



WORLD HEALTH ORGANIZATION

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# **SEVENTIETH WORLD HEALTH ASSEMBLY**

**GENEVA, 22–31 MAY 2017**

**SUMMARY RECORDS OF COMMITTEES  
REPORTS OF COMMITTEES**

**GENEVA  
2017**

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## ABBREVIATIONS

Abbreviations used in WHO documentation include the following:

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

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## **PREFACE**

The Seventieth World Health Assembly was held at the Palais des Nations, Geneva, from 22 to 31 May 2017, in accordance with the decision of the Executive Board at its 139th session.<sup>1</sup>

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<sup>1</sup> Decision EB139(11) (2016).



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  - 1.2 Election of the President
  - 1.3 Election of the five Vice-Presidents, the Chairmen of the main committees, and establishment of the General Committee
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2. Report of the Executive Board on its 139th and 140th sessions
3. Address by Dr Margaret Chan, Director-General
4. Post of Director-General
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  - 4.3 Contract of the Director-General
5. [deleted]
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Health Assembly

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<sup>1</sup> Adopted at the second plenary meeting.

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10. Opening of the Committee<sup>1</sup>
11. Programme and budget matters
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12. Preparedness, surveillance and response
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  - 13.3 Addressing the global shortage of, and access to, medicines and vaccines
  - 13.4 Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property

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<sup>1</sup> Including election of Vice-Chairmen and the Rapporteur.

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- 13.5 Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
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- 14. Communicable diseases
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- 15. Noncommunicable diseases
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- A. WHO global disability action plan 2014–2021: better health for all people with disability (resolution WHA67.7 (2014))
- B. Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results (resolution WHA69.7 (2016))
- C. Towards universal eye health: a global action plan 2014–2019 (resolution WHA66.4 (2013))

**Communicable diseases**

- D. Eradication of dracunculiasis (resolution WHA64.16 (2011))
- E. Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 (2014))
- F. Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))

**Promoting health through the life course**

- G. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (resolution WHA67.11 (2014))
- H. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))

**Health systems**

- I. Progress in the rational use of medicines (resolution WHA60.16 (2007))
- J. Regulatory system strengthening for medical products (resolution WHA67.20 (2014))
- K. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))

**Preparedness, surveillance and response**

- L. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))
- M. Enhancement of laboratory biosafety (resolution WHA58.29 (2005))

20.3 Special arrangements for settlement of arrears

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  - 20.3 [transferred to Committee A]
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21. Audit and oversight matters
  - 21.1 Report of the External Auditor
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22. Staffing matters
  - 22.1 Human resources: annual report
  - 22.2 Report of the International Civil Service Commission
  - 22.3 Amendments to the Staff Regulations and Staff Rules
  - 22.4 Report of the United Nations Joint Staff Pension Board
  - 22.5 Appointment of representatives to the WHO Staff Pension Committee
23. Management, legal and governance matters
  - 23.1 Overview of WHO reform implementation
  - 23.2 Governance reform: follow-up to decision WHA69(8) (2016)

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<sup>1</sup> Including election of Vice-Chairmen and the Rapporteur.

23.3 Engagement with non-State actors

- Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions

23.4 Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund)

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24. Collaboration within the United Nations system and with other intergovernmental organizations



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A70/2	Report of the Executive Board on its 139th and 140th sessions
A70/3	Address by Dr Margaret Chan, Director-General, to the Seventieth World Health Assembly
A70/4	Post of Director-General Note by the Legal Counsel <sup>2</sup>
A70/5	Post of Director-General Contract of the Director-General <sup>3</sup>
A70/6	Overview of financial situation: Programme budget 2016–2017
A70/7	Proposed programme budget 2018–2019
A70/7 Add.1 Rev.1	Draft resolution: Programme budget 2018–2019
A70/8	Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
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A70/13	Improving the prevention, diagnosis and clinical management of sepsis
A70/14	Poliomyelitis
A70/14 Add.1	Polio transition planning <sup>4</sup>

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<sup>1</sup> See page xi.

<sup>2</sup> See document WHA70/2017/REC/1, Annex 6.

<sup>3</sup> See document WHA70/2017/REC/1, Annex 1.

<sup>4</sup> See document WHA70/2017/REC/1, Annex 7.

A70/15	Implementation of the International Health Regulations (2005) Annual report on the implementation of the International Health Regulations (2005)
A70/16	Implementation of the International Health Regulations (2005) Global implementation plan <sup>1</sup>
A70/17	Review of the Pandemic Influenza Preparedness Framework <sup>2</sup>
A70/18	Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth <sup>3</sup>
A70/19	Principles on the donation and management of blood, blood components and other medical products of human origin
A70/20	Addressing the global shortage of, and access to, medicines and vaccines
A70/21	Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property
A70/22	Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination
A70/23	Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products <sup>4</sup>
A70/23 Add.1	Review of the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products
A70/23 Add.2	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>5</sup>
A70/24	Promoting the health of refugees and migrants <sup>6</sup>
A70/25	Global vaccine action plan

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<sup>1</sup> See document WHA70/2017/REC/1, Annex 9.

<sup>2</sup> See document WHA70/2017/REC/1, Annex 8.

<sup>3</sup> See document WHA70/2017/REC/1, Annex 2.

<sup>4</sup> See document WHA70/2017/REC/1, Annex 12.

<sup>5</sup> See document WHA70/2017/REC/1, Annex 14.

<sup>6</sup> See document WHA70/2017/REC/1, Annex 4.

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A70/26 Rev.1 and A70/26 Rev.1 Add.1	Global vector control response <sup>1</sup>
A70/26 Rev.1 Add.2	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly <sup>2</sup>
A70/27	Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 <sup>3</sup>
A70/28	Draft global action plan on the public health response to dementia <sup>4</sup>
A70/29	Public health dimension of the world drug problem
A70/30	Outcome of the Second International Conference on Nutrition
A70/31	Report of the Commission on Ending Childhood Obesity: implementation plan <sup>5</sup>
A70/32	Cancer prevention and control in the context of an integrated approach
A70/33	Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control
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A70/36 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>7</sup>

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<sup>1</sup> See document WHA70/2017/REC/1, Annex 5.

<sup>2</sup> See document WHA70/2017/REC/1, Annex 14.

<sup>3</sup> See document WHA70/2017/REC/1, Annex 3.

<sup>4</sup> See document WHA70/2017/REC/1, Annex 10.

<sup>5</sup> See document WHA70/2017/REC/1, Annex 11.

<sup>6</sup> See document WHA70/2017/REC/1, Annex 13.

<sup>7</sup> See document WHA70/2017/REC/1, Annex 14.

A70/37	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health
A70/38	Progress reports
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A70/50	Overview of WHO reform implementation
A70/50 Add.1	Overview of WHO reform implementation Leadership and management at WHO: evaluation of WHO reform, third stage
A70/50 Add.2	Overview of WHO reform implementation WHO's performance in countries
A70/51	Governance reform: follow-up to decision WHA69(8) (2016)
A70/51 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly <sup>1</sup>
A70/52	Engagement with non-State actors

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<sup>1</sup> See document WHA70/2017/REC/1, Annex 14.

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A70/53	Engagement with non-State actors Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions
A70/54	Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund)
A70/55	Collaboration within the United Nations system and with other intergovernmental organizations
A70/56	External and internal audit recommendations: report on implementation
A70/57	Review of the Pandemic Influenza Preparedness Framework Collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations
A70/58	Overview of financial situation: Programme budget 2016–2017 WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/59	Proposed programme budget 2018–2019 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/60	Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/61	Report of the External Auditor Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/62	Report of the Internal Auditor Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/63	Human resources: annual report Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
A70/64	Overview of WHO reform implementation Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly

A70/65	Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund) Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventieth World Health Assembly
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**Information documents**

A70/INF./1	Awards
A70/INF./2	Proposed programme budget 2018–2019 Proposed increase in assessed contributions
A70/INF./3	WHO presence in countries, territories and areas: 2017 report
A70/INF./4	Voluntary contributions by fund and by contributor, 2016
A70/INF./5	Financing of category 6 and cost recovery mechanisms: current practices and proposed way forward
A70/INF./6	Better value, better health Towards a strategy and plan for value for money for WHO

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### **Diverse documents**

A70/DIV./1 Rev.1	List of delegates and other participants
A70/DIV./2	Guide for delegates to the World Health Assembly
A70/DIV./3	List of decisions and resolutions
A70/DIV./4	List of documents





## OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES<sup>1</sup>

### **President**

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(Russian Federation)

### **Vice-Presidents**

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Dr Fawziya ABIKAR NUR (Somalia)  
Dr Arlindo NASCIMENTO DO ROSARIO  
(Cabo Verde)  
Mr Patrick PENGEL (Suriname)  
Mr CHOE Myong Nam (Democratic  
People's Republic of Korea)

### **Secretary**

Dr Margaret CHAN, Director-General

### **Committee on Credentials**

The Committee on Credentials was composed of delegates of the following Member States: Angola; Belarus; Italy; Japan; Lithuania; Mali; Myanmar; Panama; Paraguay; South Sudan; Yemen.

**Chairman:** Mr Hiroyuki YAMAYA (Japan)

**Vice-Chairman:** Mr Augusto Rosa NETO  
(Angola)

**Secretary:** Mr Xavier DANNEY, Senior Legal  
Officer

### **General Committee**

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the chairmen of the main committees, together with the delegates of the following Member States: China, Cuba, Djibouti, Dominican Republic, France, Guinea, Kyrgyzstan, Malawi, Maldives, Malta, Mozambique, Norway, Philippines, Rwanda,

Togo, United Kingdom of Great Britain and Northern Ireland, and United States of America.

**Chairman:** Professor Veronika

SKVORTSOVA (Russian Federation)

**Secretary:** Dr Margaret CHAN,  
Director-General

### **MAIN COMMITTEES**

Under Rule 33 of the Rules of Procedure of the World Health Assembly, each delegation is entitled to be represented on each main committee by one of its members.

### **Committee A**

**Chairman:** Dr Hanan Mohamed  
AL-KUWARI (Qatar)

**Vice-Chairmen:** Dr Mohammad Anwar  
HUSNOO (Mauritius)<sup>2</sup> and Mr Philip  
DAVIES (Fiji)

**Rapporteur:** Mr Ioannis BASKOZOS  
(Greece)

**Secretary:** Mr Ian ROBERTS, Coordinator,  
Library and Information Networks for  
Knowledge

### **Committee B**

**Chairman:** Dr Molwyn JOSEPH (Antigua and  
Barbuda)

**Vice-Chairmen:** Mr Mario MIKLOSI  
(Slovakia) and Dr SLAMET (Indonesia)

**Rapporteur:** Dr NGUYEN MANH CUONG  
(Viet Nam)

**Secretary:** Dr Clive ONDARI, Coordinator,  
Safety and Vigilance

## REPRESENTATIVE OF THE EXECUTIVE BOARD

Dr Raymond BUSUTTIL (Malta)

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<sup>1</sup> In addition, the list of delegates and other participants is contained in document A70/DIV./1 Rev.1.

<sup>2</sup> Replaced by Mr Anandrao Hurree (Mauritius) at the opening of the third meeting of Committee A.



**PART I**

**SUMMARY RECORDS OF MEETINGS  
OF COMMITTEES**



# **GENERAL COMMITTEE**

## **FIRST MEETING**

**Monday, 22 May 2017, at 10:30**

**Chairman:** Dr V. SKVORTSOVA (Russian Federation)  
President of the World Health Assembly

### **1. ADOPTION OF THE AGENDA:** Item 1.4 of the Agenda (document A70/1)

The CHAIRMAN reminded the Committee that its terms of reference were set out in Rule 31 of the Rules of Procedure of the World Health Assembly.

#### **Deletion of agenda items**

The CHAIRMAN recalled that, in accordance with Rule 31 of the Rules of Procedure, the Committee should make recommendations to the Health Assembly concerning the adoption of the agenda and the allocation of items to the main committees. If there was no objection, five items on the provisional agenda, which had been prepared by the Executive Board, would be deleted, namely: item 5 (Admission of new Members and Associate Members); item 20.3 (Special arrangements for settlement of arrears); item 20.5 (Assessment of new Members and Associate Members); item 20.6 (Amendments to the Financial Regulations and Financial Rules); and item 23.5 (Agreements with intergovernmental organizations).

The representative of SOMALIA said that, as a result of improvements in the political and institutional situation in her country, her Government was now in a position to pay its arrears in instalments. She therefore requested that item 20.3 of the provisional agenda should be retained.

The LEGAL COUNSEL drew attention to resolution WHA54.6 (2001), which set out the procedure for rescheduling the payment of arrears. Ordinarily, any such request should be submitted by 31 March so that the Director-General could hold bilateral consultations with the Member State concerned and submit a proposal to the Programme, Budget and Administration Committee of the Executive Board prior to the Health Assembly; however, the Health Assembly could decide to proceed differently.

The representative of DJIBOUTI sought the Health Assembly's support for the efforts being made by Somalia to settle its arrears, particularly in view of the difficulties it had faced for many years, and for its request regarding the retention of item 20.3 of the provisional agenda.

The CHAIRMAN took it that the Committee wished to delete items 5, 20.5, 20.6 and 23.5 from the provisional agenda, but to retain item 20.3.

**It was so agreed.**

**Proposed supplementary agenda item**

The CHAIRMAN drew attention to a proposal, referred to in document A70/1 Rev.1 Add.1, for the inclusion of a supplementary agenda item, “Inviting Taiwan to participate in the World Health Assembly as an observer”, on the provisional agenda of the Health Assembly. The proposal had been received from 11 Member States. In line with the procedure followed in previous years, she suggested that two delegates should speak in favour of the proposal and two against, following which the Committee would agree on the way forward. The time for each intervention would be limited to three minutes, and a traffic light system, indicating when the time expires, had been set up to assist speakers in keeping to the time limit. She took it that the Committee wished to accept her suggestion.

**It was so agreed.**

The representative of SWAZILAND<sup>1</sup> expressed full support for the inclusion of the proposed supplementary item on the provisional agenda. The participation of the Republic of China on Taiwan as an observer in the Health Assembly and in technical meetings since 2009 had contributed to an improvement in disease control at the global level. The Republic of China on Taiwan was committed to helping other countries to tackle health challenges, and had made significant contributions at the international level, in particular in the fight against emerging diseases such as Ebola virus disease, HIV and noncommunicable diseases. Cooperation and information sharing among all parties were vital to maintaining global health security and ensuring an effective response to epidemics and emerging diseases. Excluding the Republic of China on Taiwan from participating as an observer would therefore not only threaten global health, but would be contrary to WHO’s principle of the attainment by all peoples of the highest possible level of health and to the objectives of the 2030 Agenda for Sustainable Development, which called for the inclusion of all persons. Indeed, the continued participation of the Republic of China on Taiwan in the Health Assembly was crucial to the success of WHO’s work and would accelerate progress towards the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages).

The representative of CHINA expressed firm opposition to the inclusion of the proposed supplementary item on the provisional agenda. His Government’s position on the issue of the participation of Taiwan, China, in the Health Assembly was clear and consistent: the matter must be handled under the “one-China” principle. United Nations General Assembly resolution 2758 (XXVI) (1971) and resolution WHA25.1 (1972) provided the legal basis for the Organization to observe that principle. From 2009 to 2016, the Chinese central Government had given its consent to the participation of Taiwan, China, in the Health Assembly as an observer under the designation of Chinese Taipei. That had been a special arrangement under the “one-China” principle: this arrangement had been made through cross-Straits consultation. However, the current Democratic Progressive Party authorities in Taiwan, China, denied the fact that both the mainland and Taiwan belonged to one and the same China. As a consequence, the political foundation for Taiwan, China, to participate in the Health Assembly in 2017 was no longer present, and the special arrangement of the past eight years could not continue.

The Chinese central Government had consistently placed high importance on the health and well-being of its compatriots in Taiwan, China. Under the “one-China” principle, it had made appropriate arrangements for Taiwan, China, to be part of global health affairs. Within the framework of the International Health Regulations (2005), information was flowing freely between Taiwan, China, and the Organization and the rest of the world, thanks to well developed mechanisms. Medical experts from Taiwan, China, could participate in the relevant technical meetings and activities of the Organization, which could send experts there, if needed, to provide guidance. Those measures ensured that the Taiwan region was well positioned to respond to public health incidents both there and beyond in a timely and efficient manner. Experts from Taiwan, China, could still participate as they had done

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<sup>1</sup> Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

in WHO technical activities. Some were claiming that preventing Taiwan, China, from attending the Health Assembly would be to disregard the health and well-being of the people there, leaving a gap in global disease prevention networks. Those arguments simply did not reflect the facts.

The proposal that had been put forward came not from a genuine concern for the health of the people in Taiwan, China, but was an attempt to seek what the Democratic Progressive Party authorities in Taiwan, China, called “international space” to help them to challenge the “one-China” principle. Such a political manoeuvre would not be accepted by the international community and rightly so. To uphold the sanctity of United Nations and WHO resolutions, ensure the smooth functioning of the Assembly, and protect the common interest of Member States, his Government strongly called for the Chairman to rule not to include the proposed supplementary item on the provisional agenda of the Assembly and to submit that recommendation to the Assembly for approval.

The representative of the SOLOMON ISLANDS<sup>1</sup> fully supported the proposal to include the supplementary item on the provisional agenda. Continuing Taiwan’s observer status at the Health Assembly would clearly demonstrate WHO’s willingness to include the 23 million Taiwanese people in efforts to address global health challenges. To deny Taiwan the opportunity to contribute to the world health agenda for political reasons would be contrary to WHO’s principle of the attainment by all peoples of the highest possible level of health, would block the flow of invaluable information on key health issues, thereby jeopardizing global health security, and would run counter to the vision of the Sustainable Development Goals. The participation of Taiwan in the Health Assembly and in technical meetings since 2009 had contributed to an improvement in global disease control. Taiwan had also made a significant contribution to the work of the international health community, particularly with regard to emerging diseases; its exclusion from the Health Assembly would represent a step backwards in that fight. WHO was accountable to all people and must be kept informed of the health situation in all parts of the world in order to prevent, monitor and respond to epidemics and diseases; with regard to Taiwan, such information must be provided directly by the Government of Taiwan. The continued participation of Taiwan in the Health Assembly would not only benefit WHO and all parties concerned, but would hasten the achievement of Sustainable Development Goal 3.

The representative of CUBA rejected the proposal to include the supplementary item on the provisional agenda. There was one China, of which Taiwan was an inalienable part. The People’s Republic of China was the only legitimate representative of all the Chinese people, and had been universally recognized as such by the international community. Under General Assembly resolution 2758 (XXVI), resolution WHA25.1, the Rules of Procedure of the World Health Assembly and the WHO Constitution, participation by Taiwan in the Organization’s activities as a province of China must respect the “one-China” principle. The Health Assembly had a heavy agenda before it, including the election of a new Director-General, and should not allow itself to be distracted by such an issue. It had important matters to debate and decisions to take with the aim of continuing to strengthen the role of the Organization in promoting international cooperation and improving the health of its Member States’ populations. He therefore supported the remarks made by the representative of China. A protracted debate on the proposal was unnecessary and could be damaging to the Organization’s reputation.

The CHAIRMAN said that, there being no objection, she took it that the Committee wished to recommend that the proposed supplementary item should not be included on the provisional agenda of the Health Assembly.

**It was so agreed.**

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<sup>1</sup> Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

The CHAIRMAN also took it that the Committee wished to recommend the adoption of the agenda, as amended. The recommendation would be transmitted to the Health Assembly at its second plenary meeting.

**It was so agreed.**

## **2. ALLOCATION OF AGENDA ITEMS TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The CHAIRMAN said that the provisional agenda of the Health Assembly was prepared by the Executive Board in such a way as to indicate a proposed allocation of items between Committees A and B, on the basis of the terms of reference of the main committees.

The CHAIRMAN took it that the Committee agreed that item 20.3 of the provisional agenda should be considered by Committee A, rather than Committee B, on the morning of Tuesday, 23 May 2017.

**It was so agreed.**

**The General Committee drew up the programme of work for the Health Assembly until Thursday, 25 May 2017.**

The CHAIRMAN drew attention to decision EB140(15) (2017), whereby the Executive Board had decided that the Seventieth World Health Assembly should close no later than Wednesday, 31 May 2017. It was therefore proposed that the Health Assembly should close on that day. She took it that the proposal was acceptable.

**It was so agreed.**

The CHAIRMAN, referring to the list of speakers for the debate on item 3 of the agenda, proposed that, as on previous occasions, the order of the list of speakers should be strictly adhered to and that additional speakers should be allowed to take the floor in the order in which they submitted their requests to speak. Those requests should be handed in to the Office of the Assistant to the Secretary of the Health Assembly, or during the plenary to the officer responsible for the list of speakers, on the rostrum. She further proposed that the list of speakers should be closed on Tuesday, 23 May 2017 at 10:00. In the absence of any objection, she would inform the Health Assembly of those arrangements at its second plenary meeting.

**It was so agreed.**

**The meeting rose at 11:10.**



## **SECOND MEETING**

**Thursday, 25 May 2017, at 14:15**

**Chairman:** Dr V. SKVORTSOVA (Russian Federation)  
President of the World Health Assembly

### **1. PROPOSALS FOR THE ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (document A70/GC/2)**

The CHAIRMAN recalled that the procedure for drawing up the list of candidates to be transmitted by the General Committee to the Health Assembly for the purpose of the annual election of Members entitled to designate a person to serve on the Executive Board was governed by Article 24 of the Constitution and Rule 100 of the Rules of Procedure of the World Health Assembly. In accordance with those provisions, the Committee needed to nominate 10 new Members for that purpose.

To assist the Committee in its task, two documents were before it. The first indicated the present composition of the Executive Board by region; the names of the 10 Members whose term of office would expire at the end of the Seventieth World Health Assembly and which had to be replaced were underlined. The second (document A70/GC/2) contained a list, by region, of the 10 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies by region were: African Region: 4; Region of the Americas: 1; South-East Asia Region: 1; European Region: 2; Eastern Mediterranean Region: 1; and Western Pacific Region: 1.

As no additional suggestions had been made by the Committee, the CHAIRMAN noted that the number of candidates was the same as the number of vacant seats on the Executive Board. She therefore took it that the Committee wished, as was allowed under Rule 78 of the Rules of Procedure, to proceed without taking a ballot.

There being no objection, she concluded that it was the Committee's wish, in accordance with Rule 100 of the Rules of Procedure, to transmit to the Health Assembly the following list of 10 candidates for the annual election of Members entitled to designate a person to serve on the Executive Board: Benin, Brazil, Georgia, Iraq, Italy, Japan, Sri Lanka, Swaziland, United Republic of Tanzania and Zambia.

**It was so agreed.**

### **2. ALLOCATION OF WORK TO THE MAIN COMMITTEES AND PROGRAMME OF WORK OF THE HEALTH ASSEMBLY**

The representative of QATAR, speaking in her capacity as Chairman of Committee A, and the representative of ANTIGUA and BARBUDA, speaking in his capacity as Chairman of Committee B, reported on the progress in the work of their respective committees.

The CHAIRMAN took it that, in view of those reports, the Committee agreed that item 15 of the agenda, Noncommunicable diseases, should be transferred from Committee A to Committee B.

**It was so agreed.**

The CHAIRMAN said that, in view of the number of Committee reports to be considered for approval during the Health Assembly, it had been proposed that a further plenary meeting should be organized on Monday, 29 May 2017, at 09:00, to consider item 6 of the agenda, Executive Board: election, and item 8 of the agenda, Reports of the main committees.

There being no objection, she concluded that it was the Committee's wish to accept that proposal.

**It was so agreed.**

The CHAIRMAN proposed a programme of work for Friday, 26 May, Saturday, 27 May and Monday, 29 May 2017. She made a further proposal to review the progress of work with the chairmen of the main committees and to revise the programme accordingly, if necessary.

**It was so agreed.**

**The General Committee drew up the programme of work of the Health Assembly** for Friday, 26 May, Saturday, 27 May and Monday, 29 May 2017.

**The meeting rose at 14:30.**

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## **COMMITTEE A**

### **FIRST MEETING**

**Monday, 22 May 2017, at 15:30**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

#### **1. OPENING OF THE COMMITTEE:** Item 10 of the agenda

The CHAIRMAN welcomed participants and introduced the representative of the Executive Board, its Chairman,<sup>1</sup> who would report on the Board's consideration of relevant items of the agenda. Any views he expressed would be those of the Board, and not those of his Government.

#### **Election of Vice-Chairmen and Rapporteur**

**Decision:** Committee A elected Dr Mohammad Anwar Husnoo (Mauritius) and Mr Philip Davies (Fiji) as Vice-Chairmen and Mr Ioannis Baskozos (Greece) as Rapporteur.<sup>2</sup>

#### **Organization of work**

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN took it that the Committee wished to accede to the request.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the third meeting, section 1.)

#### **2. OUTBREAK OF EBOLA VIRUS DISEASE IN THE DEMOCRATIC REPUBLIC OF THE CONGO**

The REGIONAL DIRECTOR FOR AFRICA, commending the Government of the Democratic Republic of the Congo on the speed of its official declaration of the recent outbreak of Ebola virus disease in the Likati health zone, in the northern province of Bas Uele, expressed the hope that all

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<sup>1</sup> Participating by virtue of Rules 42 and 43 of the Rules of Procedure of the World Health Assembly.

<sup>2</sup> Decision WHA70(3).

Member States would follow the country's good practice, in line with the International Health Regulations (2005).

She had travelled to Kinshasa on 13 May and met with the Minister of Public Health, the Governor of the affected province and the Resident Coordinator of the United Nations system in the Democratic Republic of the Congo, and had taken part in a coordination meeting with other health development partners. She had reassured the Government that WHO, the United Nations system and other partners were committed to working at the regional level in order to provide support in mounting a coherent, coordinated and rapid response to the outbreak.

A multidisciplinary team, led by the Ministry of Public Health and supported by WHO and other partners, had arrived in the Likati health zone on 15 May, after deploying colleagues from a sub-office in the province to the zone. Despite extremely difficult logistics, not least because the road network did not reach the remote Likati health zone, the Government and partners were organizing the transportation of people, materials and equipment by air, and community members were preparing a landing strip. WHO had alerted neighbouring countries and its country representatives and partners were working to strengthen preparedness, particularly in the Central African Republic, which had a border close to the Likati health zone.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme), giving a slide presentation to provide an update on the latest Ebola outbreak, said that 37 suspected and confirmed cases were under investigation and four deaths had occurred. Five health areas in the Likati health zone had been affected and WHO, working closely with the country's Ministry of Public Health and partners, was monitoring around 400 close contacts on a daily basis. A WHO risk assessment had found the risk to be high at the national level, moderate at the regional level and low at the global level. Ebola virus disease had first emerged in the Democratic Republic of the Congo in 1976 and the 2014 outbreak had resulted in 66 cases and 49 deaths.

A preliminary chain of transmission was being constructed by the outbreak teams on the ground. The index case had been a 45-year-old man, who had presented symptoms of fever, vomiting and bleeding and had infected his brother and the motorcycle driver taking him to medical facilities. Lessons learned from the previous outbreak had provided the inspiration for the new WHO programme, including the need for a rapid and timely response.

Outlining the timeline of the outbreak and the response thus far, he said that, after the first cases had been suspected on 9 May and the Ministry of Public Health and WHO had deployed an advance team, the Government had confirmed Ebola virus disease on 11 May. It had officially notified the WHO Secretariat on 12 May, which in turn had notified Member States and activated the Global Outbreak Alert and Response Network and its incident management system. On 14 May, WHO had negotiated with the United Nations Humanitarian Air Service and WFP for air support to reach the remote location. On 15 May, a surge team had been sent from the WHO Regional Office for Africa and Geneva headquarters to support the Ministry of Public Health in further investigations and, on 16 May, the United Nations Secretary-General, the heads of the major organizations of the United Nations system and the United Nations Inter-Agency Standing Committee had been notified. On 18 May, a vaccine protocol had been submitted to the Government in order to ensure preparedness should a decision be taken to move ahead with the use of the new experimental Ebola vaccine. By 20 May, a mobile laboratory was functioning on site in Likati, treatment facilities had been established at Likati General Hospital and the WHO Contingency Fund for Emergencies had approved the allocation of US\$ 2 million to support the response.

Logistics were extremely challenging, not least because the affected areas were remote, with poor roads, virtually no telecommunications infrastructure and relatively little health infrastructure. It was a complex response, exacerbated by security issues in the north-east of the affected province. A strategic response plan had been drafted by the Ministry of Public Health, supported by WHO at the regional, country and Geneva levels. The plan contained the major response pillars needed to terminate the outbreak, including coordination and operational support for surveillance, case investigation and contact tracing, case management, safe and dignified burials, community

engagement and coordinated fast-track work on research and development under the research and development blueprint. Support in respect of all pillars had been received by a range of key partners.

Another lesson learned had been the need to fast track research and development for critical high-threat pathogens. New vaccines and therapeutics had been developed since 2014, but it was important to reiterate that those tools were experimental, including the rVSV-ZEBOV vaccine, which required approval from the national regulatory authorities, ethical review – given that a study protocol would have to be used – and support for logistics because the vaccine must be kept at minus 80 degrees, which would not be straightforward in the Democratic Republic of the Congo. It was important to apply the best available technology, including vaccines, provided that the Government gave the green light to go ahead.

The MINISTER OF PUBLIC HEALTH OF THE DEMOCRATIC REPUBLIC OF THE CONGO said that coordination had been crucial. Discussions between the Ministry of Public Health and the WHO country representative and other partners after the cases of Ebola virus disease had been confirmed had resulted in immediate decisions to deploy an advance team to the field to assess the situation and distribute personal protective equipment for taking samples and ensuring safe burials. The advance team, led by WHO, had organized coordination on the ground, enabling priorities to be aligned and a clear, comprehensive response planned with the participation of all stakeholders.

On arrival in the field, the team had noted weaknesses in the health system and a lack of human resources for health; epidemiologists and mobile laboratory facilities had therefore been sent to bridge the gap. The fact that personal protective equipment had been provided immediately to health workers had meant that, thus far, no medical personnel had been infected. The immediate reaction to the emergency had been positive, with swift action to prevent deaths.

After the initial emergency had been addressed, care would be taken to stabilize the situation. Thorough surveillance and control would be essential, since the risk factors for a further outbreak would still be present. When the situation had stabilized fully, steps would be taken to strengthen the health system and enhance preparedness. In that regard, the Government was open to the use of new vaccines. Resources would be needed for all stages of the response, and must be well coordinated to facilitate the transitions between stages. The most important lesson learned had been that swift action and a coordinated approach were the key to controlling an outbreak. He thanked WHO for its support, which had been, and would continue to be, essential.

### **3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda**

#### **Health emergencies: Item 12.1 of the agenda**

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

**Implementation of the International Health Regulations (2005):** Item 12.4 of the agenda (documents A70/15 and A70/16)

The CHAIRMAN invited the Committee to consider agenda items 12.1 and 12.4, which would be discussed together.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, presented the report of the Independent Oversight and Advisory Committee contained in the Annex to document A70/8. Outlining the main findings and recommendations contained in the report, she said that the Committee had recognized that the structure of the WHO Health Emergencies Programme had been fully aligned across the three levels of the Organization. While emergency management structures at the country level were being adapted to manage the different type, magnitude and duration of emergencies, emergency management capacity needed to be strengthened. The proportion of senior staff in the WHO Health Emergencies Programme was lower than for other WHO programmes, and funding gaps persisted. Long-term sustainable financing should be secured to stabilize contractual arrangements for key staff. Staff security was essential in emergency settings; greater investment and capacities in field security were therefore needed. Proactive cooperation with the United Nations Department of Safety and Security was encouraged. Administrative and operational systems for emergency response should be streamlined.

On financing, despite increased donor confidence in WHO's field performance, progress was fragile and a significant shortfall remained in the WHO Contingency Fund for Emergencies. A clear plan for the Fund's sustainability was therefore required. Progress on health emergency information management and risk assessment was positive. Continued investment in the development, deployment and institutionalization of standardized and supported field tools was recommended, particularly at the country level. WHO emergency response had been improved through the incident management system, with the strong leadership of WHO representatives and incident managers. Delegation of authority to the incident manager should not negate the accountability of the WHO Representative with regard to the performance of the incident management system. Partners on the ground had noted and commended improvements in WHO processes; investment in health cluster coordination was having positive results. A continued focus on building partnerships and networks was essential; international cooperation, multisectoral, multiagency and multidonor approaches were crucial to ensure compliance with the International Health Regulations (2005).

While it would take time for the WHO Health Emergencies Programme to be implemented fully, the Independent Oversight and Advisory Committee remained confident that the Secretariat would fulfil its obligations, and urged Member States to increase their support. Lastly, she commended the rapid response to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo, both by the Ministry of Public Health and by WHO.

The representative of LEBANON, commending WHO's progress in its response to the health needs of populations in protracted emergencies, stressed the need to delegate authority and strengthen country offices in order to maintain that progress. A standard template for delegation of authority, long-term financing, decentralization of some staff positions, budgeting for key senior staff positions and capacity building of WHO staff were important. Noting with concern that a lack of funds may limit progress within the Programme, she said that innovative multiyear funding approaches should be used and that every Member State should contribute to the WHO Contingency Fund for Emergencies.

The representative of the PHILIPPINES commended WHO's grading of emergencies and improved intersectoral coordination among all stakeholders in responding to emergencies. She outlined capacity-building activities in her country in the areas of incident management and developing emergency medical teams. Finally, she emphasized the importance of research and evidence in improving policies and emergency response programmes.

The representative of SOMALIA highlighted the health-related consequences of the deteriorating humanitarian situation in her country, including a rise in measles and cholera, limited access to safe water and basic sanitation, and malnutrition. WHO was coordinating the emergency health response with her Government and other organizations. Action needed to be taken to prevent famine and disease outbreaks. Moreover, the target for the United Nations appeal for a famine prevention plan and associated humanitarian funding had not been fully achieved, which included a planned US\$ 13 million for WHO activities.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. She endorsed all the recommendations in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, recognizing the value of the Committee's approach to tracking progress against indicators, and she called on the Secretariat to work with the Committee to strengthen the work being done under the Programme accordingly. She highlighted the need for synergies between the Programme and other WHO programmes regarding health systems development. Given the Committee's vital role in the success of the Programme, she asked the Secretariat when its formal response to the Committee's report could be expected and to confirm whether the Committee's future was secure.

WHO had a key role to play in coordinating effective responses to health emergencies through its provision of technical support. Given the number of health emergencies, it was crucial that the WHO Health Emergencies Programme should be fully funded, and that WHO staff should be well versed in WHO's approach to health emergencies. WHO had to adopt a comprehensive and evidence- and human rights-based approach to tackling health emergencies. Given the lack of sustainable financing, she asked the Secretariat to update the Committee on the investment case for the Programme and asked when the Committee would receive the first draft. She also asked for an update on the planned draft global five-year strategic plan to improve public health preparedness and response, with particular regard to the Programme's funding requirements.

Regarding research and development for potentially epidemic diseases, she inquired about the outcomes of the Blueprint Global Coordination Mechanism meeting in London and the steps to be taken to complete the template for a global coordination framework to streamline global stakeholder collaboration, which should focus on key stakeholders and leverage existing coordination mechanisms. She asked whether the Secretariat was on track to finalize its electronic web-based application to inform negotiations on sharing biological samples and how it planned to address liability for clinical trials performed in an emergency setting.

Staffing across the three levels of the Organization was a challenge owing to uncertain funding and procedures that were not suited to emergency situations and she called on Member States to voice their concerns in that respect, as a better understanding of the work done under the Programme would lead to more sustained funding. She endorsed the Committee's request for a standard template for delegation of authority across all three levels of WHO and asked when it would be ready.

The representative of MALAYSIA commended the Organization's efforts to respond to 47 major emergencies between 1 January and 1 October 2016, and underscored the importance of WHO's work to enhance the coordination of emergency responses. In that regard, the Programme would bolster system-wide capacities to address emergencies, while the International Health Regulations (2005) core capacity requirements for surveillance and response were vital for preventing, detecting and responding to infectious diseases. States must establish those core capacities as part of sustainable and resilient health systems if they were to address public health emergencies or health security threats effectively.

The representative of ZAMBIA said that robust country-level structures were needed in order for States to respond effectively to emergencies, including public health emergencies of regional and international concern. WHO should work closely with the newly launched African Centres for Disease Control and Prevention and ensure that the regional collaborating centres were fully functioning, as those would play a key role in strengthening the prevention of disease transmission, the implementation of surveillance and the detection and response to health threats and outbreaks. Efforts to enhance States' capacity to detect and respond to those threats and outbreaks must be based on sound policies and scientific data. He encouraged every Member State to establish a national public health institute and associated legal framework, with the support of WHO and the African Centres for Disease Control and Prevention, to strengthen national core capacities in surveillance and disease intelligence, epidemic preparedness and response, laboratory systems and networking, information systems, and public health research.

The representative of AUSTRALIA said that Australia welcomed the demonstrable shift in the Organization's health emergency response capacity, particularly in the field, and the recommendations of the Independent Oversight Advisory Committee, particularly with respect to streamlining administrative and operational systems in emergency response. Without sufficient financing, the WHO Health Emergencies Programme would fail to meet the expectations of Member States, and Australia therefore urged Member States to make voluntary contributions to support the Programme, which, *inter alia*, provided critical support to Member States' efforts to meet the core capacity requirements of the International Health Regulations (2005). Australia highlighted the importance of the Emergency Medical Team initiative, its focus on strengthening national capacities to respond to disasters, and the work being conducted in the Western Pacific Region. Australia welcomed the progress made in countries where voluntary joint external evaluations, which were important peer learning exercises, had been completed. Such an evaluation was due to take place in Australia in 2017. Australia urged WHO to continue to work closely with relevant stakeholders to ensure that post-evaluation activities were planned effectively and received adequate financial and technical support.

The representative of CHINA said that emergency preparedness, surveillance and response capacity had been enhanced in her country in recent years and that China would continue to support the Organization's emergency response reform process and actively participate in health emergency responses. Further support should be given to research and development in order to strengthen developing countries' prevention and control capacities, with particular regard to potential epidemic diseases. In addition, WHO should enhance the coordination of health personnel in emergency responses with a view to strengthening activities under the Global Outbreak Alert and Response Network, and encourage the use of innovative technologies by States in their efforts to meet the core capacity requirements under the International Health Regulations (2005).

The representative of FRANCE, noting that an independent evaluation of the work of the Organization in health emergencies was vital, commended the work of the Independent Oversight Advisory Committee. The WHO Health Emergencies Programme should work with the Health Systems and Innovation Cluster in order to implement the International Health Regulations (2005) and thereby strengthen health systems worldwide, in particular by training national focal points, building diagnostic capacity and providing appropriate care to patients suffering from contagious diseases. She supported the efforts to step up research and development with regard to emergency health situations. The road map should encompass all approaches to diagnosis, prevention and care, including the evaluation of responses, rather than focus exclusively on the development of new treatments and vaccines. While France supported the WHO priority pathogens list, it was regrettable that the vector-borne viral diseases included only Zika virus disease and that dengue fever and chikungunya had been excluded, especially in view of the fact that the three viruses were spread by the same vector.

Welcoming efforts by WHO to improve the coordination of human resources, she said that it was necessary to define the rules, operating mechanisms and use and complementarity criteria of the



different stakeholders and to establish how non-State actors would coordinate their work with the Programme. France also commended the efforts to strengthen and widen the Global Outbreak Alert and Response Network, which must be more effectively structured and aligned with the WHO Health Emergencies Programme and the International Health Regulations (2005). The Network's links with national focal points should also be strengthened.

The representative of NORWAY noted with satisfaction that efforts to enhance operational capacities in health emergencies were well under way, despite serious funding shortages. Member States must provide the necessary funding to allow WHO to continue those efforts. Supporting the recommendations of the Independent Oversight Advisory Committee, she said the pool of competent incident managers should be widened and she urged WHO to prioritize recruitment and training in order to establish a critical mass of capacity at the country level. She acknowledged efforts to enhance the research and development blueprint, including by supporting the development of the Coalition for Epidemic Preparedness Innovations. She supported the endorsement of the global implementation plan on the International Health Regulations (2005), which was a much-needed response to gaps in country-level implementation.

The representative of BELGIUM welcomed the global implementation plan, and commended the effective collaboration that was developing between national health systems and the WHO Health Emergencies Programme. It was crucial that robust preparedness, surveillance and response mechanisms were well integrated within people-centred health systems. Noting that WHO had taken the lead in the joint external evaluation process, he was confident that the Secretariat would continue to ensure the independence, neutrality and standardization of evaluations. He expressed the hope that donor countries would continue to support the Secretariat in that process. He underscored that technical guidelines should be evidence-based, objective, neutral and comprehensive, and never subject to political influence, particularly in crisis situations.

The representative of the REPUBLIC OF KOREA said that the recent Ebola and Zika virus disease epidemics had underscored the need for greater collaboration in order to develop diagnostic tools, therapeutic products and vaccines, as well as to enhance the sharing of information on emerging infectious diseases. In particular, international organizations had a critical role to play in those countries where public health systems had collapsed as a result of conflict. The Government of the Republic of Korea would make a contribution to the WHO Contingency Fund for Emergencies. To enhance the public health capacities of affected countries, WHO must identify the components of health threats, strengthen cooperation among relevant stakeholders and foster an environment for global health security. To that end, appropriate and clear financial mechanisms must be developed. Outcomes from the joint external evaluation to be undertaken in 2017 in the Republic of Korea would be reflected in the national preparedness and response plan.

The representative of DENMARK, recalling that many Member States required support for implementation of core capacities under the International Health Regulations (2005), said that transparent external country evaluations, with context-specific analysis and recommendations, were helpful in that regard. The global implementation plan and the monitoring and evaluation framework for the International Health Regulations (2005) would also be key to the full implementation of the Regulations, and support should be focused on high-risk, low-capacity Member States. The suggestions made regarding the sharing of scientific information, the need for a risk evaluation and risk communication tools were welcome.

The representative of MEXICO, expressing concern that some of the documents relating to the item 12.1 had been published late, stressed the need to respond to the findings of the assessment of human resources by the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme. Moreover, the Emergency Response Framework and related national

frameworks should be revised periodically to ensure that responses were standardized and evidence-based. In terms of research and development, Member States' regulatory processes should support the development of diagnostic tools, treatments and vaccines, and international legal instruments should contribute to a flexible cooperation mechanism during outbreaks and epidemics. Coordinated and collaborative basic, epidemiological and social research among Member States would improve responses to large-scale epidemics and ensure optimum use of resources. The establishment of emergency medical teams and strategic reserves within countries and at the regional or subregional levels required legal, regulatory and budgetary change.

The representative of the RUSSIAN FEDERATION, highlighting the fact that two hospitals within his country had been certified by WHO and placed on the global emergency medical teams registry, stressed the need for standardized specialist training and equipment for aeromedical evacuation teams, together with standard operating requirements for aircraft. Such teams played a crucial role in responding to emergency situations, particularly when there were large numbers of victims, in countries covering vast and remote areas, or if particularly dangerous infections were involved. His country stood ready to work with the Secretariat on the development of unified standards and WHO certification procedures in that regard.

The representative of NIGER commended WHO for its response to the two level 2 emergency situations in his country, namely the prolonged displacement of people due to the activities of Boko Haram and the outbreak of Rift Valley fever virus. The coordination and communication activities of WHO in response to the latter emergency had meant that the outbreak had been quickly controlled. He stressed the important role of WHO in managing health emergencies, particularly in terms of coordination, capacity-building, health systems strengthening and monitoring.

The representative of CANADA said that although the recent response to the outbreak of Ebola virus disease in the Democratic Republic of the Congo had shown that progress had been made in the reform of the Organization's emergency response capacity, she agreed with the assessment of the Independent Oversight and Advisory Committee that that progress remained fragile. It was therefore important to continue to institutionalize and internalize change and strengthen the administrative and operational systems required to support that change. Continued Member State engagement was vital; in that regard, her Government had recently contributed an additional US\$ 1 million to the WHO Contingency Fund for Emergencies. She encouraged WHO to further define the core capacities on which it was able to consistently deliver in a variety of contexts. Medical personnel and humanitarian workers engaged in medical duties faced elevated risks during emergency situations and she welcomed the collection of data on attacks in that regard. A robust early alert system for epidemics was essential and her Government was committed to working with WHO to strengthen such systems. With respect to the International Health Regulations (2005), she expressed support for a tailored and flexible approach to the development of national action plans, which could include regional options, in order to optimize the use of scarce resources.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing concern that the WHO Contingency Fund for Emergencies could become depleted in the coming months, asked when the replenishment strategy requested by Member States would be available and what could be done to enable all Member States to contribute to that Fund. Moreover, she suggested that, in the proposed programme budget for 2018–2019, rather than only reflecting donations of US\$ 1 million or more, output indicator E.5.2 on contributions to the WHO Health Emergencies Programme should include donations of all sizes in order to avoid discouraging smaller donations. Turning to the International Health Regulations (2005), she said that the draft global five-year strategic plan to improve public health preparedness and response should be finalized prior to the Seventy-first World Health Assembly. Moreover, consideration should be given to

whether progress could be made in respect of any of the recommendations of the Review Committee of the International Health Regulations (2005) within a shorter time frame.

The representative of BARBADOS said that the Organization's response to the recent outbreak of Ebola virus disease in the Democratic Republic of the Congo had demonstrated how a well-coordinated multisectoral group could respond to an emergency situation. Within the Caribbean Community countries, the Organization's new method of responding to emergencies had been rapidly implemented, building on an existing PAHO system. She encouraged WHO to continue to support resource-constrained countries in respect of the implementation and monitoring of the International Health Regulations (2005); cross-regional capacity-building exercises could be a useful tool in that regard.

The representative of JAPAN said that the WHO Health Emergencies Programme could be improved by: increasing coordination across the levels of the Organization and especially at the country level; setting up a working group to improve WHO's recruitment, procurement and administrative systems, particularly in response to large-scale events; and stepping up preparedness and response activities for large-scale epidemics. Member States must also take their share of responsibility in ensuring stable financing for the Programme. The joint external evaluations were a powerful tool for acquiring the core capacities required by the International Health Regulations (2005). Her Government was committed to supporting developing countries in that regard and would continue to work with the global community to build a resilient health system based on the Regulations.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, acknowledged efforts to provide regular updates on the roll-out of the WHO Health Emergencies Programme between governing body sessions. He expressed particular support for the recommendations of the Independent Oversight and Advisory Committee regarding ensuring a better distribution of staff between the three levels of the Organization, establishing a working group to address administrative and operational streamlining, making issuance of waivers a default practice, and ensuring that audit expectations were aligned with WHO's policy for emergencies. The Secretariat should carefully monitor the Programme's funding situation to ensure that it had sustainable financing. Urgent support for developing, funding and implementing national health security plans and clear guidance on how to integrate the International Health Regulations (2005) into health systems were also needed.

The representative of the UNITED REPUBLIC OF TANZANIA supported the proposal to develop a global five-year strategic plan to improve public health preparedness and response. Referring to her country's joint external evaluation experience, which had shown that developing a national plan required country ownership, a whole-of-society approach and a broader health system vision, with WHO guiding the process, she said that the global plan must be aligned with national strategic plans and budget cycles. It was important that Member States should understand that process and her Government offered to share its best practice. The Secretariat should continue to help countries develop national plans and should support resource mobilization. In particular, national focal points must be oriented to the new joint external evaluation approach.

The representative of PARAGUAY noted that document A70/8 contained an analysis of the WHO Health Emergencies Programme's relationship to the monitoring and evaluation framework of the International Health Regulations (2005). However, she recalled that the framework had not yet been approved by the Health Assembly. Monitoring of the response actions of emergency health staff should be stepped up, and she called for an assessment report on rapid response programmes, stressing the importance of making resources available for the exchange and preservation of samples.

The representative of PANAMA said that the recommendations made in the reports under discussion were attainable, but that response times for communication, verification and sending support must be improved. Strengthening national and regional focal points would be essential for coordinating implementation of the International Health Regulations (2005), and more resources were required at all levels of the Organization, especially to support countries with scarce resources whose crises could affect other Member States. Self-evaluations and joint external evaluations were very beneficial, and multi-hazard plans, a risk communication strategy and a One Health approach were all vital to responding to health events. Transparency and solidarity among all parties were needed to combat epidemics, outbreaks and other global public health risks.

The representative of NEW ZEALAND endorsed the Independent Oversight and Advisory Committee's findings, but stressed that one size did not fit all. In particular, the health cluster model had limited applicability in the South Pacific. While the focus of the emergency reforms had been on infectious disease events and complex emergencies, many countries – including high-resource countries – were at risk of sudden-onset disasters like earthquakes or tsunamis. Those disasters would require international assistance, and the issue of the protection of sovereignty and the provision of support to the national disaster management agency and health agencies should be more fully explored.

