted major progress, including completion of the construction of the new annex building and of the main building renovation. While the prudent financial management of the Fund was commendable, she noted concern over future funding pressures and evolving factors in the Geneva campus strategy, including changes in workforce and workspace needs. The review of options for Plot 406 was crucial to ensure strategic asset use and financial sustainability. She welcomed the new WHO Country Office in Juba, South Sudan, and appreciated the provision of a secure site by the Government of South Sudan. WHO-owned buildings in Africa continued to need repairs and upgrades; feasible solutions should be identified. The significant investment made in information technology since 2017 was welcome. She called for strengthened management of the Infrastructure Fund, continued exploration of sustainable financing options, Member State support for strategic asset decisions, including on Plot 406, and continued infrastructure investment in the African Region.

The CHAIR took it that the Board wished to concur with the proposed guidance set out in paragraphs 43, 39 and 66 of the Programme, Budget and Administration Committee report, contained in document EB158/4, and to note the reports contained in documents EB158/33, EB158/34 and EB158/35.

The Board noted the reports.

The CHAIR took it that the Board wished to adopt the draft decision contained in document EB158/34.

The Board adopted the draft decision.¹⁷

Rights of reply

The representative of JAPAN, speaking in exercise of the right of reply, said that his Government was discharging water treated by the Advanced Liquid Processing System, which was not contaminated water. Reviews conducted by the IAEA and the results of monitoring had confirmed that the concentration of radioactive materials contained in the discharged water was

¹⁷ Decision EB158(11).

far below regulatory standards, met the relevant international safety standards and had negligible radiological impact on people and the environment. Since the start of the discharge of water, the IAEA task force had conducted four review missions and, in the light of the interest of concerned countries, since October 2024, six missions had taken place to conduct additional measures under the IAEA framework with the participation of representatives from third-party laboratories; those additional measures had presented the same findings. His Government would continue to cooperate closely with the IAEA and to explain the situation to the international community based on scientific evidence.

The representative of CHINA, speaking in exercise of the right of reply, underlined that, if wastewater from Fukushima were harmless, it would not need to be released in the ocean. The discharges would continue for 30 years, so a single test provided limited information. Repeated accidents at Japanese nuclear facilities had demonstrated that the international community's concerns about the safety of Fukushima discharge were justified. The discharge must remain under strict international oversight, with continued independent sampling and monitoring. Japan should formally and properly address the concerns of the international community and act for the international public interest and regional security.

The representative of JAPAN, speaking in exercise of the right of reply, said that his Government would continue to explain its efforts to the international community in a transparent manner. China should refrain from making statements unrelated to international health at the Board.

The representative of CHINA, speaking in exercise of the right of reply, said that the impact of discharged nuclear wastewater from Fukushima went beyond Japan's borders and was a matter of human health and international public interest. The Pacific was not a gutter for the dumping of nuclear wastewater; he urged Japan to fulfil its international obligations and control the risks associated with the wastewater discharge.

The meeting rose at 17:40.