The representative of CAMEROON, speaking on behalf of the Member States of the African Region, noted that the report on health workforce coordination encouraged capacity-building in the country offices, in particular with regard to the detection of and response to outbreaks. The incident management system improved coordination and planning, and the framework for establishing emergency operations centres, which had been developed in the African Region, should be supported. Acknowledging WHO's leadership role not only during health emergencies but also during humanitarian crises, he said that relationships with partners could be better defined. He emphasized the fundamental role of the Global Outbreak Alert and Response Network in sharing techniques and ensuring a faster response to outbreaks. Given the importance of training and quality control for response teams, WHO should expand its partnerships with other institutions and regional organizations. The Secretariat should continue to support States in building the capacities of emergency response personnel and should keep track of their numbers to facilitate rapid mobilization.

The representative of TUNISIA outlined several measures taken in her country to strengthen emergency response capacity as required under the International Health Regulations (2005), and develop preparedness and surveillance capacities. She expressed the hope that the Secretariat would continue to provide support in terms of implementing a communication strategy during emergencies, research into epidemic-prone diseases and early warning systems for vector-borne diseases. Her Government wished to join and contribute to the Global Outbreak Alert and Response Network.

(For continuation of the discussion, see the summary records of the second meeting, section 3.)

**The meeting rose at 17:30.**

## **SECOND MEETING**

**Tuesday, 23 May 2017, at 09:15**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

### **1. FINANCIAL MATTERS:** Item 20 of the agenda

**Special arrangements for settlement of arrears:** Item 20.3 of the agenda (document A70/67) [transferred from Committee B]<sup>1</sup>

The CHAIRMAN drew attention to the report by the Secretariat concerning arrangements to reschedule the payment of arrears owed by Somalia and to restore its voting rights. Paragraph 6 of the report contained a draft resolution for consideration by the Health Assembly.

The COMPTROLLER said that the delegation of Somalia had contacted the Secretariat on 21 May 2017 to discuss rescheduling the payment of its arrears. A meeting had been held the following day, at which it had been explained that, ordinarily, such requests should be submitted before 31 March to allow for consideration by the Programme, Budget and Administration Committee, on behalf of the Executive Board, before transmission to the Health Assembly. The proposal before the Committee had therefore been handled as an exception. The delegation of Somalia had given assurances that an initial payment of US\$ 9300 was already being processed.

The representative of LEBANON said that, in view of the severe difficulties that Somalia had experienced for some time, the Health Assembly should be lenient and approve the Government's request to reschedule the payment of its arrears. He endorsed the draft resolution.

The representative of ITALY, expressing full agreement with the comment made by the representative of Lebanon, said that Somalia deserved the Assembly's full support.

The representative of SOMALIA said that, following elections earlier in 2017, the Somali authorities were committed to engaging with all United Nations bodies, including settling arrears with the World Health Organization and becoming actively involved in its decision-making processes. His Government undertook to pay the arrears owed in accordance with the plan set out in the draft resolution.

The representative of EGYPT expressed support for the draft resolution, which would send a positive message to Somalia from the international community and encourage further democratic development in the country.

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<sup>1</sup> See the summary records of the General Committee, first meeting, section 1.

The representative of IRAQ, welcoming the draft resolution, said that cooperation with Somalia should be fostered and encouraged its participation in WHO activities and the work of the Health Assembly.

The COMPTROLLER, noting the Committee's clear views on the issue, said that the appropriate next steps would be taken, with guidance from Member States.

The CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution was approved.<sup>1</sup>**

**2. FIRST REPORT OF COMMITTEE A** (document A70/68)

The RAPPORTEUR read out the draft first report of Committee A.

**The report was adopted.<sup>2</sup>**

**3. PREPAREDNESS, SURVEILLANCE AND RESPONSE:** Item 12 of the agenda (continued)

**Health emergencies:** Item 12.1 of the agenda (continued from the first meeting, section 3)

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

**Implementation of the International Health Regulations (2005):** Item 12.4 of the agenda (documents A70/15 and A70/16) (continued from the first meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of items 12.1 and 12.4 of the agenda, which were being discussed together.

The representative of BRAZIL, expressing appreciation for the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, annexed to document A70/8, said that insufficient funding for the WHO Contingency Fund for Emergencies should be addressed within the broader context of the Organization's overall budget, so as to ensure efficient use of resources and prevent negative impacts on other areas of work. Welcoming

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA70.1.

<sup>2</sup> See page 382.

collaboration between the Secretariat at headquarters and in the regional offices to tackle the Zika emergency and train health professionals, he emphasized the need for emergency response efforts to remain clearly focused on public health and avoid political or security entanglements. His Government had declared the Zika emergency over at the national level on 12 May 2017. His country had established a national plan to combat *Aedes aegypti* through mobilization and vector control, care and service delivery, and technological development, education and research. A national plan on antimicrobial resistance was being finalized.

The draft global five-year strategic plan to improve public health preparedness and response 2018–2022 should establish how the activities of relevant organizations would be aligned in practice and reaffirm the Organization's leadership role in emergency response management. It should also include operational procedures and monitoring and evaluation; a structure for the latter should be presented in a separate document for approval by the Seventy-first World Health Assembly, with details of all voluntary components. The joint external evaluation tool must be considered by the Organization's governing bodies so that it could be formally recognized. Member States should be given the flexibility to adapt operational measures to their national conditions and situations. Risk communication should be "bottom-up" and a shared responsibility. The plan should provide for cases of non-compliance to be handled with the involvement of the Member State concerned, and the Secretariat should seek to overcome asymmetries among Member States.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the progress described in the report on research and development for potentially epidemic diseases, but stressed the need to speed up vaccine certification. Further research should focus on social sciences and anthropology with a view to improving community management of disease outbreaks caused by priority pathogens.

The representative of the UNITED STATES OF AMERICA welcomed progress made by the Organization in implementing its new emergency response system; however, further changes were needed in the field, particularly in the African Region and the Eastern Mediterranean Region. Greater attention to partnerships was needed, and all aspects of response, in particular administrative functions, should be strengthened. The Independent Oversight and Advisory Committee had an important role to play in ensuring broad structural changes across the Organization and a balanced introduction of the Programme.

The Organization should work closely with other United Nations agencies in responding to famine. He sought clarification regarding the involvement of WHO staff in the coordination of research in outbreak situations. He requested more and more timely information about work under the blueprint for research and development preparedness and rapid research response and the Secretariat's engagement with other relevant bodies and initiatives. Member States must review any proposed guidance documents, norms, mechanisms and tools well before they were finalized.

Some Member States had suggested that the recommendations made in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines should be included in the discussion, but the Panel and its recommendations remained controversial and he therefore opposed such a move. While strongly supporting the Organization's efforts to coordinate responses to major emergencies and large-scale outbreaks with the Inter-Agency Standing Committee, more work was needed on the practicalities.

He commended the global implementation plan for the International Health Regulations (2005) set out in document A70/16, particularly the emphasis on expanded partnerships and a multisectoral approach and the support envisaged for monitoring and evaluation. He also commended those Member States that had undergone voluntary joint external evaluations.

The representative of BAHRAIN said that her country deeply appreciated and supported the efforts of the Secretariat to prepare for, monitor and respond to health emergencies, manage incidents effectively and promote capacity building, as well as its efforts to foster partnerships and deepen

coordination among States. Bahrain also commended the Secretariat for establishing the incident management system, which had proven highly effective and could be scaled up or down as needed. It was crucial to share expertise and promote capacity-building so that stakeholders could keep abreast of developments, including potential regional and global health risks. She therefore called for the establishment of forums to exchange relevant information and for that information to be made available to all. It was crucial to encourage research and development, particularly on issues of concern to States with limited research and development capacity, and to focus on ways to address potential chemical, biological and nuclear risks. Effective early warning mechanisms, which could play a key role in combating the spread of disease, should also be made available to all States. In that regard, the early warning mechanisms put in place by Bahrain prior to the influenza A(H1N1)pdm09 and coronavirus pandemics had significantly impeded the spread of those viruses among the population.

The representative of SOUTH AFRICA commended the WHO Health Emergencies Programme's response to recent disease outbreaks, expressing particular appreciation to the Regional Director for Africa and her teams in assisting countries in the Region to tackle yellow fever and Ebola virus disease outbreaks. In February 2017, her country had completed a self-assessment of International Health Regulations (2005) implementation using the joint external evaluation tool; the findings had been used to develop an action plan on further strengthening capacity. Her Government would work with other Member States to support the Secretariat in addressing the challenges faced by the Organization.

The representative of EGYPT expressed concern that the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme viewed progress in the development and performance of the Programme as fragile. Funding remained the core obstacle. Despite the acknowledged importance of country-level results to the Programme's success, a significant number of posts in country offices had yet to be filled. Capacity-building and career support for national staff were vital. Investment should also be directed to building the core public health capacities of Member States.

While the funding gap in the core budget for the WHO Health Emergencies Programme for 2016–2017 had already been reduced, and further reductions were anticipated, the potential remaining gaps for the Programme as a whole and for the WHO Contingency Fund for Emergencies were of great concern. Future reports by the Independent Oversight and Advisory Committee should include advice to the Director-General regarding the appropriateness and adequacy of the WHO Health Emergencies Programme's financing and resourcing, and assessments of its impact on the functions of the Organization, particularly the normative functions.

The representative of GHANA welcomed the progress made in managing public health emergencies but cautioned against complacency. The joint external evaluations conducted in 2016 indicated that surveillance and laboratory systems were relatively well advanced in those Member States surveyed; vaccine coverage, access and delivery were also well established. Ghana had recently undergone assessment of its public health emergency management systems and would build on the lessons learned to address gaps, working with multiple stakeholders and pursuing a multidisciplinary approach.

The representative of THAILAND expressed concern about the slow progress in implementing the “no regrets” policy and about the level of coordination and support provided at the country level. The Secretariat needed to streamline administrative and operational systems across the three levels of the Organization, including through changes in organizational culture. Under the WHO Health Emergencies Programme, the process of recruiting competent staff for country and regional offices should be accelerated, country offices should be given support to mobilize domestic resources, and contributions to the WHO Contingency Fund for Emergencies from different sources should be



encouraged. Incident management systems and emergency operations centres should be fully funded from domestic and sustainable resources. Support for the implementation of the blueprint for research and development preparedness and rapid research response was urgently needed. Proper management of intellectual property and quick registration processes were essential to ensuring equitable access to affordable, quality new medical products. The Secretariat should further strengthen the Global Outbreak Alert and Response Network and help to scale up the establishment of emergency medical teams in affected countries. WHO should work with regional and subregional disease surveillance and response networks, as required under the International Health Regulations (2005). The upcoming joint external evaluation would provide guidance for her country on how to improve implementation of the Regulations and the Global Health Security Agenda.

The representative of JAMAICA said that the critical mass of qualified incident managers ready for deployment recommended in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme should come from the countries themselves. WHO should invest in cultural change across the Organization by investing in the development of national staff to provide the full gamut of services needed in emergencies, including administration services and awareness of WHO processes and standard operating procedures to access overseas relief and supplies.

The representative of INDIA said that Member States should carefully assess the implications of the operational role taken on by the Organization under the WHO Health Emergencies Programme, including the budgetary impact. Frequent public consultations should be held on activities under the blueprint for research and development preparedness and rapid research response. Scientific and other advisory expert groups should include representation from low- and middle-income countries. Health research and development should be needs-driven, evidence-based and guided by the core principles of affordability, effectiveness, efficiency and equity. Norms on sharing data and samples should be put to Member States for approval and should be informed by relevant processes, such as the discussion on the relationship of public health to the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity. He expressed concern that the research and development blueprint did not explicitly recognize the principle of delinking the price of products from the cost of research. Collaboration between the Coalition for Epidemic Preparedness Innovations and WHO should adhere to the principles of the Consultative Expert Working Group on Research and Development: Finance and Coordination. Perspectives from developing countries should be adequately reflected in the WHO Health Emergencies Programme. While it was widely accepted that the International Health Regulations (2005) played an important role in responding to emergencies, it was important to recognize that countries at different stages of development could not always meet the challenges posed by health emergencies. Developing a mechanism that provided technical and financial support was therefore important. Safeguards were needed to address concerns about voluntary joint external evaluation extending beyond health sector preparedness; the Health Assembly should consider the issues of transparency, independence, data security and donor funding. External evaluation should not become a precondition for receiving financial and technical assistance.

The representative of ECUADOR expressed gratitude for the support provided by WHO in relation to the emergencies faced by the countries in the Region and in particular for the international support that her country had received following the earthquake in April 2016. She drew attention to the importance of defining roles, responsibilities, authority, accountability, reporting lines and coordination under the WHO Health Emergencies Programme and expressed support for the creation of a standard template for the delegation of authority. WHO should strengthen the mechanisms that allowed countries to implement the international instruments for minimum standards when responding to emergencies. She called for more transparency concerning the funds earmarked for emergencies and the application of international agreements on humanitarian assistance and highlighted the importance

of a five-year plan to present the Organization's approach to strengthening countries' ability to implement the core capacities detailed in the International Health Regulations (2005).

The representative of SAUDI ARABIA emphasized that the success and sustainability of the WHO Health Emergencies Programme depended on securing the required financial and logistical support at all three levels of the Organization. Capacity-building by Member States for health emergencies surveillance, preparedness and response was important. Efforts to support regional offices and to improve coordination between regional offices and Member States were essential in order to build the trust critical to a timely emergency response. He supported WHO's efforts to develop the global implementation plan through a consultative process and the plan as proposed. He agreed that the draft global five-year strategic plan should be considered an extension of that draft global implementation plan. The monitoring and evaluation framework of the International Health Regulations (2005) should be considered part of the global implementation plan and the annual reporting tool should be modified to match the joint external evaluation tool. WHO and partners should support countries to develop, fund and implement national plans for health security, which should take a multisectoral approach and be led by high-level authorities to secure resource allocation and timely implementation. Clear guidance should be established to integrate the implementation of the International Health Regulations (2005) with health system development, including universal health coverage. Continuous support should be provided to train National IHR Focal Points and to help countries conduct systematic assessments to identify potential public health events of international concern.

The representative of GERMANY, noting the fragile nature of progress in respect of WHO's response to the health needs of populations in protracted crises, encouraged the Organization to strengthen the reform process, especially at the country level. His Government remained fully committed to supporting WHO in its efforts to strengthen global health crisis management; under Germany's presidency, the G20 had explicitly acknowledged the importance of International Health Regulations (2005) implementation and of improving the monitoring and evaluation of implementation. The G20 had acknowledged the need to strengthen WHO's financial and human resource capacities, including through adequate and sustainable funding for the WHO Health Emergencies Programme and the WHO Contingency Fund for Emergencies, which were underfinanced. Since his Government had recently become the biggest donor to the Fund, he urged other Member States to contribute in order to make the Fund work in the future.

The representative of INDONESIA said that, given the high risk of cross-border threats to public health, strong involvement from Member States, non-State actors and international partners was critical to transforming the global implementation plan into national strategic plans. Her Government's commitment to global public health was evidenced by its full implementation of the International Health Regulations (2005) and its intention to undergo a joint external evaluation in November 2017. She called for enhanced collaboration between Member States and partners in order to attain full global implementation of the Regulations.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement. She welcomed the global implementation plan and urged the Assembly to endorse it. She recalled the need for Member States to implement and maintain core capacities to prevent, manage and respond to health emergencies; the central role of the Secretariat in supporting and assisting countries as part of a One Health approach; and the potential of economic or regional organizations to support coherence, continuity and economies of scale when implementing the International Health Regulations (2005). Core capacity-building should be included in the broader

scope of health systems strengthening and efforts to achieve universal health coverage. WHO needed a clear view of the needs and gaps. It was important to develop national cross-sectoral plans for preparedness and health security capacity-building that were based on the recommendations from joint external evaluations and align them with national budget cycles and donor coordination. WHO should support National IHR Focal Point training and prioritize in-country resources for the implementation of the Regulations. Member States should ensure that the WHO Health Emergencies Programme was funded and all stakeholders should increase resource allocation to health systems. WHO should ensure that the Independent Oversight Advisory Committee could continue its work in future. She called for the adoption of a global action plan on the implementation of the Regulations. The proposed pace of delivery remained a concern; the draft global five-year strategic plan should be developed and finalized in advance of the Seventy-first World Health Assembly.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, welcomed the report by the Director-General on WHO response in severe, large-scale emergencies. He said that, of the 32 acute emergencies to which WHO had responded during the review period, almost half had been in the African Region. Lessons learned from previous emergencies had underscored the importance of WHO support for building more resilient health systems within Member States. Expressing concern at the funding gap identified in the report, he called for more advocacy and resource mobilization for the WHO Health Emergencies Programme, together with recruitment of competent staff and sustained financing of the WHO Contingency Fund for Emergencies. A more effective global mechanism, led by WHO, was needed to respond rapidly to public health emergencies.

The representative of SWITZERLAND took note of the efforts made by WHO to manage emergency situations with public health consequences and paid tribute to health workers in the field. He condemned the attacks against health workers and facilities, which continued to result in civilian deaths and the destruction of health systems, and welcomed efforts by the Secretariat to collect data in that regard. He expressed support for the measures set out in the global implementation plan. Structures and capacities should be strengthened at the country level to combat the current crises. Expressing deep concern about the rapidly increasing scale of the cholera epidemics in Somalia and Yemen, he asked the Secretariat to clarify how resources in the field would be adapted to address the situation. In such situations, WHO must foster collaboration and partnerships, including with non-State actors, with minimum bureaucracy. In that connection, he called for clarification as to how WHO would address the current cumbersome and lengthy procedures for the establishment of collaboration with non-State actors, as set out in the Framework of Engagement with Non-State Actors, which significantly hampered work in the field.

The representative of ARGENTINA said that the draft global five-year strategic plan should provide details of the mechanisms and time frames for consultations and for harmonizing existing plans at the global level. It should also highlight the strategies that could be used to integrate the core capacities required by the International Health Regulations (2005) with essential public health functions, while maintaining sufficient political awareness among Member States of their obligations both under the Regulations and to the international health community. The proposal to include in the remit of the Special Representative of the United Nations Secretary-General for Disaster Risk Reduction a mandate to act as an advocate for the Regulations should not be allowed to have a detrimental effect on WHO's leadership role in responding to health emergencies. The revised monitoring and evaluation framework for the International Health Regulations (2005) should consider not only the core capacities, but also how the Regulations are being implemented and the role of all relevant actors. She asked why that framework had not been submitted as a separate document for consideration by the Health Assembly during its current session, as requested by the regional committees in 2015, and requested clarification on the proposed way forward in that regard. The proposed annual reporting instrument and other relevant instruments should be submitted to Member

States for their consideration and approval. In that connection, the finalized draft strategic plan must be circulated among Member States sufficiently in advance of the Seventy-first World Health Assembly to enable its full consideration at the country and regional levels. Highlighting the collaborative role WHO could play in strengthening existing country mechanisms, she said that more detail should be provided on the process to be followed to establish a standardized procedure for the monitoring and management of additional measures; that process should be participatory and include States Parties, regional offices and the Secretariat. It was important to continue efforts to identify processes, agreements and mechanisms that facilitated a rapid exchange of information, data and biological samples during public health emergencies.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region, welcomed the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, which contained a number of pertinent recommendations. He commended WHO's work to combat the yellow fever outbreak and current Ebola virus disease epidemic in the Democratic Republic of the Congo. The Member States of the African Region were committed to implementing the joint external evaluation process and the One Health approach.

The representative of SUDAN, emphasizing that her Government was committed to implementation of the core capacities required by the International Health Regulations (2005), expressed appreciation for WHO's support for emergency preparedness and response activities in her country, which had significant experience of disasters and emergencies, in particular exposure to floods and the presence of refugees, which put a strain on the health system. Emergency preparedness and response should be strengthened by establishing a common emergency fund with contributions from governmental and nongovernmental sources and by increasing the pool of trained staff for multi-hazard emergency response. Coordination mechanisms should also be strengthened, and the Safe Hospitals Initiative should be implemented to reduce mortality and morbidity from emergencies through better management of mass casualties.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, noting that the global implementation plan was an essential international legal instrument for effective preparedness and response to international public health emergencies, expressed support for its endorsement at the current session of the Health Assembly.

**Mr Davies took the Chair.**

The representative of TOGO welcomed the progress made in relation to the WHO Health Emergencies Programme. The outbreak of Ebola virus disease had revealed the weaknesses of the Togolese health system in responding to emergencies, but had in turn helped it to prepare for the meningitis and Lassa fever epidemics recorded in 2016 and 2017. He expressed support for the initiatives described in the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, in particular with respect to communication and the transformation of WHO into an operational organization during emergencies, especially in terms of increasing the number of qualified staff members in country offices to manage incidents at the national level. Support was needed from partners to mobilize resources for the establishment of a public health emergency operations centre in Togo.

The representative of OMAN said that the Omani public health emergency operations centre had been strengthened, with a view to enhancing coordination among stakeholders. National early warning, information and coordination systems had been established to gather and disseminate information and provide the necessary support during emergencies, and to assist with decision-making. In Oman, a joint external evaluation of the implementation of the International

Health Regulations (2005) had taken place in April 2017. He welcomed efforts to strengthen systems for sharing information on new diseases and efforts to prevent the misuse of that information.

The representative of the RUSSIAN FEDERATION said that the global implementation plan presented an assortment of activities when it should contain only actions. References in the plan to cooperation with partners should be limited to proven partners that had the support of all Member States. New instruments for monitoring, evaluation and reporting could not be introduced or legally established without the approval of the governing bodies. The proposed joint external evaluation should be discussed by all Member States. The mechanism for independent expert evaluation must be transparent, as should the development and functioning of the tools for its implementation. It was not appropriate to include references in the plan both to voluntary mechanisms, such as external evaluation and joint external evaluation, and to legally binding mechanisms, such as self-assessment. The plan should refer to actions to strengthen monitoring and evaluation systems based on the International Health Regulations (2005), without reference to specific mechanisms. The introduction of external evaluation and other mechanisms not provided for in the Regulations would require amendments to those Regulations.

He did not agree with the proposed endorsement, in a single document, of a package containing the global implementation plan, the guiding principles for the draft global five-year strategic plan to improve public health preparedness and response 2018–2022 and the draft terms of reference for the Technical Advisory Group of Experts on Infectious Hazards. The late issuance of the document breached the Rules of Procedure of the World Health Assembly, prevented its full consideration at the national level and slowed its adoption by the Health Assembly. The endorsement of the Global Implementation Plan should be deferred and a working group convened to agree on a text for subsequent discussion by the Health Assembly. His Government had agreed to continue its voluntary contributions to support the implementation of the Regulations, including by providing support to other countries.

The representative of TUVALU, speaking on behalf of the Pacific island countries, said that, at the Fourth Heads of Health Meeting, held in April 2017, the Pacific island countries and partner agencies had reaffirmed their commitment to the accelerated implementation of the core capacities for national and global health security required by the International Health Regulations (2005). Pacific island countries were particularly vulnerable to emerging infectious diseases and natural hazards: the re-emergence of Zika virus in French Polynesia in 2013 had caused outbreaks in most Pacific island countries and territories, while the annual occurrence of tropical cyclones devastated infrastructure, lives and livelihoods.

By 2016, all Pacific States Parties to the Regulations had reported to WHO at least twice on the status of implementation of the core capacities at the national level. Although significant progress had been made regarding the implementation of the Regulations, further efforts were needed, including in relation to health system preparedness, human resources and food safety. The feasibility of using the joint external evaluation tool in Pacific and other small island developing States should be reviewed. Indeed, the small populations of some Pacific islands meant that certain capacities, such as laboratory technologies, should be organized regionally to achieve economies of scale. Pacific islands were working with regional technical and development partners on a multiyear health security strategy for essential national capacities and capabilities and regional resources, using an approach based on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies and the draft global five-year strategic plan. The revised monitoring and evaluation framework for the International Health Regulations (2005) should include consultative mechanisms to assess the core capacities required by the Regulations at the Pacific regional level. The implementation status of agreed regional core capacities should then be regarded as the minimum level of implementation for all Pacific island countries and areas, in order to enable all Pacific island nations to reach the level of capacity defined in the joint external evaluation tool.

**Dr Al-Kuwari resumed the Chair.**

The representative of TURKEY said that the report on the implementation of the International Health Regulations (2005) demonstrated the need for a strong WHO and for a fully funded emergency programme. Turkey was hosting 3 million Syrian refugees, with more than US\$ 25 billion in funding being provided by the Turkish Government. In view of the huge shortfall in funding for WHO operations in the Syrian Arab Republic, he invited the Secretariat to increase the funding target and called for more active participation and action from all stakeholders in that regard.

The representative of MALI emphasized that the lessons learned with respect to the management and declaration of public health emergencies under the International Health Regulations (2005) were simple but important. Nobody had been ready for the outbreak of Ebola virus disease in West Africa, including WHO, but especially national governments. The outbreak had revealed the critical importance of coordination among countries and with WHO. Special armed units should be established to protect health operations in emergency settings. As things currently stood, if another outbreak occurred, the same errors would be made as in 2014. Public health emergencies required strong high-level political engagement that was backed up by technical support, as demonstrated in Mali during the outbreak of Ebola virus disease by the presence on the ground of the Director-General and the President of Mali. Public health emergencies required a multisectoral response at the national level. Country research and reference centres must be promoted, in order to support public health emergency operations centres. Such centres had been established in Mali and Guinea during the Ebola virus disease outbreak and during meningitis epidemics to develop vaccines. Communication was key to every stage of operations and to achieving community acceptance of strategies and solutions. The network of professionals with experience in public health emergencies established by the Director-General should be maintained and the Director-General elect should consider recruiting the current Director-General after her term of office ended to oversee the efforts already under way in that regard.

The representative of NEPAL welcomed the introduction of the WHO Health Emergencies Programme, including the establishment of a unified emergency response mechanism across the Organization. He fully supported the Programme's emphasis on supporting actions at the country level, which would enable enhanced comprehensive risk management and prompt response to emergencies on the ground. Health sector emergency preparedness and response plans should be clearly linked to the relevant plans of other sectors, and initiatives aimed at health systems strengthening should be harmonized with plans to enhance health system resilience to emergencies. He urged WHO to support countries in developing the critical capacity required to rebuild and strengthen health systems in the wake of disasters. Sustainable funding for the WHO Health Emergencies Programme must be ensured, including through innovative financing solutions.

The representative of the ISLAMIC REPUBLIC OF IRAN said that WHO should assume a lead role in the establishment of an integrated incident management system and the development of global tools and models for health risk assessments. His Government had put in place a well-developed emergency management structure for oversight, monitoring and intersectoral coordination. Positive examples of emergency management and response activities should be made available to help countries to better respond to events at the national level, and steps should be taken to devise an international early warning system. All health care providers should receive training in the area of emergency management and response. WHO collaborating centres around the world had a key role to play in the context of preparedness, early warning, early detection and outbreak investigation, monitoring and evaluation, and closer links should be forged among such centres and with ministries of health. Research into potentially epidemic diseases should be organized before, during and after an epidemic. Training and capacity-building activities should be undertaken with experts in different fields to support research into potentially epidemic diseases. Priority should be given to information

and knowledge sharing in order to capitalize on knowledge gained during large-scale outbreaks. Examining global trends in epidemics was also important in order to shape future research and action.

The representative of the SYRIAN ARAB REPUBLIC welcomed the fact that the emergency in his country had been classified as Grade 3, the highest severity level. It was regrettable, however, that many figures and statistics concerning the Syrian Arab Republic contained in the report were grossly inaccurate; it was not true, for example, that more than half of his country's health facilities were either closed or only partially functioning, and the statistics regarding the number of Syrians who had fled to neighbouring countries to escape the actions of terrorist groups had likewise been grossly exaggerated. While some claims that the Government of the Syrian Arab Republic had restricted the provision of assistance or delayed the authorization of WHO activities were partly true, those restrictions and delays had been necessary to ensure the safety of WHO personnel. As attested by numerous regional experts, the Ministry of Health continued to strive to address the formidable challenges posed by the systematic destruction of his country's health infrastructure. Indeed, those experts had commended the country's early warning and rapid response mechanisms and the capacities of Ministry of Health staff. The classification in the report of the crisis in Syria as a "conflict/civil strife" was also inaccurate; the Government was, in fact, fighting a war against terrorism. In line with the principles of the United Nations, WHO must ensure the accuracy and objectiveness of its reports on the Syrian Arab Republic, a founding Member State of the Organization that had consistently adopted and implemented WHO's decisions and recommendations.

The representative of the DOMINICAN REPUBLIC said that the lack of agreement on the distribution of resources or a shared platform to facilitate coordinated action on the main infectious disease risk factors affected the priorities of developing countries and led to duplicated and fragmented efforts. In the Dominican Republic, research results were often not incorporated into policies as they were not made available on a platform and were not critically reviewed by the national authorities; however, a priority research agenda was being developed, which would enable implementation of the blueprint for research and development preparedness and rapid research response.

The representative of MYANMAR expressed appreciation for the establishment of the WHO Health Emergencies Programme, which had led to an evidence-based improvement in WHO's response in emergencies. Action must be taken to address and respond to the five ongoing Grade 3 emergencies owing to conflict or civil strife. He supported the recommendations of the Independent Oversight and Advisory Committee in relation to the development and adoption of a standard template for delegation of authority across all three levels of the Organization; the provision of enhanced psychological support for staff working in the field; increased investment and capacities in field security; and the introduction of other staff protection measures. Long-term sustainable financing must be secured to address the funding shortage facing the WHO Health Emergencies Programme. He requested the Independent Oversight and Advisory Committee to report to the Seventy-first World Health Assembly on the overall progress of the WHO Health Emergencies Programme.

The representative of BANGLADESH, expressing gratitude to WHO for its early response in health emergencies, requested WHO to continue providing support during emergencies. He described his country's effective response to the health impacts of tropical cyclone Roanu in 2016, but noted the need for further support to build emergency preparedness and response capacity. He urged the Secretariat to develop an early warning and response mechanism to support countries vulnerable to emergencies and health hazards. Health workforce coordination was essential, and the Secretariat should continue to provide training and technical guidance to health workers at the country level. Bangladesh had a well-trained workforce that was able to participate in efforts to deal with international crises, and his Government stood ready to share its expertise through a South-South cooperation mechanism under a WHO framework at the interregional and intraregional levels.

The representative of NIGERIA said that his country was committed to ensuring health security at the national level and had taken significant action in that regard. Referring to the recent meningitis outbreak in Nigeria, which had since subsided, he urged WHO to address the availability of access to meningococcal vaccines to ensure Nigeria's preparedness. He expressed gratitude for the support provided by WHO and other partners to tackle the recent health emergencies and challenges in Nigeria, including the four new cases of wild poliovirus detected in August 2016. Through a series of vaccination campaigns and surveillance activities, significant progress had been made towards the elimination of poliomyelitis in his country. He called for further and sustained WHO support to increase the capacities of national institutions responsible for disease surveillance and emergency preparedness and response. Recognizing the importance of regional collaboration in health emergencies, he noted that Nigeria was hosting the Regional Centre for Disease Surveillance and Control and one of the regional coordinating centres of the African Centres for Disease Control and Prevention.

The representative of PAKISTAN said that his country accorded high importance to the implementation of the International Health Regulations (2005) as part of efforts to ensure national and international health security. Efforts were under way in Pakistan to implement the recommendations resulting from the joint external evaluation conducted in 2016 in order to improve intersectoral action and coordination and ensure compliance with the Regulations. His country had taken numerous steps to ensure the timely detection and identification of, and response to, public health events, including through the introduction of mechanisms for event-based surveillance and response and the development of a national strategic framework for laboratories and biosafety and a five-year action plan. His Government stood ready to share its expertise with other countries and organizations.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region in respect of item 12.4, said that urgent measures should be taken to support the implementation of and compliance with the International Health Regulations (2005), particularly in developing countries. The global implementation plan would help to accelerate implementation of the Regulations. Governments should provide increased support to national IHR focal points. In addition, it was essential to promote intersectoral synergies; establish effective national action plans with support from national authorities and the international community; strengthen cross-border cooperation; diversify financing sources; and make additional and sustainable financial resources available at the global, regional and national levels. Member States must ensure that the period of validity of vaccination against yellow fever covered the life of the person vaccinated, as defined in resolution WHA67.13 (2014).

The representative of VIET NAM expressed appreciation for WHO's technical leadership and support under the International Health Regulations (2005) in response to recent outbreaks of infectious diseases and public health events, and welcomed the developments achieved in that regard. However, challenges to implementing the Regulations remained, including the need for States Parties to empower their national IHR focal points and strengthen intersectoral collaboration. His country was willing to share the final report on the joint external evaluation conducted in Viet Nam in 2016 with all relevant stakeholders and development partners. His Government was committed to maintaining and strengthening its core capacities required by the Regulations and would work with WHO and international development partners to achieve effective global implementation of the Regulations.

The representative of MALDIVES said that building resilient health systems was among the most important components of disaster risk reduction. However, a shortage of funds could jeopardize the emergency reform process and adversely affect the work of the WHO Health Emergencies Programme. Economically vulnerable and disaster-prone countries such as the Maldives required support from the international community and organizations such as WHO. It was therefore important to enhance, expand and strengthen the ability to leverage functional experts within the health



emergency workforce and provide operational support to improve training of health workers, research and development, and field-level coordination. Workforce development and intersectoral collaboration remained important challenges, but the global implementation plan was a guiding tool for States Parties and would help to accelerate implementation of the International Health Regulations (2005) thanks to its focus on health systems strengthening and prevention measures. He commended WHO's ongoing efforts in responding to disease outbreaks and public health emergencies around the world and looked forward to the provision of continued technical and financial support from the Secretariat in terms of disaster preparedness and recovery.

The representative of ALGERIA, emphasizing the need for strong political engagement and continuous financing for implementation of the International Health Regulations (2005), said that his country had established an innovative financing mechanism for that purpose using proceeds from a tax on tobacco. Sustained, effective multisectoral action was also required, together with capacity-building at the country level in various spheres, which should be a key priority of WHO. Rapid and efficient cross-border cooperation was also essential and WHO could play a catalysing role in that regard.

The representative of COLOMBIA said that WHO should continue its coordination, response and monitoring efforts with a multi-risk focus, taking into account different regional and local challenges. The Zika virus epidemic had demonstrated the need for better guidelines to strengthen international cooperation and facilitate the flow of information and support between countries while respecting the autonomy and leadership of affected countries. It was essential to have in place a clear road map for research and development before a global outbreak occurred, and priority should be given to the 11 pathogens identified in paragraph 5 of document A70/10 so that research activities could be rapidly activated, coordinated and funded. Expressing support for a single platform for data sharing, she said that clearer guidelines were nevertheless needed on the exchange of biological samples; the outbreak of Zika virus disease had led to a large number of requests from interested parties for samples, but there had been almost a total lack of guidelines on the exchange of such samples. Lastly, more support was needed on the protection and training of health personnel and the sharing of results and experiences.

The representative of the BAHAMAS said that her country was particularly vulnerable to health emergencies owing to its geography, tourist-dependent economy and the free movement of people in the region. Given that the international management of communications was of particular concern, she asked whether the Secretariat should play a role in mitigating the effects of misinformation, sensationalism and false alarms. More sustained efforts were needed within the international transport and security sectors to manage the response to health emergencies and meet the requirements of the International Health Regulations (2005). She expressed gratitude for the amended yellow fever requirements: that information should be shared with the travel sector.

The representative of ISRAEL emphasized the importance of local and international collaboration in addressing health emergencies, and the continued development of capacities through knowledge-sharing and the joint external evaluation process. Noting the need for new tools for the early identification of public health events, he recommended the use of big data systems for identification, surveillance and intervention. Consideration should be given to the issue of cybersecurity.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the Secretariat should emphasize in its guidance the integral role of communities in the prevention, detection and response to infectious disease outbreaks. While she was in favour of linking core capacity-building under the International Health Regulations (2005) with health systems strengthening, the core capacities also needed to be strengthened in the community

system. National Red Cross and Red Crescent societies stood ready to support Governments in the implementation of the International Health Regulations (2005).

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern at the number and severity of emergencies and the violation of international humanitarian and human rights laws in conflict situations. He urged those involved in ongoing conflicts to protect civilians and health care capacities and to respect the obligation of health personnel to treat all patients. He called for the full implementation of the Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies and urged Governments to fulfil their obligations under international human rights and humanitarian law. WHO should facilitate research on the timeliness and effectiveness of international interventions to better plan for the future. National and local governments should ensure that disaster medicine training was included in tertiary medicine curricula. Countries should accept the presence of foreign physicians when needed, without discrimination. Member States should develop and test disaster management plans for clinical care and public health, including the ethical basis for their implementation.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern that the Seventieth World Health Assembly was not addressing the famines facing north-east Nigeria, South Sudan, Yemen and Somalia, or the issue of attacks on medical facilities and personnel. He called on Member States to include those topics in the agenda of future WHO meetings, and to hold each other to account for violations of international humanitarian law regarding the protection of health care facilities and workers and access for medical missions.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed the hope that the research and development blueprint for action to prevent pandemics would provide the necessary tools to respond to future epidemics. He asked for clarification of how plans to develop new medical tools for Middle East respiratory syndrome, coronavirus and Zika virus would result in affordable and accessible tools, and how intellectual property and data would be shared and managed in line with the prior commitments of the global strategy and plan of action on public health, innovation and intellectual property and the Consultative Expert Working Group on Research and Development: Financing and Coordination. Efforts to establish a global coordination mechanism must ultimately derive from a transparent and inclusive intergovernmental process and be governed by the Secretariat and Member States, and not by non-State actors. He expressed concern about the transparency, pricing and access policies of the Coalition for Epidemic Preparedness Innovations; WHO, as an observer of the Coalition, should insist that it must improve its policies and practices.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that emergencies were prime opportunities for commercial exploitation. Particular attention should therefore be given to conflicts of interest when choosing partners. Her network had found that the implementation of global guidelines in programmes on infant feeding during emergencies to be dismal. She expressed the hope that WHO would promote prevention and emergency preparedness protocols to reverse that situation and improve food security in the long term.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed support for the goals of the blueprint for research and development preparedness and rapid research response. She urged WHO to highlight the success of efforts to harmonize regulatory systems across regional economic communities in Africa and called on the Secretariat, Member States and stakeholders to further support those efforts as an effective way to build global regulatory capacity. Given the critical role new tools would play in epidemic preparedness and endemic disease control and elimination, those tools must be accessible to end users

and appropriate for the low-resource settings where outbreaks often occurred. She welcomed efforts to strengthen global coordination for the development of new tools, including the establishment of the Coalition for Epidemic Preparedness Innovations, and called on WHO to support those efforts.

(For continuation of the discussion, see the summary records of the third meeting, section 3.)

**The meeting rose at 12:05.**

### **THIRD MEETING**

**Wednesday, 24 May 2017, at 09:20**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

#### **1. OPENING OF THE COMMITTEE:** Item 10 of the Agenda (continued)

##### **Election of Vice-Chairmen and Rapporteur** (continued from the first meeting, section 1)

The CHAIRMAN announced that Dr Mohammad Anwar Husnoo (Mauritius) would be unable to serve as Vice-Chairman of the Committee and he therefore proposed that Mr Anandrao Hurree (Mauritius) would serve in his stead.

**Decision:** Committee A elected Mr A. Hurree (Mauritius) as Vice-Chairman of the Committee.<sup>1</sup>

#### **2. PROGRAMME AND BUDGET MATTERS:** Item 11 of the agenda

##### **Overview of financial situation: Programme budget 2016–2017:** Item 11.1 of the agenda (documents A70/6 and A70/58)

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed concern regarding the current funding gap for the Programme budget 2016–2017. The disparity in funding gaps between headquarters, with the smallest gap, and the regions, was particularly concerning, with the largest gap being in the Eastern Mediterranean Region. The fact that the WHO Contingency Fund for Emergencies had a balance of only US\$ 17 million was equally alarming. Although WHO's financing dialogue had been intended as a mechanism to close funding gaps, it had not been successful, and a solution for the Organization's long-term funding should be sought. Decentralization of programmes to lower-cost duty stations would be one way to achieve maximum results from the funds available.

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, said that while the Organization's plan to increase fundraising through engagement with current and potential contributors was welcome, consideration should be given to setting time-bound targets, as benchmarks for success. Measures to reduce meeting, travel and administration costs under the value for money plan that was being developed must not compromise the quality of programmes or key performance indicators. Consideration could be given to performance-based financing. The proposed 3% increase in assessed contributions for the biennium 2018–2019 was acceptable; a clear strategy for collecting those contributions should be devised. While the prioritization of work was satisfactory, funding should be redirected to high impact interventions, and attention should be paid to

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<sup>1</sup> Decision WHA70(3).

public health emergencies, HIV/AIDS, noncommunicable diseases, mental health, the social determinants of health and polio eradication. Efforts to increase transparency were commendable and the initiative to explore new avenues of financing was welcome, as were bilateral consultations between the Organization and donors through the financing dialogue. An Organization-wide operational resource mobilization model should be completed to ensure the efficient mobilization and utilization of resources.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the Organization's programme budget web portal was an example of best practice in the United Nations system, providing a good indication of progress in mapping funds and tracking expenditure and funding gaps. The financing dialogue and the Organization's ability to include expected outputs in the programme budget were also welcome. However, results were still not clearly reported, despite the importance of communication for Member State and partner confidence, and for securing additional funds. He asked the Secretariat to confirm that the next update of the programme budget web portal would map spending to results and show progress on programme budget output indicators.

The representative of AUSTRALIA noted the efforts to ensure a more sustainable budget and to improve efficiency, transparency and accountability at all levels of the Organization, which would be essential to increase donor confidence and thus secure more funding. The funding gap for the biennium 2016–2017 was worrying, and the fact that programmes such as those aimed at preventing noncommunicable diseases were likely to bear the consequences of persistent funding shortfalls in 2018–2019 was even more concerning. Information would be welcome on which activities would be scaled back or stopped as a result of the lack of funding. Financing for the WHO Health Emergencies Programme must be secured as a matter of priority. He agreed with the representative of the United Kingdom of Great Britain and Northern Ireland that, in the future, better communication of results would be appreciated. Australia looked forward to hearing more about optimization of the model for securing resources, and encouraged donors and Member States to provide flexible voluntary core funding.

The representative of MONACO commended the increase in transparency but said that further efforts were required in order to implement other aspects of the financing dialogue, in particular to broaden the donor base. The updates to the programme budget web portal were very welcome, in particular on implementation and use of funds. The funding gap in category 2 was particularly worrying, since noncommunicable diseases had been identified as a key priority by Member States during the planning process for the biennium 2018–2019. Initiatives should be sought to mitigate the programmatic and human resources risks connected with the gradual phasing out of funding for the Global Polio Eradication Initiative, and they should be discussed at the next financing dialogue. Financing would be one of the major challenges facing the Director-General elect, and the increase in assessed contributions would not be a miracle cure. Greater effectiveness in implementation, transparency and accountability would be required to regain credibility and attract new donors. Member States were counting on the Director-General elect to take that agenda forward.

The representative of MEXICO said that the funding gap for base programmes was particularly worrying. It would be useful to analyse spending and identify inefficiencies. While the updated programme budget web portal was particularly welcome, clear and timely information on implementation was essential. The focus must be placed on prioritizing activities in line with the funds available, and on limiting activities that were no longer viable. Dialogue with donors should be enhanced, partnerships sought to support underfunded programmes, and austerity measures continued. In that regard, it seemed contradictory to present a document requesting approval for a transfer of funds for a proposed infrastructure fund when the Organization's work should take priority. While acknowledging the importance of health and the problems posed by the funding gap, she said that

consideration should be given to the economic situation of Member States; paying assessed contributions to all international organizations was a significant effort. Alternative financing options should be sought for future bienniums.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, expressed concern regarding the funding gap in the Programme budget 2016–2017 and the mismatch between the ceilings set and the resources available. The Secretariat should continue to work with Member States to broaden the donor base, ensure flexibility of voluntary contributions, foster predictability and alignment of funding, strengthen priority setting and identify cost savings and efficiency. Referring to the Proposed programme budget 2018–2019, she acknowledged that the strategic budget allocation to the Region of the Americas had been adjusted upwards and hoped that it would be fully funded. Acknowledging the importance of prioritizing the WHO Health Emergencies Programme and activities to combat antimicrobial resistance, which must take account of national contexts, development and capacity, she expressed concern that funding for activities on noncommunicable diseases, violence and injury prevention and food safety would be reduced. Tackling noncommunicable diseases and addressing the social determinants of health would be crucial to attaining the Sustainable Development Goals. The governments in her Region would participate actively in the preparation of the draft thirteenth general programme of work in order to ensure that priorities were aligned with those of the other regions and with the health-related Sustainable Development Goals.

The representative of GERMANY said that his Government had provided €25 million in voluntary funds, which, although earmarked, could still be used flexibly. The persistent funding gap was substantial and gave cause for considerable concern. He requested further information on the strategies being used to bridge that gap, and asked which activities would be scaled down or stopped, and which public health goals would not be met as a result. He also sought further information regarding what funding had been secured for the carry forward to the next biennium. The lack of financial predictability and flexibility of funding was worrying. Those shortfalls could have been mitigated with a greater increase in assessed contributions, and as such his Government would have favoured a 10% increase. As funding became less flexible, clearer budgetary priorities were needed to direct limited resources to areas of need. An Organization-wide operational resource mobilization mechanism should be implemented as a matter of priority.

The representative of EGYPT expressed concern regarding the decrease in flexible funding and core voluntary contributions, and the significant funding shortfall. Therefore, he called for an open-ended intergovernmental process to address the Organization's financial situation, to replace its existing financing dialogue. The bottom-up approach to the programme budget meant that prioritization had a positive impact in some countries and a negative impact in others. The expected reduction in the available resources for category 2, noncommunicable diseases, in the Proposed programme budget 2018–2019 was the wrong message to send to the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases. His Government had been in favour of increasing the assessed contributions by 10%. It was alarming that the WHO Contingency Fund for Emergencies had not yet reached its target of US\$ 100 million, despite recommendations to raise that target.

The representative of INDONESIA said that she recognized that the proposed 3% increase in assessed contributions was due to the expansion in WHO's programmes. However, prior to a decision being made on any increase, WHO should: align programmes and activities with its main priorities and responsibilities, as set by Member States; ensure that remaining resources were used strategically; and optimize voluntary contributions, including by implementing the Framework of Engagement with Non-State Actors. It was important to ensure that the programme budget was implemented efficiently and effectively at all levels of the Organization.

The representative of the REPUBLIC OF KOREA expressed appreciation for WHO's efforts to increase transparency and accountability in the programme budget. Despite efforts to expand the donor base, the fact that only five of the 40 new contributors since 2012 had been retained was a concern. It would be interesting to know whether the Secretariat had analysed why new contributors had not been retained. If so, the Secretariat should share the reasons with Member States, and provide details of WHO's strategies to retain new contributors in the long term.

The representative of CHINA, noting the funding gaps that remained in relation to the WHO Health Emergencies Programme, chronic diseases, social determinants of health and food security, said that WHO should reinforce its efforts to mobilize resources from current and potential donors to fund priority activities. She expressed support for the 3% increase in assessed contributions.

The representative of the RUSSIAN FEDERATION said that efforts to increase financial transparency and efficiency were particularly welcome and that the update to the programme budget web portal had been very positive. Efforts to garner more voluntary funding from Member States and donors, including by seeking new donors, would be essential if future programme budgets were to be fully funded. Increasing assessed contributions should not be the only mechanism for ensuring funding. Results should be analysed in order to set priorities and optimize the use of available resources. Account should be taken of the best practices and experience of Member States.

The representative of BANGLADESH noted with satisfaction that efforts were being made to allocate resources to identified priority areas and to implement cost-saving measures. Such initiatives would help reduce funding gaps. However, WHO should also explore other ways of increasing funding. The adoption of the Framework of Engagement with Non-State Actors had been timely. The development of a strategy on resource mobilization would ensure efficient and effective resource mobilization at the three levels of WHO and provide a good foundation for future financing of the Organization.

The representative of NEW ZEALAND said that he shared the concerns raised by the representatives of Germany and Egypt. He welcomed the increased alignment of the work programme with the Sustainable Development Goals and expressed support for the recommendation made by the Programme, Budget and Administration Committee of the Executive Board in relation to WHO reform implementation that the topic of prioritization and the processes for stopping some work activities should be discussed by the Executive Board at its 142nd session. He urged the Health Assembly to take the Committee's concerns into account when considering any agenda items involving additions to the work programme. He encouraged the Director-General elect to establish a group of Member States to revisit the reprioritization of activities, decentralization of programmes, cost saving and reconsideration of the Organization's core business.

The representative of the UNITED STATES OF AMERICA endorsed the statement made by the representative of New Zealand. She commended the Director-General for taking early action to address the funding shortfall in the Programme budget 2016–2017 and highlighted the importance of broadening the contributor base in order to help stabilize funding. Noting that there had been a number of new contributors since the start of the financing reform, she said that transparency was critical in order to attract and sustain new and existing donors. The improvements to the programme budget web portal made it easier to follow the results chain.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that the Secretariat was working to improve efficiency and effectiveness through cost saving and by seeking value for money. A more comprehensive report would be produced on the implementation of a value for money plan, to be discussed at the 142nd session of the Executive Board. He agreed with the importance of broadening the donor base and having a strategy to attract and keep new donors and recalled that the

Director-General elect had already made a commitment to continue efforts in that regard. Further work was required on accountability and transparency, which were key factors for mutual trust. The development of the programme budget web portal had been a good first step and the Secretariat would continue working to improve it.

Although the programme budget was not fully funded for 2017, it was funded to over 90%, in part thanks to additional funding for the WHO Health Emergencies Programme. Unfortunately, that funding was not aligned to the Programme budget 2016–2017 and some areas were overfunded while others were underfunded.

A complex mechanism governed prioritization. Moreover, every resolution adopted by the Health Assembly had financial implications. Other factors that affected prioritization included emergencies, emerging public health priorities, and the need for long-term investments due to the nature of public health issues. A corporate approach was being taken to prioritization and resource allocation in order to improve funding at all levels.

No work in a particular programme area would be stopped as a result of underfunding, but restraint would be necessary. New recruitments and activities would have to be postponed and activities reprioritized. However, postponement was not a final solution; the issues would still have to be addressed at a later date.

One recurrent problem was that work in the area of noncommunicable diseases was not fully funded. The international community had made combating noncommunicable diseases a priority but resources were not being provided to the relevant programmes and increasing the budget without the corresponding contributions would mean that the budget was aspirational and not realistic. The Director-General was able to exercise flexibility and could move resources from one category to another if more funding was received. But the bottom line was that more resources were needed. In the meantime, normative work would continue on noncommunicable diseases, but some restraint may be necessary with regard to the technical support provided at the country level until more resources were available.

A greater focus on results and reporting was needed. The Organization's results chain was reflected in the programme budget but should also be reflected in the programme budget web portal. Action would be taken to look at ways to improve the web portal in that regard.

**The Committee noted the report contained in document A70/6.**

**Proposed programme budget 2018–2019:** Item 11.2 of the agenda (documents A70/7, A70/7 Add.1 Rev.1, A70/59, A70/INF./2, A70/INF./5 and A70/INF./6)

The representative of THAILAND, speaking in his capacity as Chairman of the Programme, Budget and Administration Committee of the Executive Board, presented the report on the Committee's consideration of the Proposed programme budget 2018–2019 (document A70/59). The Committee recognized that the Proposed programme budget 2018–2019 reflected the comments made at the 140th Executive Board, welcomed the creation of a mechanism to coordinate WHO's work on the Sustainable Development Goals and understood the rationale for the proposal to increase assessed contributions, which corroborated the need for further resources in general. While most Members States supported the 3% increase in assessed contributions, others considered that it would not be sufficient to enable the root causes of problems to be addressed and would prefer a 10% increase. Priority setting, efficiency and cost savings should be further strengthened in the context of WHO reform. The Committee welcomed the transparency of the programme budget web portal. It was important to consider the reallocation of resources in the light of the fact that certain programmes were underfunded while others were afforded resources surplus to requirement. The foreseeable future would be full of challenges, which should be taken into account in all decisions taken, and flexibility would be required at the operational planning level. He recommended that the Health Assembly should adopt the draft resolution contained in the report.



The representative of JAPAN said that the introduction of fiscal discipline in the programme budget process constituted significant progress. While her Government remained in favour of zero nominal growth in the budget of United Nations agencies, it would support the proposed 3% increase in assessed contributions. The funds derived from that increase should be allocated to areas in need of resources, rather than simply to areas where voluntary contributions were lacking. While the identification of priority areas of work was welcome, it did not diminish the importance of the Organization's normative function in other areas, including noncommunicable diseases, healthy ageing and mental health. WHO's role was expanding and despite the increase in assessed contributions, the financial situation of the Organization remained fragile. WHO should continue to pursue efficiency and effectiveness and further develop budget planning and evaluation mechanisms. While the establishment of the WHO Health Emergencies Programme was positive, more information on the Programme's progress and outputs thus far would be welcome, in the interests of transparency and accountability. She expressed her support for the Proposed programme budget 2018–2019.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the fact that the Proposed programme budget 2018–2019 increased the budgetary allocation for the African Region and took into account the full scope of the WHO Health Emergencies Programme. He expressed concern, however, about the imbalance between voluntary and assessed contributions and the serious underfunding of essential programmes. The proposed programme budget was not fully aligned with the Sustainable Development Goals and budget financing came primarily from voluntary contributions from a small pool of donors, placing the Organization in a vulnerable financial situation. His Region therefore supported the proposal of a 3% increase in assessed contributions and the adoption of measures to strengthen governance, transparency and accountability, as well as the rationalization of expenses. He supported all corresponding reforms, including updating the programme budget web portal, and the Proposed programme budget 2018–2019.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, applauded the closer alignment of the Proposed programme budget 2018–2019 with the Sustainable Development Goals. A budgetary increase was needed to carry out the additional work requested on the WHO Health Emergencies Programme and antimicrobial resistance. It was important to achieve value for money by taking into account lessons learned from the previous programme budget. Noting that the Organization relied heavily on voluntary contributions, which were allocated inflexibly and were decreasing, he recalled that his Region had requested an increase in assessed contributions.

The representative of the BAHAMAS supported the Proposed programme budget 2018–2019. Prioritization of programmes for funding continued to pose a challenge and measures should be taken to limit the number of funding proposals presented to the Organization in order to address the problem. She commended the efforts and contributions of donors, the work related to the strategic objectives, and the restructuring of the Programme, Budget and Administration Committee.

The representative of PANAMA remained concerned about the levels of voluntary contributions and the insufficient funds allocated to certain programmes. She welcomed the fact that cuts did not affect the implementation of monitoring and accountability mechanisms, and that funds had already been allocated to the WHO Health Emergencies Programme. The budgetary decrease relating to category 2, noncommunicable diseases, was nevertheless still a concern. She supported the 3% increase in assessed contributions, although it would not solve the Organization's funding difficulties. She urged the Secretariat to pursue a consultative process for drawing up the programme budget, based on objective financial projections. Consultation processes on funding and cost recovery mechanisms should also be strengthened, despite concerns over their financing. The long-standing

budget deficit would affect essential programmes and the impact of the WHO Health Emergencies Programme. She supported the Proposed programme budget 2018–2019.

The representative of CANADA welcomed efforts to improve prioritization of activities, align the budget with the Sustainable Development Goals and incorporate work on gender, equity and human rights into the social indicators for health. WHO should consider the core capacities needed to maintain, prevent, prepare and respond to emergencies, and actions that could be more effectively taken by other partners at the country level. She supported the proposal to cut costs by capitalizing on the strengths and expertise of Member States and other stakeholders, which was consistent with the intersectoral approach outlined in the 2030 Agenda for Sustainable Development. She urged the Organization to draw up future budgets to more closely reflect the significant resources required for polio eradication programmes. The success of the Organization was partly founded on a financing model that aligned resources and priorities, and their distribution across its core mandate, while maintaining flexibility to respond to priorities. In order to address new issues, WHO should work with others to find added value and put aside programmes that were no longer relevant. Member States must continue to contribute to the Organization. She remained concerned about the reliance on a small number of traditional donors and therefore urged WHO to continue broadening its contributor base and identify innovative ways to capitalize on programmes. She supported the Proposed programme budget 2018–2019.

The representative of the NETHERLANDS acknowledged the need to increase the budget in order to fund the WHO Health Emergencies Programme, work on attaining the Sustainable Development Goals and carry out activities in other priority areas such as antimicrobial resistance. She supported the proposed cuts in category 6, corporate services and enabling functions. The imbalance between voluntary and assessed contributions was a matter of concern. Flexible and predictable contributions were essential to ensure continuity and prevent funding gaps. Reviews of the response to the 2014 Ebola virus disease outbreak had highlighted the need for sustainable funding. Given that the High-level Panel on the Global Response to Health Crises and the Director-General had proposed a 10% increase in assessed contributions, the drop to a 3% increase, while understandable, was disappointing. Furthermore, it did not remedy the imbalance between assessed and voluntary contributions. Her major concern was the persistence of funding gaps, and she urged the Director-General elect to set priorities for the draft thirteenth general programme of work, to take action in areas where the Organization had added value and to improve efficiency. She supported the Proposed programme budget 2018–2019.

The representative of BAHRAIN said that many diverging views had been expressed with regard to the increase in assessed contributions, which had initially been recommended at the level of 10%. While it was important for Member States to support the Proposed programme budget 2018–2019, the issue of contributions also needed to be considered in the light of diverse country contexts. The 3% increase was minimal and the Organization should therefore consider financing alternatives that did not rely on voluntary contributions to ensure funding sustainability.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that it was clear that insufficient contributions were being made to the Organization. Continued underfunding of the WHO Health Emergencies Programme heightened the risk of a serious health emergency and Member States should therefore take a more determined approach to the financing of the Programme, which was too important to be allowed to fail due to lack of Member State contributions. While he supported the 3% increase in assessed contributions, it was not sufficient to solve the situation; voluntary funds were also required. Furthermore, WHO should ensure that its funding expenditure was set with a focus on value for money. The Secretariat must communicate its plans in that regard to assure Member States of the optimum use of the funds they contributed. He commended the preparation of document A70/INF./6, which set out possibilities for the

implementation of a value for money plan. He would welcome further information concerning value for money plans and ways to engage Member States in such efforts, which would be vital to the proposed programme budget and forthcoming thirteenth general programme of work.

The representative of the UNITED STATES OF AMERICA said that he acknowledged the difficult choices made in order to balance the Proposed programme budget 2018–2019 and commended the Secretariat's efforts to achieve efficiencies and cost savings in response to Member State requests. His country supported the adoption of the proposed programme budget and was ready to work with WHO and other Member States to elaborate further cost-recovery policies during future budget discussions.

The representative of LEBANON said that additional financing would be required to meet the current global health challenges and make progress towards the attainment of the Sustainable Development Goals. An increase in assessed contributions would be the only way to address the budget deficit and emerging needs successfully. She therefore fully supported the 3% increase in assessed contributions contained in the Proposed programme budget 2018–2019 and the value for money plan outlined in document A70/INF./6.

**Mr Davies took the Chair.**

The representative of NORWAY said that he supported the adoption of the Proposed programme budget 2018–2019, including the increases allocated to tackling health emergencies, antimicrobial resistance and HIV/AIDS, especially in the African Region. Ideally, his Government would have preferred to maintain the current level of funding for noncommunicable diseases, but recognized that the decrease in funding at the global level would be offset in part by the budgetary increases allocated to those diseases at the country level. He noted the value for money plan, specifically the proposed cuts to corporate functions and enabling functions, and welcomed the continued funding of compliance, risk management and ethics, internal oversight services and evaluation functions.

The representative of the CZECH REPUBLIC said that he fully supported the increase in assessed contributions, but he expressed concern at the proposed reduction in funding for noncommunicable diseases.

The representative of MONACO said that she welcomed the efforts made to align the Proposed programme budget 2018–2019 with the Sustainable Development Goals and to build synergies between WHO programmes. However, it was regrettable that there would be fewer resources allocated to combating noncommunicable diseases and eradicating poliomyelitis, given their importance to global health. She recognized the need for additional funding, accompanied by increased efficiency, transparency and accountability, and she therefore strongly supported the 3% increase in assessed contributions.

The representative of SWEDEN said that she supported the increase in assessed contributions and the cost-control and saving measures undertaken by the Secretariat. Given the chronic funding gaps in the Proposed programme budget 2018–2019, WHO should take steps to identify priority funding areas more effectively and make better use of digital solutions and new technologies to improve its efficiency. In that regard, she welcomed the Secretariat's attempts to widen the donor base and engage in bilateral discussions with potential contributors as part of the WHO's financing dialogue. She urged donors who were unable to offer unearmarked funds to find alternative ways to increase the flexibility of their financial contributions.

The representative of TOGO said that he fully supported the Proposed programme budget 2018–2019 and welcomed the funds allocated to the African Region. He called for further support to be provided to the countries most affected by health emergencies and increased funding to be allocated to health systems strengthening and combating noncommunicable diseases.

The representative of MEXICO said that there was a clear need for additional financing to address the budget deficit. Further dialogue on future financing solutions must be undertaken in order to ensure resource mobilization for new and existing programmes.

The representative of THAILAND said that his Government had supported the initial proposal to increase assessed contributions by 10% and questioned whether a 3% increase would be sufficient to implement the Organization's programmes and meet the increasing demand for resources successfully.

The representative of the REPUBLIC OF KOREA said that he welcomed the Secretariat's attempts to reduce administration costs and enhance the efficiency of category 6 functions. The WHO's dependence on voluntary contributions, however, represented a long-term threat to the sustainability of the Organization. He therefore fully supported the 3% increase in assessed contributions.

The representative of SWITZERLAND said that she supported the 3% increase in assessed contributions and called for WHO to discuss a more substantial increase for future budgets. While welcoming the Secretariat's efforts to make savings and provide better value for money, she questioned whether the Organization would be able to offer the same level of service with fewer resources, particularly in the area of management and administration, and called for a more detailed explanation of the planned savings to be incorporated into the value for money plan. She welcomed the Secretariat's efforts to incorporate the Sustainable Development Goals into the Proposed programme budget 2018–2019 and urged WHO to follow the same example with its programme of work.

The representative of GERMANY expressed regret that Member States had been unable to agree to a 10% increase in assessed contributions, and stressed that there would need to be significant increases made to subsequent budgets if WHO wished to assume a leadership role in implementing the health-related Sustainable Development Goals. He therefore urged WHO to hold further discussions on the major challenges facing the Organization and the models used for setting programme budget priorities.

The representative of CHINA welcomed the inclusion of the WHO Health Emergencies Programme in the Proposed programme budget 2018–2019. However, given the difficulty in forecasting health emergencies, a basic programme structure and single budget measurement methodology were important. Given that national circumstances could change during the 2018–2019 biennium and new demands could arise, countries should be given flexibility in carrying out priority activities and making budget readjustments. She expressed support for the Organization's efforts to implement the Sustainable Development Goals at the global, regional and national levels and for its active participation in global health actions and governance with a view to supporting international cooperation on health. Her Government was willing to take part in the fine-tuning of the programme budget during the following stage of the process.

The representative of the UNITED REPUBLIC OF TANZANIA, expressing support for the Proposed programme budget 2018–2019, welcomed the 1% increase over the previous biennium to fund implementation of the WHO Health Emergencies Programme and efforts to combat antimicrobial resistance. However, more funds should have been allocated to polio eradication activities, as the post-

polio eradication transition was crucial to ensure that gains in eradication were maintained in order to reach the global elimination target. She expressed concern at the trend to reduce funding in key areas such as food safety and evidence generation and urged the Director-General elect to focus on underfunded areas that were core to the Organization. She supported the 3% increase in assessed contributions and the emphasis on transparency and accountability in governance.

**Dr Al-Kuwari resumed the Chair.**

The representative of BELGIUM expressed support for the Proposed programme budget 2018–2019, but cautioned that the 3% increase in assessed contributions should be an absolute minimum. Changes made to the proposed programme budget based on Member State priorities were welcome. However, the programme budget should also be based on objective scientific information such as the burden of disease. In the draft thirteenth general programme of work, consideration should be given to such quantifiable indicators and to the added value of the Organization in the implementation of evidence-based priorities. He drew attention to the fact that the proportion of core voluntary contributions to voluntary earmarked contributions had decreased significantly compared with previous years; it was possible that priorities would be driven more by donors rather than public health needs as a result. While the proposed programme budget aimed to focus on the Sustainable Development Goals, noncommunicable diseases were not sufficiently addressed and more remained to be done to align the Organization's activities and budgets to attain the Sustainable Development Goals.

The representative of SAUDI ARABIA said that, while he supported the 3% increase in assessed contributions, that level of increase would not sufficiently cover costs to reform WHO activities. He expressed the hope that the Proposed programme budget for 2018–2019 would be a temporary solution to facilitate WHO's work and not limit future funding. Optimal use of the resources provided under the budget should be made to focus on supporting Member State capacity-building and addressing health challenges in a timely fashion. There should be flexibility in addressing changing needs, which would require an accurate oversight and accountability mechanism. The donor base should be widened as much as possible, while continuing to safeguard non-interference in the decisions and strategies adopted by WHO.

The representative of AUSTRALIA welcomed the bottom-up approach taken in developing the Proposed programme budget 2018–2019. Acknowledging the challenges inherent in producing a flexible, predictable and sustainable budget, she expressed support for the 3% increase in assessed contributions. Australia also welcomed the increased funding for health emergencies and antimicrobial resistance, and appreciated that concerns regarding the comparative lack of funding directed to the Western Pacific and South-East Asia regions had been taken into account. The continuing efforts to identify synergies across programme areas vital to attaining health-related Sustainable Development Goals were also welcome. She noted that the revised draft had scaled back funding across most programme areas, with a significant reduction in funding for work to address noncommunicable diseases, and encouraged Member States and non-State actors to provide untied funding. Australia supported the Proposed programme budget 2018–2019.

The representative of SRI LANKA expressed concern at the proposed reduced budget allocation to the South-East Asia Region. A performance-related budget process that reflected positive health outcomes was required. He urged the Director-General elect to revise the methodology for allocating finances to regions accordingly.

The representative of MALDIVES welcomed the emphasis in the Proposed programme budget 2018–2019 on strengthening synergies between the health-related Sustainable Development Goals and other goals that had an impact on health. She also welcomed the emphasis on strengthening

the WHO Health Emergencies Programme and combating antimicrobial resistance. It was vital to maintain an appropriate balance between assessed and voluntary contributions and between tackling communicable and noncommunicable diseases. She supported the proposed programme budget, but urged the Secretariat and Member States to continue to monitor funding mobilization closely, so that timely reforms could be undertaken when necessary to ensure effective resource allocation to areas prioritized by Member States.

The representative of ZIMBABWE welcomed the increased funding for health emergencies and the 3% increase in assessed contributions, although a 10% increase would have been preferable as a way to begin addressing the financing gaps. She expressed the hope that the strategies put in place would address the shortfalls. She supported the Proposed programme budget 2018–2019, particularly the level of funding allocated to the African Region and how resources had been divided among activities.

The representative of VIET NAM welcomed the Proposed programme budget 2018–2019 and supported WHO efforts to minimize the impact of the shortfall in the Programme budget 2016–2017 and the Proposed programme budget 2018–2019. Effective planning and financing were key factors in achieving a positive output. Cost-saving measures must be systematically taken, and transparency and accountability must be improved under all programmes and at all levels of the Organization. WHO's continued support and resources were welcome to ensure the effectiveness and sustainability of programmes.

The representative of SPAIN welcomed the improvements in management, including the creation of the programme budget web portal, and expressed support for the 3% increase in assessed contributions. However, he highlighted the need to fully fund the WHO Health Emergencies Programme, to continue funding the Organization's normative work and to further prioritize activities, focusing resources on priority areas accordingly. He thanked the outgoing Director-General for leading WHO and strengthening the Organization's work during a financially and economically difficult period.

The representative of SOUTH AFRICA supported the 3% increase in assessed contributions, but said that innovative financing options should be explored. Fiscal discipline and an incremental rise to a 10% increase in assessed contributions should also be considered. She supported the Proposed programme budget 2018–2019.

The representative of NEW ZEALAND expressed support for the Proposed programme budget 2018–2019 and the 3% increase in assessed contributions. However, without a further increase in the resources available to the Organization, its activities would have to be curtailed. The changes made to the budget to reflect Member States' focus on the Sustainable Development Goals and the need for reprioritization were welcome, but further reform would be required in that regard.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to comments made, welcomed Member States' support for the Proposed programme budget 2018–2019, which represented the culmination of a long consultative process that, while not always straightforward, had certainly been productive. A number of significant concerns had been addressed, although improvements could still be made in some areas. The focus had been shifted to emphasize key priorities identified by Member States, in particular the WHO Health Emergencies Programme, antimicrobial resistance, and links with the Sustainable Development Goals. The continuation of activities in areas essential to public health, such as maternal and child health and noncommunicable diseases, had also been safeguarded. Further consideration needed to be given to the post-polio eradication transition; in part, the issue would be covered in operational planning, but it would also need to be better reflected in future programme budgets.

Member States' agreement to increase assessed contributions by 3% reflected the trust they placed in the Organization. Although that increase would not solve all the funding problems the Organization faced, the fact that assessed contributions were not earmarked would give the Director-General elect the flexibility to allocate the additional resources as needed. Nevertheless, efforts should continue in order to mobilize resources from other sources and find alternative approaches to financing. With a view to ensuring that the Organization's activities represented good value for money, informal consultations could be held between Member States and the Secretariat between the May 2017 and January 2018 sessions of the Executive Board.

Several representatives had expressed concern at the reduced budget allocation to the area of noncommunicable diseases. With the focus turning to implementation at the country level, some reductions had been made at headquarters and in regional offices, reflecting the bottom-up approach frequently requested by Member States. If additional resources became available, the Director-General could make use of the authorization provided for in paragraph 8 of the draft resolution to make budget transfers among the six categories.

Cost efficiencies would be sought in several ways, including through the improved use of information technology and by assigning certain administrative functions to lower-cost locations, and reviewing staffing profiles, especially during the recruitment process. Efforts would be made to improve alignment with the Sustainable Development Goals in the preparation of the draft thirteenth general programme of work, in operational planning for the 2018–2019 biennium and in the budgeting process for the 2020–2021 biennium. Operational planning procedures would continue to allow flexibility to respond to changing priorities at the country level. More attention would be given to evidence-based prioritization and to improving the process of setting priorities, which must be a joint undertaking by Member States and the Secretariat.

No amendments having been proposed, the CHAIRMAN took it that the Committee agreed to approve the draft resolution contained in paragraph 7 of document A70/59, as recommended by the Programme, Budget and Administration Committee.

**The draft resolution was approved.<sup>1</sup>**

### **3. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda (continued)**

**Health emergencies: Item 12.1 of the agenda (continued from the second meeting, section 3)**

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA70.5.

**Implementation of the International Health Regulations (2005):** Item 12.4 of the agenda (documents A70/15 and A70/16) (continued from the second meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of items 12.1 and 12.4 of the agenda, which were being discussed together.

The representative of IAEA outlined its activities related to development and health and how they would contribute to the achievement of Sustainable Development Goal 3 on ensuring healthy lives and promoting well-being for all at all ages. IAEA's work in the area of human health focused on nutrition, nuclear medicine and diagnostic imaging, radiation oncology, and quality assurance, including dosimetry. IAEA also supported Member States in responding to emergency situations related to natural disasters and the outbreak of diseases, collaborating with partners such as WHO and its regional offices where appropriate.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, emphasized the importance of the Organization's role in responding to health emergencies. He urged all Member States to increase funding and investments for medical and humanitarian activities so as to ensure that aid reached those who needed it most. Given the danger faced by health workers in the field, the Organization's work to reduce the risk of attacks against staff and facilities and to collect and consolidate data in that regard should continue and be expanded.

The representative of the PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that there was an urgent need for more research and development to improve epidemic preparedness and response and expressed support for the Organization's efforts in that area and to improve policy coherence across all actors, including through the WHO blueprint for research and development preparedness and response. Acknowledging the Organization's leading role in that respect, she encouraged it to promote the inclusion of affordability and accessibility in development plans for new medical interventions related to diseases affecting poor populations, even if such interventions had a potential commercial market. The Organization should continue to take the lead in establishing a global coordination mechanism within the framework of the WHO research and development blueprint.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, drew attention to the case of a candidate inactivated vaccine against Zika virus disease, developed by the United States Army and other United States Government agencies, for which the grant of an exclusive licence to a single company was being considered. She said that the WHO research and development blueprint should address the licensing of patents that resulted from the use of public funds, the transparency of research and development costs, and pricing, with a view to ensuring universal access to vaccines for potentially epidemic diseases.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIRMAN, applauded the Organization's efforts to ensure a more coordinated approach to sending health workers abroad to provide surge capacity during health emergencies. She urged Member States to support local frontline health workers by investing in equipment, training, effective management and financial support, so as to ensure that each community had the workforce needed to save lives during health emergencies. Member States should also invest in the robust systems required to support those workers in detecting, analysing and responding to new and emerging public health threats. Given the increase in deliberate attacks on health workers and facilities, the Monitoring Events Against Safe Use and Running of Health Services system should be swiftly implemented to monitor attacks and report on the protection of health workers.



The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the process of carrying out consultations on an ad hoc basis on several research and development initiatives was worrying as it was not intergovernmental, transparent, inclusive or accountable. It was crucial to ensure equitable benefit sharing and timely access to knowledge, technology and affordable treatments arising from the use of samples and data during an emergency. Noting progress made in that regard relating to influenza and Ebola virus disease, he called for the establishment of an intergovernmental process to discuss access and benefit sharing with regard to other pathogens and related sequence data in emergency situations, consistent with the Convention on Biological Diversity and the Nagoya Protocol.

Another representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the Organization's efforts to implement the International Health Regulations (2005), specifically the extended time frame for implementation and the emphasis on the need to mobilize financial support to vulnerable countries. However, she expressed concern that the International Health Regulations (2005) had become increasingly interpreted as a matter of global health security, focused on the protection of wealthy countries from outbreaks from low- and middle-income countries. The International Health Regulations (2005) should in fact be based on the principle of solidarity and should be accompanied by measures to strengthen the capacity of health systems in low- and middle-income countries.

(For continuation of the discussion, see the summary records of the fourth meeting, section 1.)

**The meeting rose at 12:20.**

## **FOURTH MEETING**

**Wednesday, 24 May 2017, at 14:45**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

**PREPAREDNESS, SURVEILLANCE AND RESPONSE:** Item 12 of the agenda (continued)

**Health emergencies:** Item 12.1 of the agenda (continued from the third meeting, section 3)

- **The Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A70/8)
- **WHO response in severe, large-scale emergencies** (document A70/9)
- **Research and development for potentially epidemic diseases** (document A70/10)
- **Health workforce coordination in emergencies with health consequences** (document A70/11)

**Implementation of the International Health Regulations (2005):** Item 12.4 of the agenda (documents A70/15 and A70/16) (continued from the third meeting, section 3)

The CHAIRMAN invited the Committee to continue its consideration of items 12.1 and 12.4 of the agenda, which were being discussed together.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and responding to the comments made, recalled decision WHA69(9) (2016), in which the Sixty-ninth World Health Assembly had welcomed the progress made in the development of the WHO Health Emergencies Programme, the elaboration of an implementation plan, and the establishment of the Independent Oversight and Advisory Committee for the Programme. She also recalled document A69/30, which provided an overview of the oversight and implementation plan for the Programme. The Independent Oversight and Advisory Committee would continue to track the implementation of and monitor the progress made by the Programme using a tool developed for that purpose and would report on progress made in accordance with the results framework that had also been developed. She urged the Member States to wait until the Committee had reported to the governing bodies before taking a decision on whether or not to develop a new implementation plan.

She assured Member States that the Independent Oversight and Advisory Committee would continue to ensure that the WHO Health Emergencies Programme complemented WHO's traditional technical and normative role, with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. The work of the Committee had been informed by reviews and assessments conducted by panels and advisory committees appointed by the Director-General and the United Nations Secretary-General. She invited Member States to study and comment on the reports published by the Independent Oversight and Advisory Committee, which were available online.

Although progress had been made, much remained to be done. She agreed that it was important to build partnerships and strengthen regional and country-level action, and explained that the Independent Oversight and Advisory Committee would report on those issues in the upcoming reporting cycle. As a number of speakers had noted, it was indeed vital to increase funding levels to deal with the fragility of the WHO Health Emergencies Programme, and to ensure its long-term sustainability.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) said that the WHO Health Emergencies Programme remained a work in progress and positive developments included the creation of a functional global surveillance system, enabling a more timely response to events, including natural disasters, disease outbreaks or conflicts. Momentum was being gained with respect to: implementation of the International Health Regulations (2005); assessment and development of core capacities required by the Regulations at the country level; and control of infectious diseases, including yellow fever and cholera. Strong teams had been established at all levels of the Organization, and existing partnerships and networks had been strengthened. The regional offices and, in particular, the regional emergency directors, played a critical bridging role between the global and country levels. The Organization was also enhancing its advocacy for the health needs of the most vulnerable populations, and for the protection of health care workers and facilities.

He welcomed the Independent Oversight and Advisory Committee's focus on country capacities, including the capacity of country offices to support national emergency preparedness and response. As part of the implementation process for the new incident management system, the critical leadership role of the WHO heads of offices had been clarified, and the Secretariat would seek to improve the capacity of major country offices by supporting leadership posts, particularly in countries facing protracted and long-term crises, as well as more enabling functions in areas such as finance, administration, logistics and security, which were vital to making WHO more operational at the country level. Member States had highlighted the need to tailor the work of the Programme to respond to specific needs and emergencies in different regions, in line with existing national and regional capacities.

Referring to the blueprint for research and development preparedness for rapid research response, he said that the Blueprint Global Coordination Mechanism sought to bring together national and global stakeholders to enhance collaboration and fill existing research gaps. An updated list of priority diseases had been published in January 2017 and progress had been made in defining the vaccines and diagnostics requiring urgent attention. The Secretariat recognized the need for equitable access to effective and affordable products and policy coherence in all activities related to research and development, and would keep Member States updated on the progress made in implementing the research and development blueprint.

He welcomed the fact that the Independent Oversight and Advisory Committee had chosen to focus its recommendations on business processes. A range of standard operating procedures geared towards achieving shorter-term efficiencies had been approved and incorporated into the WHO eManual. However, a more fundamental shift was needed in the way that country offices operated, particularly in situations involving protracted crises and long-term vulnerabilities. The level of authority delegated to WHO representatives and incident managers in areas such as finance, human resources and procurement must be increased; new procedures were being tested to that end.

New standard operating procedures were being drafted to fast-track due diligence processes for non-State actors. However, it was also clear that, along with a greater level of autonomy, country offices would require increased support and capacity to ensure the successful roll-out of the WHO Health Emergencies Programme. In addition, a different approach and a greater level of investment in staff welfare and security were required. In line with the recommendations made by the Independent Oversight and Advisory Committee, a working group had been established to address those issues.

Challenges facing the WHO Health Emergencies Programme, including unmet needs in Somalia and Yemen, highlighted the fact that expectations had risen with regard to the Organization's performance, particularly in the context of multiple emergencies in various parts of the world. The

rising number of emergencies, including those classified as Grade 3, placed a significant strain on staff and on the Organization as a whole. In response to concerns expressed by Member States and the Independent Oversight and Advisory Committee regarding the sustainable financing of the WHO Health Emergencies Programme, including the Contingency Fund for Emergencies, he explained that the finances of the Programme had improved considerably since the 140th session of the Executive Board. However, funding was still short-term and highly earmarked. He stressed that without a significant change in financing, it would not be possible to implement all of the Independent Oversight and Advisory Committee's recommendations. Financial resources for the Contingency Fund for Emergencies, which had been integral to improving WHO's response to outbreaks and emergencies, would be fully depleted as of September 2017. As part of its medium- to long-term resource mobilization strategy, the Programme was shifting the focus from global- to country-level fundraising. He called on Member States to ensure that funding levels for the Contingency Fund did not fall below US\$ 20 million.

The Secretariat was committed to further work on investment cases and strategic plans, in order to ensure long-term, predictable funding, which would in turn help to guarantee a smoother transition of assets under the Global Polio Eradication Initiative.

In summary, the WHO Health Emergencies Programme was at a critical juncture; progress had been made, but remained fragile. Welcoming the words of support from Member States and partners, he called for concrete action to ensure global health security.

The representative of THAILAND welcomed the draft global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola outbreak and response. However, she expressed concern regarding the potential overlap between the work of the proposed technical advisory group of experts on infectious hazards, the Review Committee and other emergency committees for specific diseases, which could result in an inefficient use of WHO resources. Her Government supported the Organization's role in monitoring additional health measures and enhancing compliance with the temporary recommendations under the International Health Regulations (2005), and encouraged States Parties affected by those recommendations to play an active part in efforts to find a mutually acceptable solution under Article 43 of the Regulations.

Further efforts were needed to close implementation gaps, including measures to create strong, sustainable, multisectoral political and financial commitments to enable the functions of National IHR Focal Points; strengthened capacities to improve surveillance, epidemiological and response activities; strengthened capacity in the areas of human resources, points of entry and chemical and radiation emergencies; and active engagement of the security sector and the media in activities relating to the International Health Regulations (2005).

The representative of SWITZERLAND welcomed the important role played by WHO in the field of research and development, and the progress made following the Ebola virus disease and Zika virus disease outbreaks. WHO was best placed to develop a global approach to research and development and promote coordination in that field. It was essential to promote collaboration and create synergies between work on antimicrobial resistance, diseases that disproportionately affected low- and middle-income countries, and potentially epidemic diseases. It was therefore crucial to provide financial support to the Global Observatory on Health Research and Development and the Consultative Expert Working Group on Research and Development: Financing and Coordination, in order to ensure a unified approach to research and development in the field of health. She encouraged the Secretariat to ensure collaboration within the Organization, and to integrate the blueprint for research and development into its institutional structure.

The representative of PARAGUAY regretted the late distribution of documents A70/15 and A70/16, which hindered full consideration of the item. Moreover, the documents referred only to the draft global five-year strategic plan to improve public health preparedness and response 2018–2022,

and did not include a monitoring and evaluation strategy for implementation of the International Health Regulations (2005), which should form part of the strategic plan, and which should be submitted to the Health Assembly for consideration. Likewise, she regretted that some of the suggestions put forward by States Parties of the Region of the Americas had not been incorporated into the strategic plan.

The representative of NEPAL said that the proliferation of nuclear power and chemical plants must be taken into account when developing plans and policies relating to the International Health Regulations (2005), as incidents at such plants could have a direct, long-term impact on health. Given that implementation of the Regulations required a multisectoral approach, it was important to explore cooperation with regional and subregional mechanisms or forums in other sectors, in order to ensure the engagement of political and development actors. In addition, Nepal, and many other countries, shared porous borders, which posed significant challenges with regard to implementation of the Regulations. It was therefore necessary to identify clusters of countries based on shared borders, including population interactions and epidemiological risks, in order to develop shared modalities. He encouraged the Secretariat to promote and facilitate bilateral and multilateral collaboration among those clusters of countries in order to ensure the effective joint implementation of the International Health Regulations (2005).

**The Committee noted the reports contained in documents A70/8, A70/9, A70/10, A70/11 and A70/15.**

The CHAIRMAN took it that the Committee wished to suspend its consideration of document A70/16, pending the outcome of informal consultations.

**It was so agreed.**

**Antimicrobial resistance:** Item 12.2 of the agenda (documents A70/12, A70/13 and EB140/2017/REC/1, resolution EB140.R5)

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, recalled that the Executive Board, at its 140th session, had considered progress made in implementing resolution WHA68.7 (2015) on the global action plan on antimicrobial resistance and United Nations General Assembly resolution 71/3, on the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. The Board had also considered a report on improving the prevention, diagnosis and clinical management of sepsis. Member States had highlighted the need to raise awareness of and accelerate actions to address antimicrobial resistance and sepsis, and had looked forward to the establishment by the United Nations Secretary-General of the Interagency Coordination Group on Antimicrobial Resistance, as well as an update on progress made in the creation of a global development and stewardship framework on antimicrobial medicines and resistance. In addition, Member States had noted the importance of prevention and early diagnosis of sepsis, as well as the need for robust infection prevention and control programmes and the integration of sepsis in initiatives on antimicrobial resistance. The Board had recommended the adoption of the draft resolution contained in resolution EB140.R5.

The representative of MALTA spoke on behalf of the European Union and its Member States. The candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with the statement. She welcomed WHO's leadership role in the implementation of the global action plan on antimicrobial resistance, but noted that further support should be provided to Member States in the development of national action plans and called on countries to engage in that work. She urged the

Interagency Coordination Group on Antimicrobial Resistance to provide guidance across the United Nations system to promote a One Health approach to antimicrobial resistance. Work on the global development and stewardship framework must be accelerated. Enhanced cooperation and increased funding for research and development on antimicrobial resistance were also needed at the international level, including on new innovative infection treatment methods and health threats such as multidrug-resistant tuberculosis. Greater clarity was needed on how the Secretariat would provide support to and link work in that area with the work of the Interagency Coordination Group. The Secretariat should also systematically exchange information with the international research platforms on antimicrobial resistance that were supported by the European Union. Tackling antimicrobial resistance would require “push and pull” mechanisms to bring new interventions to market, the prudent use of antimicrobials, and health systems strengthening, including through efficient infection prevention and control measures. She encouraged WHO to strengthen efforts to prevent infections that may lead to sepsis.

The representative of QATAR, underlining the seriousness of the problem of antimicrobial resistance, expressed support for the global action plan and its recommendations. His Government had adopted a number of measures to tackle antimicrobial resistance, including the development of a monitoring and surveillance programme on the use of antibiotics in hospitals, measures to enhance coordination between governmental and nongovernmental entities, and awareness-raising measures. He supported the work of the Interagency Coordination Group on Antimicrobial Resistance to develop measures to tackle antimicrobial resistance for adoption at the international level.

The representative of the PHILIPPINES welcomed the establishment of the Interagency Coordination Group on Antimicrobial Resistance and outlined the measures implemented by her Government to tackle antimicrobial resistance, which included the development of a national action plan; measures to foster closer intersectoral collaboration; the provision of training and toolkits for hospitals on antimicrobial stewardship; and the publication of national antibiotic guidelines. In addition, her Government was standardizing the use of the International Statistical Classification of Diseases and Related Health Problems and had strengthened laboratory surveillance. Her country would encourage the adoption of an ASEAN declaration to combat antimicrobial resistance.

The representative of MONACO expressed support for the draft resolution.

The representative of NORWAY welcomed the collaboration between the Secretariat and Member States in the development of national action plans to combat antimicrobial resistance and was pleased to note that the Interagency Coordination Group on Antimicrobial Resistance had begun its work. She emphasized that the One Health approach must take into account all relevant environmental aspects, including agriculture and contamination from the pharmaceutical industry. In that connection, she encouraged WHO to continue to work closely with UNEP and other relevant United Nations entities. She underlined the need to integrate substances with antimicrobial activity used in households, industry and food production into the One Health approach, and asked for relevant information in that regard to be included in future reports. Although progress had been made in relation to the development of the Global Antimicrobial Resistance Surveillance System, further efforts should be made to avoid the duplication of monitoring efforts and to make full use of existing tools, such as the joint external evaluation tool. She expressed strong support for the approach proposed by the Secretariat in the draft road map for the finalization of the global development and stewardship framework and looked forward to engaging in the associated discussions.

The representative of PARAGUAY said that her Government was developing a multisectoral national action plan in line with the One Health approach and the global action plan and had begun to implement some of the related activities. She asked for the time frame for implementation of the global action plan to be extended at the country level and requested technical and logistical support

from international organizations in that regard. Work on the development of a framework for monitoring implementation of national action plans, which should involve regional consultations, was essential and should begin following the current Health Assembly. Since joint external evaluation was an optional component of the International Health Regulations (2005), certain countries could choose not to participate in the self-assessment monitoring questionnaire developed by FAO, OIE and WHO.

The representative of the RUSSIAN FEDERATION said that her Government had sponsored the draft resolution on sepsis in view of the seriousness of the problem. She encouraged the development of innovative approaches to the diagnosis, treatment and prevention of sepsis and the training of specialists, and underscored the need for alternative medicines, new vaccines, increased access to research and enhanced intersectoral cooperation. Her Government accorded high importance to tackling sepsis and had implemented a range of measures to that end. Turning to the report on antimicrobial resistance, she highlighted the fact that the joint external evaluation under the International Health Regulations (2005) was a voluntary process and had not been agreed on by all Member States. As such, she would endorse the report on antimicrobial resistance provided that the proposal to verify self-reported data through joint external evaluation was deleted from the document.

The representative of SWEDEN said that the response to antimicrobial resistance must follow a One Health, multisectoral approach. It was imperative to maintain momentum, build capacities and ensure sustainability in order to meet commitments on antimicrobial resistance. Noting that it was essential to enhance surveillance and share information through the Global Antimicrobial Resistance Surveillance System, he called on Member States to increase efforts to ensure its implementation. He also called for further advancements in the global development and stewardship framework and welcomed the draft road map for its finalization, but urged the Secretariat to accelerate action in that regard. His country supported the scope of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. The Interagency Coordination Group on Antimicrobial Resistance must promote synergies between existing structures and systems, including the global action plan and the 2030 Agenda for Sustainable Development. In that connection, prompt action was needed before the Director-General was due to report to the United Nations General Assembly. Although continued efforts at the highest level were required to ensure a strong response by all relevant sectors, the involvement of United Nations headquarters must not undermine the role of technical organizations including WHO.

The representative of BRAZIL said that his Government recognized the importance of antimicrobial resistance and was formalizing its national action plan. The elaboration of a global development and stewardship framework must continue in close consultation with Member States, with a view to considering a draft framework at forthcoming WHO governing body meetings. It was a matter of concern that the report by the Secretariat made little or no reference to access to and the affordability of new and existing antibiotics and alternative therapies, vaccines and diagnostics, and alternative innovation models, which were covered in the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. All aspects of those points could be addressed in the global development and stewardship framework. He did not agree with the proposed periodic verification of self-reported data through the joint external evaluation tool under the International Health Regulations (2005), as the tool was voluntary, and the procedures to put it into operation had yet to be discussed by the governing bodies. Caution should be exercised when updating the WHO Model List of Essential Medicines to address the issue of sepsis, and Member States should be consulted. National action plans on antimicrobial resistance should also be taken into account in that process. His Government was implementing a range of measures to tackle sepsis, including a set of guidelines for the prevention and treatment of sepsis.

The representative of the UNITED STATES OF AMERICA highlighted the importance of prioritizing gram-negative bacterial infections in efforts to combat antimicrobial resistance, and requested the Secretariat to continue to focus on the global action plan and on priority antibiotic-resistant bacterial pathogens. She supported the proposed scope of the global development and stewardship framework outlined in the draft road map, and the provision of information on best practices, guidance and recommendations regarding stewardship and the development of new antimicrobials. Further discussion was needed on the remit of WHO regarding the operationalization of the framework and on the achievement of its goals. A multisectoral approach was critical in order to ensure effective action on development and stewardship. WHO should involve FAO and OIE in the development of guidelines on the use of antimicrobials in food-producing animals, and in all other WHO initiatives that covered issues that fell within their mandates.

Turning to the issue of sepsis, she expressed support for the draft resolution and the future priorities contained in the report. To combat sepsis, it was necessary to improve prevention, early detection and the training of health professionals, including by placing a greater emphasis on surveillance and epidemiological data, and by creating a more explicit link between initiatives to combat antimicrobial resistance, surveillance to guide antimicrobial regimens for suspected sepsis, and efforts to optimize the management of antibiotics. Greater importance should also be given to the de-escalation of antibiotic treatment.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that it would be challenging to deliver a useful global development and stewardship framework that would not be superseded by other initiatives, given the complexity and size of the task. He asked how the Secretariat would ensure the availability of resources to deliver the framework in a timely and effective manner, while ensuring alignment with other FAO and OIE initiatives, and how Member States and experts could provide relevant support. It was vital to ensure that the Member States that were yet to implement their national action plans moved forward with that work, with the support of the Secretariat. She asked whether the Secretariat had considered a timeline for the transition from supporting the development of national action plans to their implementation. The efforts to address the increasing threat of multidrug-resistant tuberculosis should be linked to the global antimicrobial resistance response. The Interagency Coordination Group on Antimicrobial Resistance was essential to improve the coordination of global efforts on antimicrobial resistance, identify gaps, and bring together key stakeholders ahead of the next United Nations General Assembly. With regard to sepsis, priority should be given to raising awareness among and improving training for health professionals, rather than to public awareness campaigns.

The representative of the BAHAMAS underscored the need to build supporting structures to strengthen testing on antimicrobial resistance, and to ensure access to affordable laboratory reagents. A communication strategy was required to engage other relevant sectors in the fight against antimicrobial resistance. His Government was applying the global action plan at the national level. While progress had been made, it was essential to continue to implement national action plans, set priorities and sustain and align actions with financial resources. New antimicrobial medicines were urgently needed. He commended the work done by the Global Sepsis Alliance. Noting that Sustainable Development Goals 3 and 6 were directly related to preventing sepsis, he said that his Government had prioritized the Sustainable Development Goals in its national development agenda. Highlighting the importance of action to tackle antimicrobial resistance and sepsis, he expressed support for the draft resolution.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, highlighted the need for a multisectoral response to antimicrobial resistance. Despite the high level of commitment achieved and the experience gained through the development and implementation of national action plans on antimicrobial resistance, greater alignment and synergy were needed between bilateral and multilateral partnerships. He welcomed the establishment



of the Interagency Coordination Group on Antimicrobial Resistance and of national working groups on antimicrobial resistance, which would ensure effective action at the national and international levels.

The representative of FRANCE requested the Secretariat to continue supporting Member States with the implementation of their national action plans, in collaboration with FAO and OIE. In 2016, her Government had adopted a road map setting out 40 actions to reduce the use of antibiotics, implementing a One Health approach by involving not only the health and agriculture sectors but also the education, research and environment sectors, among others. Her Government was awaiting with great interest the recommendations of the global development and stewardship framework, and hoped that the Interagency Coordination Group on Antimicrobial Resistance would provide clear guidelines on the cautious and rational management of antimicrobial medicines. She requested the Secretariat to provide recommendations on ensuring the availability of quality older antibiotics and vaccines, including by proposing mechanisms to prevent market distortion. The lack of new medicines to treat drug-resistant tuberculosis was also alarming. She stressed the importance of seeking synergies among the many international actions and initiatives to implement the global action plan, and to improve research and development on new antimicrobials, alternative therapies and diagnostic tools. As from September 2017, her Government would coordinate the European Union's joint action on antimicrobial resistance and health care associated infections, involving FAO, OIE, the Regional Office for Europe and other key stakeholders.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, said that priority had been given to combating multidrug-resistant tuberculosis and artemisinin-resistant malaria in the Region. All Member States of the Region were scheduled to implement their national action plans by August 2017. WHO should collaborate with FAO and OIE, in line with the One Health approach, to build country capacities to effectively implement national action plans. Member States should strengthen laboratory capacities to bolster surveillance on antimicrobial resistance, and the Global Antimicrobial Resistance Surveillance System should accelerate the inclusion of antimicrobial resistance in animals and agriculture and the monitoring of antimicrobial consumption. The report of the Interagency Coordination Group on Antimicrobial Resistance should contain recommendations, including on synergies and coordination among FAO, OIE and WHO at the global, regional and country levels, and strategies to improve country implementation and monitoring capacities.

While she supported the draft resolution, she noted the importance of retaining a focus on antimicrobial resistance, as its scope was much wider than that of sepsis. Indeed, the comprehensive implementation of the global action plan on antimicrobial resistance would contribute extensively to the fight against sepsis. She proposed that the words "international guidelines" should be replaced by "WHO guidelines" in paragraph 1(1), and that the words "to develop sepsis prevention and management guidelines and" should be added at the beginning of paragraph 2(1).

The representative of THAILAND noted the significant progress achieved in tackling antimicrobial resistance since the adoption of the global action plan. Her Government had formulated a national action plan and had enrolled in the Global Antimicrobial Resistance Surveillance System. It was also one of the few developing countries that had begun to establish a national surveillance mechanism to monitor the consumption of human and veterinary medicines and track and trace the distribution of antimicrobials for human and animal use. She welcomed the establishment of the Interagency Coordination Group on Antimicrobial Resistance, which would promote the implementation of the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance. Recognizing the importance and urgency of sepsis prevention and management, she expressed support for the draft resolution and noted her Government's active participation in related regional initiatives.

The representative of ALGERIA said that the growing threat to all countries posed by antimicrobial resistance required a concerted and urgent response, including through the implementation of the global action plan, and the development and implementation of national action plans. National responses would prove inadequate, however, unless particular attention was paid to the challenges faced by low- and middle-income countries, including with respect to the affordability of and access to high-quality antibiotics, vaccines and diagnostic tools. The recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines should serve as a reference for all stakeholders. It was crucial to strengthen health care systems at the country level, encourage the sharing of information at the national, regional and global levels and raise awareness of the importance of prevention.

The representative of NEPAL said that the Member States of the South-East Asia Region bore a high burden of antibiotic resistance, which could have a devastating impact on public health and economic activity, and seriously undermine global efforts to eliminate and control many common public health problems. Given that the development of new antibiotics took many years and required huge financial investment, it was imperative to prolong the usefulness of existing antibiotics. Public awareness-raising campaigns were needed, particularly at the local and national levels. He urged the Secretariat to support people-centred approaches that promoted the rational use and distribution of antibiotics, particularly in developing countries, and to provide technical support to Member States to strengthen surveillance systems and laboratory capacity. National, regional and subregional surveillance databases on antimicrobial resistance should be established and made available to Member States and all relevant stakeholders in order to better inform decision-making. He underscored the importance of multisectoral collaboration, in line with the One Health approach.

The representative of the NETHERLANDS said that significant progress had been achieved in raising the political profile of the threat of antimicrobial resistance. He was concerned, however, that many countries had still not developed a national action plan and, in particular, that some countries were failing to address certain key aspects of the problem, such as the use of antimicrobials as a tool for promoting animal growth, the discharging of antibiotic residues into the environment, and over-the-counter sales of antibiotics or substandard drugs. WHO must ensure that the Interagency Coordination Group on Antimicrobial Resistance took an active role in discussions on the issue, including by formulating a road map with clear goals and deliverables. The Director-General elect must continue to prioritize action to tackle antimicrobial resistance.

The representative of CANADA commended FAO, OIE and WHO for the progress made in implementation of the global action plan and welcomed the adoption of a multisectoral One Health approach. Her Government was developing a national framework on antimicrobial resistance with multistakeholder and multisectoral engagement, and had pledged 9 million Canadian dollars to support the WHO Antimicrobial Resistance Secretariat, as well as funding to facilitate OIE engagement in the Interagency Coordination Group on Antimicrobial Resistance. In addition, her Government had enrolled in the Global Antimicrobial Resistance Surveillance System.

The global development and stewardship framework must have clear and achievable goals and promote tangible and concrete action in line with international antimicrobial resistance standards, and in accordance with national contexts. She highlighted the need for collective action, which would protect global health, strengthen health systems and support key commitments, including the 2030 Agenda for Sustainable Development. Recognizing the relationship between antimicrobial resistance and sepsis, and its impact on clinical responsiveness to the treatment and evolution of sepsis and septic shock, she expressed support for the draft resolution.

The representative of PANAMA said that her Government had adopted the One Health approach to tackle rising antimicrobial resistance and had established a committee comprising experts from the public health, animal, plant and environmental sectors to regulate and monitor the issue,

particularly the use of antimicrobials in those sectors. Her Government was also developing a national action plan with an emphasis on the training of experts in human and animal health and students of human and veterinary medicine in the rational use of antimicrobials, combined with public awareness-raising efforts. Support would be required in order to introduce the necessary changes in the medical, veterinary and industrial sectors. Political, technical and financial support, including from FAO, OIE and WHO, would be necessary at all levels, especially for the national regulatory authorities. She highlighted the importance of vaccines as part of preventive measures, and the need for a life course approach in tackling antimicrobial resistance. Her Government hoped that the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance would encourage a unified, global approach to halt the advance of antimicrobial resistance.

The representative of GERMANY said that her Government had provided considerable financial support to WHO and the Global Antibiotic Research and Development Partnership in the fight against antimicrobial resistance. Member States must ensure the timely implementation of the global action plan, as well as the prompt development and implementation of national action plans. Her Government had recently published an interim report on implementation of the national antimicrobial resistance strategy. Combating antimicrobial resistance was one of the priorities of the German presidency of the G20, as reflected in the Berlin Declaration of the G20 Health Ministers, which called for efforts to raise awareness of antimicrobial resistance; strengthen infection prevention and control; strengthen surveillance and sharing of data; ensure the prudent use of antimicrobials; and foster research and development of new antibiotics, alternative therapies, vaccines and point-of-care diagnostics. It was important to coordinate existing initiatives, provide affordable access to new and existing antimicrobials, and engage the environmental sector, in order to combat antimicrobial resistance effectively.

She welcomed the draft road map for the finalization of the global development and stewardship framework, which must be comprehensive and cover human and veterinary medicine, agriculture and the environment. Member States should be closely involved in the further development of the framework.

Noting with grave concern the high incidence of sepsis at the global level, she called for efforts to increase awareness of antimicrobial resistance and sepsis among medical staff and the public, and to strengthen prevention and control measures. The draft resolution could make a major contribution to such action.

The representative of IRELAND welcomed WHO's efforts to promote the early diagnosis and treatment of sepsis, which would save lives. Her Government supported the education and training of health professionals and the public on the prevention and recognition of sepsis, and had developed evidence-based clinical guidelines on sepsis. Since the launch of the national sepsis programme, in-hospital sepsis-associated mortality had fallen, as had the average length of hospital stays for sepsis cases. Her Government fully supported the draft resolution and looked forward to working with Member States in its effective implementation.

The representative of INDIA said that his Government had implemented a range of measures to combat antimicrobial resistance in India, including the development of a national action plan, the establishment of surveillance networks, and the amendment of legislation to better regulate sales of antimicrobials and promote the rational use of medicines. He called for the ongoing collaboration between FAO, OIE and WHO to be maintained, and for the Global Antimicrobial Resistance Surveillance System to be expanded to include animal health, agriculture and the environment; a working group should be established at the earliest opportunity in order to achieve that objective. Underscoring the voluntary nature of joint external evaluation, he said that the International Health Regulations (2005) would need to be amended in order for all States Parties to carry out external evaluations, even on a voluntary basis.

The scope of the global development and stewardship framework should also be expanded to include research and development, as well as affordable access to new and existing antibiotics and diagnostic tools. The three interrelated themes of antibiotic stewardship, research and development, and access to antibiotics must be reflected in a balanced manner in any future global framework on antimicrobial resistance, which should be formulated through an intergovernmental process. A clear focus must be maintained on supporting Member States in their efforts to implement national action plans to combat antimicrobial resistance, including through the provision of technical support and the mobilization of resources.

The representative of FIJI, speaking on behalf of the Pacific Island Countries, thanked the Secretariat for the support provided to Pacific Island Countries and for advocating that antimicrobial resistance was a major development issue for those countries. Antimicrobial resistance had the potential to pose a serious threat to Pacific Island Countries, including disruption of the ecological balance and pollution of the sea, which local populations depended on as a source of food. In response to that threat, several Pacific Island Countries had adapted the global action plan to their national priorities and had developed national action plans. In that respect, she called on FAO, OIE and WHO to provide the necessary technical and financial support to Pacific Island Countries for the effective implementation of national action plans and to ensure a multisectoral approach, in line with the One Health approach. In addition, resources were required to address the challenges of limited awareness of the threats posed by antimicrobial resistance, including the absence of surveillance systems to monitor antimicrobial resistance and use, insufficient diagnostic and laboratory facilities, and difficulties in translating strategic goals into practical action. To tackle antimicrobial resistance effectively, Member States must implement the actions described in their national action plans.

**Mr Davies took the Chair.**

The representative of ETHIOPIA said that his country had implemented a wide range of measures to combat antimicrobial resistance, including the development of a national action plan following the One Health approach, and implementation of a national strategy for the prevention and containment of antimicrobial resistance, which was aligned with the objectives outlined in the global action plan. However, further action was needed in view of the challenges that remained, in particular capacity limitations. He expressed the hope that support would be provided by international partners, in particular to developing countries.

The representative of FINLAND underscored the need for the prudent use of antibiotics, access to accurate, real-time diagnostic tools, vaccines and alternative methods of infection control, and measures to prevent the transmission of resistant microbes, including measures to raise awareness of the importance of hand hygiene. Her Government had implemented a range of measures to tackle antimicrobial resistance, including the development of a new national action plan, the introduction of legislation, the establishment of nationwide surveillance systems, and awareness-raising campaigns for health and social care professionals and the public. Antimicrobial resistance, however, remained a global health threat to both humans and animals and would require a multisectoral response.

The representative of the CONGO said that broad-spectrum antibiotics were very costly, and their use in the long-term treatment of immunocompromised patients was depleting hospital resources. The Secretariat should specify, among anti-infective medicines, the role of systemic antifungals, which were often used in the treatment of such patients and which were extremely expensive. Noting that multidrug-resistant tuberculosis was a considerable problem in the African Region, he said that second-line anti-tuberculosis medicines were difficult to access, and the WHO treatment guidelines for drug-resistant tuberculosis were not widely used, which posed significant problems for countries with limited resources. Third-line HIV medicines were simply not affordable and thus not accessible to countries with limited resources. He regretted that the global action plan on HIV drug

resistance (2017–2021) was still being developed, even though the first half of 2017 had already passed, as it hindered the development of national action plans and efforts to fight resistance to antiretroviral medicines. With regard to malaria, he noted that, in addition to resistance to antimicrobial medicines, attention should be accorded to resistance to insecticides and anti-vector substances, which were no longer effective in the African Region.

Insufficient information had been provided in document A70/13 on immunodeficiency conditions that frequently led to sepsis; cancer had been mentioned, but other conditions existed that led to infections associated with severe sepsis. An annex containing a list of the main infections linked to severe sepsis, including diabetes and sickle cell anaemia, should be added to the document, as should the need for vaccines against streptococcus pneumonia and haemophilus influenzae as part of measures to prevent infections that led to sepsis.

The representative of GABON, speaking on behalf of the Member States of the African Region, called for technical and financial support to enable the Member States of the African Region to develop their national action plans. Challenges to tackling antimicrobial resistance in the Region included limited access to quality medicines, weak engagement of health professionals, and non-compliance with rules governing the prescribing and dispensing of antimicrobials. Prevention and control of antimicrobial resistance required the engagement of all Member States.

National action plans must be adopted and implemented, in line with the strategic objectives of the global action plan. To that end, National IHR Focal Points should be designated, national multidisciplinary working groups established, and joint external evaluations conducted. She encouraged WHO to strengthen its collaboration with FAO and OIE.

The representative of GHANA urged the Secretariat and Member States to sustain political and country-level momentum to ensure that all countries were included in efforts to tackle antimicrobial resistance. Initiatives to develop new antimicrobials, vaccines and diagnostic tools must be sustained. Implementation of the global action plan was essential to ensure country ownership and actions. She looked forward to the roll-out of the global development and stewardship framework, but noted that funding gaps were hindering that process. Antimicrobial resistance must be linked to the 2030 Agenda for Sustainable Development to ensure that sustainable resources continued to be mobilized. She supported the draft resolution.

The representative of PAKISTAN expressed support for the goals of the global action plan regarding the treatment and prevention of infectious diseases with safe and effective medicines. Her Government had introduced measures to tackle antimicrobial resistance, including the designation of a national focal point on antimicrobial resistance for human health, the establishment of a multisectoral oversight committee to develop technical and policy documents, and the development of a national strategic framework. In addition, her Government was in the process of enrolling in the Global Antimicrobial Resistance Surveillance System and establishing related surveillance mechanisms. The national action plan would be costed and the necessary resources mobilized to enable its formal implementation.

The representative of KENYA said that her Government had developed a national action plan on antimicrobial resistance, but needed to mobilize the resources required to support the implementation of the priority areas identified in the plan, including research and development, and raising awareness of and knowledge on antimicrobial resistance among the public and health professionals. With support from OIE, her Government had developed guidelines on antimicrobial use in animals, and was addressing gaps in regulation on the use of antibiotics in food, health products and veterinary medicines. The Secretariat should continue to provide technical and financial support for the implementation of national action plans, update Member States on the work of the Interagency Coordination Group on Antimicrobial Resistance, organize consultations with Member States on the

global development and stewardship framework, and provide a comprehensive report on those consultations before the Seventy-first World Health Assembly.

The representative of MEXICO welcomed the Secretariat's report on antimicrobial resistance. When drafting a national action plan, in line with the One Health approach, his Government had identified obstacles that included a lack of resources and the need for cost-effective diagnosis and multisectoral coordination. The support of international organizations was therefore essential to filling implementation gaps. He asked the Secretariat to indicate when the road map for the finalization of the global development and stewardship framework would be published. The framework should be drawn up through a consultative intergovernmental process that involved coordination with other organizations to avoid the duplication of efforts.

The representative of JAMAICA commended the global action plan and said that her Government was committed to developing a national action plan in line with the One Health approach. The Secretariat should increase support for countries by providing training on the methodology for monitoring antibiotic consumption at the national level with an emphasis on human health, animal health, crop production, food safety and the environment. She welcomed the development of protocols to measure antibiotic use in a standard way in hospitals, new recommendations on infection prevention and control, and the circulation of the WHO Model List of Essential Medicines. Since a lack of finances could threaten success, WHO and international partners should continue to advocate for guidance on the integrated surveillance of antimicrobial resistance in the food chain and for laboratory capacity-building. She expressed support for the draft resolution.

The representative of NEW ZEALAND welcomed the outcomes of the high-level meeting of the United Nations General Assembly on antimicrobial resistance, in particular the establishment of the Interagency Coordination Group on Antimicrobial Resistance, and encouraged continued work on the global development and stewardship framework. The support of the Health Assembly for the Proposed programme budget 2018–2019 reflected the global significance of antimicrobial resistance. She outlined some of the actions taken by her Government to develop a national action plan in line with the One Health approach. She supported the priorities highlighted in the Secretariat's report on sepsis, in particular the need for a coordinated approach to reduce the global burden, and the linking of work towards universal health coverage with antimicrobial resistance.

The representative of the UNITED REPUBLIC OF TANZANIA said that his Government had finalized its national action plan on antimicrobial resistance in line with the One Health approach. He outlined the plan's objectives and thanked the Secretariat for its financial and technical support in that regard. WHO and other partners should continue to help developing countries implement their national action plans. His Government stood ready to share its experience of developing a national action plan.

The representative of ECUADOR said that his Government was committed to implementing a national action plan in line with the One Health approach. To prevent antimicrobial resistance, health systems must be strengthened and health promotion and prevention emphasized, including through the provision of effective antimicrobials and prudent use of prescriptions based on scientific evidence. Relevant training should be developed without the involvement of the pharmaceutical industry, to ensure better quality prescriptions. To that end, human resources capacity-building, better access to quality information, monitoring tools on medication use, and incentivizing the creation of educational tools for the community were essential. Financial and technical support were needed for research and development and innovation in related areas, including affordable diagnostic tools, impact studies of the health and socioeconomic burdens of antimicrobial resistance and improved surveillance. It was also important to focus on interventions that targeted the determinants of antimicrobial resistance, such as self-medication.

The representative of JAPAN said that the outcomes of the high-level meeting of the United Nations General Assembly on antimicrobial resistance and momentum on the issue should be translated into concrete action at the regional and country levels. Progress towards finalization of the global development and stewardship framework was welcome. It was critical to raise awareness of health care-associated infections and antimicrobial resistance among health care professionals and the public, and promote training on antimicrobial use, particularly in secondary and tertiary hospitals. To that end, her Government had implemented a national surveillance programme and was committed to sharing its experiences to help fight antimicrobial resistance at the global level. She called on Member States to support the draft resolution.

The representative of SOUTH AFRICA welcomed the Secretariat's reports. She took note of the global action plan and guidelines on the programmatic management of multidrug-resistant tuberculosis. Drug resistance as it related to tuberculosis, HIV and malaria should also be fully recognized. She looked forward to finalization of the global development and stewardship framework, and fully supported the Global Antimicrobial Resistance Surveillance System, in which all Member States should participate. Access to antibiotics in low- and middle-income countries remained a challenge. A One Health approach was vital, but not easy to implement due to competing interests. WHO and the Interagency Coordination Group on Antimicrobial Resistance should assist in the implementation of the One Health initiative at the national and regional levels.

The representative of the REPUBLIC OF KOREA said that antimicrobial resistance was a serious threat to global health security that must be addressed through intersectoral collaboration. He commended the work of WHO and the United Nations in that regard and outlined some of the actions taken by his Government to implement a national action plan, including incentives for appropriate antibiotic use. His Government had played a leading role in strengthening global capacity to fight infectious diseases, including by tackling antimicrobial resistance, and encouraged more countries to complete joint external evaluations of core capacities under the International Health Regulations (2005).

The representative of the ISLAMIC REPUBLIC OF IRAN said that the Iranian national action plan would be presented in July 2017 with the support of WHO. He highlighted the importance of capacity-building at the national and regional levels, assessing the national magnitude of antimicrobial resistance, and maintaining collaboration with international groups and WHO to further develop the Global Antimicrobial Resistance Surveillance System. Greater attention should be given to sepsis, its prevention, early recognition and clinical management. To that end, a multifaceted report should be prepared on its epidemiology and impact on the global burden of disease.

The representative of AUSTRIA supported WHO's work on antimicrobial resistance, particularly the development of guidelines for the use of products included on the list of Critically Important Antimicrobials for Human Medicine. FAO, OIE and WHO should each employ their specialized expertise on the issue and avoid duplication of efforts. He welcomed the science-based guidance on the management of foodborne antimicrobial resistance developed by the Codex Ad hoc Intergovernmental Task Force on Antimicrobial Resistance, which took the WHO global action plan fully into account. He expressed support for the draft resolution.

The representative of SWITZERLAND said that the Interagency Coordination Group on Antimicrobial Resistance should maintain political focus on antimicrobial resistance. His Government had recently joined the Global Antimicrobial Resistance Surveillance System and had sent representatives to visit other countries to exchange experience. All public and private stakeholders should invest further in the research and development of new antibiotics and diagnostic tools, aided by the forthcoming global development and stewardship framework. His Government would continue to

support the strengthening of international and intersectoral collaboration in the fight against antimicrobial resistance.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that controlling antimicrobial resistance would require new medicines, effective surveillance networks, immunization programmes and stronger health systems to ensure that antimicrobials were used properly. He commended the action taken by the Secretariat thus far.

The representative of VIET NAM said that his country was the first in the Western Pacific Region to issue a national action plan. Despite the action taken and strong political commitment, international support was needed to tackle the remaining challenges in his country. The global development and stewardship framework should therefore be finalized as soon as possible. The Secretariat should consult broadly on the framework, including with Member States, so that countries' individual contexts and needs would be taken into consideration and accountability shared among stakeholders. Technical expertise must be mobilized across the different levels of the Organization to help Member States strengthen their health systems.

The representative of AUSTRALIA said that, while progress had been made in developing and implementing national action plans, almost one third of Member States had not yet begun developing a plan and should accelerate their efforts. The engagement of FAO, OIE and WHO in establishing the Interagency Coordination Group on Antimicrobial Resistance was commendable and the group's workplan should be released soon. She supported the development of a draft road map for the finalization of the global development and stewardship framework, which should complement the global action plan and balance issues of access and appropriate use within a One Health approach. Since drug-resistant tuberculosis and malaria were particular problems in the Western Pacific Region, the Government of Australia was supporting product development partnerships to bring new drugs and diagnostic tools to market and enhance regulatory systems. She noted the report on improving the prevention, diagnosis and clinical management of sepsis, and acknowledged the substantial body of work carried out by WHO across a number of programme areas in that regard.

The representative of ICELAND supported the proposals contained in the reports by the Secretariat. In line with resolution WHA68.7 (2015), the global action plan was being implemented in his country, through a consensus document that reflected the One Health approach. The aim was to raise public awareness, increase surveillance of antimicrobial-resistant bacteria and enforce proper antibiotics use and infection-control measures by health care workers and the public. He supported all intercountry collaboration to combat antimicrobial resistance.

The representative of BANGLADESH said that his Government was fully aware of the problems posed by antimicrobial resistance and sepsis and had developed a related national strategy and action plan. WHO should continue to collaborate with FAO and OIE, under a One Health approach, to strengthen country capacities to sustain the implementation of national action plans. Member States must strengthen their laboratory capacities to bolster surveillance. The Global Antimicrobial Resistance Surveillance System should accelerate the inclusion of animals and agriculture and monitoring of the use of antimicrobials. He requested technical support from the Secretariat to implement his country's national action plan.

**Dr Al-Kuwari resumed the Chair.**

The representative of BARBADOS said that, despite the gains achieved through tax-funded essential health care in her country, noncommunicable diseases remained highly prevalent there, and many people were vulnerable to sepsis. Her Government supported global efforts to reduce antimicrobial resistance and prevent and manage sepsis. A national action plan, based on the One



Health approach and incorporating the objectives of the global action plan, had been completed in early 2017. Surveillance capacity in her country was being increased with a view to Barbados becoming a functioning member of the Global Antimicrobial Resistance Surveillance System. She outlined the status of the antibiotic-resistant strains present in Barbados. She echoed calls for research into new medicines and treatments for infections that lead to sepsis. She supported the draft resolution.

The representative of CHINA described the mechanisms put in place in his country to combat antimicrobial resistance, which had reduced the rates of antimicrobial use and effectively checked the rise of antimicrobial resistance. All countries should develop and actively implement national plans, strengthen coordination between their health and agricultural sectors, expand and publish surveillance information and provide guidance on the rational use of antibiotics to hospital staff. The Secretariat must continue to provide technical support to Member States and help developing countries to establish monitoring systems, expand training and increase the proper use of antibiotics and their overall capacity.

The representative of CHILE outlined the measures taken in her country to combat the serious threat of antimicrobial resistance, including the development of norms and control programmes, extended immunization coverage and a national action plan based on the global action plan. The Secretariat should support countries in implementing measures to fight antimicrobial resistance and strengthen coordination with other stakeholders and multilateral organizations.

The representative of SAUDI ARABIA said that he fully supported the decision on antimicrobial resistance made at the meeting of G20 health ministers in May 2017. The threat posed by antimicrobial resistance in his country was aggravated by huge numbers of people making the hajj pilgrimage, but his Government was working to counter the threat through a multisectoral committee, training on the proper use of antibiotics for health care workers and the public, better control of antibiotic distribution, and investment in research. He urged WHO to continue encouraging pilgrims to be immunized before coming to Saudi Arabia and thus help prevent the spread of vaccine-preventable diseases.

The representative of ZIMBABWE said that his Government had embarked on several activities related to antimicrobial resistance, including situation analysis, establishment of a working group and technical teams, and development of a national action plan. Welcoming the support provided to Member States by FAO, OIE and WHO on the issue, he called for further collaboration between United Nations agencies and Member States to ensure successful implementation of national action plans.

The representative of NIGERIA, highlighting activities undertaken in his country, said that given the scale of challenges faced by developing countries, a pragmatic approach, with WHO playing a leadership role, was needed, and the sharing of experiences was essential. It was important to find a balance between increasing access to critical medicines and restricting access to prevent antimicrobial resistance; careful thought should also be given to how decisions on that issue were communicated. He requested further support from WHO on the definition of a context-specific response to antimicrobial resistance.

The representative of IRAQ said that addressing antimicrobial resistance should be included in health system development. Capacity-building of health personnel, the rational use of antimicrobials based on scientific standards and guidelines for dealing with infectious diseases based on scientific approaches were all essential in that regard. Moreover, sentinel sites should be established for surveillance purposes and laboratory capacity-building should entail the integration of epidemiological and laboratory surveillance activities. Intersectoral collaboration and community participation on health promotion were also vital.

The representative of CÔTE D'IVOIRE said that policies were needed on antimicrobial resistance as a whole but also specifically on issues such as hygiene in hospitals and the use of antibiotics in the livestock and agriculture sectors. With regard to surveillance, a national reference framework had been developed to help establish a national surveillance network, build capacity of medical personnel and standardize laboratory activities. The country also participated in international surveillance networks and had set up a surveillance system for antimicrobial resistance in animals.

The representative of COLOMBIA said that, although progress had been made, broader measures were needed, such as in respect of the regulation of the storage, use and sale of antimicrobials; immunization; health system strengthening; and regulation of the use of veterinary medicines. The Interagency Coordination Group on Antimicrobial Resistance should also be active in sectors such as agriculture and livestock farming to ensure a multisectoral approach and encourage governments to ensure that plans and funding were available to implement measures across multiple sectors. A global development and stewardship framework should guide the development, control, distribution and use of new antimicrobials, diagnostics and vaccines and to foster access to such products, taking into account the different needs and purchasing power of different countries.

The representative of the GAMBIA said that the paucity of accurate and reliable data on antimicrobial resistance and the failure of the health, animal and food sectors to share information on the subject were hampering efforts to prevent, track and contain the emergence of resistant organisms in the region. Drawing attention to activities in his country, he noted that despite progress, guidance on the future strategic direction and activities for the finalization of a global development and stewardship framework would be useful. The distribution and appropriate use of new antimicrobials, vaccines and diagnostic tools would be vital in that regard.

The representative of EGYPT, welcoming the establishment of the Interagency Coordination Group on Antimicrobial Resistance, said that the necessary resources must be made available to address the threat of antimicrobial resistance, and sufficient resources should be allocated within the programme budget to support Member States. He asked whether FAO and OIE had been involved in the development of the new guidelines on the use of antimicrobials in food-producing animals, and stressed that particular emphasis should be placed on research and development so that new medicines would be available where they were needed. He would welcome further information about what the Secretariat was doing in that respect. He would also like to know, with regard to paragraph 15 of the report contained in document A70/12, how the Secretariat would monitor implementation in States that did not wish to undergo a joint external evaluation, as that tool was voluntary in nature.

The representative of INDIA, supported by the representatives of BRAZIL, EGYPT and PANAMA, expressed concern that paragraph 15 of document A70/12 did not accurately reflect the fact that joint external evaluations were voluntary and suggested that a footnote should be inserted to clarify that point.

The representative of the OFFICE OF THE LEGAL COUNSEL explained that the report by the Secretariat was intended to inform discussions and could not be amended. Member States' concerns would be taken on board and also reflected in the summary records of the proceedings.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that efforts to combat antimicrobial resistance required all prescribers, including dentists, to examine the appropriateness of prescribing habits and the effectiveness of current guidelines in order to optimize antibiotic use. He encouraged all Member States to consult national dental associations during the development of national action plans. Awareness-raising and prevention programmes were an effective means of reducing oral pathogens and the need for

antimicrobials. The Federation stood ready to participate in efforts to achieve the first objective of the global action plan through education and training.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the recognition of the need for new products as part of an effective strategy to combat antimicrobial resistance. The development of tools, such as point-of-care diagnostics, was vital for the treatment of poverty-related diseases that could rapidly develop microbial resistance. Welcoming the establishment of the Global Antimicrobial Resistance Surveillance System and its planned expansion and links to other relevant surveillance systems, he encouraged WHO to support those surveillance systems and ensure that they met global needs. Sufficient funding and resources needed to be allocated to the issue and WHO should monitor the implementation of national action plans.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that pharmaceutical companies worldwide had signed a declaration outlining their commitment to reducing the development of antimicrobial resistance, investing in research and development to meet public health needs, and improving access to antibiotics, vaccines and diagnostics. A new industry alliance on antimicrobial resistance had been established to oversee implementation of that declaration. She welcomed the efforts of WHO to develop a more systematic approach to stewardship. Improving the appropriate use of antibiotics was a complicated process and a case-by-case approach should be used, taking into account local antibiotic resistance patterns and national health system capabilities. Efficient public health policies and an efficient health care infrastructure, together with efforts to improve sanitation, hygiene, vaccination rates, infection control, education and stewardship, were vital.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the Organization's exclusion of tuberculosis from its list of priority antibiotic-resistant pathogens was problematic. She welcomed the support provided through WHO's global tuberculosis programme and urged Member States to support the 3P Project to ensure the development of new appropriate and affordable treatments for tuberculosis. The United Nations General Assembly's high-level meeting on tuberculosis in 2018 would be an opportunity to mobilize investment in tuberculosis research and development and ensure that Member States committed to the prompt implementation of WHO guidance on tuberculosis diagnosis and treatment.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, described a delinkage model in the form of a prize fund that had been proposed at federal level in the United States of America, and suggested that it could be used by other governments to advance drug development.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance and the creation of the Interagency Coordination Group on Antimicrobial Resistance, although the group's terms of reference needed further definition and strengthening. The group should include more health professionals and representatives of civil society, and safeguards should be created to avoid conflicts of interest with private sector observers. The Secretariat, Member States and relevant actors should seek a comprehensive, patient-driven response to antimicrobial resistance; address the neglected needs of people with drug-resistant tuberculosis; address the need to increase access to existing diagnostics, drugs and vaccines; and ensure a full return on public investment in research and development. While reforms to financing and incentive mechanisms in research and development were welcome, she said

that WHO should ensure policy in that area was more coherent and coordinated. It was essential to delink paying for innovation from the expectation of high prices, monopolies and volume sales.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, applauded WHO for its leadership in the fight against antimicrobial resistance. The Federation remained committed to supporting WHO in the development and implementation of relevant tools, and highlighted the importance of engaging organizations of health professionals in developing and implementing national action plans.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, noted WHO's efforts to prevent and control drug resistance in HIV, tuberculosis and malaria, and prioritize research and development for new interventions in tuberculosis. Innovative thinking was needed to advance the development of new treatments for drug-resistant tuberculosis. Licensing provisions for new antibiotics could be structured to support access and stewardship. New interventions in the area of antimicrobial resistance could include innovative incentives for research and development and intellectual property management.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, commended WHO's efforts to raise global awareness of antimicrobial resistance. The Secretariat should work with governments and other actors, including civil society, to provide financial and technical support to countries. FAO, OIE and WHO should organize campaigns to mobilize key communities to tackle antimicrobial resistance. WHO must ensure: transparency and independence in the work of the Interagency Coordination Group on Antimicrobial Resistance; the delinkage of drug development costs from product prices and quantities; and investment in capacity-building in health systems. The routine use of antibiotics in food-producing animals should be phased out and the use of colistin banned. WHO should invest in health systems capacity to curb antimicrobial resistance. FAO, OIE and WHO should include civil society in an open consultative process on antimicrobial resistance.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, said that the health sector should be the cornerstone of multisectoral collaboration to combat antimicrobial resistance. WHO and the health sector should provide leadership in research and development for new health technologies, including in respect of exploring methods of delinkage, ensuring transparency in work on antimicrobial resistance and addressing the global nature of innovation and access to health; and in surveillance, which would require strengthened health systems and long-term investment in health services. She urged WHO to act on the issues raised by the United Nations Secretary-General's High-level Panel on Access to Medicines. Member State funding, independent of commercial interest, was crucial to the WHO's role in the fight against antimicrobial resistance.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, expressed concern that the political declaration of the high-level meeting of the United Nations General Assembly on antimicrobial resistance lacked specific targets. Some countries had been slow to regulate the unnecessary dispensing of antibiotics. Member States must promptly address over-the-counter dispensing. Awareness of antibiotic use among health professionals was occasionally inadequate; WHO should fund and support independent education in antimicrobial resistance in educational institutions and organizations of health professionals. She welcomed increased funding for the research and development of new antibiotics and diagnostics, but stressed that investment in human resources and education was crucial to the fight against antimicrobial resistance.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, applauded WHO's progress in the fight against antimicrobial resistance, which required multisectoral collaboration among several actors, and its efforts to raise awareness of the issue. Public education helped prevent antibiotic misuse, but health professionals also needed training on correct antibiotic use. He called for further collaboration between young health professionals and other stakeholders and stressed the importance of involving non-State actors and young people at high-level meetings on antimicrobial resistance.

The SPECIAL REPRESENTATIVE OF THE DIRECTOR-GENERAL (Antimicrobial Resistance), responding to the comments made by a number of representatives of Member States, including Brazil, Egypt, India and the Russian Federation, acknowledged that the joint external evaluation tool was voluntary in nature. In terms of support for countries that had not yet developed national action plans, the 24 Member States that had not begun that process had been invited to a training workshop to catalyse efforts in that regard and the Secretariat would continue to provide support where required. The Secretariat was developing prevention and control guidelines on resistant gram-negative bacteria to limit the spread of such bacteria. In response to the recommendation that priority should be given to the education of health care workers on sepsis prevention and management, the Secretariat was drafting a global training package on infection prevention and control in collaboration with the United States Centers for Disease Control and Prevention and other stakeholders. He agreed that engagement with health care professionals was of the utmost importance; the Secretariat had invited educational institutions to discuss how the topic could be included in their curricula. Guidelines on the use of antimicrobials in food-producing animals were also being developed and FAO and OIE were members of the steering group in that process.

He thanked Member States for their support for the draft road map for the finalization of a global development and stewardship framework and said that he had taken note of comments regarding the need for future reports to include data on access to and the availability and prices of antibiotics; the Secretariat was endeavouring to collect such information for publication. In response to the question by the representative of Mexico, he said that the draft road map had been developed in close cooperation with OIE and FAO, pursuant to resolution WHA68.7. A copy of the road map had recently been uploaded to the WHO website and was available for consideration by Member States. The Secretariat would hold a meeting in November 2017 to solicit Member States' views and decide the best way forward. The Interagency Coordination Group on Antimicrobial Resistance had already recognized the importance of framing activities on antimicrobial resistance within the context of the Sustainable Development Goals. Acknowledging the importance of the pneumococcal vaccine, he said that the draft resolution covered three key areas, namely prevention, diagnosis and management, all of which were closely linked to antimicrobial resistance; should the draft resolution be adopted, the activities of WHO would be aligned with the provisions of that text.

**The Board noted the report contained in document A70/12.**

At the invitation of the CHAIRMAN, the representative of GERMANY read out the proposed amendments to the draft resolution contained in resolution EB140.R5. In subparagraph 1(1), it had been suggested to replace "international" with "WHO" so that the end of the sentence read "in healthcare settings according to WHO guidelines". In paragraph 2(1), it had been suggested that "To develop sepsis prevention management guidance" should be inserted at the beginning of the paragraph. However, as the paragraph referred to the drafting of a report that would be issued in 2018, it was ambitious to expect guidance to be developed in 2017. She therefore suggested that a new subparagraph 2(2) be inserted, which would read "To develop sepsis prevention management guidance." The numbering of the remaining subparagraphs would be amended to reflect the insertion.

The representative of BRAZIL requested that the amendments be provided in writing and said that more time would be needed to consider the revised text.

The representative of the UNITED STATES OF AMERICA requested clarification of the first proposed amendment and expressed support for the second proposed amendment.

The CHAIRMAN said that a revised version of the draft resolution would be circulated in due course and that the agenda item would be reopened to consider the new version at a later date.

(For continuation of the discussion and approval of the draft resolution, see the summary records of the seventh meeting, section 2.)

**The meeting rose at 18:55.**

## **FIFTH MEETING**

**Thursday, 25 May 2017, at 09:20**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

### **1. SECOND REPORT OF COMMITTEE A (document A70/69)**

The RAPPORTEUR read out the draft second report of Committee A.

**The report was adopted.<sup>1</sup>**

### **2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda (continued)**

**Poliomyelitis:** Item 12.3 of the agenda

#### **• Poliomyelitis update (document A70/14)**

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, recalled that the Executive Board had noted, at its 140th session, the progress made in implementing the Polio Eradication Endgame Strategic Plan 2013–2018. It had commended the efforts of the remaining countries in which poliomyelitis was endemic – Afghanistan, Nigeria and Pakistan – to implement national emergency action plans, highlighting that the global epidemiology of poliomyelitis continued to constitute a public health emergency of international concern. The Executive Board had welcomed the commitment of Member States to implementing the globally synchronized switch from trivalent to bivalent oral polio vaccine in April 2016, urging continued surveillance of type 2 poliovirus from any source. The Executive Board had noted that it was important to continue to explore ways to mitigate the risks posed by the ongoing shortage of inactivated poliovirus vaccine and that a global post-certification strategy was being prepared under the Global Polio Eradication Initiative, to be finalized prior to the Seventy-first World Health Assembly.

The Executive Board had reviewed the information on the human resources funded by the Global Polio Eradication Initiative, and decision EB140(4) (2017) had been adopted. In that decision, the Director-General had been requested to present a report to the Seventieth World Health Assembly outlining the programmatic, financial and human-resource-related risks resulting from the winding-down and eventual discontinuation of the Global Polio Eradication Initiative and information on actions to mitigate those risks while ensuring that essential polio-related functions were maintained. The requested report was contained in document A70/14 Add.1.

Due to generous support from the international development community, the budget requirements for planned activities for 2016 had been fully met. The additional funds required for 2017–2019 must be mobilized rapidly; the savings made in a poliomyelitis-free world could be

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<sup>1</sup> See page 383.

used to address other public health and development needs. He urged Member States to ensure the full implementation of resolution WHA68.3 (2015) on poliomyelitis.

The representative of THAILAND expressed concern about the availability of inactivated poliovirus vaccine and recalled that in resolution WHA68.3 (2015) the Director-General had been requested to ensure a sufficient global supply of affordable inactivated poliovirus vaccine and to expedite and monitor the transfer of inactivated poliovirus vaccine technologies to manufacturers in developing countries. Countries without adequate facilities risked delayed containment of poliomyelitis outbreaks, as samples suspected to contain type 2 poliovirus must be shipped to other countries for processing. Prohibiting the retention of all materials specified in the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) could cause stagnation in virological research. She therefore urged WHO to develop more specific and practical containment guidelines, with a time frame adapted to resource-limited settings. Given the decrease in funding for the Global Polio Eradication Initiative, it was important that WHO should reassign polio-dedicated staff to other essential public health programmes. Increasing domestic resources was critical to ensuring a smooth transition from the Global Polio Eradication Initiative.

The representative of INDIA outlined actions taken by his Government to ensure that his country would remain polio-free, including the introduction of inactivated poliovirus vaccine and the switch from trivalent to bivalent oral polio vaccine. The National Polio Surveillance Project, created under the aegis of WHO in 1997, was supporting the Indian Government beyond its initial mandate. The rapid scaling down of the Project's structure and the elimination of some of its key functions by WHO therefore put not only India's polio programme at risk, but also other activities intended to strengthen the country's immunization programme. He called for continued support for the Project, in order to consolidate the achievements made to date. His Government would study the report on the risks of winding down the Global Polio Eradication Initiative to see how they might be mitigated without affecting essential polio-related functions.

The representative of GREECE said that routine polio surveillance and immunization programmes were ongoing in his country. Additional epidemiological surveillance had been set up for migrants, refugees and high-risk groups with low vaccination coverage, and environmental surveillance of sewage samples in possible polio-infected areas had been introduced. Those supplementary measures would be intensified in 2017. Inactivated poliovirus vaccine had been the only vaccine used in vaccination programmes since 2005. Finally, extra immunization measures were being used to treat migrants and refugees from countries in which poliomyelitis was endemic.

The representative of MALAYSIA congratulated the governments of Afghanistan, Nigeria and Pakistan for their commitment to eradicating poliomyelitis. Given the risk posed to national immunization programmes by the shortage of inactivated poliovirus vaccine, she urged WHO and the manufacturers of fractional intradermal dose inactivated poliovirus vaccine to make that vaccine available to low-risk countries in order to balance demand.

The representative of the RUSSIAN FEDERATION expressed concern regarding the continued endemic transmission of wild poliovirus in three countries, which could spread. Periodic reports on the circulation of vaccine-derived poliovirus in countries affected by humanitarian crises indicated that there were serious gaps in surveillance. Insufficient supplies of inactivated poliovirus vaccine, necessary for implementing national immunization programmes, continued to be a problem for many countries. The use of dose-sparing strategies had not been sufficiently studied and was not appropriate for a number of countries, including the Russian Federation. While the transition to bivalent oral polio vaccine had been important, the risks associated with that transition had been underestimated. She commended WHO's efforts to develop guidelines on the sound storage and safe management of



materials infected or potentially infected with type 2 poliovirus. She welcomed the development of the guidelines on containment certification and related training, but said that the proposed timeline should be extended. The reallocation of assets from the Global Polio Eradication Initiative, notably staff resources, should be conducted carefully.

The representative of the REPUBLIC OF KOREA said that the global shortage of inactivated poliovirus vaccine was a concern. WHO, partners and stakeholders should adopt a more realistic and practical approach to resolving that shortage. Her Government planned to establish a vaccine-production facility to help combat the shortage of inactivated poliovirus vaccine and called on WHO to facilitate the prequalification process for the vaccines produced. She asked WHO to provide detailed, country-specific recommendations for implementing GAPIII.

The representative of AUSTRALIA encouraged a continued focus on eliminating poliomyelitis in the three remaining countries in which it was endemic. The global switch from trivalent to bivalent oral polio vaccine was a significant achievement. The Secretariat and Member States should maintain efforts until poliomyelitis was permanently eradicated and should continue to plan for the post-certification period.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, said that challenges in human resources and funding posed a significant risk to eradicating poliomyelitis and to supporting other public health campaigns in the Region. Resources must be mobilized globally to consolidate the achievements made so far towards eradicating poliomyelitis. Efforts to interrupt the transmission of wild poliovirus should include: increasing surveillance at all levels; strengthening routine immunization; introducing inactivated poliovirus vaccine into routine immunization programmes; accelerating containment of poliovirus in laboratories; and finalizing polio transition plans to ensure that the existing poliomyelitis infrastructure can benefit other public health campaigns. He called on partners to prioritize the supply of inactivated poliovirus vaccine to the African Region and to provide continued financial support to the Region's Member States for planned poliomyelitis eradication activities.

The representative of the UNITED STATES OF AMERICA said that, although her Government remained optimistic that the transmission of wild poliovirus would be interrupted in the near future, vital resources must be maintained. Environmental surveillance remained a priority; the number of visible cases should not be relied upon, as evidenced by the persistence of poliovirus in Pakistan despite the decrease in the number of human cases. There was a need to increase access in the areas of Afghanistan and Nigeria not controlled by their national governments in order to vaccinate isolated children. Commending the efforts of frontline health care workers, she reiterated that sustaining quality in all aspects of the programme was essential.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND commended the commitment of the Governments of Afghanistan, Nigeria and Pakistan and called upon all Member States to boost efforts to eradicate poliomyelitis by 2020. The lessons learned thus far and the tools used to prevent and address public health emergencies of international concern must become integral to the way health systems operated worldwide. Phase I of GAPIII was being implemented in the United Kingdom, and updates would be provided on progress. Polio transition planning must be correctly and efficiently managed to minimize WHO's financial liabilities, without undermining vaccination programmes and surveillance. She asked how the programme budget for 2018–2019 would support countries in maintaining disease surveillance and routine immunization services as the budget of the Global Polio Eradication Initiative decreased.

The representative of COSTA RICA said that she fully supported the steps taken to eradicate poliomyelitis and urged WHO to redouble its efforts in order to eradicate the disease.

The representative of CÔTE D'IVOIRE said that the routine poliomyelitis vaccination programme had been strengthened in his country and acute flaccid paralysis surveillance increased. The switch from trivalent to bivalent oral polio vaccine had been made, the inactivated poliovirus vaccine had been introduced, and materials infected or potentially infected with wild poliovirus and Sabin type 2 strains of the disease had been destroyed.

The representative of SENEGAL said that, although the main performance indicators of polio eradication had been achieved at the national level, some regional disparities remained owing to supply shortages of the inactivated poliovirus vaccine and a lack of surveillance in certain areas of the country. He therefore called on WHO to reverse the decision to reduce the amount of funding allocated to poliomyelitis, strengthen acute flaccid paralysis surveillance and environmental surveillance in poor performing areas, and increase access to inactivated poliovirus vaccine.

The representative of LESOTHO said that the switch from trivalent to bivalent oral polio vaccine and the introduction of inactivated poliovirus vaccine had been successful in her country. Steps had also been taken to enhance acute flaccid paralysis surveillance, strengthen the capacity of health care workers and establish a polio outbreak preparedness and response plan in an effort to interrupt poliovirus transmission in the country. However, Lesotho was among the countries affected by the current supply shortage of inactivated poliovirus vaccine.

The representative of BAHRAIN said that her country had successfully introduced the inactivated poliovirus vaccine. She stressed the importance of research into fractional dose schedules and preparedness and response regarding outbreaks of wild poliovirus or circulating vaccine-derived poliomyelitis.

The representative of the UNITED ARAB EMIRATES outlined national efforts towards poliomyelitis eradication, including a national vaccination campaign in 2015 to maintain vaccination coverage.

The representative of JAPAN said that careful judgement on the timing of eradication efforts was required, particularly in areas experiencing instability or conflict and where surveillance was insufficient. Her country attached great importance to strengthening routine vaccination programmes using the inactivated poliovirus vaccine, building the capacity of health care workers and appropriate allocation of human resources. The current shortage of inactivated poliovirus vaccine was therefore extremely worrisome. With regard to essential containment facilities, she urged the Secretariat to share best practices with Member States in respect of the containment of poliovirus.

The representative of ARGENTINA, while recognizing the need for effective polio transition planning, said that current global efforts should focus on addressing the outbreak of poliovirus in areas affected by conflict or instability and on tackling the supply shortages of the inactivated poliovirus vaccine, particularly given that the use of fractional doses was not suitable in all countries.

The representative of the UNITED REPUBLIC OF TANZANIA said that steps continued to be taken in his country to strengthen immunization efforts against poliomyelitis and the switch from trivalent to bivalent oral polio vaccine had been made in 2016. It had not been possible to introduce the inactivated poliovirus vaccine before the switch, owing to the global supply shortages. His country remained at risk in respect of imported cases of poliovirus: routine immunization and surveillance activities had therefore been undertaken in border areas to prevent the cross-border transmission of the disease.

The representative of MAURITANIA said that efforts were ongoing in his country after a resurgence in imported cases of poliomyelitis in 2009 and 2010 to strengthen the national routine

vaccination programme and enhance acute flaccid paralysis surveillance. The switch from trivalent to bivalent oral polio vaccine in April 2016 had been a success, but response capacities would need to be strengthened to prepare for any potential re-importation of the virus. A sufficient supply of vaccines must be guaranteed.

The representative of the PHILIPPINES said that, in addition to surveillance and preparedness measures, the switch from trivalent to bivalent oral polio vaccine had been made in her country, and the inactivated poliovirus vaccine had been simultaneously introduced. Two phases of destruction of poliovirus isolates and an online laboratory containment survey of all facilities had been conducted. A polio endgame transition assessment would be conducted at the end of 2017 to verify the status of implementation and refine the national polio transition plan.

The representative of PANAMA said that the switch from trivalent to bivalent oral polio vaccine had been completed in Panama in 2014 and the inactivated poliovirus vaccine had been introduced into the national immunization programme. Her Government also intended to strengthen the capacities of the national network of poliovirus laboratories in accordance with the Polio Eradication and Endgame Strategic Plan 2013–2018. The Secretariat should continue to coordinate its actions to combat the poliovirus at a global level and provide the necessary technical support to Member States, particularly the most vulnerable countries, in order to accelerate the eradication process.

The representative of NIGERIA said that the switch from trivalent to bivalent oral polio vaccine had been completed in his country in 2016 and the routine immunization programme was being strengthened. Four cases of wild poliovirus type 1 had been detected in Borno State, Nigeria, in August 2016 after almost two years without any such cases. The outbreak was in a large part due to the limited access to that area as a result of the ongoing Boko Haram insurgency. In addition, three cases of circulating vaccine-derived poliovirus had been reported in 2016. Following the designation of the wild poliovirus outbreak as a public health emergency, the Government had launched an aggressive outbreak response plan alongside other affected States, and had made US\$ 30 million available to fund that response. Disease and environmental surveillance had been increased, efforts had been made to increase child vaccination in Borno State, travellers had been vaccinated at border crossings, and the switch from trivalent to bivalent oral polio vaccine had been completed. No further cases had been found since August 2016. In the light of such events, he urged WHO and other partners to redouble their efforts under the Global Polio Eradication Initiative and provide comprehensive support and sufficient vaccine supplies to the three polio-endemic countries.

The representative of MYANMAR said that acute flaccid paralysis surveillance and the national routine immunization programme had been strengthened following the detection of two cases of circulating vaccine-derived poliovirus type 2 in Myanmar in 2015. He therefore fully agreed that context-specific national plans should be devised to address any immunity gaps and reach every last child in polio-endemic and circulating vaccine-derived poliovirus-affected countries. A single dose of inactivated poliovirus vaccine had been introduced into the national routine immunization programme in 2015 and the switch had been made from trivalent to bivalent oral polio vaccine in 2016. Supply shortages of the inactivated poliovirus vaccine were therefore extremely worrying. He fully supported the Secretariat's approach to legacy planning, particularly given the long-term benefit of investment in poliomyelitis eradication for other health and development goals.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas and the European Region, said that robust national health systems with strong surveillance and response capacities were critical in poliomyelitis eradication and even countries that had achieved eradication must remain vigilant, with high-quality surveillance and extensive vaccination coverage to prevent outbreaks of that disease. She expressed concern at the continued shortage of inactivated

poliovirus vaccine, which had delayed the global introduction of the vaccine in some countries. The Global Polio Eradication Initiative should work with the GAVI Alliance to minimize the impact of the shortage, maximize the use of existing supplies and provide guidance on dose-sparing strategies. Commending the global reduction in the number of containment facilities maintaining poliovirus materials, she said that it was important to balance the need for robust containment measures while minimizing the impact to inactivated poliovirus vaccine production and supply. The transition of polio-related assets had to be strategic to ensure that country capacities remained fit for purpose until the Polio Eradication and Endgame Strategic Plan 2013–2018 had been completed.

The representative of INDONESIA said that a mass polio vaccination campaign focused on children under the age of five years had been carried out in her country. Given the shortage of inactivated poliovirus vaccine, she called on WHO to encourage manufacturers to increase their production capacity of that vaccine and share the relevant technology. She highlighted the importance of institutionalizing polio transition planning in every Member State, including with regard to containment. WHO should assist in building up the global stockpile of monovalent oral polio vaccine type 2 in case of an outbreak. Poliomyelitis could only be eradicated if activities were adequately funded.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the three countries in which poliovirus was still endemic should be fully supported by the international community, including financially, to ensure eradication of the virus. Quarterly analyses, risk reduction strategies, and systematic vaccination were key to ensuring that all children were vaccinated, and full surveillance was necessary post-immunization. The provisions of the International Health Regulations (2005) that covered travel to countries in which vaccination was required must also be implemented. Simulation exercises should be run in countries in which poliomyelitis had been eradicated in case of a re-emergence of that disease. Risks inherent in mass migrations of people across regions, such as for pilgrimages, should be taken into account when planning for such situations. He underscored the need to step up efforts to ensure the availability of sufficient stores of inactivated poliovirus vaccine to address the global shortage of that vaccine.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that, in his country, the switch from trivalent to bivalent oral polio vaccine had been made and poliovirus containment activities had been carried out. Nevertheless, there had still been two recent cases of circulating vaccine-derived poliovirus. He expressed appreciation to partners, especially WHO, UNICEF, the GAVI Alliance and the United States Centers for Disease Control and Prevention, for their support in drawing up a response plan that was being implemented.

**Mr Davies took the Chair.**

The representative of IRAQ outlined the steps that had been taken in his country towards poliomyelitis eradication, namely the introduction of inactivated poliovirus vaccine, the completion of the switch from trivalent to bivalent oral polio vaccine, the enhancement of surveillance systems, and renewed focus on routine immunization through campaigns. Given the complex emergency situation in the region, priority had been given to immunizing internally displaced persons under the age of 15 and people entering the country from the neighbouring Syrian Arab Republic. Advocacy, communication and social mobilization in health promotion activities were also important. Collaborative efforts were needed to develop more in-depth environmental surveillance, and interregional cooperation was crucial for regions, such as the Eastern Mediterranean Region, that needed additional support in polio transition planning.

The representative of GERMANY recalled that, although much progress had been made in reducing the number of poliomyelitis cases, successful and lasting eradication of poliomyelitis had not

yet been achieved. At its May 2017 summit, the G20 had adopted a resolution emphasizing the importance of completely eradicating poliomyelitis.

The representative of KENYA outlined the steps taken in her country towards poliomyelitis eradication, such as increasing immunization coverage among the nomadic population, conducting supplementary immunization activities and introducing environmental surveillance to complement acute flaccid paralysis surveillance. With regard to transition planning, the national poliomyelitis eradication plan had been integrated so that resources initially used for poliomyelitis eradication would be used in routine immunization.

The representative of SPAIN encouraged Member States to continue their work to interrupt poliomyelitis transmission completely by the end of 2017. At that point, lessons on implementing health programmes in a challenging context could be learned from the experience of poliomyelitis eradication, and operational measures for other types of immunization would already be in place. Consideration should be given to the potential risks of establishing too many poliovirus containment facilities.

The representative of PARAGUAY highlighted that Member States would not be able to implement the global vaccine action plan, which required them to terminate use of the Sabin oral polio vaccine by 2020, if there continued to be a shortage of inactivated poliovirus vaccine. Likewise, Member States would not be able to adopt dose-saving strategies, such as using a fractional-dose inactivated poliovirus vaccine, until clear operational protocols on their use were established.

The representative of NIGER outlined the poliomyelitis eradication efforts in his country, including further vaccination campaigns and the introduction of strengthened surveillance and routine immunization systems. As a result, the transmission of wild poliovirus had been successfully interrupted in 2008, leading to the removal of Niger from the list of polio-endemic countries. His country had been certified as being free of wild poliovirus in April 2016. Nevertheless, major challenges remained in improving the provision of systematic immunization services and eradicating poliomyelitis, largely due to the circulation of wild poliovirus in countries bordering Niger. In collaboration with Chad and Nigeria, immunization response campaigns had been launched in 2016, resulting in over 95% immunization coverage in Niger. He said that the application of the International Health Regulations (2005) would undoubtedly help reinforce response and surveillance capacities along borders.

The representative of JAMAICA said that, while her country had been certified free of poliomyelitis since 1994, it remained at high risk for re-importation of the disease due to the high levels of tourist traffic and an immunization coverage rate of below 95%. The switch from trivalent to bivalent oral polio vaccine had been completed, all the Regional Certification Commission's recommended actions had been implemented and a polio outbreak and preparedness plan had been submitted to PAHO. Strengthening routine immunization systems to prevent vaccine-derived poliovirus emergencies, filling surveillance gaps to cover all children and enhancing outbreak prevention and response in high-risk areas were priorities.

The representative of ZIMBABWE congratulated Member States for making the switch from trivalent to bivalent oral polio vaccine, but said that the shortage of inactivated poliovirus vaccine must be resolved if his country was to continue meeting polio surveillance and coverage targets. Special attention should be given to areas where transmission of the disease was still occurring, and efforts to interrupt its transmission must be intensified.

The representative of MEXICO, while recognizing the progress made worldwide to stop poliomyelitis transmission, expressed concern at the ongoing challenges in producing inactivated

poliovirus vaccine and the resulting shortage. In Mexico, an intersectoral group had been established to implement the Polio Eradication and Endgame Strategic Plan 2013–2018, and efforts would continue to be made to maintain high immunization coverage, increase epidemiological surveillance and take swift control measures in the event of an outbreak of wild poliovirus.

The representative of CUBA said that, in order to further poliomyelitis eradication efforts, high immunization coverage supported by a strong health system that ensured adequate access to public health resources was crucial. Acute flaccid paralysis surveillance should be supplemented by a strong environmental surveillance system. Funding and a sufficient supply of inactivated poliovirus vaccines were key to the successful implementation of the Organization's vaccination recommendations. She urged Member States to collaborate and exchange information to that end.

The representative of VIET NAM outlined the measures taken under his country's polio eradication plan, namely the organization of polio vaccination campaigns in high-risk areas, the switch from trivalent to bivalent oral polio vaccine for types 1 and 3, and the introduction of inactivated poliovirus vaccine. He expressed concern about the delay in delivery of inactivated poliovirus vaccine, which had resulted in a prolonged period without immunity to poliovirus type 2. He called for delivery to be made as soon as possible to ensure that children under the age of one year could be vaccinated. His country's Ministry of Health would require clear information in order to prepare the national strategy.

The representative of TOGO highlighted several achievements made by his Government in poliomyelitis eradication, including the attainment of 89% immunization coverage via the oral polio vaccine for poliovirus type 3, the containment of poliovirus type 2 and the switch to bivalent oral polio vaccine in the country's routine immunization programme. However, the shortage of inactivated poliovirus vaccine was posing a major risk to infants. He therefore requested the Global Polio Eradication Initiative partners to speed up the provision of the vaccine to countries that had already made the switch.

The representative of the ISLAMIC REPUBLIC OF IRAN said that a national transition plan had been prepared in his country, based on inactivated poliovirus vaccine use in addition to bivalent oral polio vaccine, environmental sampling and laboratory containment. Given the shortage of inactivated poliovirus vaccine, however, administration had to be limited to high-risk areas, specifically on the border with Afghanistan and Pakistan. A research study would be conducted to evaluate the immunogenicity and practical feasibility of fractional-dose inactivated poliovirus vaccine. Implementation of environmental surveillance was already under way, in cooperation with WHO, and poliovirus containment activities were being carried out.

The representative of BARBADOS said that inactivated poliovirus vaccine had been introduced into her country's routine immunization schedule, although the difficulties encountered by manufacturers in scaling up production meant that, as of May 2017, Member States of the Region of the Americas had been asked to give only one dose, rather than the two recommended by the Organization. Trivalent oral polio vaccine had been replaced by bivalent oral polio vaccine in her country on 26 April 2016. By January 2016, a comprehensive survey had revealed that no wild poliovirus type 2 or vaccine-derived poliovirus type 2 was stored in the island's laboratories. Her Government would continue to work to implement the Polio Eradication and Endgame Strategic Plan 2013–2018.

**Dr Al-Kuwari resumed the Chair.**

The representative of the GAMBIA expressed concern at the global shortage of inactivated poliovirus vaccine, which his country had introduced in April 2015. The switch from trivalent to

bivalent oral polio vaccine had been made in April 2016. Polio eradication activities in the African Region must continue to be adequately funded to ensure that the final goal could be reached.

The representative of MADAGASCAR said that his Government had undertaken its ninth poliomyelitis vaccination campaign in March 2017. In line with WHO recommendations, such campaigns were now being undertaken every six months. The interruption of vaccine-derived polio virus circulation had been officially declared in December 2016. In April that year, the country had switched from oral polio vaccine to inactivated poliovirus vaccine.

The representative of the BAHAMAS, emphasizing the need for Member States to maintain their eradication status, said that his country had switched from trivalent to bivalent oral polio vaccine and introduced injectable vaccines. Adequate stores of vaccine must be available, to which end it was to be hoped that the delivery system would change.

The representative of the DOMINICAN REPUBLIC said that his country's immunization schedule used inactivated poliovirus vaccine and bivalent oral polio vaccine. The switch from trivalent oral polio vaccine had been closely monitored. Acute flaccid paralysis had fallen to 0.46 cases per 100 000 children under the age of 15 in 2015 and in December 2016 the country had achieved the expected notification rate. Other indicators remained above minimum levels, with the exception of sample collection within the first 14 days. A review committee had been established to certify polio eradication. The import and use of poliovirus vaccines containing live Sabin type 2 virus strains had been banned as of 25 April 2016.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that, following the switch from trivalent to bivalent oral polio vaccine in April 2016, her country still needed support from the Organization and sufficient supplies of vaccine to achieve satisfactory results and contribute to eradicating poliomyelitis worldwide.

The representative of BANGLADESH said that his country, which had been free of poliomyelitis since 2006, continued to work to maintain that status and eradicate the disease entirely. In order to overcome global vaccine shortages, the introduction of fractional doses of inactivated poliovirus vaccine into routine immunization from July 2017 was being considered. The switch from trivalent to bivalent oral polio vaccine had taken place on 23 April 2016. High-quality surveillance for acute flaccid paralysis was carried out and a plan was in place to respond to imported cases of any type of poliovirus. In order to ensure the success of the Polio Eradication and Endgame Strategic Plan 2013–2018, the Organization and global partners should continue to provide technical and financial support even after 2020.

The representative of NAMIBIA said that the significant progress made towards the eradication of poliomyelitis had already prevented millions of cases of paralysis and childhood deaths. The billions of dollars saved could be channelled into other activities such as the WHO Health Emergencies Programme. With redoubled surveillance and identification efforts by those countries where cases were still occurring, and support from the global community, eradication might even be possible before 2020.

The representative of PAKISTAN reaffirmed the commitment of his Government and all political parties to the eradication of poliomyelitis. Access and security no longer presented barriers to progress. Work to date had resulted in the best epidemiological indicators yet seen in the country, but further efforts were needed to achieve complete success. The interruption of indigenous transmission in the two biggest reservoirs – Karachi and Khyber-Peshawar – was particularly significant. Pakistan had the largest environmental sampling system in the world, with progressive reductions in wild poliovirus isolates over the previous three years. The core reservoirs remained key areas for action, but

the significant investments made in surveillance were proving their worth. Afghanistan and Pakistan represented a single epidemiological block, and the eradication task would not be complete until both countries achieved success simultaneously. More effort and investment would be needed to revitalize the Expanded Programme on Immunization and meet the targets set in his country's National Emergency Action Plan for Polio Eradication 2016–2017. His Government was investing its own resources in eradication activities, demonstrating its commitment to the cause and to achieving the ultimate objective of eradicating poliomyelitis.

The representative of MALDIVES, emphasizing that the risks of poliomyelitis would persist until the disease was eradicated globally, said that inactivated poliovirus vaccine had been introduced into her country's immunization schedule in March 2015 and bivalent oral polio vaccine had been used in all vaccination centres since April 2016. In addition to implementing the temporary recommendations issued by the Director-General under the International Health Regulations (2005), Member States must continue to work with all relevant partners, including vaccine manufacturers, to ensure the phased removal of oral polio vaccines from all immunization programmes, for which a sufficient supply of inactivated poliovirus vaccine was vital. Member States must also strengthen immunization and surveillance systems.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, welcoming the progress made towards eradicating poliomyelitis but emphasizing the need to complete the task, said that his country had introduced inactivated poliovirus vaccine into its immunization schedule in February 2016 and successfully switched from trivalent to bivalent oral polio vaccine on 1 May 2016. Vaccination coverage had increased at all stages of the immunization schedule. With technical support from PAHO, a national preparedness and response plan for a potential poliomyelitis outbreak had been drawn up to deal with any imported cases that occurred or the identification of type 2 poliovirus from any source. The plan provided for the use of monovalent poliovirus type 2 vaccines from global stocks if necessary.

The representative of AFGHANISTAN said that, as a result of efforts to improve the quality of eradication measures, the number of cases of poliomyelitis reported in his country had fallen from 20 in 2015 to 13 in 2016 and only three in the first quarter of 2017. A strategy had been introduced to target the children of nomadic populations, and almost 123 000 returnee children had been vaccinated in 2016. Cross-border teams had been deployed to work with the large numbers of people who regularly moved between Afghanistan and Pakistan. A vaccination campaign using inactivated poliovirus vaccine had been conducted in 35 districts and environmental surveillance had been expanded to cover six provinces. As two of the three countries where the disease remained endemic, Pakistan and Afghanistan needed support from the international community to end the threat that poliomyelitis posed, not only to their own children but to the rest of the South-East Asia Region and the world as a whole.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed concern at the challenges faced in eradicating poliomyelitis in the three countries where the disease remained endemic, particularly in view of the recent detection of wild poliovirus in north-eastern Nigeria and the humanitarian crisis in the Lake Chad region. Sustained investment was needed in Afghanistan, Pakistan and the Lake Chad basin using novel approaches to reach high-risk communities. In other countries, overall government financing strategies for immunization should be reviewed, given the important role that poliomyelitis funding, which was to be wound down, played in supporting broader immunization activities.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that work funded by the Global Polio Eradication Initiative contributed greatly to other health outcomes. With the imminent eradication of poliomyelitis, however, financial support



from the Initiative was decreasing at the same time as many countries were having to increase the domestic resources they allocated to immunization. It was not yet clear how the transition period would be covered. All Member States and Global Polio Eradication Initiative partners should consider the implications of the transition and take steps to ensure that progress made in other areas was not undermined.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, emphasized the beneficial role that pharmacists could play in immunization programmes, including in helping to overcome the lack of education and distrust of vaccines that led people to avoid vaccination. While transmission rates of wild poliovirus were at their lowest ever, the disease would continue to pose a threat to children until it was eradicated completely. Member States should use pharmacists as immunizers, both nationally and as part of global health relief forces combating poliomyelitis.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Afghanistan, Pakistan and Nigeria to sustain pressure on the virus by immunizing every child against poliomyelitis, especially in high-risk, mobile populations. High-quality surveillance was required. She welcomed the increased use of environmental sampling and sampling of healthy children to identify gaps and confirm the absence of the poliovirus. There was a need to leverage the full range of innovations, lessons learned, and physical and intellectual assets of poliomyelitis eradication to benefit broader public health priorities. Continued financial and political commitment and ownership were essential at the country level.

The representative of INTRAHEALTH INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that poliovirus was still prevalent in a handful of the world's poorest and most marginalized communities and its eradication depended on the success of health workers reaching those communities. Target countries must proactively manage their health care human resources and maintain the workforce needed to ensure interruption of transmission and effective response to outbreaks. Frontline health workers must be continuously supported and protected, particularly in dangerous settings. Sharing assets and lessons learned in the Global Polio Eradication Initiative with other global health initiatives would be useful.

The representative of UNICEF said that UNICEF remained committed to working with partners to identify innovative ways to mobilize communities and reach children with polio vaccines. The unprecedented partnership between Member States, communities, local and religious leaders, civil societies and the Global Polio Eradication Initiative partners had meant that poliovirus circulation was close to being interrupted. She commended frontline health workers, who often worked in trying circumstances. As the last few pockets of wild poliovirus were being tackled, UNICEF would redouble its commitment and determination until the world was certified polio free. UNICEF was committed to working with Member States and the Initiative partners to implement a responsible transition plan.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, said that the supply of inactivated poliovirus vaccines remained limited, which resulted in vaccine stock outs and programme suspensions, raising concerns about the risk of the possible re-emergence of polioviruses. At the same time, as the world was moving closer to poliovirus eradication, budgets and support had begun to decline. The GAVI Alliance was working together with countries, the Global Polio Eradication Initiative partners and stakeholders to develop plans to mitigate the effect of the poliovirus during the transition. Countries such as Somalia and South Sudan were particularly vulnerable, as their primary health care systems continued to rely on the support of polio staff. Under WHO's leadership, Member States and stakeholders should come together to determine appropriate action.

The DIRECTOR (Polio Eradication) said that achieving a polio-free world was within sight but progress was fragile. The current epidemiological situation continued to be a public health emergency of international concern. Efforts to support Afghanistan, Nigeria and Pakistan should be redoubled to help them implement their national emergency action plans and to ensure that resources were available to do so. There had been an impressive decrease in the number of poliomyelitis cases in Afghanistan and Pakistan. Both countries were working together closely to address the challenges of cross-border transmission and mobile populations.

It was time to intensify surveillance everywhere. The resurgence of the poliovirus in north-eastern Nigeria was a reminder of the danger of residual low-level transmission of the virus. Recent reports of acute flaccid paralysis cases caused by vaccine-derived polioviruses among populations where immunization coverage was too low demonstrated the importance of eradicating poliomyelitis so that all types of oral polio vaccines could be withdrawn.

The globally synchronized withdrawal of trivalent oral polio vaccines by Member States had been an extraordinary achievement. The commitment to introduce at least one dose of the inactivated poliovirus vaccine into routine immunization systems had been made by 126 Member States. A critical shortage of vaccines was very unfortunate; it was a priority under the Global Polio Eradication Initiative to manage the risk linked to such shortages. The available vaccines would continue to be allocated to the countries that faced the highest risk of outbreaks of type 2 vaccine-derived poliovirus. In the light of the better understanding of where the risks remained, a comprehensive review of risk classification was being conducted.

Support was extended to countries to adopt a fractional dose schedule, which would help stretch available supplies. While the supply situation would remain unstable until 2018, it was expected that by 2020 there would be more manufacturers on the market, which would reduce prices and ensure sufficient supply for two-dose schedules for the whole world.

Inactivated poliovirus vaccines played a limited role in preventing the emergence of new vaccine-derived polioviruses; its main role was to rapidly increase population immunity against type 2 poliovirus in combination with monovalent type 2 oral poliovirus. The global supply of monovalent type 2 oral poliovirus vaccine was available and the Director-General had authorized its release on many occasions for use in various campaigns. The removal of type 2 oral polio vaccine had permitted the world to substantially reduce the number of outbreaks of vaccine-derived polioviruses and vaccine-associated paralytic poliomyelitis.

It was important to minimize the risk of accidental release of polioviruses into the environment. The implementation of the WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII) had been slow for type 2 poliovirus, but it was time to accelerate efforts. The guidance and timelines with regard to the implementation of the global action plan would be revised. Once the poliovirus had been eradicated, some critical functions would need to be sustained, including surveillance. The Global Polio Eradication Initiative would finalize the post-certification strategy by the end of 2017, which would be presented to the Health Assembly in 2018.

**The Committee noted the report.**

- **Polio transition planning** (document A70/14 Add.1)

The representative of MONACO introduced a draft decision proposed by the delegations of Andorra, Australia, Brazil, Canada, Ecuador, the Member States of the European Union, Georgia, Israel, Madagascar, Monaco, Montenegro, Mozambique, Nigeria, Norway, Pakistan, Panama, Thailand, the United States of America, Uruguay and Zambia. It would provide a road map to help WHO develop a strategic plan based on the needs and priorities of Member States, subsequently enabling Member States to take ownership and ensure that the transition constituted an opportunity and not a risk. It read:

The Seventieth World Health Assembly, having considered the updated report on Polio transition planning;<sup>1</sup>

**PP1** acknowledged that the active role taken by the Office of the Director General in directing and leading this process is of key importance;

**PP2** emphasized the critical and urgent need to maintain and pursue eradication efforts in polio-endemic countries and sustain surveillance in countries through polio eradication certification, and the importance of ensuring that GPEI is fit for purpose, with adequate levels of qualified staff (from EB140(4));

**PP3** acknowledged that GPEI ramp-down has started and highlighted the need for WHO to strategically manage the resulting impact on WHO Human Resources and other assets;

**PP4** noted the ongoing process of developing a Post-Certification Strategy, that will define the essential polio functions needed to sustain eradication and maintain a polio free-world;

**PP5** highlighted the need for WHO to work with all relevant stakeholders on options for ensuring effective accountability and oversight after eradication in the Post-Certification Strategy;

**PP6** noted with great concern the reliance on Global Polio Eradication Initiative funding of WHO at global, regional and country levels, involving many WHO programme activities, and the financial, organizational and programmatic risks that this reliance entails for WHO, including risks for the sustainability of WHO's capacity to ensure effective delivery in key programmatic areas and to maintain essential continuing functions;

**PP7** noted the list of proposed actions to be implemented by the end of 2017 as referred to in document A70/14 Add.1, in particular in relation to the development of a comprehensive WHO strategic polio transition action plan;

**OP1** decided to urge the Director General:

- (a) to make polio transition a key priority for the Organization at its three levels;
- (b) to ensure that the development of the WHO strategic action plan on polio transition is guided by an overarching principle of responding to country needs and priorities, including by participating in and supporting Global Polio Eradication Initiative country transition planning;
- (c) to mainstream best practices from polio eradication into all relevant health interventions and build capacity and responsibility for polio eradication ongoing functions and assets in national programmes, while maintaining WHO's capacity to provide norms and standards for post eradication planning and oversight;
- (d) to explore innovative ways for mobilizing additional funding for the period 2017–2019 in order to mitigate the possible impact on Global Polio Eradication Initiative ramp-down and on the longer-term sustainability of key assets that are currently financed by Global Polio Eradication Initiative and to update Member States on this work, through a dedicated session at the forthcoming financing dialogue;

**OP2** decided to request the Director General:

- (a) to develop a strategic polio transition action plan by the end of 2017 to be submitted for consideration by the Seventy-first World Health Assembly through the Executive Board at its 142nd session that:
  - (i) clearly identifies the capacities and assets, especially at country and where appropriate community levels, that are required to:

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<sup>1</sup> Document A70/14 Add.1.

- sustain progress in other programmatic areas, such as disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response, including the strengthening and maintenance of IHR core capacities;
- maintain a polio free world after eradication;
- (ii) provides a detailed costing of these capacities and assets;
- (b) to present to the Seventy-first World Health Assembly a report on the efforts to mobilize funding for transitioning capacities and assets that are currently financed by the Global Polio Eradication Initiative into the programme budget, to enable the Seventy-first World Health Assembly to provide guidance for the development of the programme budget for the biennium 2020–2021 and the Thirteenth General Programme of Work 2020–2025 on a realistic basis;
- (c) to report regularly on the planning and implementation of the transition process to the Health Assembly, through the Regional Committees and the Executive Board.

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

<b>Decision:</b> Poliomyelitis: polio transition planning	
<b>A. Link to the general programme of work and programme budget</b>	
<b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>	
<b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b>	No cases of paralysis due to wild or type-2 vaccine-related poliovirus globally.
<b>Programme budget 2016–2017 output(s):</b>	Output 5.5.4. Polio legacy workplan finalized and under implementation globally.
<b>2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b>	The WHO strategic polio transition action plan and options is due to be developed by the end of 2017 and presented for consideration by the Executive Board at its 142nd session in January 2018. The strategic action plan will be further developed and refined for the Seventy-first World Health Assembly in May 2018. The timeline for implementation of the plan (and the cost) will be included in the strategic action plan.

<b>B. Budgetary implications</b>
<p><b>1. Estimated total cost to implement the decision if adopted, in US\$ millions:</b></p> <p>Developing the strategic action plan and options, with costing, by the end of 2017 for submission the Seventy-first World Health Assembly through the 142nd session of the Executive Board will require dedicated staff resources at WHO estimated to be as follows: at headquarters, one P6, one P5 and one P4 staff member, and one G5 support staff member for 7 months (for the remainder of 2017), and a P5 staff member in the Regional Office for the Eastern Mediterranean and the Regional Office for Africa, and a half-time P4 staff member in the Regional Office for South-East Asia. The 2017 cost for staff is US\$ 1.06 million.</p> <p>The same staff complement will be required for the first 6 months of 2018, at a cost of US\$ 0.89 million.</p> <p>Operational costs for meetings and documentation in 2017 are estimated to be US\$ 0.03 million.</p> <p>The total estimated 13-month cost is therefore US\$ 1.98 million.</p> <p>In-kind support from staff in Polio Eradication and related programmes (for example, the WHO Health Emergencies Programme and Immunization, Vaccines and Biologicals) and country offices will also be required but is not costed. This estimate is based partly on the resources that have been required up to now to coordinate transition planning.</p>
<p><b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b></p> <p>As stated in section B.1, the costs during 2017 will amount to US\$ 1.09 million; however, these will be accommodated within the Programme budget 2016–2017 envelope.</p>
<p><b>2.b. Resources available during the current biennium</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:</b> Funds to implement the decision are likely to be found within existing resources.</li> <li>– <b>Extent of any financing gap, in US\$ millions:</b> None.</li> <li>– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b> Not applicable.</li> </ul>
<p><b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b></p> <p>The cost to deliver and continue to refine the strategic action plan and options in the first 6 months of 2018 is estimated to be US\$ 0.89 million for the headquarters and regional staff members outlined in section B.1.</p> <p><b>Has this been included in the Proposed programme budget 2018–2019?</b></p> <p>The planning for achievement of the deliverables is an ongoing process but as far as possible, the costs will be included within the approved Programme budget 2018–2019. The cost of implementation of the strategic action plan and options will be included in the report that will be submitted to the Executive Board at its 142nd session and the Seventy-first World Health Assembly.</p>
<p><b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b></p> <p>To be determined in the strategic action plan and options.</p>

The representative of the RUSSIAN FEDERATION, supported by the representatives of ANGOLA on behalf of the Member States of the African Region, the UNITED ARAB EMIRATES, JAPAN, ARGENTINA, the PHILIPPINES and CUBA, expressed support for the draft decision.

The representative of GERMANY emphasized that the level of attention given by WHO to transition planning should be maintained. Polio transition was rightly considered to be a challenge for the Organization as a whole; a poorly managed transition process would undermine WHO's ability to carry out its functions and undermine global health overall. He welcomed the measures that were being developed to assess and mitigate risks. He asked how WHO would compensate for the decrease in voluntary funds and how it would adapt its structures. The transition of the polio programme had to be a fully transparent process and involve Member States.

The representative of AUSTRALIA said that the impact a decline in polio resources would have on WHO in its operations was a concern. If not managed appropriately, global health security and progress towards the health-related Sustainable Development Goals could be compromised. The actions taken by WHO to manage polio transition and minimize potential liabilities had been noted. WHO was urged to continue to place the highest priority on addressing programmatic, organizational and financial risks associated with the transition to ensure that the essential functions at the country level were maintained and financed sustainably.

The representative of SWITZERLAND said that a proper plan was necessary to maintain progress. The Global Polio Eradication Initiative coming to an end would have an impact on the Organization as a whole and country offices in particular. More details on possible solutions from the Secretariat would be welcome. It was important not to lose the knowledge and expertise acquired in the fight to eradicate poliomyelitis. The collaboration between WHO and the Global Polio Eradication Initiative partners must be strengthened. The challenges relating to human resources and maintaining the progress achieved were closely linked and must be addressed in a coordinated manner. Transition planning must be aligned with the transition strategies developed by countries in the context of the Initiative.

The representative of the UNITED STATES OF AMERICA said that the Global Polio Eradication Initiative had resulted in innovations that would benefit broader public health programmes. She urged WHO not to reduce the disease-surveillance workforce or its focus during the ramp-down; surveillance capabilities were essential and a key aspect of countries' compliance with the International Health Regulations (2005). The transition phase should be country-led and retain polio-essential functions. Polio assets, infrastructure, and best practices should be woven into core public-health systems, mainstreamed, especially to support routine immunization efforts, and included in national budgets. A seamless surveillance system from community-based case detection to facility-based surveillance and response capacity was absolutely critical. Member States must reduce donor dependence and protect local funding. Fragile States, children in conflict areas and mobile populations would need ongoing external donor support and attention. Non-traditional approaches to disease surveillance were needed. The future costs of protecting and sustaining a polio-free world should be designed to maintain and embed within the essential functions of global immunization systems.

**The meeting rose at 12:20.**

## **SIXTH MEETING**

**Thursday, 25 May 2017, at 14:45**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr A. HURREE (Mauritius)

**Later:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

### **1. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda (continued)**

**Poliomyelitis:** Item 12.3 of the agenda (continued)

#### **• Polio transition planning (continued) (document A70/14 Add.1)**

The CHAIRMAN recalled that a draft decision on polio transition planning had been introduced at the fifth meeting.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND stressed the need for robust planning; extensive engagement with partners; an agreed transition plan; and a plan for the future financing of immunization efforts, human resources, and the transfer of key programme assets. Once interruption of transmission had been achieved, it would be essential to maintain that situation and continue to support wider health objectives and systems. She asked for further information on how the Secretariat was working with the other partners of the Global Polio Eradication Initiative in respect of polio transition planning.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the focus on ensuring the optimal use of resources and knowledge, particularly in Afghanistan and Pakistan. Cognizant of the risks related to the decrease in funding for poliomyelitis, it was important to make the most of opportunities, experiences and lessons learned. Member States must develop national vaccination programmes in order to overcome pandemics, improve maternal and child health, ensure universal health coverage and meet the Sustainable Development Goals. Polio transition planning should be a key priority and it was important to make sure that the risks related to the budget decrease were as low as possible, with regard to both poliomyelitis and other diseases.

The representative of NORWAY said that, although transition planning had been under way for some time, the programmatic and organizational impact on WHO had not been given much attention. For example, the staff funded by the Global Polio Eradication Initiative spent a significant proportion of their time on non-polio related activities; that work could be lost when the programme was closed down. The Secretariat should clearly outline the capacities that needed to be transitioned into the programme budget and demonstrate, on a country by country basis, their added value for global health and national health targets. The strategic action plan on polio transition requested in the draft decision should be based on active participation in country planning and dialogue with affected States and relevant partners. Urgent consideration should also be given to possible financing for the transition of polio-funded capacities in the programme budget. Any guidance given by the Seventy-first World

Health Assembly on the development of the draft programme budget for 2020–2021 should take into account progress made in mobilizing financial support for the transitioning of polio-funded capacities.

The representative of CHINA emphasized the importance of concerted and effective technical and financial support for all regions affected by poliomyelitis in order to accelerate eradication efforts. At such a critical stage of the eradication timeline, developing countries with a high risk of importation required particular attention and it was important to develop action plans in that respect; enhance cross-border and inter-regional cooperation; and increase surveillance and vaccination efforts. Moreover, greater coordination of global resources and the increased production and supply of inactivated poliovirus vaccines were needed as many countries continued to face supply shortages.

The representative of AFGHANISTAN, underscoring his Government's commitment to ensuring that all children in his country received the polio vaccination, said that to stop poliovirus transmission in the region, cross-border coordination, surveillance and data sharing between Afghanistan and Pakistan had been enhanced. Moreover, the timing of vaccination campaigns had been synchronized in those two countries. Welcoming the draft decision, he stressed the importance of adequate investment in routine immunization programmes at the national and subnational levels to achieve better immunization coverage for vaccine-preventable childhood diseases in developing countries.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that the winding down of the Global Polio Eradication Initiative should be guided by comprehensive and strategic country-led planning, which should take into account the long-term programmatic impact on WHO, strengthen national health systems, and build capacity to meet broader health goals. Welcoming the engagement with the Global Policy Group and the Organization-wide approach taken, she expressed concern about the impact of the eventual discontinuation of funding for the Global Polio Eradication Initiative on the field capacity of WHO, including for immunization support, surveillance and emergency response. The Secretariat should engage with all relevant departments, United Nations partner agencies and other stakeholders to identify the capacities, assets and associated costs required to sustain progress in those areas.

Given the complexity and interconnected nature of the polio transition process, WHO and the members of the Global Polio Eradication Initiative should ensure that cuts to staffing were timely and that risk analyses were taken into account. Noting that the indemnities fund had grown, she requested clarification on the measures being taken to reduce overall indemnities and to transition staff where possible. Due diligence should be exercised when awarding contracts and appointments to ensure synchronization with the projected end date of the polio programme. Moreover, the transitioning of polio-related resources away from those countries that had been polio-free for some time should be accelerated, while ensuring that sufficient capacity for immunization support, surveillance and emergency response was maintained at the country and regional levels. Future updates on the transition process should include a country by country dashboard on the polio transition website, which would provide a clearer picture of human resources-transition planning to facilitate understanding of gaps and mitigation measures. In the light of the limited flexibility in the Proposed programme budget 2018–2019, WHO should seek synergies and partnerships within programmes and with other key global health initiatives to address funding gaps. Moreover, the draft programme budget for 2020–2021 and the draft thirteenth programme of work should reflect the transition-related challenges and opportunities.

The representative of ECUADOR said that it was essential to explore financing mechanisms that maintained and built upon the progress made towards eradicating poliomyelitis. Capacity-building for ethical research and the training of human resources were vital. With the support of the Secretariat and in particular the regional offices, Member States should place particular emphasis on planning and building the technical capacities of health personnel in order to minimize the impact of the reduction



in financing. The draft decision should guide the development of a strategic action plan based on the needs, priorities and realities of each country.

The representative of FRANCE, welcoming the fact that the report by the Secretariat contained proposed responses to the challenges caused by the end of the Global Polio Eradication Initiative, said that some of the proposals, especially those related to immunization, needed to be expanded upon. Moreover, he asked how the reduction in the budget for vaccine-preventable diseases in the Proposed programme budget 2018–2019 was compatible with the end of the Global Polio Eradication Initiative, given that the Initiative was currently used to fund vaccination costs. Turning to staffing matters, he asked for additional information on the measures to be taken to redistribute staff and adapt their contracts, particularly with regard to specialists. In addition, he wished to know whether WHO had held discussions with the main donors to the Global Polio Eradication Initiative on whether they intended to transfer funding to other programmes after eradication was achieved.

The EXECUTIVE DIRECTOR (Office of the Director-General), acknowledging comments on the importance of recognizing the high level of risk involved in polio transition and the need for the proper management of that process, said that it was important to have a clear assessment of the risks in all areas, in order to define priorities and develop mitigation measures. Steps had already been taken at the country-level and by the regional offices to analyse the situation in order to ensure that the whole-of-Organization approach would take into account specific regional and country requirements. It was important to ensure that all programmes that would be affected by the winding down of the Global Polio Eradication Initiative were aware of the consequences and were managing the risks appropriately.

The DIRECTOR (Polio Eradication) explained that a number of steps had been taken to minimize the level of indemnity at the end of the Global Polio Eradication Initiative. The maximum amount had been established as US\$ 109 million, but with careful planning, it had been possible to bring the amount down to US\$ 50 million. Further reductions could be achieved by not issuing new long-term contracts within the polio eradication programme without a review; only filling vacancies that would be vital in the post-certification stage; using temporary contracts; ensuring that the length of fixed-term contracts would not go beyond the programme period; and sharing staff with other programmes.

The EXECUTIVE DIRECTOR (Office of the Director-General) said that, in order to compensate for the drop in voluntary contributions, the Secretariat would work with current donors to identify their long-term plans, ensure increased integration of resource mobilization for the polio programme and for the programme budget as a whole, and consider how the funding dialogue could be used in that respect. Moreover, the Proposed programme budget 2018–2019 did not reflect the winding down of the Global Polio Eradication Initiative; once the strategic action plan had been developed, it would be possible to look at the programme budget and see where changes could be made. Any such changes should fall under the remit of the Director-General and it would therefore not be necessary to consult the governing bodies.

With regard to collaboration between WHO and the other Global Polio Eradication Initiative partners, he explained that the efforts under the Initiative relating to transition were focusing on three key areas, namely country-level planning; the establishment of an independent monitoring board for transition; and the development of a post-certification strategy to ensure that essential polio-related functions were maintained. It was expected that the post-certification strategy would be presented to the governing bodies during 2018.

In terms of next steps, it would be important to ensure that the Director-General elect was fully briefed on polio transition efforts in order to ensure that the work continued. Moreover, a detailed strategic action plan on polio transition would be developed, in collaboration with relevant partners, as requested in the draft decision. That strategic action plan would be adequately reflected in the draft

programme budget 2020–2021 and the draft thirteenth general programme of work so as to ensure that functions that were currently funded under the Global Polio Eradication Initiative were adequately reflected within plans for immunization, surveillance and health systems.

**The draft decision was approved.<sup>1</sup>**

**Review of the Pandemic Influenza Preparedness Framework:** Item 12.5 of the agenda (documents A70/17 and A70/57)

The CHAIRMAN drew attention to a draft decision on the item, submitted by the delegations of Australia, Finland, Pakistan, Switzerland and the United States of America, which read:

The Seventieth World Health Assembly,

**PP1** Having considered the report on the 2016 Pandemic Influenza Preparedness (PIP) Framework Review Group and the reports of the Secretariat in collaboration with the Secretariat of the Convention on Biological Diversity and other relevant international organizations,<sup>2</sup> decided:

- (1) to recall the WHO's mandate as the directing and coordinating authority on international health work, and its role under the International Health Regulations (2005) in global outbreak alert and response in respect of public health crises;
- (2) to reaffirm the importance of the PIP Framework in addressing present or imminent threats to human health from influenza viruses with pandemic potential, and emphasize its critical function as a specialized international instrument that facilitates expeditious access to influenza viruses of human pandemic potential, risk analysis and the expeditious, fair and equitable sharing of vaccines and other benefits;
- (3) to emphasize the importance of prioritizing and supporting global pandemic influenza preparedness and response, including through the strengthening of domestic seasonal influenza virus surveillance and manufacturing capacities and international coordination and collaboration through the Global Influenza Surveillance and Response System (GISRS) to identify and share influenza viruses with pandemic potential rapidly;
- (4) to acknowledge the critical role of the WHO Global Influenza Surveillance and Response System (GISRS) in the identification, risk analysis and sharing of influenza viruses with human pandemic potential to allow rapid development of diagnostics, vaccines and medicines;
- [4 bis. to [recognize the necessity of timely [[and adequate]] Partnership Contribution payments by] [raise concerns over the underpayment, late payment or default on payment of Partnership Contributions by] certain entities who use GISRS, and concerns over entities that receive PIP Biological Materials, but are not entering into Standard Material Transfer Agreements 2;]
- (5) to recognize the ongoing consultations and collaboration between WHO and the Secretariat of the Convention on Biological Diversity and other relevant international organizations;
- (6) to commend the useful recommendations of the 2016 PIP Framework Review Group;
- (7) to request the Director-General:

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA70(9).

<sup>2</sup> Documents A70/17 (Annex) and A70/57.

- (a) to take forward expeditiously the recommendations of the PIP Framework Review Group's report;
- (b) regarding the Review Group's recommendations concerning seasonal influenza and genetic sequence data, to conduct a thorough and deliberative analysis of the issues raised, including the implications of pursuing or not pursuing possible approaches, relying on the 2016 PIP Framework Review and the expertise of the PIP Advisory Group, and transparent consultation of Member States and relevant stakeholders, including the WHO Global Influenza Surveillance and Response System (GISRS);
- (c) to continue encouraging manufacturers and other relevant stakeholders to engage in PIP Framework efforts, including, where applicable, by entering into Standard Material Transfer Agreement 2s and making timely annual Partnership Contributions;
- (d) to request the External Auditor to perform an audit of PIP Partnership Contribution funds in line with the Review Group's recommendation to: (1) provide assurances that the WHO financial regulations have been appropriately applied in the use of funds and that the financial information reported is accurate and reliable; and (2) provide recommendations to further increase the transparency of reporting on the linkages between expenditure and technical impact;
- (e) to continue consultations with the Secretariat of the Convention on Biological Diversity and other relevant international organizations, as appropriate;
- (f) to report to the Seventy-first World Health Assembly, on progress in implementing this decision, including the status of the recommendations contained in the report of the PIP Framework Review Group, and to make recommendations on further action.

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

<b>Decision:</b> Review of the Pandemic Influenza Preparedness Framework	
<b>A. Link to the general programme of work and programme budget</b>	
<b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>	
<b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b>	Not applicable.
<b>Programme budget 2016–2017 output(s):</b>	Not applicable.
<b>2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	
The Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits contributes to outcomes E.1 and E.2 of the WHO Health Emergencies Programme.	
Member States are considering the report of the 2016 PIP Framework Review Group. The PIP Framework, section 7.4.2, notes that the Framework and its Appendices will be reviewed by 2016 with a view to proposing revisions reflecting developments as appropriate, to the World Health Assembly in 2017, through the Executive Board.	
<b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b>	
Up to 30 months.	

<b>B. Budgetary implications</b>	
<b>1. Estimated total cost to implement the decision if adopted, in US\$ millions:</b>	US\$ 2.91 million.
<b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b>	Undertaking the activities outlined in the decision is estimated to require an additional US\$ 0.84 million of financing in 2017. Because the PIP Framework sits outside the programme budget, implementing the decision can be accommodated without increasing the budget space.
<b>2.b. Resources available during the current biennium</b>	<ul style="list-style-type: none"> <li>– <b>Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:</b> None.</li> <li>– <b>Extent of any financing gap, in US\$ millions:</b> US\$ 0.84 million.</li> <li>– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b> None.</li> </ul>
<b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b>	US\$ 2.07 million.
	<b>Has this been included in the Proposed programme budget 2018–2019?</b> The PIP Framework sits outside the programme budget.
<b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b>	Not applicable.

The member of the PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK REVIEW GROUP said that the Pandemic Influenza Preparedness (PIP) Framework was a bold and innovative tool that had been well implemented, and its founding principle of increasing health equity through the sharing of viruses and other pathogens was as relevant as ever. He drew attention to the recommendations made in the report of the Review Group, referring in particular to the need to react to technological change, such as the ability to use genetic sequence data as a substitute for actual viruses. In view of the possible impact of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization to the Convention on Biological Diversity, the Framework needed to be recognized as a specialized international instrument under the Nagoya Protocol. Other recommendations covered the possible inclusion of seasonal influenza in the Framework, efforts to build on the success of Standard Material Transfer Agreements 2, means of improving the predictability of yearly partnership contributions, the identification of aspects of the global action plan for influenza vaccines that could support the Framework's implementation, the alignment of activity under the Framework with capacity-building efforts under the International Health Regulations (2005) and efforts to broaden WHO's engagement with stakeholders – including laboratories – on the Framework.

Although change could be challenging, it was vital in order to ensure that the Framework remained a nimble and relevant legal instrument that evolved in response to changes in technology. The ongoing need for better surveillance, diagnostics and national capacities in case of an influenza pandemic meant that investment in the Framework was as critical as ever.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that the PIP Framework had improved global health security significantly, and the global action plan for influenza vaccines had increased vaccine production capacities in developing countries. To drive the PIP Framework still further, it should be recognized as a specialized international instrument, thereby facilitating expeditious access to influenza viruses of human pandemic potential, risk analysis and fair and equitable sharing of vaccines. Collaboration with the Secretariat of the United Nations Convention on Biological Diversity was welcome. She supported the proposed extension of the PIP Framework to cover all biological materials, including genetic sequence data and other products for profit and commercial use, which might require a revision of the PIP Framework. Influenza vaccine security was critical to ensuring an adequate and timely response to pandemics and should be enhanced by securing more virtual pandemic vaccine stockpiling and by strengthening vaccine manufacturing capacity in developing countries. She expressed her support for the draft decision.

The representative of BAHRAIN said that WHO's efforts to build monitoring and laboratory capacities at the country level were commendable, and stressed the importance of ensuring continued voluntary funding to support those efforts. His Government was committed to cooperating in global exchanges of information on influenza, through its National Influenza Centre, and to upholding the provisions of the Standard Material Transfer Agreements 2. Measurable indicators should be devised to monitor progress, identify gaps in pandemic preparedness and facilitate the requisite technology transfers and capacity building to bridge them. A working group should be established, including representatives of relevant international organizations, to prepare guidelines on access to genetic sequence data.

The representative of INDIA said that efforts should be made to ensure that the sharing of samples and genetic sequence data was balanced with benefit sharing. India's National Influenza Centre had been contributing representative influenza virus isolates to WHO collaborating centres and the Government was implementing a road map on influenza surveillance. In addition, the sharing of genetic sequence data must be in line with the Nagoya Protocol. A transparent process should be followed when evaluating States for continuation of funding for activities under the Nagoya Protocol. In order to ensure the sustainability of the PIP Framework, the delivery of results should be regularly monitored, measured and communicated to Member States.

The representative of the BAHAMAS said that global health security was a particular concern for her Government, given the considerable amount of international travel to the Bahamas. The capacity to mount a timely response to a potential pandemic and access appropriate antiviral treatment was therefore crucial. She hoped that the laboratory and viral sharing component of the Global Influenza Surveillance and Response System would lead to affordable and accessible antiviral treatment. WHO should continue its efforts to balance virus sharing and benefit sharing, ensure effective communication of objectives and progress to Member States, and strengthen the governance of the PIP Framework and its links to WHO programmes.

The representative of the UNITED STATES OF AMERICA, underscoring the importance of the WHO leadership in ensuring that the global community was adequately prepared to respond to another influenza pandemic, said that expeditious implementation of the PIP Framework Review Group's recommendations was essential. WHO should conduct a thorough review, in consultation with Member States and other stakeholders, of the implications, desirability and methodology of including seasonal influenza viruses in the PIP Framework. Steps should be taken, under the WHO leadership, to ensure that virus sharing was balanced with benefit sharing. In line with the outcomes of the third WHO Consultation on the Global Action Plan for Influenza Vaccines, WHO should establish an advisory body to support the development of national influenza policies and ensure sustainable vaccine production. His delegation supported the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA expressed support for the recommendations of the PIP Framework Review Group. The Secretariat should use a stepwise approach to address the underpayment, late payment or defaults in payment by entities using the Global Influenza Surveillance and Response System and biological materials under the PIP Framework. He welcomed the PIP Framework Review Group's recommendation on conducting a study to further understand the handling of genetic sequence data and seasonal influenza in relation to the PIP Framework. Regulatory capacities should be enhanced, and burden of disease studies should be conducted on influenza. On financing, 70% of contributions towards influenza activities should be allocated to pandemic preparedness, and 30% to response.

With regard to the draft decision, he wished to propose two amendments: in paragraph (3), to replace "and manufacturing" by " , manufacturing and regulatory"; and in paragraph (7), between subparagraphs (b) and (c), to add a further subparagraph to read, "to continue to support the strengthening of regulatory capacities and burden of disease studies in Member States, which are fundamental foundations for pandemic preparedness;".

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that a set of measurable indicators should be instituted to periodically monitor the use of partnership contribution funds, and any associated challenges. Technology transfer and capacity building should be conducted for burden of disease studies and risk communications to ensure harmonization between the PIP Framework and the global action plan for influenza vaccines. More middle- and low-income countries in the Eastern Mediterranean Region should be considered for partnership contribution funds, given the progress made in improving epidemiological and virological surveillance capacity for pandemic influenza.

The representative of the RUSSIAN FEDERATION said that closer cooperation was required under the PIP Framework; links with other programmes and legal instruments should be established and information on objectives and progress should be shared with all stakeholders. The PIP Framework should be recognized as an international specialized instrument under the Nagoya Protocol. Implementation of the PIP Framework required effective coordination between all aspects of WHO's global influenza programme. A cautious approach must be taken to the inclusion of seasonal influenza viruses in the PIP Framework, as well as to using it as a model for sharing other pathogens. In addition, clarification was required with regard to the handling of genetic sequence data. She agreed that the definition of biological materials under the PIP Framework should be amended. Implementing the PIP Framework Review Group's recommendations would be a complex process, which would benefit from comprehensive consultations with all global influenza programme participants.

The representative of the PHILIPPINES expressed support for the draft decision. The Government of the Philippines had adopted standards and technical guidelines for a pandemic response to influenza. It remained committed to upholding its obligations under the International Health Regulations (2005), and to strengthening its influenza surveillance and alert systems.

The representative of IRAQ said that the PIP Framework was being implemented in Iraq, through integrated epidemiological and laboratory surveillance. Sentinel sites had been confined to ensure more accurate surveillance. His Government was engaging with neighbouring countries and WHO to consider regional health security and boost pandemic preparedness, especially relating to seasonal influenza. Particular efforts were being made to ensure preparedness in camps for internally displaced persons and areas that had been liberated from Daesh control. Capacity building for health care professionals was essential. Vaccination campaigns for individuals embarking on religious pilgrimage were also an important aspect of preparedness.

The representative of NORWAY said that every effort must be made to ensure that the PIP Framework remained relevant as a strong tool for pandemic preparedness. She welcomed the PIP

Framework Review Group's recommendations and shared the view that the scope of the PIP Framework should not be expanded to other pathogens. A better understanding was needed of the consequences of using genetic sequence data on seasonal influenza; expert advice and Member States' active engagement would be required in that regard. She supported the draft decision. Collaboration with the Secretariat of the Convention on Biological Diversity on issues of common interest under the Nagoya Protocol was welcome and should be continued.

The representative of LESOTHO, speaking on behalf of Member States of the African Region, said that he agreed that clarification was required regarding handling genetic sequence data and on whether the scope of the PIP Framework could be extended to include seasonal influenza. Collaboration between the human and animal sectors was crucial when the sharing of human viruses was delayed. With regard to benefit sharing, some companies were not meeting payment deadlines, resulting in an imbalance between expenditure and revenue, which could be misleading when considering whether additional funds were required. Care should be taken to ensure that the rotation of membership of the PIP Advisory Group did not result in gaps in knowledge continuity. Several measures had been taken to advance implementation of the PIP Framework in the African Region. All Member States should strengthen their national capacities in the five core areas funded by partnership contributions, ensure timely sharing of data on viruses, contribute to the benefit sharing scheme, and enhance the capacities of their national regulatory authorities.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, aligned themselves with her statement.

She expressed disappointment that the report of the latest PIP Advisory Group meeting and the 2016 report on partnership contributions had not been made available to the Committee, but noted with satisfaction that the recommendation to bring the PIP Framework and the Global Influenza Surveillance and Response System under unified management had already been achieved. Determining whether the PIP Framework was up to date with scientific progress and the current legal environment was an important part of the work of the PIP Framework Review Group. The recommendations on seasonal influenza, genetic sequence data and the Nagoya Protocol, however, could not be considered until a comprehensive impact assessment had been made, and she suggested that they be considered at the 142nd session of the Executive Board.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that all efforts to strengthen linkages between the PIP Framework, the International Health Regulations (2005) and the Global Health Security Agenda were welcome. He supported the PIP Framework Review Group's recommendations and was pleased to see that the WHO Secretariat was working with the Secretariat of the Convention on Biological Diversity to decide on criteria for designating the PIP Framework to be a specialized international instrument. He enquired about progress made in that regard since the 140th session of the Executive Board.

**Mr Hurree took the Chair.**

The representative of FINLAND said that emphasis should be placed on continuing the work to implement the resolutions of the PIP Framework Review Group relating to the legal environment and scientific development. He noted that the Global Influenza Surveillance and Response System had been in place for 65 years, and its ongoing efficient functioning would be a cornerstone of global pandemic influenza preparedness.

The representative of MALAYSIA said that he was in favour of extending the definition of biological materials to include genetic sequence data and agreed that the use of such data should

trigger benefit sharing under the PIP Framework. However, stakeholders should seek further clarity before making a decision in that regard. He could not yet support the inclusion of seasonal influenza within the PIP Framework because there was a risk that such inclusion would divert resources and increase the workload for laboratories in the Global Influenza Surveillance and Response System. The Secretariat should evaluate the implications and desirability of such a decision. He welcomed the recommendation to consider the PIP Framework as a specialized international instrument under the Nagoya Protocol and supported the draft decision.

The representative of SENEGAL said that resources should be properly distributed among countries to support pandemic influenza investigation and response. Integrated surveillance of influenza virus and certain arboviruses and zoonoses should be carried out at sentinel sites, which would help support a One Health approach.

The representative of PAKISTAN described progress and achievements made in her country relating to human influenza surveillance, detection and response, which had allowed seasonal surges in influenza A(H1N1) and A(H3N2) to be dealt with effectively between 2015 and 2017. Epidemiological and virological data from Pakistan were regularly shared with the Global Influenza Surveillance and Response System, and representative virus isolates were shared with the Influenza Division of the United States Centers for Diseases Control and Prevention.

The representative of GERMANY said that, although the global action plan for influenza vaccines had closed in 2016, some aspects of the plan, such as the link between seasonal immunization coverage and pandemic vaccine supply, required follow up. He welcomed the recommendation to review how genetic sequence data were handled under the PIP Framework. However, existing exchanges of genetic sequence data must not be slowed down, and the role of established data-sharing platforms should be taken into account. He fully supported the draft decision.

The representative of CHINA described the steps taken in his country to implement the PIP Framework, including the signature of a Standard Material Transfer Agreement and arrangements for sharing viruses. His Government would continue to take an active part in global surveillance, share virus information and strengthen communications between vaccine manufacturers and WHO. He supported the proposal to extend the validity period of resolution EB131.2 (2012) to February 2018.

The representative of JAPAN said that the implementation of the PIP Framework was fundamental to pandemic influenza preparedness and should not be impeded by the Nagoya Protocol. He hoped that WHO would maintain its leadership role in that regard. He fully supported the draft decision.

The representative of INDONESIA called on the Secretariat to support Member States in developing their early detection capacity through knowledge and technology transfers, risk assessments and research. The PIP Advisory Group should regularly engage with the WHO collaborating centres and the Global Influenza Surveillance and Response System, and laboratories in the System should send genetic sequence data in accordance with Standard Material Transfer Agreements. Moreover, a system should be in place whereby the Secretariat notified the country of origin when a sample shared by that country was used by other institutions.

The representative of AUSTRALIA said that pandemic influenza preparedness complemented broader health security efforts. Opportunities to align work efforts should be maximized, particularly regarding implementation of the International Health Regulations (2005). The PIP Framework's achievements should be built upon to ensure its ongoing success and relevance. She welcomed and supported the findings of the PIP Framework Review Group and expressed the hope that the



Secretariat would prioritize the implementation of the recommendations, including by conducting further analysis of the issues of genetic sequence data and seasonal influenza.

The representative of ZAMBIA outlined the influenza pandemic preparedness measures undertaken in his country, including the development of a response plan and the establishment of a national health institute. Zambia was a member of the Global Influenza Surveillance and Response System and acted as a subregional hub under the Africa Centres for Disease Control and Prevention, which required significant support from WHO.

The representative of SWITZERLAND said that he supported strengthened collaboration between the WHO Secretariat and the Secretariat of the Convention on Biological Diversity and the steps towards recognizing the PIP Framework as an international specialized instrument under the Nagoya Protocol. The PIP Framework and the Nagoya Protocol were complementary, and any efforts to promote coordination between the two should be compatible with the specific objectives of each. No decision should be made on extending the PIP Framework to include genetic sequence data until the implications had been fully evaluated. He therefore supported the proposal to conduct an in-depth study in that regard.

The representative of PANAMA said that timely and close international collaboration was necessary in order to respond efficiently to influenza epidemics. WHO's role in that collaboration was vital, and the Organization must ensure that there was benefit sharing as well as information sharing. The PIP Framework must be applied properly and consistently in all regions. She supported the recommendations of the PIP Advisory Group relating to the development of a comprehensive evaluation model for annual reporting on the PIP Framework, and the need for a study on the implications of including seasonal influenza in the PIP Framework.

The representative of MEXICO, noting that pandemic influenza preparedness was a priority for WHO, said that the Secretariat must support countries in developing their core capacities to contain a possible epidemic. Contributions to the PIP Framework must be maintained, and the PIP Framework could indeed serve as a model to be applied to other pathogens. Work should continue on linking the PIP Framework with the Convention on Biological Diversity and the Nagoya Protocol. It was also important to work with countries to update standards, obtain the financial resources needed to prepare for possible pandemics, and continue strategic antiviral stockpiling to enable a rapid response. He supported the draft decision.

**Dr Al-Kuwari resumed the Chair.**

The representative of TUNISIA expressed support for efforts to reach agreement on the use of genetic sequence data. Seasonal and pandemic influenza preparedness mechanisms in her country covered coordination with WHO, international aid during epidemics and strengthened immunization capacity for pregnant women and health workers. WHO had a vital role to play within the PIP Framework in building national laboratories' virology capacity and providing gene sequencing technology. Burden of disease studies were particularly important for developing immunization policy. She agreed with the proposed role of the WHO regional offices in supporting countries.

The representative of ECUADOR agreed with the Review Group's recommendations. He nonetheless expressed concern that the lack of achievement by some States of the core capacities under the International Health Regulations (2005) posed a public health threat for all Member States, given that infectious diseases knew no boundaries and given the world's changing and increasingly mobile population. WHO should identify best practice in Member States with a view to facilitating information sharing and thus health systems strengthening. He called on WHO to step up support to Member States to build emergency detection and response capacities.

The representative of BOTSWANA supported the recommendations of the PIP Framework Review Group on the need for regular and more effective communication from WHO and a study of the implications and desirability of expanding the PIP Framework to include seasonal influenza. The PIP Framework could serve as a good model for other pathogens, but its scope should remain limited to pandemic influenza at the current time. Activities under the PIP Framework must be fully resourced, and all recommendations should be implemented.

The representative of BANGLADESH welcomed the establishment of the Standard Material Transfer Agreements 2. His country had undertaken significant efforts to monitor the spread of influenza, share viruses and genetic sequence data, and develop an Influenza Preparedness Plan. Under the PIP Framework, a framework and mechanism for benefit sharing should be developed; an international stockpile of influenza A(H5N1) vaccine should be established; and guidance on vaccine distribution, dose administration and assessment should be prepared.

The representative of CANADA expressed support for the sharing of influenza viruses with pandemic potential and the fact that the PIP Framework Review Group had proposed work to strengthen related activities was a positive step. He said that his country wished to be added to the list of sponsors of the draft decision, and looked forward to the results of the analyses that would be undertaken.

The representative of MAURITANIA noted progress made under the PIP Framework, including in the areas of pandemic preparedness, implementation of the International Health Regulations (2005) and coordination between laboratories. Further steps should be taken in that regard, in addition to developing guidelines on access to pathogenic agents and the fair and equitable distribution of benefits.

The representative of THAILAND said that her country wished to be added to the list of sponsors of the draft decision.

The representative of PARAGUAY said that mechanisms for communicating results under the PIP Framework should be improved. Support was required in order to include the sequence data of influenza viruses with pandemic potential when developing surveillance capacity in Member States without that laboratory capacity, and to strengthen regional strategies on virus sharing. Guidance should be given on how safely to share biological materials, the definition of which should be discussed. She agreed that WHO should provide clarification to Global Influenza Surveillance and Response System laboratories on the interpretation of the terms “timely” and “as feasible”. Clarification was needed from WHO on using genetic sequence data, and the best mechanism for tracing products. WHO’s role in preparedness and response was paramount, notably within the Global Influenza Surveillance and Response System, and there should be closer collaboration between relevant bodies. Flexible funding mechanisms should be drawn up for developing countries in particular. The Secretariat should publish an update to the interim pandemic influenza risk management guide as soon as possible to provide clearer guidelines on a timely switch from seasonal to pandemic vaccine production.

The representative of the ISLAMIC REPUBLIC OF IRAN said that more focus should be placed on early warning and response systems for future pandemics, especially those involving pathogens of an acute respiratory nature. Linkages between the PIP Framework and capacity building under the International Health Regulations (2005) should also be prioritized, along with efforts to strengthen surveillance capacities. An integrated early warning system and laboratory-based epidemiological surveillance system should be considered. Supporting the launch of the pandemic influenza severity assessment tool, he encouraged WHO to conduct workshops on its methodology.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the implementation of the PIP Framework could be strengthened. Stakeholders should be consulted on the PIP Framework as a whole and on the appropriate use of funds. Furthermore, while WHO should raise awareness among Member States on the important link between pandemic influenza preparedness and seasonal influenza vaccine uptake, the PIP Framework should not be expanded to include seasonal influenza, as to do so may lessen pandemic influenza preparedness and complicate the PIP Framework. It was important to involve industry in the implementation of the Nagoya Protocol, to ensure that it supported and did not undermine public health. She urged WHO to support calls for the PIP Framework and the Global Influenza Surveillance and Response System to have their status raised to that of international instruments.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, noted with concern the decline in virus sharing since 2014 and said that WHO should implement the recommended changes to address the handling of genetic sequencing data. The fact that funding received from vaccine and device manufacturers to the PIP Framework was voluntary limited its scope and reflected governments' inability to address the need for more robust and sustainable systems of finance for the supply of public goods. While the Standard Material Transfer Agreement 2 was an innovative aspect of the PIP Framework, WHO should encourage vaccine and drug manufacturers to grant licences under options A5 and A6 of Article 4.1.1 of the agreement.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, agreed that the use of genetic sequence data should trigger benefit sharing and that those responsible for databases wishing to host genetic sequence data should conclude Standard Material Transfer Agreements. Moreover, the PIP Framework should be expanded to include genetic sequence data. Member States should wait for, and be guided by, the results of the study to be conducted by the Secretariat of the Convention on Biological Diversity on whether the PIP Framework could be an international specialized instrument. Manufacturers should pay a higher partnership contribution, given the increased running costs of the Global Influenza Surveillance and Response System. There was a need for a process to address benefit sharing and an intergovernmental process should be established to consider the inclusion of seasonal influenza viruses and other pathogens.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that prior to the 2021 review of the PIP Framework, WHO should, inter alia, ensure that all Member States understood the PIP Framework and that each National Influenza Centre had a functioning surveillance system; guarantee vaccine supplies and assure quality of vaccines; engage stakeholders in the area of pandemic preparedness; monitor the ethical use of health databases; and take into account ethical and legal questions relating to the sharing of viruses and technologies.

The representative of UNEP, speaking on behalf of the Executive Secretary of the Convention on Biological Diversity, noted that the principles of access and benefit sharing, in relation to the Nagoya Protocol, were being considered in several of WHO's areas of work. The Parties to the Nagoya Protocol had requested the Executive Secretary of the Convention on Biological Diversity to liaise with WHO on the outcomes of the study on implementing the Nagoya Protocol; share relevant information from national reports relating to health emergencies; and conduct a study on what constituted a specialized international access and benefit-sharing instrument, and how that could be recognized. The Executive Secretary had been requested to collect information on the use of digital genetic sequence data and the potential implications of that use. Work would continue in those areas in

the biennium 2017–2018, and the Secretariat of the Convention on Biological Diversity would continue to collaborate with WHO.

The member of the PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK REVIEW GROUP said that the majority of the concerns that had been raised by Member States had been taken into account in the proposed recommendations. Member States clearly recognized the PIP Framework as a unique benefit sharing instrument, and had supported the call for a study into the implications of extending it to cover seasonal influenza. The complex issue of genetic sequence data was a priority and he called on Member States to provide advice on the way forward. The issues that had been raised regarding partnership contributions had already been addressed by the PIP Framework Review Group, in line with the work of the PIP Advisory Group.

The EXECUTIVE DIRECTOR (WHO Health Emergencies Programme) commended all stakeholders for their contributions to the implementation of the PIP Framework. He said that, while influenza was unique, many of the lessons learned from the implementation of the PIP Framework could be applied to other diseases. Such lessons included recognition of the importance of a more efficient management of vaccine stockpiles, global systems of expert laboratories to act as early warning systems and facilitate virus sharing, risk communication, and the model provided by the partnership contribution response fund. He recognized that some complex policy questions had been asked, notably on the potential for inclusion of seasonal influenza in the PIP Framework and the issue of genetic sequence data. Regarding monitoring and evaluation, an independent impact assessment had been conducted, which would be issued shortly with a Secretariat response. Concerning programme monitoring, a strong focus had been placed on developing baselines at the start of implementation and progress was being measured semi-annually and reported in the public portal.

There had been positive developments regarding collection of partnership contributions; between 2013 and 2016, 96–98% of the required amounts had been collected. In relation to the PIP Advisory Group's recommendations on the Partnership Contribution Implementation Plan, the 2018–2022 Plan would include activities under the global action plan for influenza vaccines that supported the overall objectives of the PIP Framework. In that regard, there was a need to carry out a new evaluation of the running costs of the Global Influenza Surveillance and Response System in order to determine the level of the partnership contribution. Noting that WHO had agreed on ongoing collaboration with the Secretariat of the Convention on Biological Diversity, he explained that additional conversations with other intergovernmental organizations on matters relating to the Nagoya Protocol were continuing. He supported the path outlined in the draft decision and said that the Secretariat was committed to undertaking the study outlined in the decision, subject to funding requirements.

**The draft decision, as amended, was approved.<sup>1</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA70(10).

## 2. HEALTH SYSTEMS: Item 13 of the agenda

### **Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth:** Item 13.1 of the agenda (document A70/18)

The CHAIRMAN drew attention to a draft resolution on the item, proposed by Argentina, Colombia, Estonia, France, Georgia, Germany, Jamaica, Norway, the Philippines and South Africa, which read:

The Seventieth World Health Assembly,

**PP1** Having considered the report on human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth;<sup>1</sup>

**PP2** Reaffirming resolution WHA69.19 (2016) on global strategy on human resources for health: workforce 2030, in which the Health Assembly adopted WHO's Global Strategy on Human Resources for Health: Workforce 2030, including its strong call to engage across public and private sectors and stakeholders including government, education and training institutions, employers and health workers' organizations to coordinate an intersectoral health and social workforce agenda towards achieving a fit-for-purpose workforce for the 2030 Agenda;

**PP3** Recalling resolution WHA63.16 (2010) on the WHO Global Code of Practice on the International Recruitment of Health Personnel, which adopted the Global Code, and the Global Code's recognition that an adequate and accessible health workforce is fundamental to an integrated and effective health system, and to the provision of health services, bearing in mind the necessity of mitigating the negative effects of health personnel migration on the health systems of developing countries;

**PP4** Recalling also previous Health Assembly resolutions aimed at strengthening the health workforce;<sup>2</sup>

**PP5** Further recalling the United Nations General Assembly resolutions in 2015 (resolution 70/183) and 2016 (resolution 71/159) that, respectively, requested the establishment of the United Nations' High-Level Commission on Health Employment and Economic Growth (hereinafter "the Commission") and welcomed its report;

**PP6** Underlining that investing in the health and social workforce has multiplier effects that enhance inclusive economic growth, both locally and globally, and that it contributes to the ambition of the 2030 Agenda for Sustainable Development and to progress towards achieving the Sustainable Development Goals, including Goal 1 (End poverty in all its forms everywhere), Goal 3 (Ensure healthy lives and promote well-being for all at all ages), Goal 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all), Goal 5 (Achieve gender equality and empower all women and girls), Goal 8 (promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), and Goal 10 (Reduce inequality within and among countries) and exploiting the interlinkages between the Goals and their targets;

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<sup>1</sup> Document A70/18.

<sup>2</sup> Resolutions WHA64.6 (2011) on health workforce strengthening, WHA64.7 (2011) on strengthening nursing and midwifery, WHA65.20 (2012) on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies, WHA66.23 (2013) on transforming health workforce education in support of universal health coverage, WHA67.19 (2014) on strengthening of palliative care as a component of comprehensive care throughout the life course, WHA67.24 (2014) on follow-up of the Recife Political Declaration on Human Resources for Health: renewed commitments towards universal health coverage, and WHA68.15 (2015) on strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage.

**PP7** Acknowledging that twenty-first century health challenges related to demographic, socioeconomic, environmental, epidemiological and technological changes will require a health and social workforce that is fit for purpose for the provision of integrated people-centred health and social services across the continuum of care;

**PP8** Recalling decision EB140(3) which, inter alia, welcomed the report of the High-Level Commission on Health Employment and Economic Growth, and its task to lend the necessary political, intersectoral and multistakeholder momentum, through the elaboration of 10 recommendations and the identification of five immediate actions, to guide and stimulate the creation of health and social sector jobs as a means to advance inclusive economic growth and social cohesion;

**PP9** Underscoring that skilled and motivated health and social sector workers are integral to building strong and resilient health systems, and underlining the importance of adequate workforce investments to meet needs in respect of universal health coverage and to develop core capacities under the International Health Regulations (2005), including the capacity of the domestic health workforce to ensure preparedness for and response to public health threats;

**PP10** Recognizing the need to substantially expand and transform health financing and the recruitment, development, education and training, distribution and retention of the health and social workforce;

**PP11** Recognizing also the need to substantially increase the protection and security of health and social workers and health facilities in all settings, including in acute and protracted public health emergencies and humanitarian settings,

**OP1** ADOPTS the five-year action plan for health employment and inclusive economic growth (2017–2021) as a mechanism to coordinate and advance the intersectoral implementation of the Commission's recommendations and immediate actions in support of WHO's Global Strategy on Human Resources for Health: Workforce 2030;

**OP2** URGES all Member States to act forthwith on the Commission's recommendations and immediate actions, with the support of WHO, ILO and OECD,<sup>1</sup> as appropriate and consistent with national contexts, priorities and specificities;

**OP3** INVITES international, regional, national and local partners and stakeholders responsible for health, social and gender matters, and for foreign affairs, education, finance and labour, to engage in and support, the implementation of the Commission's recommendations and the five-year action plan as a whole;

**OP4** REQUESTS the Director-General:

(1) to collaborate with Member States, upon request, and with agencies in other relevant sectors, and partners, in implementing the Commission's recommendations and immediate actions as elaborated in the five-year action plan, including to:

- (a) strengthen the progressive development and implementation of national health workforce accounts;
- (b) strengthen the relevance, effectiveness and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, including by continuously fostering bilateral and multilateral dialogue and cooperation to promote mutuality of benefits deriving from the international mobility of health workers;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

- (c) catalyse the scale-up and transformation of professional, technical and vocational education and training, particularly training in community-based settings, and stimulate investments in creating decent health and social jobs with the right skills, in the right numbers and in the right places, particularly in countries facing the greatest challenges in attaining universal health coverage and implementing the Global Strategy on Human Resources for Health: Workforce 2030;
- (2) to coordinate and work with ILO, OECD and other relevant sectors, agencies and partners to develop their joint capacity to support Member States, upon request, in this agenda, including with respect to:
- (a) the establishment of an inter-agency data exchange and online knowledge platform on the health and social workforce, respecting personal confidentiality and relevant data protection laws, that progressively brings together data and information from multiple agencies, sectors and sources to advance health and social labour market data, analysis, accountability, monitoring and tracking, as an open-access, electronic, and real-time web-based resource; building on the progressive implementation and reporting of National Health Workforce Accounts; and
- (b) the establishment of an international platform on health worker mobility for transparent intersectoral policy dialogue, exchange and collective action to achieve a sustainable health and social workforce, maximize mutual benefits, promote ethical recruitment and mitigate adverse effects arising from such mobility;
- (3) to utilize the Global Health Workforce Network as a mechanism to engage stakeholders in the implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021);
- (4) to explore intersectoral and innovative financing mechanisms necessary for advancing implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021); and
- (5) to submit a regular report to the Health Assembly on progress made on the implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021), aligned with reporting on the Global Strategy on Human Resources for Health: Workforce 2030.

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

<b>Resolution:</b> Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth
<b>A. Link to the general programme of work and programme budget</b>
<p><b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.</b></p> <p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> Policies, financing and human resources are in place to increase access to people-centred, integrated health services.</p> <p><b>Programme budget 2016–2017 output(s):</b> Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries.</p>

The action plan will also support outputs across other categories, for example:

Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;

Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems;

Output 3.3.2. Countries enabled to integrate and monitor gender, equity and human rights in national health policies and programmes;

Output 3.5.1. Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks;

Output 5.1.1. Implementation and monitoring of the International Health Regulations (2005) at country level and training and advice for Member States in further developing and making use of core capacities required under the Regulations;

Output 6.1.1. Effective WHO leadership and management in accordance with leadership priorities.

**2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.**

Not applicable.

**3. Estimated time frame (in years or months) for implementation of any additional deliverables.**

The draft five-year action plan for health employment and inclusive economic growth covers the period 2017–2021 and provides further support towards the implementation of the Global Strategy on Human Resources for Health: Workforce 2030, adopted by the Sixty-ninth World Health Assembly in resolution WHA69.19 (2016).

The draft action plan is consistent with the Organization's response to the Sustainable Development Goals. It incorporates a broad-based approach that impacts Goals 3, 4, 5, 8 and 17.

The action plan will be implemented in collaboration with Member States, ILO, OECD and relevant regional and specialized entities. It focuses on instruments of change and enabling factors, such as: intersectoral action involving multiple stakeholders; strengthening health systems for universal health coverage; respect for equity and human rights; sustainable finance; scientific research and innovation; and monitoring and evaluation. Its implementation will make contributions across the category/programme areas of communicable diseases, noncommunicable diseases, promoting health through the life course and the WHO Health Emergencies Programme.

**B. Budgetary implications**

**1. Estimated total cost to implement the resolution if adopted, in US\$ millions:**

US\$ 70.0 million (over the five years), of which US\$ 45.0 million would be for WHO.

The indicative budget for staff and activities reflects the combination of country work and global public goods in the action plan. Key actions on the intersectoral agenda and global public goods, integrating the recommendation of the Joint Inspection Unit of the United Nations System for WHO to mainstream full and productive employment and decent work into its programme, will engage the regional offices and headquarters. Focused work on education and employment is anticipated in the 15–20 countries where progress towards universal health coverage is furthest behind. About 50% of the WHO costs will resource staffing and activities at the regional and country levels.



<p><b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b></p> <p>US\$ 1 million.</p> <p>The additional activities and deliverables in the remaining six months of the biennium are feasible within the category 4 budget space.</p>
<p><b>2.b. Resources available during the current biennium</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:</b> US\$ 0.5 million in category 4, output 4.2.2, to implement the priority activities in the remaining six months of the biennium.</li> <li>– <b>Extent of any financing gap, in US\$ millions:</b> US\$ 0.5 million.</li> <li>– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b> WHO, ILO and OECD will jointly coordinate resource mobilization in support of the action plan.</li> </ul>
<p><b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b></p> <p>US\$23.0 million, to be accommodated within the Proposed programme budget 2018–2019.</p> <p><b>Has this been included in the Proposed programme budget 2018–2019?</b></p> <p>The five-year action plan, developed in consultation and collaboration with Member States, ILO, OECD and relevant regional and specialized agencies over the period December 2016–April 2017, will be accommodated within the Proposed programme budget 2018–2019, supported by additional resource mobilization activities.</p>
<p><b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b></p> <p>US\$ 21.0 million.</p>

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that health workforce shortages were a main obstacle to the delivery of health services. Indeed, estimates suggested that almost 18 million additional health workers, including more than 14 million in developing countries, were needed to achieve universal health coverage with a view to attaining the Sustainable Development Goals.

Although the High-level Commission on Health Employment and Economic Growth estimated that the global economy could create 40 million new health-sector jobs by 2030 – mostly in middle- and high-income countries – there would still be a projected shortage of 6 million health workers in Africa. To close the human resource gap, innovative approaches were required to recruit and retain health workers. For example, well-structured health-sector recruitment and training programmes could help reduce high unemployment levels, including among women and young people. It was also important to adopt cost-sharing arrangements in the health-care sector, address the issue of migration and ensure compliance with the WHO Global Code of Practice on the International Recruitment of Health Personnel. Recalling the High-level Commission's recommendation regarding service model reform, she underscored that community health workers could help address the shortfall in health care workers.

The draft five-year action plan for health employment and inclusive economic growth (2017–2021) was a key instrument that would facilitate efforts by Member States to address workforce challenges in a multidisciplinary and holistic manner. Member States and the Secretariat should increase their financial support to health workforce programmes.

The representative of JAPAN said that his delegation wished to sponsor the draft resolution. Each country had a unique health context; therefore, in addition to well-trained health personnel, countries needed policy-makers who could design, implement and assess evidence-based health sector human resource policies. Multisectoral efforts involving the education, labour and private sectors were also indispensable. Furthermore, the Secretariat should collaborate with ILO and OECD to support Member States' efforts to implement the draft five-year action plan. He noted that the action plan included a table showing the division of labour among the three agencies, and looked forward to the future achievement of the deliverables outlined therein.

The representative of the RUSSIAN FEDERATION said that, for the draft five-year action plan to be successful, country and regional contexts must be taken into account. It was important to promote life-long learning for health workers, including with a view to strengthening their preparedness for emergency situations and ensuring that they had the skills to match population needs. To that end, it was important to ensure the availability of up-to-date technology and innovative plans. Robust protections must also be provided to ensure the well-being of health workers. WHO, in collaboration with ILO and OECD, must give priority consideration to promoting the prestige of health-sector professionals. In that connection, her Government had increased health-worker salaries and was developing legislation to create better and safe working conditions for health workers and was working with the media to enhance the image of medical professionals. It was also providing funding and expertise to help improve human resources for health. She supported the adoption of the draft five-year action plan and draft resolution.

The representative of ZAMBIA, endorsing the recommendations of the High-level Commission, agreed that investment in the health workforce could promote economic growth and create employment, particularly among women and young people. The recommendations had provided further political impetus to implement WHO's Global Strategy on Human Resources for Health: Workforce 2030. His Government had recruited 9400 health workers in 2016 and 2017, who had been deployed in various parts of the country, with priority given to remote and hard-to-reach areas. It was also expanding the training of health workers and had embraced e-learning, which was already playing a key role in health-worker training. Moreover, it was seeking to raise additional financial resources to expand the country's health workforce.

The representative of NORWAY warmly welcomed the draft five-year action plan and commended its close alignment with WHO's Global Strategy on Human Resources for Health: Workforce 2030. Provided that they were coupled with appropriate measures in other sectors, initiatives promoting the education and employment of health workers were a cost-effective investment. Every effort must be made to ensure that the recommendations made in the action plan promoted the education and employment of women, appropriate labour market intervention and policies, and the attainment of universal health coverage. For States to establish robust and competent health workforces, it was crucial to have the strong commitment of and close collaboration between all key stakeholders, including governmental stakeholders, private institutions and civil society actors.

The representative of BARBADOS said that her country had lost much of its health workforce, particularly its nurses, because of early retirement and international recruitment. To address that challenge, the Government had drawn up a nurses' human resources strategy for 2013–2018. The strategy promoted recognition and support of nursing professionals in Barbados, the recruitment and retention of nurses as a valued resource in the health sector, better training for nurses, the development of the nursing profession as a career of choice, and the design of innovative ways to retain Barbadian nurses in the country. The Ministry of Health was seeking technical assistance to develop a new human resources for health strategy that would support a collaborative approach to health-workforce training and the design of effective and efficient strategies for the retention and orderly movement of skilled health workers, in line with the High-level Commission's recommendations. The Ministry of

Health had drawn up a discussion paper on ways to mobilize the financial resources needed to achieve those objectives, achieve universal health coverage and access, and attain the Sustainable Development Goals, which would in turn boost economic growth and accelerate the country's development.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia, aligned themselves with her statement. The European Union welcomed the draft five-year action plan, particularly the priority given to the development of intersectoral plans and investment in transformative education, the promotion of decent job creation in the health and social sectors and the need to ensure mutual benefits from the international mobility of health workers. Promoting universal health coverage must go hand in hand with efforts to foster inclusive economic growth and social cohesion. Strong health systems were essential prerequisites for the achievement of several Sustainable Development Goals, including Goals 1, 3, 4, 5 and 8. She called on WHO to work closely with ILO and OECD, and with other relevant agencies, partners and sectors, to support implementation of the action plan. She also requested the Director-General to collaborate with Member States in implementing the High-level Commission's recommendations and immediate actions. She expressed her strong support for the draft resolution.

The representative of GERMANY welcomed the draft five-year action plan and looked forward to collaborative efforts by ILO, OECD and WHO to promote its implementation. The High-level Commission's recommendations were highly relevant to global efforts to enhance countries' health- and social-sector workforces and achieve the Sustainable Development Goals, including target 3.8 on universal health coverage. Health employment and economic growth had been included on the agenda of the German G20 Presidency in 2017; G20 ministers had recently highlighted the role of the draft five-year action plan and encouraged Member States to make strategic investments to develop and retain human resources in the health sector to maximize the impact and the resilience of national health systems.

The representative of SLOVAKIA said that the draft five-year action plan underscored the need for ILO, OECD and WHO to work together to help Member States formulate comprehensive, intersectoral and integrated national human resource strategies in the health sector. Moreover, Member States should adopt a common vision that would enable them to raise the resources needed to manage and retain health workers, and seek ways to involve relevant stakeholders in addressing imbalances in the health sector workforce. While respecting data protection laws, governments must work together to draw up common mobility indicators and exchange information on the mobility of health care workers; further investment in data collection and analysis in that area would therefore be required. Health-worker education must keep abreast with new and emerging challenges facing national health systems. She supported the draft resolution.

**Mr Davies took the Chair.**

The representative of IRELAND strongly supported the draft five-year action plan, and particularly welcomed its call for WHO, ILO and OECD to work together to support implementation of the Commission's recommendations and the development of comprehensive, intersectoral and integrated national health workforce strategies. Her Government had long supported efforts to develop human resources for health at the global level, had provided input in the formulation of the WHO Global Code of Practice on the International Recruitment of Health Personnel, and had actively supported the establishment of the Global Health Workforce Network. In November 2017, Ireland

would host the Fourth Global Forum on Human Resources for Health. The event would provide a key opportunity for all stakeholders to discuss and debate innovative approaches towards advancing the implementation of WHO's Global Strategy on Human Resources for Health: Workforce 2030 and the Commission's recommendations, and demonstrate their collective commitment to developing and making available the workforce required to achieve the Sustainable Development Goals.

The representative of PAKISTAN said that recent outbreaks of disease had underscored the urgency of building resilient health systems and strengthening global health security. Health workers and health employment lay at the heart of the 2030 Agenda for Sustainable Development; indeed, one of the targets of Sustainable Development Goal 3 was to substantially increase health financing and the recruitment, development, training and retention of health workers in developing countries, and especially in least developed countries. He urged the Secretariat to support Member States' efforts to implement the High-level Commission's recommendations and drew attention to Pakistan's National Health Vision 2016–2025, which had prioritized health workforce development with a view to addressing challenges in that area in a holistic manner.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the High-level Commission's report underscored that investing in health and health employment was the most powerful means to promote health, global security and inclusive growth, particularly in a world experiencing growing economic uncertainty, high unemployment, growing inequities, major socioeconomic, epidemiological and demographic change and increasing threats to human security. Investing in health professionals' education and in health-sector job creation was of key importance in his Region, where many States faced a shortage of health workers. Ensuring that the countries in the Region could rely on a sustainable health workforce would necessitate an intersectoral approach and coordinated leadership and action by those countries' finance, labour, education and health authorities. The Commission's recommendations would encourage relevant stakeholders to assess how they could boost investments made in the education and employment of health workers.

The representative of ARGENTINA said that, in order to improve the quality of health care, the training of health workers must be better regulated. Greater cooperation between the health, education and labour sectors was also crucial. Institutional capacity-building and transformative policies and practices for the health and social workforce were the pillars of universal health coverage. The draft five-year action plan provided a useful framework for ILO, OECD and WHO joint efforts, and Member States and the Global Health Workforce Network could serve as a cross-cutting mechanism to facilitate the implementation of the action plan at all levels. Given the crucial role of the health workforce in the implementation of the Sustainable Development Goals, she strongly supported the Commission's recommendations and immediate actions. Health authorities should provide better regulatory frameworks to ensure decent working conditions for health workers, and review and update training for health care professionals to make them fit for purpose.

The representative of NAMIBIA said that implementation of WHO's Global Strategy for Human Resources for Health: Workforce 2030 was an integral part of her Government's efforts to strengthen the health system. Namibia had also concluded bilateral agreements for the recruitment of foreign health workers and the training of Namibian nationals in health-related fields in order to address the shortage of trained health workers. Incentives in the form of allowances were offered to attract health workers to rural and remote areas. In order to achieve a fit-for-purpose health and social workforce, particular efforts were needed to strengthen information systems aimed at human resources for health, promote intersectoral collaboration at all levels, undertake robust research and analysis of health labour markets, and establish wellness centres for health workers in the workplace.

The representative of AFGHANISTAN said that his Government had established a special commission to facilitate human resource development, including in the health sector, with a focus on women's economic empowerment. Although Afghanistan had come a long way since 2002, matching skills to health needs and equitable distribution of health workers remained problematic. Efforts to overcome those challenges included the adoption of a plan for human resources for health in 2015, the establishment of the first-ever medical council, and the introduction of a decentralized human resource management system.

The representative of ZIMBABWE said that investment in the health workforce was crucial. Levels of funding had a major bearing on the way in which health workers were remunerated and supported with the tools of the trade, and thus on access to quality health care. Community health workers played a key role, especially in rural areas. Zimbabwe was currently conducting a staffing needs assessment to inform health workforce planning and forecasting. With regard to the recommendations of the Commission, she highlighted the importance of the draft five-year action plan, the establishment of inter-agency global data exchange on the health labour market, and the development of an international platform on health workforce mobility.

The representative of the UNITED STATES OF AMERICA said that his delegation also wished to sponsor the draft resolution. Investment in the health workforce would yield health, social and economic benefits at the local and global levels. He commended the extensive intersectoral consultative process that had led to the outcome of the Commission and highlighted the particular relevance of the recommendations concerning job creation and financing. His delegation supported the idea of promoting public policies to generate private sector cofinancing. The Global Health Workforce Network could be a useful mechanism to engage stakeholders in the implementation of the Commission's recommendations and the draft five-year action plan.

The representative of the PHILIPPINES supported the adoption of the draft five-year action plan. Her Government was planning to propose a policy dialogue on the health workforce involving the labour and health sectors of the Asia-Pacific Economic Cooperation countries; WHO support for the initiative would be greatly appreciated. The Philippines had benefited greatly from the experience of other Member States in its effort to guarantee social protection and decent work for its migrant health workers. The Government was committed to investing in human resources for health at the national level in order to maximize the retention and equitable distribution of the health workforce. At the global level, a unified global health force was needed to respond to common health concerns.

The representative of BOTSWANA said that the shortage of skilled health workers placed major constraints on the achievement of the relevant Sustainable Development Goals and universal health coverage. Innovative, practical, effective and adequately financed human resource reforms were needed to attract and retain a skilled health workforce. Her Government was supporting family and community health care in particular. She supported the Commission's recommendations and the draft five-year action plan and looked forward to WHO support in their implementation.

The representative of INDIA said that a national health policy introduced by his Government aimed to ensure the availability of paramedics and doctors trained to national standards in high-priority districts by 2020. In order to counter the negative effects of intracountry and intercountry health workforce migration, it was crucial to expedite implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. He requested WHO to generate normative figures on: the proportion of the total workforce that should be employed in health for a certain level of development; the proportion of total health expenditure and public health expenditure spent on the health workforce; the proportion of workforce that had employment security and health care benefits; and the increase in and quality of economic growth for a given level of expenditure on health workforce and public health expenditure.

**Dr Al-Kuwari resumed the Chair.**

The representative of JORDAN said that investment in health, transformative education, gender equality and inclusive economic growth were closely linked. Education and training must be geared towards health promotion and disease prevention. In Jordan, the health sector played a major role in terms of employment and economic revenue. The implementation of the Commission's recommendations would help Member States address the uneven distribution of health workers. With regard to the deliverables of recommendation 9 regarding international migration, he noted that his country was bound only by the international instruments to which it was a party.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported the development of tools and methodologies to improve the security and protection of health workers in humanitarian and emergency settings. The collection and sharing of data on attacks on health facilities and the protection of health workers must be made a priority of the draft five-year action plan.

The representative of AUSTRALIA said that Australia also wished to be added as a sponsor of the draft resolution. Australia welcomed the 10 recommendations of the High-level Commission on Health Employment and Economic Growth, and commended the tripartite collaboration between WHO, OECD and ILO. Implementation of the Commission's recommendations would require multisectoral cooperation and long-term political commitment. The draft five-year action plan provided a sound basis for multisectoral and multiagency action at all levels. Its workstreams were clearly defined and mapped across existing WHO strategies, placed a strong emphasis on the tripartite relationship and clearly articulated monitoring, evaluation and reporting requirements.

The representative of MEXICO said that job creation and transformative education were crucial to building a highly skilled health workforce. Job creation must be based on sound needs analyses. Capacity-building and a focus on patient-centred service delivery were needed. The implementation of the Commission's recommendations required a coordinated, multisectoral approach, taking into account country-specific needs and capacities. WHO and ILO support was vital.

The representative of CANADA said that universal and publicly funded health care was the foundation for economic prosperity. She strongly condemned the targeting of health facilities and medical personnel overseas and praised the dedication of humanitarian workers and medical personnel to delivering life-saving assistance to those most in need. Ensuring the better protection of health workers and facilities in conflict areas was paramount.

The representative of THAILAND said that the effective implementation of the draft five-year action plan by Member States was critical to the strengthening of the health workforce and achieving good outcomes. Moreover, strengthening nursing and midwifery was crucial to achieving Sustainable Development Goals 3, 4, 5 and 8. The deliverables, key indicators and implementation timelines should be set out in table 3 of the action plan. That should be done immediately, before the session of the United Nations General Assembly in September 2017, and it should not be delayed until completion of the operational plan. The action plan should be brought into line with existing commitments highlighted in the WHO's Global Strategy on Human Resources for Health: Workforce 2030, the WHO Global Code of Practice on the International Recruitment of Health Personnel and the WHO's recommendations on increasing access to health workers in remote and rural areas. In addition, the rural retention rate must be added to the deliverables under recommendation 3 in table 3. WHO should involve more key partners such as the World Bank, UNESCO and labour and finance ministries.

She proposed amendments to paragraph 4 of the draft resolution. In paragraph 4(1)(c), she proposed adding "including interprofessional education" after "and training" and "and health

systems-“ before “based settings”, so that the first two lines of the subparagraph would read: “catalyse the scale-up and transformation of professional, technical and vocational education and training, including interprofessional education, particularly training in community- and health systems-based settings”. She proposed inserting a new subparagraph (1)(d) into paragraph 4, which would read: “to accelerate monitoring progress of health workforce with the application of national health workforce accounts and ensure appropriate number, competency and equitable distribution”.

The representative of INDONESIA said that her Government focused on training and scholarships for health workers in order to improve the availability and geographical distribution of skilled health workers. The promotion of healthy lifestyles, including at the community level, the expansion of access to primary health care, and the strengthening of health information systems were also a priority.

The representative of JAMAICA said that bilateral and multilateral dialogue and cooperation to promote the mutual benefits of the international mobility of health workers were crucial. The Commission’s recommendations and immediate actions aligned closely with Jamaica’s national priorities.

The representative of BANGLADESH said that greater investment in the health workforce was crucial. Her Government had focused on job creation, set up a special unit for health human resources, and adopted a national health workforce strategy. Despite those efforts, there was a persistent shortage of skilled health workers. There was a need for comprehensive, needs-based human resources for health plans, strengthened human resource data management capacity and use of data and evidence for decision-making and accelerated health-care delivery, and partnerships for intersectoral, multistakeholder collaboration to accelerate the health workforce agenda. WHO should support such initiatives.

The representative of NEW ZEALAND asked how WHO would prioritize the implementation of the draft five-year action plan, given the need for resource mobilization and new funding sources. The need to deliver quality health care was common to all Member States and the initiative must not fail.

The representative of MALDIVES said that delivering quality health services in a country as geographically dispersed as her own was a daunting task. In order to optimize performance, use available resources effectively and improve training, her Government had adopted a national plan covering the main objectives of the WHO’s Global Strategy on Human Resources for Health: Workforce 2030. Under the Decade for Health Workforce Strengthening in the South-East Asia Region 2015–2024, focus had been placed on transformative education and rural retention. A new salary structure had been introduced for doctors and incentives offered to those working in remote locations. Human resources for health monitoring in 2019 should be synchronized with the WHO’s Global Strategy on Human Resources for Health: Workforce 2030, the High-level Commission’s report and the WHO Global Code of Practice on the International Recruitment of Health Personnel. More effective human resources for health governance, coordination and intersectoral action and better data were needed. She endorsed the adoption of the draft resolution and the draft five-year action plan.

The representative of BHUTAN said that, despite numerous initiatives to train and recruit health workers, his Government had been unable to meet the increasing demand. Bhutan had an excellent health infrastructure, but a shortage of skilled health workers. The draft five-year action plan was commendable, but needed more clearly specified indicators and timelines. A stronger monitoring framework to support implementation and accountability would also be useful.

The representative of ILO said that millions more health-sector jobs needed to be created, in particular for young people. New strategies should be developed among different sectors and stakeholders to address health workforce shortages, and further investment was needed in the health and care sectors. The ILO would continue to work with WHO and OECD to support the implementation of the draft five-year action plan and the Commission's recommendations. To ensure that efforts to address health workforce gaps were sustainable, jobs should be decent and safe, working conditions should be improved and workers' rights recognized.

The representative of IOM said that, to achieve the Sustainable Development Goals and universal health coverage, multisectoral action was needed to develop migration-sensitive health systems accessible to all. The global health workforce was central to the migration health response. She commended the work already undertaken by WHO and the Commission, in particular the recognition of issues relating to crises and humanitarian settings. IOM would actively support the creation of an international platform on health worker mobility. More needed to be done to ensure that the skills of displaced health professionals were recognized and to increase capacity-building among health workers in challenging environments.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that his federation supported the Secretariat's report, noting the Commission's recommendations 4 and 6 in particular. However, quality assurance measures were needed to accompany all task-shifting initiatives, and governments should enhance community health systems by developing a framework to support volunteers working with local health-care organizations. The International Federation of Red Cross and Red Crescent Societies was ready to share its humanitarian health competency matrix, which focused on skills development, with the Global Health Cluster and health ministries. The protection and security of all health workers in humanitarian settings, to be achieved by strengthening relevant national legislation, and the move from commitment to action were priorities.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that her federation had adopted goals in line with the Commission's principles at a recent conference. She outlined measures taken to improve education among the pharmaceutical workforce and affirmed her federation's commitment to data collection and policy development to help achieve indicator 3.c.1 (health worker density and distribution) under target 3.c of the Sustainable Development Goals.

The representative of the WORLD ORGANIZATION OF FAMILY DOCTORS, speaking at the invitation of the CHAIRMAN, welcomed the Organization's commitment to supporting health workforce reforms, noting the Commission's recommendation 4 in particular. She recommended that stakeholders should recognize family medicine as the key medical speciality, since appropriately trained family doctors provided cost-effective, comprehensive person-centred care that met multiple patient and community needs and improved health outcomes in all populations. States could transform their health workforce by training more family doctors as vital components of multidisciplinary primary health care teams.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, endorsed the High-level Commission's recommendations, agreeing that investment in education and job creation in the health and social sectors would benefit inclusive economic growth. Implementation should be driven by Member States, include national and regional priorities and entail close work between public and private sector funding sources, government policy-makers and national and local health-worker representatives. Health organizations should have access to the online knowledge platform envisaged in the draft five-year action plan. Cost-cutting, market access and



workforce mobility posed challenges to the health sector. Necessary advances in health-care delivery was an area that would require a sufficiently educated and sizeable workforce.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, expressed her satisfaction that the draft five-year action plan deliverables were aligned with the goals of the global strategic directions for strengthening nursing and midwifery 2016–2020. She encouraged WHO, OECD and ILO to establish a working group, involving key nursing stakeholders, to help meet the action plan goals and implement the Commission's recommendations. Health worker job creation and shortfalls should be reported at least annually, and WHO should gather evidence on improved health outcomes resulting from implementation of the recommendations. States should develop policies to combat gender bias and inequality in health workforce education and the health labour market.

The representative of INTRAHEALTH INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for the draft five-year action plan to be approved and its implementation to be prioritized. Urgent action was needed to support Member State investment to ensure a resilient global health workforce. She urged Member States to implement the Commission's recommendations, in particular the scaling-up of education and training in low-income countries, prioritizing those with shortfalls in universal health coverage. Data collection tools should be developed to monitor attacks on health workers in conflict settings, and Member States and civil society must make a firm commitment to provide financing in that connection.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on the Secretariat to engage young people in health workforce planning and encouraged Member States to include a young health professional in their official delegation to the World Health Assembly. Equitable health workforce planning and engagement of young medical professionals should also take into account gender, ethnicity, geographic and income-level perspectives.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, supported the Commission's recommendations and the focus on education and youth empowerment in the draft five-year action plan. Investment in the health workforce would lead to improvements in the areas of education, gender equality, working conditions and inclusive economic growth; however, simply increasing the number of educated health professionals would be an insufficient response to global health challenges. Member States should ensure quality in education by aligning health worker qualifications and educational frameworks with modern health workforce requirements and advancing the international recognition of health workers' qualifications.

The representative of the WORLD MEDICAL ASSOCIATION INC., speaking at the invitation of the CHAIRMAN, welcomed the focus on investment in health. The assurance of basic rights, decent working conditions, staff recognition and a gender perspective were essential for the successful implementation of the Commission's recommendations and thus for the recruitment and retention of health workers, which would be increasingly important given demographic trends. Professional organizations played a key role in health employment policy and should be involved in decision-making. In the light of growing violence against health workers, he reiterated the right of health workers to safe and decent working conditions.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the emphasis on expanding human resources for health in low- and middle-income countries. However, the prioritization of the economic returns on investment was

problematic given the inherent value of investing in strengthening health systems. The ability of the health workforce to provide accessible, quality services would be jeopardized by the withdrawal of international aid. Unpaid community health workers should be recognized as human resources for health and the public sector should cover the costs of integrating trained health workers into the formal health system. Health workers should not need to migrate to receive adequate remuneration and high-income countries should build their own health workforce. It was essential that labour rights should be respected.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, speaking at the invitation of the CHAIRMAN, welcomed the promotion of a needs-based, people-centred approach to health care. She encouraged Member States to train community-based palliative care providers, given the diverse benefits of palliative care. Partnering with civil society organizations would help WHO to achieve targets under at least five of the Sustainable Development Goals. She welcomed the Commission's recommendation to shift the focus from hospital care to prevention and people-centred primary and ambulatory care. Country-level universal health coverage strategies should support partnerships with local communities to train paraprofessional caregivers and palliative care providers. Nurses in rural areas should be trained and licensed to prescribe affordable medicines for palliative care.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that medical information and communications technology professionals should be listed as health professionals in WHO's Global Strategy on Human Resources for Health: Workforce 2030. Engineers, technicians and physicists working in the field of health should be considered indispensable when selecting technologies and interventions for universal health coverage strategies. He recommended that WHO should increase the number of staff working on medical device and non-drug technologies at headquarters and in the regional offices; encourage ILO to include biomedical engineers in the International Standard Classification of Occupations 2018; and adopt an e-learning platform to train biomedical engineers and health technology managers.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed strong support for the draft five-year action plan and called for its urgent implementation. Attacks on health services and health care workers and the obstruction of patient access to care, as well as the lack of accountability for such attacks, were alarming. The Secretariat had made significant progress in the creation of a system to collect and disseminate data on attacks. Member States should collect information on such attacks and share it with the Secretariat.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, commended the draft five-year action plan. Universal health coverage would require surgical services to be scaled up worldwide. Safe surgery required safe anaesthesia and her organization had therefore helped develop educational projects for anaesthesiologists and tools to assess capacities and workforces to ensure that programmes fulfilled the health needs of populations. Member States should support human resources for health and seek adequate funding for transformative education and the required number of health professionals in surgery, obstetrics and anaesthesia.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) said that, in the interests of brevity, she would not acknowledge individually the many excellent comments, suggestions and offers of collaboration provided by Member States, international organizations and non-State actors. The Secretariat would address directly with the representative of India his specific request for normative figures on certain indicators. The amendment to the draft resolution proposed by Thailand strengthened the original version and she understood that the sponsors of the draft resolution

would be willing to consider the revised text. In response to comments from New Zealand, she said that WHO, ILO and OECD had been exploring possible funding to support implementation of the draft five-year action plan, and the Secretariat was confident that it would be able to raise the resources needed, given the high priority of the issue and the commitment demonstrated by many Member States.

**The Committee noted the report.**

At the invitation of the CHAIRMAN, the SECRETARY read out the proposed amendments to the draft resolution. The first two lines of paragraph 4(1)(c) would read: “catalyse the scale-up and transformation of professional, technical and vocational education and training, including interprofessional education, particularly training in community- and health systems-based settings”. A new subparagraph (1)(d) would be inserted into paragraph 4, which would read: “to accelerate monitoring progress of health workforce with the application of national health workforce accounts and ensure appropriate number, competency and equitable distribution”.

**The draft resolution, as amended, was approved.<sup>1</sup>**

**The meeting rose at 19:20.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA70.6.

## SEVENTH MEETING

Friday, 26 May 2017, at 10:05

Chairman: Dr H. M. AL-KUWARI (Qatar)

### 1. THIRD REPORT OF COMMITTEE A (document A70/70)

The RAPPORTEUR read out the draft third report of Committee A.

**The report was adopted.<sup>1</sup>**

### 2. PREPAREDNESS, SURVEILLANCE AND RESPONSE: Item 12 of the agenda (continued)

**Antimicrobial resistance:** Item 12.2 of the agenda (documents A70/12, A70/13 and EB140/2017/REC1, resolution EB140.R5) (continued from the fourth meeting)

The CHAIRMAN drew attention to the draft resolution on improving the prevention, diagnosis and clinical management of sepsis, contained in resolution EB140.R5, as amended in informal consultations by the delegations of Germany, Indonesia on behalf of the Member States of the South-East Asia Region, Ireland, the Russian Federation, Thailand and the United States of America, which read:

The Seventieth World Health Assembly,

**PP1** Having considered the report on improving the prevention, diagnosis and clinical management of sepsis,<sup>2</sup>

**PP2** Concerned that sepsis continues to cause approximately six million deaths worldwide every year, most of which are preventable;

**PP3** Recognizing that sepsis as a syndromic response to infection is the final common pathway to death from most infectious diseases worldwide;

**PP4** Considering that sepsis follows a unique and time-critical clinical course, which in the early stages is highly amenable to treatment through early diagnosis and timely and appropriate clinical management;

**PP5** Considering also that infections which may lead to sepsis can often be prevented through appropriate hand hygiene, access to vaccination programmes, improved sanitation and water quality and availability and other infection prevention and control best practices; and that forms of septicemia associated with nosocomial infections are severe, hard to control and have high fatality rates;

**PP6** Recognizing that while sepsis itself cannot always be predicted, its ill effects in terms of mortality and long term morbidity can be mitigated through early diagnosis and appropriate and timely clinical management;

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<sup>1</sup> See page 383.

<sup>2</sup> Document A70/13.

**PP7** Recognizing also the need to improve measures for the prevention of infections and control of the consequences of sepsis, due to inadequate infection prevention and control programmes, insufficient health education and recognition of early sepsis, inadequate access to affordable, timely, appropriate treatment and care, and insufficient laboratory services, as well as the lack of integrated approaches to the prevention and clinical management of sepsis;

**PP8** Noting that health care-associated infections represent a common pathway through which sepsis can lead to an increased burden on health care resources;

**PP9** Considering the need for an integrated approach to addressing sepsis that focuses on prevention, early recognition through clinical and laboratory services, and timely access to health care, including intensive care services, with reliability in the delivery of the basics of care, including intravenous fluids and the timely administration of antimicrobials where indicated;

Acknowledging that:

- (i) the inappropriate and excessive use of antimicrobials contributes to the threat of antimicrobial resistance;
- (ii) the global action plan on antimicrobial resistance adopted in resolution WHA68.7 (2015),<sup>1</sup> as well as resolution WHA67.25 (2014), urged WHO to accelerate efforts to secure access to effective antimicrobials and to use them responsibly and prudently;
- (iii) sepsis represents the most vital indication for the responsible use of effective antimicrobials for human health;
- (iv) in the absence of appropriate and timely clinical management, including effective antimicrobials, sepsis would be almost universally fatal;
- (v) ineffective or incomplete antimicrobial therapy for infections, including sepsis, may be a major contributor to the increasing threat of antimicrobial resistance;
- (vi) the incidence of some resistant pathogens may be reduced by the use of appropriate vaccines; and
- (vii) immunocompromised patients are most at risk from very serious forms of septicaemia;

**PP10** Recognizing that many vaccine-preventable diseases are a major contributor to sepsis and reaffirming resolution WHA45.17 (1992) on immunization and vaccine quality, which urged Member States, inter alia, to integrate cost-effective and affordable new vaccines into national immunization programmes in countries where this is feasible;

**PP11** Recognizing the importance of strong, functional health systems, which include organizational and therapeutic strategies in order to improve patient safety and outcomes from sepsis of bacterial origin;

**PP12** Recognizing the need to prevent and control sepsis, to increase timely access to correct diagnosis and to provide appropriate treatment programmes;

**PP13** Recognizing the advocacy efforts of stakeholders, in particular through existing activities held every year on 13 September<sup>2</sup> in many countries, to raise awareness regarding sepsis,

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<sup>1</sup> See document WHA68/2015/REC/1, Annex 3.

<sup>2</sup> See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

**(OP1) URGES Member States:<sup>1</sup>**

- (1) to include prevention, diagnosis and treatment of sepsis in national health system strengthening policies and processes, in the community and in health care settings according to ~~international~~ **WHO [Indonesia on behalf of the Member States of the WHO South-East Asia Region]** guidelines;
- (2) to reinforce existing or develop new strategies leading to strengthened infection prevention and control programmes, including by strengthening hygienic infrastructure, promoting hand hygiene, and other infection prevention and control best practices, clean childbirth practices, infection prevention practices in surgery, improvements in sanitation, nutrition and delivery of clean water, access to vaccination programmes, provision of effective personal protective equipment for health professionals and infection control in health care settings;
- (3) to continue in their efforts to reduce antimicrobial resistance and promote the appropriate use of antimicrobials in accordance with the global action plan on antimicrobial resistance,<sup>2</sup> including development and implementation of comprehensive antimicrobial stewardship activities;
- (4) to develop and implement standard and optimal care and strengthen medical countermeasures for diagnosing and managing sepsis in health emergencies, including outbreaks, through appropriate guidelines with a multisectoral approach;
- (5) to increase public awareness of the risk of progression to sepsis from infectious diseases, through health education, including on patient safety, in order to ensure prompt initial contact between affected persons and the health care system;
- (6) to develop training for all health professionals on infection prevention and patient safety, and on the importance of recognizing sepsis as a preventable and time-critical condition with urgent therapeutic need and of communicating with patients, relatives and other parties using the term “sepsis” in order to enhance public awareness;
- (7) to promote research aimed at innovative means of diagnosing and treating sepsis across the lifespan, including research for new antimicrobial and alternative medicines, rapid diagnostic tests, vaccines and other important technologies, interventions and therapies;
- (8) to apply and improve the use of the International Classification of Diseases system to establish the prevalence and profile of sepsis and antimicrobial resistance, and to develop and implement monitoring and evaluation tools in order to focus attention on and monitor progress towards improving outcomes from sepsis, including the development and fostering of specific epidemiologic surveillance systems and to guide evidence-based strategies for policy decisions related to preventive, diagnostic and treatment activities and access to relevant health care for survivors;
- (9) to engage further in advocacy efforts to raise awareness of sepsis, in particular through supporting existing activities<sup>3</sup> held every year on 13 September in Member States;

**(OP2) REQUESTS the Director-General:**

- (1) **to develop sepsis prevention and management guidelines; [Indonesia on behalf of the Member States of the WHO South-East Asia Region]** to and draw attention to the public health impact of sepsis, including by publishing a report on sepsis describing its global epidemiology and impact on the burden of disease and identifying successful

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> See document WHA68/2015/REC/1, Annex 3.

<sup>3</sup> See document EB140/12 paragraph 10: civil society organizations promote a World Sepsis Day on 13 September.

approaches for integrating the timely diagnosis and management of sepsis into existing health systems, by the end of 2018;

**(2) to develop sepsis prevention and management guidance; [Germany]**

~~(2)~~(3) to support Member States, as appropriate, to define standards and establish the necessary guidelines, infrastructures, laboratory capacity, strategies and tools for reducing the incidence of, mortality from and long-term complications of sepsis;

~~(3)~~(4) to collaborate with other organizations in the United Nations system, partners, international organizations and other relevant stakeholders in enhancing access to quality, safe, efficacious and affordable types of treatments of sepsis, and infection prevention and control, including immunization, particularly in developing countries, while taking into account relevant existing initiatives;

~~(4)~~(5) to report to the Seventy-third World Health Assembly on the implementation of this resolution.

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

<b>Resolution:</b> Improving the prevention, diagnosis and management of sepsis	
<b>A. Link to the General Programme of Work and the Programme budget</b>	
<b>1. Please indicate to which outcome in the Twelfth General Programme of Work, 2014–2019 and to which output in the Programme budget 2016–2017 this draft resolution would contribute if adopted.</b>	<p>Twelfth General Programme of Work, 2014–2019, category 3, outcome: increased access to interventions for improving health of women, newborns, children and adolescents; category 4, outcome: policies, financing and human resources are in place to increase access to people-centred, integrated health services; category 5, outcome: increased capacity of countries to build resilience and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics.</p> <p>Programme budget 2016–2017, outputs: 3.1.1; 3.1.2; 3.1.4; 3.1.6; 4.2.3; and 5.2.2.</p>
<b>2. Please provide a short justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Please indicate the estimated implementation time frame (in years or months) for any additional deliverables.</b>	4.5 years.
<b>B. Budgetary implications for implementation of additional deliverables</b>	
<b>1. Current biennium – estimated, additional budgetary requirements, in US\$ millions:</b>	None.
<b>(i) Please indicate the level of available resources to fund the implementation of the proposed resolution in the current biennium, in US\$ millions:</b>	
– <b>How much are the resources available to fund the proposed resolution in the current biennium?</b>	US\$ 0.40 million (in-kind staff contribution across regional offices and WHO headquarters).

<ul style="list-style-type: none"> <li>– <b>How much would the financing gap be?</b> US\$ 1.68 million.</li> <li>– <b>What are the estimated resources, not yet available, if any, which would help to close the financing gap?</b> Zero.</li> </ul>			
<b>2. 2018–2019 (if required): estimated budget requirements, in US\$ millions:</b> US\$ 5.03 million.			
Level	Staff	Activities	Total
Country offices	0.00	1.20	1.20
Regional offices	1.35	0.48	1.83
Headquarters	1.20	0.80	2.00
Total	<b>2.55</b>	<b>2.48</b>	<b>5.03</b>
<b>3. Future bienniums beyond 2018–2019 (if required) – estimated budgetary requirements, in US\$ millions:</b> US\$ 5.03 million.			

The representative of the CONGO said that he supported the proposed amendments and wished to be added to the list of sponsors of the draft resolution.

In the absence of any objections, the CHAIRMAN took it that the Committee wished to approve the draft resolution.

**The draft resolution contained in resolution EB140.R5, as amended, was approved.<sup>1</sup>**

**Implementation of the International Health Regulations (2005):** Item 12.4 of the agenda (document A70/16) (continued from the fourth meeting)

The CHAIRMAN explained that, following informal consultations conducted under the chairmanship of the representative of Monaco, agreement had been reached on the text of a draft decision, which read:

The Seventieth World Health Assembly, having considered the report on implementation of the International Health Regulations (2005): global implementation plan,<sup>2</sup> mindful of the legally binding nature of the International Health Regulations (2005), recalling country ownership and WHO's leadership in the implementation of the International Health Regulations (2005) and aware of the urgency of implementation of the International Health Regulations (2005), decided:

- (1) to take note of the report contained in document A70/16; and
- (2) to request the Director-General:

<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA70.7.

<sup>2</sup> Document A70/16.



- (a) to develop, in full consultation with Member States, including through Regional Committees, a draft five-year global strategic plan to improve public health preparedness and response, based on the guiding principles contained in Annex 2 of document A70/16, to be submitted for consideration and adoption by the Seventy-first World Health Assembly through the Executive Board at its 142nd session;
- (b) to continue to pursue and strengthen efforts in supporting Member States for the full implementation of the International Health Regulations (2005), including through building their core public health capacities.

**The draft decision was approved.<sup>1</sup>**

**3. HEALTH SYSTEMS:** Item 13 of the agenda (continued)

**Principles of the donation and management of blood, blood components and other medical products of human origin:** Item 13.2 of the agenda (document A70/19)

The representative of LEBANON said that she supported the 10 principles contained in the report by the Secretariat, in particular principle 2 (equity in donation) and principle 5 (financial neutrality). She welcomed the efforts made to reflect the fact that different types of medical product of human origin might require different operational systems and regulatory oversight adapted to their specificities, and that the manner in which countries implemented the principles might differ depending on the type of product in question. In that context, WHO must be actively engaged in devising international guidelines on the various steps of traceability for medical products of human origin.

The representative of PANAMA, expressing support for the 10 principles set out in the report, said that medical products of human origin should be subject to a uniform global regulatory framework. Donors and recipients should be well informed of the risks and benefits before giving consent, and strict quality control systems for medical products of human origin must be in place. She proposed adding “or any discrimination on grounds of religion or ethnicity” after “considerations of financial or social status” at the end of principle 8.

The representative of BAHRAIN said that she welcomed the framework of principles, which must be applied to all medical products of human origin. Those products must be subject to appropriate national regulatory oversight, adapted to their specificities. Comprehensive strategies for the management of medical products of human origin were needed, as was close collaboration among regulatory authorities. The Secretariat should offer guidance on the strategies and interventions that could be implemented to ensure compliance with the principles at the national, regional and global levels.

The representative of MALAYSIA proposed adding the following sentence at the beginning of principle 2: “Voluntary, non-remunerated donation should be the basis for donation of blood, blood components and other medical products of human origin.” Her delegation wished to be included in a drafting process to revise principles 1, 3, 5, 8 and 10. The Secretariat should hold additional

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s fourth report and adopted as decision WHA70(11).

consultations and capacity-building sessions to ensure that Member States fully understood and adhered to the principles, for which she expressed her support.

The representative of ARGENTINA said that, while she acknowledged the value of establishing a set of shared principles, she had several concerns. The term “product” was not appropriate to refer to organs, tissues and cells, as it implied that they could potentially be commercialized, which was unacceptable given the ethical issues surrounding human biological materials. Since Member States were far from self-sufficient in organ and tissue donation, the voluntary nature of donation must be enshrined in countries’ regulatory frameworks. She highlighted the importance of putting in place different standards to govern blood donation as opposed to organ, tissue and cell donation. Further work should therefore be done to improve the document.

The representative of SLOVAKIA, noting that blood components could be removed from blood and therefore become a base material, proposed that, in principle 2, the words “blood and plasma products” should be replaced by “blood, blood components and plasma products”. Also, the document should distinguish between plasma as a blood component for transfusion, and plasma products for which plasma was a base material. She asked why the title of the report had been amended since its consideration by the Executive Board to include blood and blood components under the term “products”, since blood and blood components were raw materials.

The representative of the ISLAMIC REPUBLIC OF IRAN highlighted the importance of setting more guidelines and standards to govern the use of medical products of human origin, as those currently in place did not meet the needs of manufacturers and regulators.

The representative of INDONESIA said that it would be difficult to achieve self-sufficiency in respect of plasma-derived medicinal products given the infrequent nature of donation and the lack of standards for blood and blood component safety in most developing countries. Consideration should be given to a payment-in-kind system for regular plasma donors who donated exclusively for plasma-derived medicinal product purposes; WHO should develop guidelines for such a system.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that most African States did not yet have the requisite technology for transplants and that the use of blood and medical products of human origin in reproductive health remained limited. Steps had been taken to improve blood transfusion safety in the African Region, thereby decreasing the prevalence of certain diseases transmitted through blood transfusion. Self-sufficiency in blood and blood products would, however, be difficult to achieve. Resource-poor States should be given support, to facilitate the development of tissue and organ transplantation at the subregional level. The framework of principles could, however, be improved further.

The representative of the DOMINICAN REPUBLIC said that, given the growing demand for medical products of human origin, the framework of principles for promoting ethical practices was particularly important. The utmost care must be taken to ensure that the principles were applied rigorously, and in full compliance with the precept of voluntary, non-remunerated donation. In countries where efforts were being made to increase the availability and quality of medical products of human origin, in particular blood, special attention must be paid to upholding principle 2 on equity in donation.

The representative of CHINA said that the systems and norms in place in China for the donation and management of blood and organs were in line with the WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation. WHO should establish a global regulatory mechanism for organ donation, so that data could be cross-checked between countries to identify the origins of donated organs. WHO should also continue to provide technical support to Member States to help developing

countries use new technology and advanced administrative methods, and thereby strengthen their capacities to ensure the safety and security of blood and other medical products of human origin.

The representative of TUNISIA described the legislation in force in Tunisia, which was in line with the 10 principles, and said that efforts were being made to promote blood donation and improve the national blood transfusion system. She highlighted the importance of capacity-building to enable Member States to apply the principles successfully.

The representative of THAILAND said that the guiding principles were timely, given the shortage of medical products of human origin and Member States' limited capacities and resources to provide services in that regard. Given that different types of product might require different operational and regulatory systems, and that those systems ought to be consolidated with other national services, consideration should be given to the creation of a national coordinating mechanism for setting criteria and regulatory measures to guarantee the high quality of such medical products and the safety and equity of donors and recipients.

The representative of FRANCE said that she welcomed the revised principles. In particular, she reiterated France's commitment to the prior informed and voluntary consent of donors and welcomed the revised formulation of principle 5 on altruistic voluntary non-remunerated donation, which now mentioned resolution WHA63.22 (2010) and placed the necessary emphasis on donor protection.

The representative of IRAQ emphasized the need to tackle inappropriate practices with regard to blood donation. Efforts must be stepped up to manage the blood donation process more effectively and efficiently, including by establishing regional blood banks to guarantee supplies of blood and blood products. Donated blood and blood components must be healthy and safe. Safe transport of donations should be integrated into national health policy. Results-oriented strategies were needed to prevent communicable diseases being transmitted through unsafe blood donation. Laboratories must be better equipped to that end. Crisis response measures were in place but could be improved, in which regard support from the Organization would be appreciated. It was also important to provide services to migrants and refugees.

The representative of the RUSSIAN FEDERATION pointed out that the issue was not only important from the health perspective, but also in terms of international law, bioethics and criminal law. While expressing overall support for the 10 principles, she reiterated the suggestion made by her delegation at the 140th session of the Executive Board to replace the term "medical products of human origin" with "biological materials (products) of human origin", to avoid any overlap, confusion or incompatibility with existing terminology used in Member States' legislation. It would be useful to prepare a glossary on the subject, keeping in mind potential developments in biomedicine, and to discuss the matter further and draw up additional WHO guidance.

The representative of VIET NAM said that for developing countries with limited resources, establishing a sustainable blood donation management system required considerable work and financial and technical support at various levels, including to improve the legislative framework, ensure quality, safety, efficiency and professionalism, and establish a network of donors whose health was well monitored.

The representative of GERMANY said that the 10 principles, which were intended to cover all medical products of human origin, should not weaken existing international guiding principles and ethical standards in more specific areas such as organ donation. The principles should also address the distinction between different types of product of human origin. In order to safeguard organ donors and prevent organ trafficking and organ tourism, the principles should state clearly that the prohibition of

financial gain and adherence to the principle of financial neutrality were indispensable in organ donation and transplantation, and that no deviation therefrom should be allowed.

The representative of INDIA, acknowledging the growth in demand for medical products of human origin, said that considerable inequalities in access to such products remained. While the attention given in the principles to equity among donors was welcome, greater focus should be placed on equity among recipients. If the majority of medical products of human origin were used in private sector medical care in urban areas, a net flow from poor to rich became inevitable. The need to expand publicly funded services that poor people could access should be stated clearly. Universal access to blood and blood products should be used as a test case to assess the impact of quality requirements and trade in medical products of human origin on their availability to poorer populations. Member States should also have the right to prioritize domestic use of medical products of human origin.

The representative of PAKISTAN said that all 10 principles were important and relevant. Their implementation by Member States would help promote ethical practices in the donation and management of blood, blood components and other medical products of human origin.

The representative of COLOMBIA, expressing support for the development of principles on the issue, which would help protect human rights, welcomed the inclusion of items such as haematopoietic stem cells from peripheral blood, bone marrow or umbilical cord blood. The consultative process through which the framework of principles had been developed would be beneficial in tackling the challenges faced in Colombia, which relied heavily on health tourism for its development, in terms of transparency, equitable access, and the quality and sustainability of the system. Any procedure involving the use of medical products of human origin should be trialled in order to ensure its safety, quality and effectiveness, not least to avoid unhelpful publicity of “miracle cures”. The principles would be useful in preventing organ trafficking and transplant tourism, which undermined public confidence in voluntary donation and had an impact on national criteria for allocating organs, tissues and cells. Principle 5 on financial neutrality was particularly important. He sought clarification as to whether the principles were intended to replace or complement the existing WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation, as there seemed to be a discrepancy between them with regard to payment for cell donation.

The representative of MALDIVES said that blood transfusion services required quality assurance systems and good manufacturing practices, together with enhanced regulatory oversight and strengthened technical capacity for regulatory authorities and control laboratories. It was vital for donations of medical products of human origin to be entirely voluntary and for regulations to be strengthened to prevent misuse. He urged WHO to continue to provide technical support in relevant areas.

The representative of ECUADOR said that ensuring the availability of blood, blood components and other medical products of human origin in line with ethical principles was a priority for his Government. Quality assurance and vigilance systems were in place covering donor selection, traceability and the quality of products. The lack of universal health coverage was one of the main factors contributing to inequitable access to medical products of human origin. Altruistic voluntary donation was essential in order to protect donors from exploitation. Proper education was needed to raise awareness of the community benefits of voluntary donation. The donation and management of blood, blood components and other medical products of human origin should be the responsibility of each Member State's health system and carried out in line with best practice. He supported the comments made by the representative of Argentina concerning terminology. The Organization should increase its support to Member States in promoting ethical practices regarding medical products of human origin. Experience should be exchanged with a view to facilitating the implementation of the framework of principles.

The representative of LIBERIA emphasized the importance of tackling ethical issues to ensure that donors were not subject to exploitation, coercion or abuse.

The representative of KENYA said that his Government was committed to applying the framework of principles. He underscored the importance of ensuring that discussions on the donation and management of blood, blood components and other medical products of human origin were culturally sensitive in order to address preconceptions, taboos and beliefs about their use and to realize the full potential thereof.

The representative of the UNITED STATES OF AMERICA expressed support for the principles, which should be evaluated continuously to take account of advances in technology and recognize the role of Member States' national systems and experience. He encouraged the Secretariat to assist Member States in developing and implementing legal frameworks to regulate the use of medical products of human origin and in establishing systems to ensure safety, availability and quality by promoting best practice. Regulatory and public health monitoring frameworks should support the principles of ethics, safety, vigilance and surveillance, and his Government stood ready to share its experience with others.

The representative of AFGHANISTAN, welcoming the framework of principles, said that work had begun at the national level to draft regulations on medical products of human origin, in line with WHO guidance, which would bridge a regulatory gap that currently left donors and recipients vulnerable to organ trafficking. In that regard, he requested technical support from the Organization.

The representative of AUSTRALIA expressed support for the helpful revisions made to the principles since their consideration by the Executive Board at its 140th session and noted Australia's support for the concept of ethical principles when regulating donations and the use of components of the human body. Australia strongly recommended that legal consent from donors should remain a requirement in the procurement of medical products of human origin. The principles should be implemented within the context of each Member State's particular needs and system of governance.

The representative of SRI LANKA said that he welcomed the framework of principles for promoting ethical practices in the donation and management of medical products of human origin. A mechanism should be developed to ensure that all Member States had access to the most up-to-date blood screening technologies, to ensure maximum safety and prevent infections.

The representative of BANGLADESH said that advances in science and health care technology had led to greater availability of biological products. The framework of principles and policy options would ensure safety, quality and efficacy within and across national borders. The proposals concerning the procurement, manufacture and provision of medical products of human origin provided important guidance for Member States. The Secretariat should provide support for setting standards and developing guidelines for regulation, vigilance and surveillance systems for the manufacture and use of medical products of human origin.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES welcomed the framework of principles and policy options, and said that voluntary unpaid blood donors provided the foundation for a safe and sustainable blood supply. Voluntary systems helped guard against coercion and exploitation of vulnerable potential donors. Her Federation was working with WHO to develop a global framework to help achieve 100% voluntary blood donation in every country. She called for increased global commitment to support governments everywhere to provide essential blood services to their citizens.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the framework of principles but expressed concern that insufficient attention had been paid to the challenges that low- and middle-income countries would face in implementing them. Given the globalization of supply chains, a legally binding international instrument was required. When discussing choice and informed consent, consideration should be given to the gender, social and class dimensions of donation of blood and organs. The principles might not adequately protect the rights of women donors involved in assisted reproductive technologies and did not cover surrogacy, nor did they offer any guidance on the ethics of new procedures that were not life-saving, such as uterus transplants. Unless public health systems were strengthened, the recipients of donated organs would be predominantly those who could afford private health care.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points made, thanked the Member States and non-State actors for their support for the proposed set of guiding principles and for the efforts made by Member States since January 2017 to work with the Secretariat to improve the proposed framework. Furthermore, she noted the many national efforts to ensure the non-exploitation of donors, non-discrimination in respect of medical products of human origin and the safety and quality of medical products of human origin. The Secretariat had taken due note of the comments on the importance of sharing experiences and the suggestions regarding the proposed principles. The broad scope of medical products of human origins covered by the proposed framework meant that it had not been possible to go into detail with regard to specific types of cells, tissues and organs. The Secretariat proposed to work further with interested Member States to develop more specific guidance for particular types of medical products of human origin.

**The Committee noted the report.**

**Addressing the global shortage of, and access to, medicines and vaccines:** Item 13.3 of the agenda (document A70/20)

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine aligned themselves with her statement.

Shortages and temporary stock outs of medicines and vaccines could have serious consequences, and must therefore be addressed at the global level. A balance must be struck between the need to promote and finance the research and innovation of new medicines while ensuring that good quality, safe medicines were accessible and affordable to those in need, in line with target 3.8 of the Sustainable Development Goals. She expressed appreciation for WHO's efforts to develop technical definitions and hold consultations with all stakeholders to better understand the implications of shortages of medicines and vaccines. Attention should also be paid to evidence-based needs identification. She welcomed initiatives at the global, regional and national levels to develop alternative business models and strengthen regulatory systems to ensure that products could be registered and quality assured, and to improve the transparency of price-setting mechanisms and policies. Measures to encourage informal exchanges on shortages and prices, and to develop a global notification system and management plans for medicines and vaccines at risk of shortage, were also welcome. WHO had an important role in the Interagency Supply Chain Group and at the country level in advocating country ownership and organizing the in-country coordination of donors.

The representative of INDIA, supported by the representatives of the UNITED STATES OF AMERICA, BRAZIL and ALGERIA, requested a deferral of the discussion pending the continuation of informal discussions on terminology.

The representative of MONACO, supported by the representatives of the NETHERLANDS and SWITZERLAND, requested clarification regarding the informal discussions, about which her delegation had not been informed. The initiation of an informal consultation process without informing all delegations constituted a worrying lack of transparency.

The representative of INDIA said that he wished to clarify that an informal consultation process as such had not been initiated. His delegation had merely entered into a preliminary conversation with some others, in an effort to resolve differences regarding the terminology used in respect of access to medicine and shortages.

The representative of NORWAY, supported by the representative of MONACO, expressed concern that the objective of the informal discussions had not been clarified. He wished to know what terminology was being considered, since he was unaware that the discussion on agenda item 13.3 would result in a decision or resolution. The deadline for submitting drafts had passed and it was not desirable to start work on a text that had not been presented to the Health Assembly.

The representative of the OFFICE OF THE LEGAL COUNSEL said that, in line with Rule 48 of the Rules of Procedure of the World Health Assembly, formal proposals for draft resolutions or decisions must be presented by delegations by close of business on the opening day of the Health Assembly. Should the Committee wish to produce a text through a process it had initiated, however, it could do so.

The representative of the UNITED STATES OF AMERICA said that his understanding was that the Committee was not being asked to mandate an informal working group to draft a text, but rather was being asked to suspend the discussion on item 13.3 to allow time for Member States to consider the matter further.

The representative of ECUADOR, supported by the representatives of SWITZERLAND, MONACO and CANADA, said that the discussion should be resumed as soon as possible.

The CHAIRMAN suggested that, in a spirit of compromise, the discussion should be deferred until later in the day, without the initiation of an informal or formal consultation process. In the absence of any objections, she would take it that the Committee agreed to that suggestion.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the eighth meeting.)

**Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property:** Item 13.4 of the agenda (document A70/21)

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that she welcomed the comprehensive external evaluation contained in document A70/21. Member States should promote research and development and strengthen international cooperation between the public and private sectors to create mutually beneficial partnerships. WHO should continue to provide technical support to promote the transfer of technology and the production of health products and to evaluate the outcomes of the global strategy and plan of action on public health, innovation and intellectual property. National regulatory agencies should be strengthened to improve access to health products. WHO should also support improved access to technical and scientific knowledge by widening the availability of libraries and databases.

The representative of SURINAME said that the review of the global strategy and plan of action on public health, innovation and intellectual property should take into account the needs of smaller countries, such as Suriname, when shaping the research agenda. The traditional knowledge of those countries could contribute to the discovery of new anti-infective agents and other medicines, but the populations of those countries needed assurance that they would benefit from sharing that knowledge. Resource poor countries had limited access to newly developed medicines and vaccines and access to some established medicines had been affected by price hikes. Her Government was therefore looking forward to participating in the work of the expert panel to review the global strategy and plan of action on public health, innovation and intellectual property.

The representative of BAHRAIN said that Member States must increase their efforts to implement the global strategy and plan of action on public health, innovation and intellectual property, given its importance to research and development and the transfer of technology in low- and middle-income countries. The Secretariat should provide further assistance to countries in the Eastern Mediterranean Region to boost research and development and enhance surveillance systems.

The representative of the RUSSIAN FEDERATION said that expanding the application of the Agreement on Trade-Related Aspects of Intellectual Property Rights, taking into account the interests of developing countries, would ensure that modern medicines and medical assistance could be accessible to all. Stimulating research and industrial potential would have a positive impact on epidemiology, in particular for HIV infection and viral hepatitis, and for noncommunicable diseases. He welcomed the comprehensive evaluation of the global strategy and plan of action on public health, innovation and intellectual property, and supported the inclusive approach to its review.

The representative of SWITZERLAND said that the external evaluation had been particularly valuable. He commended the approach taken by the external evaluation team, which had considered countries on the basis of income, rather than grouping the majority of countries together under the catch-all term “developing countries”, which would facilitate a targeted, needs-based approach to the provision of support. A similarly differentiated approach should be adopted during the overall programme review.

The representative of GERMANY, welcoming the external evaluation report, said that her Government was already implementing some of the recommendations, including capacity building, the transfer of technology and the strengthening and financing of health care systems.

The representative of IRAQ said that his Government was undertaking various measures to improve the national health system. The Secretariat, together with other concerned organizations, should support Member States in their efforts to encourage innovation and to strengthen industries for the development of vaccines, thereby enhancing health security at the national, regional and global levels. Action plans and strategies should be developed at the regional level, and WHO regional offices should receive the necessary support in that regard.

The representative of the UNITED STATES OF AMERICA said that he welcomed the evaluation and looked forward to receiving the review of the second stage evaluation of the global strategy and plan of action on public health, innovation and intellectual property.

**The meeting rose at 12:40.**



## **EIGHTH MEETING**

**Friday, 26 May 2017, at 14:45**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H. M. AL-KUWARI (Qatar)

**HEALTH SYSTEMS:** Item 13 of the agenda (continued)

**Evaluation and review of the global strategy and plan of action on public health, innovation and intellectual property:** Item 13.4 of the agenda (document A70/21) (continued)

The representative of MALAYSIA welcomed the evaluation and agreed with the recommendation on strengthening efforts to tap into traditional medicinal knowledge by boosting local research and development, enhancing educational and training efforts, and negotiating partnerships with high- and upper-middle-income countries. With regard to the transfer of technology, the Secretariat should make a platform available for sharing information on technology transfer between Member States. Although WHO had made efforts to enhance awareness of the use of flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), it should also provide support for capacity-building on the technical and legal aspects of mitigating the effects of “TRIPS-plus” provisions in free trade agreements.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that although some of the objectives of the global strategy and plan of action on public health, innovation and intellectual property had been met, others had not, and the limited success reported in low-income countries was a particular cause for concern in the African Region. She supported the recommendation for an overall programme review in 2017. While the recommendations set out in the evaluation report were numerous, their implementation would contribute significantly to improving access to safe, affordable and quality medicines in Africa and to strengthening global research and development efforts. Investment in activities to implement the recommendations should be increased.

The representative of MEXICO said that intellectual property considerations, especially patents, should be included in the work of health policy-makers, which should be linked to the discussions on the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity, in particular in the context of the use of traditional medicines. Implementation of the recommendations of the evaluation would lead to the adoption of public policies with measurable outputs, and must include the engagement of all relevant actors. The results of the evaluation should be shared with all stakeholders, including representatives of academic institutions, standard-setting authorities, and public and private entities involved in public health. The Government of Mexico had established an observatory for health investigation, and was making efforts to mainstream a culture of intellectual property considerations into the work of health institutions, through awareness-raising campaigns, analyses of data on patents and the dissemination of information on intellectual property. The Government was participating in a consortium on transnational global research and innovation on health, and was sharing information with the aim of using laboratory findings to develop new medicines and treatments.

The representative of SAUDI ARABIA said that, although efforts were being made to modernize hospitals and provide state-of-the-art health services, it was difficult for the Ministry of Health of Saudi Arabia to meet health service provision needs without additional support. Innovation was promoted in Saudi Arabia and encouraged through a national competition, which was organized and judged jointly by the Ministry of Health and representatives of the private sector.

The representative of INDONESIA said that research and development in new medicines was crucial to improve global health and attain the Sustainable Development Goals. Research on the medicinal value of biodiversity was key to meeting the need for new medicines. The Indonesian Government was therefore promoting research into traditional medicines and the use of local content in the pharmaceutical industry. WHO should support Member States in their application of the TRIPS Agreement, particularly with regard to compulsory licensing and parallel imports of medicines and vaccines. Intellectual property regulations should not jeopardize public access to medicines and vaccines. The Indonesian Government had conducted a self-assessment of its implementation of the global strategy and had found its progress to be on track. She encouraged the Secretariat to provide support to Member States in implementing the global strategy.

The representative of INDIA said that his Government had conducted a self-assessment and had begun working on the development of an information-sharing platform.

The representative of the PHILIPPINES said that the Government of the Philippines had enacted legislation on the accessibility of affordable, quality medicines, which embodied the flexibilities afforded by the TRIPS Agreement. That notwithstanding, drug prices in the Philippines were still among the highest in Asia. The use of TRIPS flexibilities was therefore crucial for addressing current and emerging health challenges. The Government intended to expand social health insurance coverage with a view to reducing out-of-pocket expenses, which were often used to purchase essential medicines. He agreed with the recommendations set out in the evaluation report with regard to delinking the final cost of medicines from the cost of research and development; making drug price data transparent; increasing industry accountability; and strengthening government commitment to increase investments in health.

The representative of THAILAND noted with concern the uneven progress in implementation of the global strategy and plan of action across low-, middle- and high-income countries. She commended the work of the Regional Office for South-East Asia, which had supported Member States in the Region in conducting self-assessments, the results of which were not only useful to guide implementation, but also fostered country ownership of the global strategy and plan of action. She expressed concern that the budget for implementation of the global strategy and plan of action had to compete with other programme activities under WHO programme budget category 4.3 on access to medicines and health technologies and strengthening regulatory capacity. Given the importance of implementing the global strategy and plan of action for the attainment of target 3.b of the Sustainable Development Goals, the Secretariat should do its utmost to safeguard the budget and mobilize additional resources to that end.

The representative of ECUADOR said that his Government had approved legislation on knowledge and innovation, which set out the regulations for intellectual property and was essential for knowledge management and ensuring that access to knowledge and innovation benefited the whole of society, including the owners of intellectual property rights. Governments should have robust, transparent mechanisms for reaping the benefits of patents and promoting innovation to meet public health needs. The international community should collaborate with WHO in establishing a high-level group to develop a plan of action to facilitate technology transfer, in order to strengthen national policies on health products and increase sharing of knowledge and information on best practices between countries. Technical support must be provided to enable countries to strengthen capacities for

the transfer and development of technology. All Member States should use TRIPS flexibilities, and international organizations should support low- and middle-income countries in applying TRIPS flexibilities through the application of article 31bis of the TRIPS Agreement.

The representative of PAKISTAN said that the global strategy and plan of action was the key to promoting new thinking on innovation and access to medicines, and securing an enhanced and sustainable basis for needs-driven essential health research and development on diseases that disproportionately affected developing countries. He welcomed the evaluation and commended the work of the Secretariat in supporting Member States in their implementation of the global strategy and plan of action.

The representative of SENEGAL said that lower-middle- and low-income countries should develop research policies and multisectoral action plans on innovation, and should strengthen public-private partnerships for research and development. Member States of the African Intellectual Property Organization should establish an interministerial committee to work on the development of generic medicines. The benefits of the TRIPS Agreement should be optimized, and partnership synergies should be enhanced.

The representative of VIET NAM said that the evaluation report had accurately observed the implementation status of the global strategy and plan of action in lower-middle-income countries, such as Viet Nam, where a lack of funding and support was a common problem. Several of the evaluation recommendations were being implemented in Viet Nam, including the promotion of upstream research; cooperation between the public and private sectors; strengthening efforts to tap the unrealized potential of traditional medicinal knowledge; mobilization of sustainable financial resources for health technology innovation; and cooperation between the Government and stakeholders to improve the enabling environment for technology transfer.

The representative of BANGLADESH said that there was a dearth of research on neglected tropical diseases and vaccine production in developing countries. Bangladesh was making efforts to enhance technology transfer and identify gaps in research and development with regard to medicines and vaccines, in particular on diseases that disproportionately affected developing countries. Technology transfer was key to enhancing research and development in countries with limited resources. In order to make use of TRIPS flexibilities, research was being conducted on generic formulations of vaccines and drugs; affordable oral cholera vaccines and rotavirus vaccines had thereby been made available on the domestic market. Developing countries had much to gain from implementing the global strategy and plan of action.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the evaluation report was disappointing. It framed research and development market failures narrowly and failed to acknowledge that lack of access to medicines was also a market failure. The global strategy and plan of action seemed to have no relevance to patients or taxpayers in higher-income countries. North-South divides had contributed to blocking reforms that would benefit only developing countries. To play a meaningful role in reforming the global research and development financing system, benefits must be more inclusive. Lastly, the evaluation report failed to mention delinkage, which was the only reform that would eliminate conflicts between innovation and access.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, said that the Medicines Patent Pool was an example of successful implementation of the global strategy and plan of action as a mechanism to promote transfer and access to health-related technologies. Transparency of patent status information was crucial. The Medicines Patent Pool had launched an online platform to enable stakeholders to understand the intellectual property status of priority HIV, hepatitis and tuberculosis medicines in low- and middle-income countries. Further expansion of that tool was being considered.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, encouraged all stakeholders to apply mechanisms to protect health, enhance prevention and promote health and well-being, and to harness knowledge and skills through strong community engagement. He called on governments to enable all sectors involved in public health to further develop public health functions and quality health systems as global public resources. All sectors should be held accountable for the health impacts of their policies and actions.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the evaluation fell short in its recommendations and unfairly blamed low-income countries for weak awareness and leadership. That conclusion was unfounded, given the commitment shown by stakeholders in those countries, despite considerable political resistance. He urged Member States to enhance efforts to restructure biomedical research and development systems in order to include mandatory contributions to future initiatives under the global strategy and plan of action and integrate the recommendations concerning delinkage.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the evaluation report merely restated the problem originally identified in the report of the WHO Commission on Intellectual Property Rights, Innovation and Public Health, namely that there was insufficient investment in research and development for diseases that mainly affected lower-middle- and low-income countries. It also neglected key elements of the global strategy and made recommendations that were sometimes at odds with its conclusions. He expressed concern that the evaluation report did not mention the need for a possible essential health and biomedical research and development treaty, as set out in the annex to resolution WHA61.21 (2008). In addition, the recommendation that Member States should ensure that health research and development at the national and subnational levels was prioritized was too vague and unclear. Consequently, the evaluation report did not provide a sound basis for informing the overall programme review planned for 2017.

The REPRESENTATIVE OF THE DIRECTOR-GENERAL (Evaluation and Organizational Learning) thanked speakers for their valuable comments and suggestions, which would help to advance implementation of the global strategy and plan of action. Specific comments and suggestions would be shared with the overall programme review panel.

**The Committee noted the report.**

**Follow-up of the report of the Consultative Expert Working Group on Research and Development: Financing and Coordination:** Item 13.5 of the agenda (document A70/22)

The representative of BAHRAIN said that the list of specific health conditions in paragraph 4(a) of Annex 1 to the report should include a reference to chronic noncommunicable diseases, tobacco use, obesity and unhealthy lifestyles. Those issues were of particular importance in the Arabian Gulf countries. He also suggested that, with a view to facilitating the work of the Global Observatory on Health Research and Development, reference should be made in paragraph 6 of Annex 1 to drug licensing and the registration and follow-up of clinical trials.

The representative of INDIA strongly supported the proposal to create a voluntary pooled fund for health research and development, including for his country's projects. More resources would be required to advance research and development.

The representative of the RUSSIAN FEDERATION noted with satisfaction the establishment of the Global Observatory on Health Research and Development and agreed with its workplan. Particular attention should be paid to research on antimicrobial resistance and diseases of epidemic potential. She also agreed with the scope of the Expert Committee on Health Research and Development and hoped that its remit would include medical products and technologies.

**Mr Davies took the Chair.**

The representative of SWITZERLAND said that it was time to take stock of progress achieved since the adoption of resolution WHA66.22 (2013). He welcomed the further development of the Global Observatory on Health Research and Development and the establishment of the Expert Committee on Health Research and Development. The proposed operational plan to create a voluntary pooled fund was welcome, and would allow resources to be allocated to priority areas of research and development. However, funding for the demonstration projects remained insufficient, and the Swiss fund for matching contributions from low- and middle-income countries had not been fully utilized. The Swiss Government stood ready to match future contributions. To date, interest in setting up the voluntary pooled fund had been limited. It was time to move beyond the strategic workplan endorsed in resolution WHA66.22 (2013) and explore complementary voluntary ways to strengthen coordination and financing of global health research and development. Inclusive partnerships, including with low- and middle-income countries, would be needed in that regard.

The representative of INDONESIA supported the proposed creation of a voluntary pooled fund, but advised that the mechanism for pooling funds must ensure transparency, accountability and information sharing among all stakeholders. The Secretariat should facilitate collaborative research among Member States under a single topic, such as Type III diseases, but using funds from individual countries, in order to boost the development of products with shared patents.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, welcomed the proposals contained in the report and supported the proposed workplan and budget for the Global Observatory on Health Research and Development and the creation of a voluntary pooled fund. All six of the demonstration projects would provide important contributions to health research. Medicines and vaccines developed using the voluntary pooled fund must be accessible, affordable, effective and good quality, and the costs of investment in research and development should be delinked from the volume and price of the resulting health products. It was clear that additional resources were required. A stronger case for research and development needed to be made to development partners, Member States and all relevant stakeholders, including ministries of science and technology, and agriculture, and innovative approaches must be explored. The research and development initiative provided an opportunity to develop new products to achieve the goals of the 2030 Agenda for Sustainable Development. The Member States of the Region looked forward to stronger regional efforts in terms of coordination and priority-setting for research and development.

The representative of IRAQ said that research and development was strongly linked to the development of national health plans, given the need for scientific data to draft and successfully implement those plans. WHO must therefore provide support for implementation of the proposals contained in the report and ensure that sufficient financing was made available for research and development projects.

The representative of THAILAND observed that the shortfall in the overall budget posed challenges to the successful implementation of demonstration projects and the functioning of the Global Observatory on Health Research and Development. He expressed concern that the annual minimum funding of US\$ 100 million for the voluntary pooled fund over a 10-year period was therefore too ambitious. Moreover, Member States' contributions to the fund were likely to be limited, owing to the global financial crisis and austerity measures. Private-sector support might be more realistic, but potential conflicts of interest would have to be carefully monitored under the Framework of Engagement with Non-State Actors. The operational plan for the voluntary pooled fund must focus on both fundraising and effective spending and its priorities should be aligned with financial capacity and political reality.

The representative of COLOMBIA emphasized the importance of a holistic, integrated and coordinated approach to WHO research and development initiatives. Successful implementation of the Global Observatory on Health Research and Development, the voluntary pooled fund and the demonstration projects was essential and would prove that alternative models for promoting research and development for accessible, suitable medicines were possible. The Global Observatory should make more information available, in particular on chronic diseases, which would help in priority-setting and decision-making. A meeting should be organized to enable Member States to assess progress, continue discussions on the action plan contained in resolution WHA66.22 (2013) and the points agreed in resolution WHA69.23 (2016), and address the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines.

The representative of GERMANY said that her Government's recent contributions to the Global Observatory on Health Research and Development and the demonstration projects were evidence of the importance it attached to combating poverty-related and neglected tropical diseases. She agreed with the comments made by the representative of Thailand that activities should be prioritized within the context of available funding and that the development and financial capacity of the voluntary pooled fund should be based on the experience of past years.

The representative of the UNITED STATES OF AMERICA expressed disappointment that the demonstration projects had received so little funding and that non-traditional donors had not been successfully encouraged to contribute to health research and development. If a feasible path for achieving the goals of the voluntary pooled fund was not established in the near future, WHO might have to consider ending the initiative, which risked diverting attention and resources away from more viable work.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA supported the initiative to establish national and regional observatories and the proposal to create a voluntary pooled fund. His Government would introduce the workplan at the national level, in accordance with the regulatory framework in force.

The representative of SOUTH AFRICA said that progress in implementing the initiatives related to innovation and affordable access to medicines had been slow due to limited funding. The only way to ensure the timely development and availability of new and better quality medicines, vaccines and diagnostic tools was for Member States and other stakeholders to increase investment in health research and development. She therefore supported the workplan and the proposal to create a voluntary pooled fund. Interested countries should meet to discuss how to strengthen the proposed voluntary pooled fund, as innovative ways to finance that work were clearly needed. For example, South Africa was part of the new 3P Project that aimed to push for up-front financing, pull in research and development via financial incentives, and pool data and intellectual property. She urged the Secretariat to prioritize full implementation of the global strategy and plan of action on public health, innovation and intellectual property, and called on Member States to support that process.

The representative of BANGLADESH said that the Global Observatory on Health Research and Development had produced visible results. Research scientists were already making use of the data made available by the Global Observatory. He called for more effective programmes for research and training in tropical and noncommunicable diseases and nutrition, and financial and technical support for low- and middle-income countries. He welcomed the creation of the Asia Pacific Observatory on Health Systems and Policies, which should focus on the Region's specific needs and provide advice to country offices. He agreed with the findings of the report and called for greater progress to be made.

The representative of MALDIVES welcomed the contributions made by Member States to minimize the financial gap for the implementation of the demonstration projects; however, a more tangible and sustainable financial mechanism was needed to further minimize the funding gap. Moreover, financing options for the proposed voluntary pooled fund should be further explored, and resources mobilized for the establishment of the Global Observatory on Health Research and Development. It was vital to create and strengthen the research capacities of smaller developing countries to enable them to participate fully in the implementation of the strategic workplan for the Global Observatory. Proper management of voluntary donations was essential to mitigate the effect of conflicts of interest in the project selection process.

The representative of ARGENTINA said that it was imperative to find new and innovative options to ensure the availability of sustainable financing for research and development. Referring to paragraph 9 of Annex 2 to document A70/22, she said that the proposed use of priority review vouchers had not been amended to reflect the analysis of the Consultative Expert Working Group on Research and Development. Moreover, the proposed use of social impact bonds would not achieve the delinking of price and costs. It was therefore important to define basic requirements for a sustainable voluntary pooled fund; the new funding mechanism should take into account the role of Member States in mobilizing resources for and implementing the fund, particularly in terms of prioritization of diseases and projects. In addition, more information was needed on the proposed intellectual property management model, together with a detailed analysis of how that model would encompass the principles of the Consultative Expert Working Group on Research and Development and the objectives of the global strategy and plan of action on public health, innovation and intellectual property. The recommendation of the Consultative Expert Working Group to establish a binding agreement based on Article 19 of the WHO Constitution should be considered.

Turning to the terms of reference of the Global Observatory on Health Research and Development contained in Annex I to the report, she proposed that, in paragraph 4(a), the word "Compile" should be inserted at the beginning of the sentence, and the words "specific health conditions" should be replaced by "Type II and Type III diseases and on the specific research and development needs of developing countries in relation to Type I diseases, as well as, where appropriate, for other products with insufficient investment in research and development".

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, although worthwhile, the proposal to organize a specific high-level event ignored the goal of building a new framework for funding research and development that was needs-driven and consistent with the objective of access to medicine for all. In order to truly achieve access to medicines for all, delinkage should be on the agenda each time public sector funding of research and development and any related reforms were discussed. Moreover, implementation of the Global Observatory on Health Research and Development should be more ambitious; for example, the Global Observatory should collect and make available data on research and development investment flows, the costs associated with specific clinical trials, and the role of governments in funding drug development.

**Dr Al-Kuwari resumed the Chair.**

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the basic failures in research and development would never be solved through fragmented and underfunded initiatives. Scaling back on the medical research and development framework would have severe consequences in future. The core principles of the Consultative Expert Working Group on Research and Development should be applied to all WHO-led initiatives on research and development, which should be conducted in coordination with other United Nations bodies. He encouraged WHO to convene an open-ended meeting on the follow-up of the report, which should include the first negotiations on a global research and development framework, as requested in resolution WHA69.23 (2016). Member States should consider introducing mandatory financial contributions in order to ensure sustainable development.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that although there was a desperate need for new vaccines, diagnostics and treatments for tuberculosis, investment in research and development in that area had fallen substantially. The Union was involved in the 3P Project, which rewarded and funded drug and regimen developers throughout the pipeline and facilitated collaboration via the sharing of intellectual property and data, resulting in affordable medicines that were delinked from the cost of investment in research and development. She encouraged WHO to ensure that the principles of the Consultative Expert Working Group on Research and Development were maintained and that new research and development models, such as the 3P Project, were supported.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that despite recommendations in many forums, a research and development convention had not yet been negotiated; he encouraged WHO to convene an open-ended meeting to initiate discussions in that regard. All WHO-led research and development initiatives, including those on antimicrobial resistance, such as the proposed global development and stewardship framework, should adhere to the principles of affordability, effectiveness, efficiency, equity and delinkage. WHO should also advocate adherence to those principles in external research and development initiatives.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged the rapid operationalization and full funding of the Global Observatory on Health Research and Development. Recognizing the need for new and innovative sources of funding for both the Global Observatory and the proposed voluntary pooled fund, he cautioned that such funding should not come at the expense of existing successful programmes. He expressed concern that some of the funding for the demonstration projects had been provided with conditions attached; such an approach ran contrary to the principle of an independent pooled funding mechanism. Transparency was therefore essential to ensure that the Global Observatory and the voluntary pooled fund were based on sound science and public health.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that reform of the way in which research and development was prioritized, financed and conducted was essential. She encouraged Member States to align research and development incentives with public health needs through a global framework so as to ensure that efforts were coordinated effectively. In its current state, the Global Observatory on Health Research and Development did not provide the comprehensive data needed to prioritize and coordinate decisions on research and development, especially since the indicators selected did not include any of the core principles identified by the Consultative Expert Working Group on Research and Development. More information was needed on how the Global Observatory would provide sufficient data to inform Member States' priority-setting and investment decisions.



The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation) welcomed speakers' interest in an item that remained critically underfunded and thanked those Member States that had provided support, including financial resources, for the Secretariat's work on the strategic workplan of the Consultative Expert Working Group on Research and Development. She encouraged the use of the Global Observatory on Health Research and Development, which was an interesting resource for analysis of the research and development landscape. The Global Observatory would continue to be expanded and updated as resources and information became available and WHO would proceed with the establishment of the proposed Expert Committee on Health and Research Development. With regard to the demonstration projects, she noted that no new resources had been pledged beyond the US\$ 11 million raised over the previous three years; it would therefore be necessary to inform the proponents of the six projects that they would not receive further financial support before their unfinished projects were officially closed later in the year. Turning to the proposed voluntary pooled fund, she said that the Secretariat would inform the Board of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases that the Health Assembly did not wish to pursue that proposal any further.

**The Committee noted the report.**

**Addressing the global shortage of, and access to, medicines and vaccines:** Item 13.3 of the agenda (document A70/20) (continued from the seventh meeting, section 3)

The representative of INDIA, supported by the representative of the UNITED STATES OF AMERICA, recalled that the discussion of the item had been suspended at the previous meeting to enable informal discussions to take place. In the light of those discussions, he proposed that the subject should be included on the agenda of the 142nd session of the Executive Board, to be held in January 2018.

The representative of COLOMBIA welcomed that proposal and said that Member States should hold consultations on the item prior to the 142nd session of the Executive Board.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region and expressing support for the proposal made by the representative of India, said that ensuring access to effective, quality and affordable essential medicines and vaccines was vital for the achievement of the Sustainable Development Goals. Although data on stock outs were limited, such events did occur and he therefore welcomed the technical definitions drafted by the Secretariat on shortages at the supply and demand side and would welcome further consultations on those definitions. Several countries in the Region had the capacity and expertise to produce sufficient medicines to prevent shortages within the Region and to minimize the global risk of shortages, but only if information on shortages of specific medicines was collected in a timely manner. Support from the Secretariat to strengthen countries' regulatory capacities would be essential in that regard. Nevertheless, some Member States in the Region had limited or no production facilities and required extra support to improve access to quality medicines and vaccines, which could be provided through bilateral or multilateral agreements or regional support from WHO. Public funding for research and development was needed and it was essential to delink prices from research and development costs. Good governance, transparency and accountability throughout the supply chain were also of particular importance. Lastly, he called for action in response to the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines.

The representative of FRANCE recalled that, during the 140th session of the Executive Board, Member States had requested that the item should be included on the agenda of the current Health Assembly. She therefore did not understand why there was a suggestion to defer the item to the 142nd session of the Executive Board. Any discussions on the postponement should take place within

a transparent framework with appropriate consultation of all Member States. If the matter was to be discussed, a document should be issued in that regard.

The representative of SOUTH AFRICA, supported by the representative of ETHIOPIA, said that there continued to be many people in the world that still did not have access to safe, quality medicines, due to difficulties related to selection, pricing, prescribing and their rational use. Regulatory and procurement systems remained weak in many countries, and age appropriate medicines for children were needed. United Nations agencies needed to work together to achieve coherence in their efforts, and careful thought and dialogue through an effective consultation mechanism were vital. Access to medicines could be made a standing item on the agenda of the Governing Bodies to make it clear that the issue would be discussed at the Seventy-first World Health Assembly. Moreover, the Director-General elect should be given time to study the report.

The representative of VIET NAM affirmed her Government's commitment to improving equitable access to safe, effective, quality and affordable essential medicines and noted that Member States needed to develop specific plans and policies on access to medicines. The challenges faced in her country included difficulty procuring pharmaceutical starting materials and problems supplying medicines with modest demand and medicines for treating rare diseases. She agreed with the draft technical definition of shortages and stock outs of medicines and vaccines set out in the report. Development of a database on the global supply of medicines for treating rare diseases should be prioritized.

The representative of SENEGAL said that Member States needed to implement programmes to ensure access to safe, effective, quality and affordable essential medicines for all. A comprehensive health systems approach was needed and quality, safety and effectiveness should be monitored throughout the pharmaceutical value chain. He drew attention to two significant disruptions in vaccine supply in 2016 and 2017, concerning the yellow fever vaccine in central Africa and the inactivated poliovirus vaccine.

The representative of the NETHERLANDS said that access to medicines affected developing and developed countries alike and her Government wished to have a comprehensive and transparent discussion on all aspects of the issue. Alongside the work of WHO, commitments from Member States, industry and civil society were all important. At the first WHO Fair Pricing Forum, which had taken place in the Netherlands, participants had emphasized the need for greater transparency on pricing inputs, highlighted reservations about value-based pricing, and noted the need for governments to work together for fair medicine prices. Her Government had recent experience of joining with others to negotiate a price with the pharmaceutical industry. Although no agreement with the industry had been reached, the joint rejection of the industry's offer due to its high price sent out an important signal. Governments should take up positions on fair pricing and continue working with the Secretariat towards that goal. She called upon Member States to engage in new business models and market-shaping initiatives to move towards real solutions. She urged WHO to take a firm position on improving the legislative environment and preserving TRIPS flexibilities with regard to public health.

The representative of LEBANON noted that shortages of essential medicines would hinder progress towards achieving target 3.8 of the Sustainable Development Goals. Describing the efforts made in Lebanon to supply essential medicines to all, regardless of nationality, she expressed support for a comprehensive health systems approach and the new initiative on fair pricing. She supported work to design a framework for more detailed considerations of the technical definitions of shortages and stock outs, since functional definitions varied according to context. The Secretariat's work on health data management as part of the Health Data Collaborative was commendable.

The representative of EGYPT echoed the conclusions of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, which had been adopted by consensus. The Secretariat should consult Member States on ways in which to follow up on those recommendations, including by making access to medicines a standing item on the agenda of the governing bodies. He welcomed the entry into operation of the Global Observatory on Health Research and Development and the joint work of WHO and the Drugs for Neglected Diseases initiative, and valued Secretariat support for Member States on issues related to the quality and safety of medicines. The links between accessibility and affordability, and the emergence of substandard and falsified medicines required further research; the WHO global surveillance and monitoring system should collate and examine data on those links. He encouraged Member States to make full use of TRIPS flexibilities and requested that the Secretariat should continue providing guidance on that matter. Systematic efforts by Member States were required and action should be led by WHO. He expressed support for further consultations on the technical definitions.

The representative of SOLOMON ISLANDS, detailing efforts made in his country, said that, while his Government was committed to ensuring access to quality and affordable medicines and vaccines, the issue remained one of the major obstacles to universal health coverage in small island developing States. His country's low population and the long distances between medicine manufacturers, suppliers and end users resulted in high medicine costs. He therefore reiterated calls for help for smaller countries through initiatives such as pooled procurement of commonly used medicines and vaccines. He urged the Secretariat to maintain access to medicines and vaccines as a top priority and to make technical support available to all Member States, with special consideration for small island developing States.

The representative of PANAMA said that WHO had a crucial role to play in intervening when there was a shortage of essential medicines and verifying whether medicines and vaccines were truly accessible. While her Government was making efforts to ensure access to medicines and vaccines, mechanisms to deal with shortages and stock outs were poor. Small and developing States should receive support through strategic funds and joint purchasing to overcome the challenges of having a small pharmaceutical sector. She welcomed the report and said that her Government stood ready to help the Secretariat, in cooperation with other Member States, to implement the measures it contained.

The representative of GREECE said that, in Europe, the economic crisis had exacerbated the problem of access to medicines. Particular issues included the financial burden of treating noncommunicable diseases, the scarcity of medicines to treat rare diseases and the withdrawal of medicines by manufacturers due to low prices. Access to medicines and vaccines was a global problem that required a global solution, including the initiatives introduced by WHO. A common language to define the problem, integrated communication between countries and data sharing for transparency were all lacking. His Government was participating in a joint initiative with other south European countries to address access to health care and health system sustainability. Outlining the steps taken in his country on access to medicines, he said that any discussion of the topic was useful.

The representative of BRAZIL said that he supported the proposal to include the item on the agenda of the 142nd session of the Executive Board, and the suggestion that it should be made a standing item on the agenda of the governing bodies. While he would have preferred separate discussions on access to medicines, and on medicines shortages and stock outs, because the two issues were not necessarily directly linked, he welcomed the opportunity to arrive at a common understanding on a critically important area of health. The affordability of access to health care would become ever more important at the technical and political levels as government budgets were affected by health care costs. If the item was included on the agenda of the 142nd session of the Executive Board, the Secretariat should prepare a report to form the basis of the discussion, with relevant technical information. The outcomes of discussions at the WHO Fair Pricing Forum and the

conclusions of the report of the United Nations Secretary-General's High-level Panel on Access to Medicines should also be properly discussed at WHO.

The representative of ALGERIA welcomed the opportunity to address the issue of access to medicines, which was a far-reaching problem that merited a separate agenda item. The attention afforded to the issue at the highest level, including in the recommendations made in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines, was commendable, since access to medicines, vaccines and other medical products was crucial, particularly in low- and middle-income countries, in order to control potential epidemics, combat antimicrobial resistance and achieve the Sustainable Development Goals. It should be borne in mind that the high cost of medicines, coupled with intellectual property barriers, encouraged the propagation of substandard and falsified medical products. In view of the need for more in-depth analysis of access to medicines and vaccines, he expressed support for the proposal made by India and seconded by the United States of America.

The representative of ANGOLA said that the development and implementation of national policies on medicines shortages and access to medicines was fundamental. Shortages and stock outs of medicines and vaccines could aggravate existing health issues, such as antimicrobial resistance and low-level implementation of vaccination programmes. Despite the availability of financial resources, yellow fever vaccines had not been available in a timely manner during an outbreak of the disease in her country in 2016. She welcomed work to develop a notification system for medicines and vaccines at risk of shortage.

The representative of SLOVAKIA said that the Secretariat's report had laid solid foundations for future work. A good supply of medicines was essential for functioning health systems. It was in the common interest to tackle shortages of medicines and vaccines, especially medicines to treat cancer and hepatitis C, and medicines for children, which were often protected by patents. He supported continued efforts at the global level to ensure fair pricing, develop a notification system for medicines and vaccines at risk of shortage and investigate the causes and scale of shortages of medicines and vaccines.

The representative of SWITZERLAND said that access to medicines and vaccines was affected by supply- and demand-side issues. Affordability could be improved through policies to ensure fair pricing and to boost the incomes of populations and provide them with insurance coverage. Governments bore primary responsibility for ensuring access to medical products and could take measures to remove barriers by establishing appropriate legal and policy frameworks to ensure timely marketing authorization for high-quality products, optimizing the laws, regulations and agreements applicable to the health sector, and allocating resources to health more efficiently. Access was a shared global responsibility which required strategic partnerships that brought together public research entities, the pharmaceutical industry, nongovernmental organizations and multilateral agencies. His country's contribution to equitable global access involved a comprehensive approach that combined supply- and demand-side measures. A more comprehensive perspective on access and an inclusive partnership approach was needed to achieve health and well-being for all.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that the Secretariat should provide additional resources to support Member States' efforts to ensure access to medicines and should examine how intellectual property regimes and the high prices of medicines exacerbated medicine and vaccine shortages. The Secretariat should also take action to ensure that manufacturers and suppliers participated in a notification system for medicines and vaccines at risk of shortage and demonstrated greater concern for patient welfare. States must enjoy greater authority to regulate medicines and implement mitigation strategies, including accelerated and collaborative registration procedures and globalized purchasing through agreements between States in cooperation

with international agencies. The report of the United Nations Secretary-General's High-level Panel on Access to Medicines, which should be discussed by Member States, indicated that the cost of health technologies was a particular challenge for developing countries; the international health community must adopt measures to address that issue. The pharmaceutical industry had frequently sought to frustrate the interests of the Venezuelan people. His Government had adopted a declaration in support of the recommendation in the Secretary-General's report that the United Nations General Assembly should discuss the adoption of a strategic framework to accelerate work on access to medicines. He agreed with the proposal to include the item on the agenda of the 142nd session of the Executive Board.

The representative of NORWAY said that, although he supported patent-based research and development for medicines and other medical products, the market had failed to address certain public health needs. Supplementary mechanisms, such as product development partnerships, were needed to facilitate research and development on areas such as neglected tropical diseases and antibiotics. Public health authorities should set conditions to promote the accessibility and affordability of medicines developed through such partnerships. Barriers to access in the supply chain and national health systems should be addressed by national health authorities with technical support from WHO. The technical definitions and the notification system being developed by the Secretariat could help mitigate the negative effects of shortages of medicines.

The representative of CHILE said that the Secretariat should enhance efforts to address medicines shortages and stock outs, recognizing that the development and supply of medicines was not always aligned with public health needs. Governments should be encouraged to produce essential medicines with a view to addressing national or regional shortages. Support to help governments and organizations centralize the purchasing of essential medicines should be strengthened. The Secretariat should support regional negotiations to achieve fair prices. Further study of price-setting mechanisms was needed to ensure that prices were linked to development and production costs, rather than industry expectations. Discussion of the topic should be continued at the 142nd session of the Executive Board, in January 2018.

The representative of the CONGO said that urgent action was required to tackle significant shortages of medicines and vaccines in his region of Africa, which experienced shortages of yellow fever vaccine, antibiotics, medicines for children and medicines to treat neglected tropical diseases and cancer. Access to medicines should be addressed through clear, coherent dialogue, and any working group established to consider the issue must have a clear mandate and terms of reference. Vested interests might seek to impede all efforts to enhance access to medicines. Item 13.6 of the agenda, Member State mechanism on substandard/spurious/false-labelled/falsified/counterfeit medical products, should be discussed at the same time as the two topics under item 13.3 of the agenda. A special commission should make preparations to include the issue of the global shortage of, and access to, medicines and vaccines on the agenda of the 142nd session of the Executive Board and, subsequently, the agenda of the Seventy-first World Health Assembly.

The representative of NEPAL said that WHO could play a catalytic role in her country's efforts to address the high costs of medicines, which undermined access to health care. Although her Government was implementing resolution WHA67.22 (2014) on access to essential medicines, certain essential medicines were only available at high cost or were in short supply and there was limited national capacity to produce them. WHO should therefore facilitate collaboration among States within the South-East Asia Region with a view to procuring medicines from manufacturers at reasonable cost. The Secretariat should further support Member States to help them develop and implement treatment protocols to stem the inappropriate use of medicines, particularly antibiotics.

The representative of MEXICO expressed concern that inadequate supplies of, or access to, yellow fever, poliomyelitis and other vaccines could increase the risk of disease outbreaks in his country. WHO and other relevant international organizations must work closely with pharmaceutical producers and other stakeholders, on the sole basis of public health objectives, with a view to resolving shortages.

The representative of PORTUGAL supported the statement by the representative of India supported by the representative of the United States of America. Inadequate access to medical products affected all parts of the world and threatened the sustainability of health care systems. OECD had underscored that governments needed to work closely with industry and regulators to ensure that the development and use of new health technologies delivered more affordable and cost effective treatments. WHO should explore how greater transparency could be pursued in determining the costs of research and development of new medicines and how those costs were reflected in consumer prices. Six European Union ministers of health had recently signed the Valletta Declaration for better access to medicines, in which they had agreed to strengthen their collaboration to that end. He agreed that the item should be included on the agenda of the 142nd session of the Executive Board.

The representative of COSTA RICA welcomed the shared commitment of the international community to promoting the sustainable manufacture and access to medicines, and its commitment to promoting access to clinical studies of medicines. All Member States should establish strategic alliances to ensure the availability of high-quality medicines.

The representative of GHANA said that it was critical to address ongoing gaps between the supply and demand of certain drugs, and the high cost of some critically important medicines and vaccines, including snake antivenoms, rabies vaccines and certain medicines to treat cancer. The international community must move beyond setting definitions to develop strategies to mitigate or avoid shortages or stock outs of essential medicines and vaccines. Benchmarks must be set and support given to States to help them manufacture effective, quality and affordable medicines, and conduct local research. The Secretariat should scale up efforts to prequalify locally manufactured medicines, and work on pricing, reinvestment and affordability regulations. He aligned himself with the statement by the representative of South Africa and called for an item on access to medicines and vaccines to be included on the agenda of the 142nd session of the Executive Board, with a view to its consideration at the Seventy-first World Health Assembly.

The representative of CHINA said that domestic pharmaceutical companies in his country were encouraged to submit their medicines for WHO prequalification and comply with WHO production management standards. The Chinese authorities also prioritized approval for the production of medicines to treat rare diseases and diseases that affected children. To address the global shortage of, and access to, medicines and vaccines, all stakeholders should strengthen collaboration and establish well-coordinated response mechanisms that fostered synergies.

The representative of GERMANY said that her Government was implementing a range of projects to address access to medicines. A holistic approach should be adopted, with a focus on access to medicines as a function of resilient health systems, taking into consideration links with other sectors, such as trade or industrial development. A balance must be struck between the need to promote and finance research into new and better medicines, ensure that medicines were accessible and affordable for all, and secure the sustainability of health systems. Considerable progress in global public health had been achieved, including through incentives for private-sector innovation based on the protection of intellectual property, public and private financing, and public sector research. She looked forward to further discussion of the topic at the 142nd session of the Executive Board.

(For continuation of the discussion, see the summary records of the ninth meeting, section 2.)

**The meeting rose at 17:40.**

## **NINTH MEETING**

**Saturday, 27 May 2017, at 09:35**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

### **1. FOURTH REPORT OF COMMITTEE A (document A70/73)**

The RAPPORTEUR read out the draft fourth report of Committee A.

**The report was adopted.<sup>1</sup>**

### **2. HEALTH SYSTEMS: Item 13 of the agenda (continued)**

**Addressing the global shortage of, and access to, medicines and vaccines:** Item 13.3 of the agenda (continued from the eighth meeting) (document A70/20)

The representative of the BAHAMAS said that WHO's programme on the prequalification of medicines and vaccines was welcome and requested continued support and technical assistance from PAHO, WHO and other partners for the training of pharmacists in her country.

The representative of the RUSSIAN FEDERATION said that addressing the global shortage of, and access to, medicines and vaccines should be a standing item on Health Assembly agendas. The methodology and information resources used by WHO to produce the report could be employed to effectively implement sectoral measures. He outlined the steps taken in his country to ensure access to essential medicines, and the work in progress to support local research and development. He expressed support for WHO, WIPO and WTO efforts to move to compulsory licensing for drugs in countries that did not have the technical capacity to produce those medicines themselves.

The representative of AUSTRALIA said that a holistic approach was needed that considered more than just intellectual property rights. Australia's commitment to ensuring access to medicines at home and abroad was reflected in its active engagement in and support for WHO's work across the range of areas outlined in the report, and in other key contributions including funding to support product development partnerships. She expressed support for the Organization's ongoing efforts to improve access to medicines and address shortages, noted the importance of continued collaboration among international agencies, and stressed that such complex work should be well coordinated so as to avoid duplication of efforts.

The representative of AUSTRIA said that other issues relating to access to medicines that needed to be investigated included market withdrawal of products, delayed market entry of innovative products, alternative business models, transparency of medicine prices and incentives for research and development. Public investment was crucial for needs-driven, evidence-based research and

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<sup>1</sup> See page 384.



development of new health technologies. Strict criteria must be applied when considering the patentability and exclusivity of essential medicines. She expressed appreciation for WHO's initiatives to foster dialogue among countries regarding the exchange of information and cross-border collaboration on public procurement.

The representative of COLOMBIA said that WHO instruments and initiatives addressing shortages of medicines must be worded so as to help Member States take public policy decisions on access to medicines in areas such as the production and use of generic medicines, barriers preventing biosimilars from entering the market and greater transparency in research and development expenses. Those areas should be included in future decisions on shortages and access to medicines. It was crucial to strengthen regulatory authorities and set fair prices that reflected the true therapeutic value of a given technology. Also, price negotiation and centralized purchases at the regional level required further discussion, as those mechanisms were highly recommended by WHO as a means of ensuring access to medicines and vaccines. He expressed interest in participating in the Member State consultation on the issue in 2017 and in the Health Data Collaborative. The recommendations of the United Nations Secretary General's High-level Panel on Access to Medicines should be included in the technical inputs being developed in support of public health policy decision-making, and should therefore figure on the agenda.

The representative of BARBADOS expressed appreciation for the work being done by WHO to address the global shortage of medicines and vaccines, specifically the plan to develop a global medicine shortage notification system. A policy on timely notification should be developed for the seamless application of appropriate measures. All countries, irrespective of their size, should have access to the outcomes and strategic solutions emerging from assessment of the magnitude and nature of the problem. She also recommended that PAHO's role in helping Barbados obtain access to difficult-to-obtain medicines and vaccines be strengthened by appointing a dedicated pharmaceutical advisor to the Office for Barbados and Eastern Caribbean.

The representative of IRAQ outlined several effective steps taken by his country to ensure the provision of essential medicines and vaccines. He underscored the role of WHO and other international organizations in providing assistance and procuring essential medicines through the drug and vaccine companies with which they worked. Given the repercussions of shortages of essential medicines and vaccines on health security, it was important to pool all efforts at WHO, giving special consideration to countries with particular needs, to ensure uninterrupted supplies and promote national production.

The representative of the PLURINATIONAL STATE OF BOLIVIA described a number of measures taken by his country to tackle the challenges inherent in ensuring access to affordable, high-quality, essential medicines, but said that more needed to be done, given that limited access to technology and certain international trade agreements had made it difficult to move forward with public health initiatives. He commended the report of the United Nations Secretary-General's High-level Panel on Access to Medicines and endorsed the proposals to include the item on the agenda of the 142nd session of the Executive Board and as a standing item on the agenda of future Health Assemblies.

The representative of CANADA said that, while the Secretariat's report was a positive step in the process of comprehensively examining access to medicines and vaccines, engaging in constructive dialogue and then taking action on consensus-based priorities, it lacked information on how the Secretariat coordinated its work internally and externally and did not analyse or prioritize – or put forward a methodology for analysing and prioritizing – critical elements to ensure that vital aspects were tackled collectively. It was hoped that work to define key terms and map out potential causes of shortages and the related contexts would soon be completed. While there was clear value in

harmonizing terminology, differences in domestic regulatory frameworks could make it difficult to adopt common definitions for domestic application. She welcomed efforts to organize key events alongside other critical WHO meetings.

On the domestic front, the Canadian Government was introducing a series of regulatory changes aimed at lowering the costs of medicines, stopping excessive pricing practices, making new medicines more swiftly available and protecting consumers. It was also supportive of initiatives to improve access to life-saving vaccines and medicines for the world's most vulnerable and hard-to-reach populations, which could be significantly enhanced by working with global partners such as the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the STOP TB Partnership. Noting that it would not be possible to conclude the discussion of what was a very complex issue in one session, she expressed support for the proposal to include the item on the agenda of the 142nd session of the Executive Board in January 2018 and was of the view that it should be a standing item on the agenda. She also supported the proposal to hold consultations on the item prior to the 142nd session of the Executive Board.

The representative of ECUADOR said that his Government aimed to ensure that free, safe and effective essential medicines were readily available and accessible, but that many such medicines were hard to access for market-related reasons. The Government had little room to negotiate with suppliers, and individual interests were protected to the detriment of collective rights and the equal distribution of health care resources. Some medicines were not available in their generic form, which had a budgetary impact and made it difficult to attain domestic and global targets. The Government was working to eliminate patent-related barriers; indeed, it was fundamental to ensure that the right to health and life was weighed against intellectual property rights when considering access to medicines. In addition, steps should be taken to strengthen all systems aimed at promoting access to medicines, the use of flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), joint procurement and negotiation, price-fixing mechanisms, national or regional State production, and research, and technical support should be provided to ensure that related policies were properly implemented.

To ensure access to essential medicines, Member States should continue to invest in and sustain their national health systems and eliminate conflicts of interest with the pharmaceutical industry. Furthermore, robust account should be taken of the recommendations of the High-level Panel. While shortages were a major aspect of the complex issue of access to medicines, so was the unequal distribution of resources across the globe. He therefore endorsed the proposal to make the issue a standing agenda item.

The representative of PAKISTAN commended the Organization's work to address the global shortage of medicines and vaccines. Access to quality, safe and effective medicines required a comprehensive health systems approach that addressed all stages of the medicines value chain, from needs-based research to manufacturing processes and systems. It was essential that medicines should be available and affordable to all.

The representative of JAPAN said that access to medicines and vaccines was key to achieving universal health coverage; weakening intellectual property rights would not serve that common goal. Research and development activities benefited not only industries but also people around the world, and the intellectual property system played a critical role in providing incentives. Because access to medicines and vaccines was a multifaceted challenge, the discussion could not focus on intellectual property protection alone. The High-level Panel's report was extremely limited in scope, did not adequately consider past discussions at United Nations and WHO meetings, and had not been drawn up in a Member State-led process. The challenges of access to medicines and vaccines required a comprehensive approach and consideration of the multiple factors and joint activities presented in the WHO, WIPO and WTO study entitled Promoting access to medical technologies and innovation:

Intersections between public health, intellectual property and trade. He endorsed the proposal to include the item on the agenda of the 142nd session of the Executive Board

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, said that universal health coverage would be achieved only when access to safe, effective, quality and affordable essential medicines and vaccines was ensured. Effective national medicines policies, implemented in accordance with good governance principles, were important. He commended the United Nations Secretary-General for having convened the High-level Panel.

He welcomed the draft definitions relating to both the supply and demand sides of the issue. The African Region was seriously affected by national and regional shortages of medicines, vaccines and medical devices, including during public health emergencies; distribution and affordability were also problematic.

All stakeholders should make a joint effort to strengthen national production, information on demand and supply, and notification systems in relation to medicines, vaccines and medical devices, which should be subject to clear price regulation and cost transparency. Financial and material aid should not be limited to, or earmarked for, certain products or brands. WHO should step up efforts to help Member States develop quality-assurance systems for medicines, vaccines and medical devices, in the light of the challenges posed by substandard and falsely labelled medical products. The WHO prequalification process should take into account and encourage local manufacturing of quality medicines, vaccines and medical devices, and the Secretariat should help Member States build their capacity to support the efforts of local manufacturers to engage in good manufacturing practices.

The representative of INDONESIA said that clear and functional definitions of stock outs and shortages were crucial to the development of an advanced notification system for medicines and vaccines at risk of shortage. The definitions needed to be accompanied by clear guidance to prevent misunderstandings and unintended repercussions. To that end, input from Member States was important. Supply-chain management remained a complex issue in Indonesia, where the active involvement of all stakeholders was promoted in an effort to tackle the problem. His Government looked forward to sharing its experience and participating in the broader Member State consultation.

The representative of THAILAND said that reducing shortages and ensuring better access to medicines and health technologies required a strong early detection mechanism and prevention and mitigation strategies. Systems to monitor shortages and responses should engage all relevant stakeholders. Supply-side shortages were more common for products made by companies that had a market oligopoly or monopoly and for certain orphan drugs. Member States were encouraged to establish good governance in pharmaceutical management systems. The issue of affordability could be addressed in a number of ways, including through price controls, bulk purchasing, the strengthening of local manufacturing capacities and support for technology transfers. In her country's experience, strategic purchasing by insurance funds had significantly brought down the price of certain high-cost monopoly medicines and other medical products.

The representative of SURINAME, referring to two Caribbean regulatory systems for ensuring access to quality pharmaceuticals, said that her country had benefited from PAHO and WHO support to that end. She congratulated WHO for its programme on the prequalification of medicines and vaccines. A firmer stand should be taken, however, against action that unnecessarily exposed health care systems and people to medicines that were too costly. Medicines that were developed with the assistance of public funds and data from primary health care systems across the world should be available for a fair price. Firm measures should be taken against pharmaceutical companies that had obtained exclusive rights to medicines previously in the public domain and available at a reasonable price, as sudden price increases jeopardized health systems. The same effort put into research and development guidelines for medicines and vaccines for communicable and neglected diseases should

be devoted to the development of innovative medicines, vaccines and other health technologies for chronic diseases.

The representative of MALAYSIA, referring to the shortages of combined inactivated poliovirus-acellular pertussis vaccine, said that the sudden introduction of at least one dose of inactivated poliovirus vaccine into national immunization programmes had caused a spike in demand. In order to ensure sustainability in immunization programmes and access to medicines, the Secretariat should support the implementation of previous Health Assembly resolutions related to the issue, especially with regard to ensuring vaccine affordability for middle-income countries and setting up pooled procurement mechanisms to leverage economies of scale. She suggested pooling resources to prioritize the redistribution of medicines and vaccines to countries that needed them. She supported the recommendation to include the item on the agenda of the 142nd session of the Executive Board.

The representative of ARGENTINA said that her country had been working with the other members of the Southern Common Market (MERCOSUR) and with PAHO on the issue of joint procurement. The Secretariat's report was technically correct, as each situation had to be identified as either a supply- or demand-side problem. However, some of the terms used, in particular "shortage" and "supply", needed to be clarified as there was some ambiguity in the draft definitions. Conceptual and homogenous definitions were needed in view of the numerous intermediaries involved in supply and demand. It should be possible to interpret the definition in the light of the value chain and a given situation. That would facilitate not only the conceptual interpretation of problems relating to the identification of causes but also the design of appropriate measures.

The representative of the UNITED REPUBLIC OF TANZANIA thanked the Secretariat for the progress made towards addressing the global shortage of medicines and vaccines, an issue that was also addressed in Sustainable Development Goal 3. Subsequent work should take into consideration the many factors influencing access to quality, safe and effective medicines: research, development and innovation, the capacity of national regulatory authorities, domestic pharmaceutical production, selection of medicines, pricing and reimbursement, efficient procurement, supply chain management, sensible prescribing and rational use. To that end, the planned broader Member State consultation should involve experts and stakeholders from developing countries. He expressed support for the inclusion of the item on the agenda of the 142nd session of the Executive Board.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, noting that the Secretariat's comprehensive report on access to medicines and vaccines clearly articulated the barriers to access, expressed support for the proposals it set out. The issue of access had to be addressed comprehensively, promoting the use of intellectual property in a way that was oriented towards public health needs, while recognizing the crucial role intellectual property played in stimulating research and innovation. Her Government had reservations regarding the findings in the High-level Panel's report and the process used to reach them. She supported the proposal to include the item on the agenda of the 142nd session of the Executive Board.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that Member States should allocate sufficient funds to allow for compliance with good manufacturing practices and ensure the supply of quality products at risk of shortage. To that end, WHO should help Member States document best practices to improve access to medicines and establish regulatory mechanisms on essential medicines susceptible to shortage; review the WHO Model List of Essential Medicines to identify products or active pharmaceutical ingredients at risk of shortage owing to the limited interest of manufacturers; help Member States address medicine and vaccine shortages and the underlying causes thereof by developing a global medicine shortage notification system; support Member State efforts to regulate health products through standardization and networking initiatives, regional or country-specific training programmes and

information-sharing; and help Member States engage in policies, good practices and capacity-building to improve governance, efficiency and the quality of procurement and supply-chain management in both routine and emergency situations.

The representative of INDIA said that his Government had initiated a series of measures to improve the quality of medical products, such as investment in the national regulatory structures, the competency of which had been confirmed by the WHO global benchmarking tool in February 2017. According to the report of the High-level Panel, shortages of medicines resulted from incoherencies in the policies of the various international agencies concerned, and could be addressed by utilizing TRIPS flexibilities and sharing the fruits of research and development. Cooperation between international organizations and Member States must be strengthened to that end.

The representative of the UNITED STATES OF AMERICA said that, while improving access to medicines remained a priority, preserving incentives for innovation was something to which all Member States should contribute. All action by WHO and its governing bodies must originate in a Member State process, which the High-level Panel was not. Because its mandate was fundamentally flawed, the Panel was an inappropriate starting point for such action; in addition, implementation of its recommendations could have negative unintended consequences. The panel of experts conducting the overall programme review of the global strategy and plan of action on public health, innovation and intellectual property was expected to complete its work by the end of 2017, and it was important that Member States should prepare for discussion of the issue well in advance of the 142nd session of the Executive Board. His delegation would accept no proposal on the item other than to place it on the Executive Board agenda.

The representative of KAZAKHSTAN, acknowledging the major role played by WHO and other international organizations in combating the appearance of substandard and falsified medical products when medicines and vaccines were in short supply, especially in developing countries, said that vaccine-importing countries in particular required WHO assistance for the regulation of vaccine procurement in line with national immunization schedules. Mechanisms could be developed to eliminate the need for intermediaries, which often impeded national procurement and transportation procedures, and to ensure that countries did not acquire too few or too many vaccines. Vaccination refusal was another, emerging problem, and was the consequence of vaccine safety and quality issues and of misinformation. Proper advocacy and communication activities were needed to ensure that vaccination efforts reached the people for whom they were intended. He fully endorsed the proposal to address the issue at the 142nd session of the Executive Board.

The representative of the REPUBLIC OF KOREA said that the issue of access to medicines required a multidimensional response that took account of the many factors involved: public health system resilience, health insurance, intellectual property policy, and the need to facilitate research and development. Her Government, for its part, had been working to build public-private partnerships to ensure a reliable supply of essential medicines and had established a vaccine development group that had recently helped develop a cholera vaccine. It would continue to share information on the supply of essential medicines and collaborate with the Secretariat and Member States in that regard.

The representative of TUNISIA described the measures taken by her country to respond to shortages of medicines, and thanked WHO and the WHO Country Office in Tunisia for their support for the establishment of a special committee and an evaluation process for comparability studies on biosimilar medicines. She expressed support for the proposal to address the issue at the 142nd session of the Executive Board.

The representative of YEMEN said that his Government's efforts to ensure access to essential medicines and vaccines had received support from neighbouring countries and the Gulf Cooperation

Council, but were hamstrung by the ongoing conflict, which made distribution to health centres difficult. The already considerable cost of medicines on the local market was skyrocketing, especially when those medicines were in short supply, further restricting the population's access to them. His Government required further support from WHO and other specialized agencies and organizations to safeguard the health of the Yemeni population.

The representative of BOTSWANA highlighted the importance of ensuring access to medicines and vaccines in line with the Sustainable Development Goals, and agreed that the matter should be discussed at the 142nd session of the Executive Board. Botswana continued to face challenges related to access to medicines, and had launched initiatives to address them and promote the rational use of medicines. Much remained to be done, however, and she therefore fully appreciated the efforts of the Secretariat and the High-level Panel in that regard. She looked forward to the broader Member State consultation on implementation of the actions set out in the report, including the harmonization of terminology.

The representative of SOUTH AFRICA, referring to the Berlin Declaration of the G20 Health Ministers, urged WHO to work closely with the G20 and other stakeholders to ensure that previous resolutions on antimicrobial resistance were fully implemented by all Member States. South Africa continued to experience shortages of both old and new vaccines; WHO must therefore take urgent action to ensure that supplier-related shortages were addressed. She endorsed the proposal to discuss the issue at the 142nd session of the Executive Board.

The representative of MOROCCO said that access to medicines, vaccines and medical equipment was a basic human right and that the issue should be considered from that perspective. The item must be studied again in collaboration with other international organizations, especially WIPO; she therefore endorsed the proposal to discuss it at the 142nd session of the Executive Board.

The representative of NIGERIA said that vaccine availability had been a major issue during a recent outbreak of meningitis in his country, when it had become clear that the manufacturing and procurement regulations on certain medical commodities, especially vaccines, posed a challenge during emergencies. The Nigerian Government was therefore considering manufacturing some of those commodities locally, to safeguard the health of citizens. WHO assistance for countries with such plans should be explored at the 142nd session of the Executive Board.

The representative of SRI LANKA said that access to medicines was a fundamental right and outlined a number of measures taken by the national authorities in recognition of that fact.

The representative of BRAZIL endorsed the proposal to include the issue of access to medicines on the agenda of the 142nd session of the Executive Board and as a standing item on Health Assembly agendas. The High-level Panel had been given a clear mandate and had followed due process; its membership was broad-based and its report contained many recommendations directly relating to items on the agendas of the Health Assembly and the Executive Board, and to the alignment of WHO activities with the health-related Sustainable Development Goals, including target 3.b. Document A70/20, on the other hand, did not fully cover the magnitude of the issue, and the Secretariat should therefore increase the pace and depth of its analysis ahead of the 142nd session of the Executive Board.

The representative of AFGHANISTAN said that geographical factors and security problems had had a negative impact on access to essential medicines in Afghanistan. Smuggling of medicines had become commonplace and most essential medicines had to be imported from neighbouring countries. To tackle such issues, the Government had recently established a national medicine and health product regulatory authority and had adopted a national good governance framework for medicines and

vaccines. It would welcome the support and expertise of WHO and Member States with strong regulatory systems, to strengthen implementation of those initiatives.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that the draft technical definitions of “shortage” and “stock out” should emphasize the need to identify them at all points in the supply chain. They should also provide specific guidance on reaching displaced and migrant populations and incorporate the latest guidance on the use of dose-sparing strategies. Shortages of medicines and vaccines were often related more to inequitable pricing structures and other economic factors than to poor stock management or global availability. Those factors should therefore be taken into account when addressing supply shortages.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that barriers to access should be approached using a comprehensive, long-term approach that effectively addressed the affordability, availability and acceptability of medicines and vaccines. He urged the Secretariat to devise clearer technical definitions of “shortage” and “stock out”, address the unmet need for research and development of medicines for children, and improve access to essential medical technologies for noncommunicable diseases.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN, said that his association remained concerned at the enormous scale of unnecessary suffering caused by the inaccessibility of indispensable opioid pain medicine. She therefore urged WHO to engage in more effective promotion of safe and balanced access to essential controlled medicines and to provide training for health care workers in palliative care and evidence-based pain control.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged WHO to identify products at higher risk of being in short supply, consider the impact of procurement strategies on shortages and find solutions that allowed for better access to information on supply shortages and stock outs.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS’ FEDERATION, speaking at the invitation of the CHAIRMAN, said that the global response to the Ebola virus disease outbreak had demonstrated the value of public–private partnerships, which had resulted in the acceleration of vaccine development and clinical trials. He therefore urged WHO to promote the use of public–private partnerships as a means of increasing the global availability and accessibility of medicines and vaccines.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Secretariat should draft a new resolution to address the transparency issues surrounding the availability and accessibility of medicines and vaccines. The resolution should include references to prices and manufacturing costs, including data on costs relating to research and development, and information on clinical trial outcomes and adverse effects. WHO should also work to address incoherence between policies to promote innovation and to achieve universal access and ensure that the costs of research and development were de-linked from market prices.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed disappointment at the actions of certain Member States to delay urgently needed negotiations. Essential medical care was being rationed owing to high prices and unity was required, at least among countries ready to address the issue. WHO and health ministries should address the systemic policy incoherence that had led to the creation of the High-level Panel, including action on high drug prices and lack of patient-driven innovation. She welcomed the

separate discussion on shortages, and urged the Organization to identify medicines at risk, estimate the scale of shortages and stock outs, and ensure the establishment of data collection mechanisms in that regard.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, said that, through its voluntary licensing and patent pooling model, his organization's work supported the public health-oriented management of intellectual property rights with a view to accelerating access to affordable medicines in low- and middle-income countries. Its licences with the pharmaceutical industry were non-exclusive, to ensure competition, and consistent with the use of TRIPS flexibilities, enabling up to 130 low- and middle-income countries to access quality-assured generics. The organization currently had licences on 15 medicines for HIV, hepatitis C and tuberculosis, including nine formulations on the WHO Model List of Essential Medicines, and new patented medicines in other areas had been submitted for inclusion. An exploratory assessment of the potential expansion of the patent pooling model had been launched with the support of the Swiss Government, pursuant to recommendations by WHO and the Lancet Commission on Essential Medicines, during which his organization would consult with key stakeholders.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the current system of market-driven research and development clearly failed to address public health needs effectively. The report of the High-level Panel constituted a unique opportunity to revive discussion of intellectual property rights and access to medicines within WHO. It was therefore unfortunate that the Organization had so far failed to hold a comprehensive debate on the report and had not endorsed its recommendations. Her organization supported the proposal to discuss the issue as a standing item on the agenda of Health Assemblies.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that people living with cardiovascular disease suffered acutely from poor access to medicines, and yet, collaboration and innovative solutions could secure reliable access to essential medicines. For example, shortages of individual cardiovascular medicines could be avoided by combining multiple, cost-effective, generic cardiovascular medicines into one single pill, or polypill, thereby simplifying supply chains and improving affordability, access to treatment and patient adherence. The inclusion of the polypill on the WHO Model List of Essential Medicines was currently pending; in the meantime, the Secretariat should help Member States include generic cardiovascular medicines on national essential medicines lists, in existing formulations.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that timely dialogue was required between manufacturers and public health authorities to prevent shortages, anticipate changes in national health programmes, ensure more accurate demand forecasting, and reduce and harmonize regulatory approval times for post-approval changes and in-country testing for lot release. Unfortunately, much of the discussion to date had focused on the report of the High-level Panel, which had been given an overly narrow mandate based on a false premise. The biopharmaceutical industry considered that neither the report nor its recommendations could serve as a sound basis for further consideration or action by the United Nations system.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that her organization was encouraged at the growing willingness of the United Nations and many Member States to confront issues of market exclusivity and monopoly pricing. Given the importance of both topics, WHO should provide a dedicated space for detailed discussion of the applicability of the recommendations made by the High-level Panel, which built directly on the progress made by the Consultative Expert Working Group on Research and



Development: Financing and Coordination and by the global strategy and plan of action on public health, innovation and intellectual property, and were clearly aligned with those of the Organization's own experts. Many of the High-level Panel's recommendations were explicitly directed at both the Secretariat and the Member States and should be addressed collectively.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points made, expressed appreciation for the continued interest shown by Member States in discussing what was an important, complex matter and the hope that discussions would focus on practical strategies. The Secretariat had recently announced a pilot project for prequalification of biosimilar monoclonal antibodies for the treatment of cancer. It was hoped that the availability of high-quality alternatives to high-priced products would significantly increase access to such life-saving medicines. The Secretariat would continue its work on efficient and effective regulation, as strong regulatory systems were key to ensuring high-quality, locally produced essential medicines. With partners that included UNICEF and the GAVI Alliance, the Secretariat was tackling shortages of inactivated poliovirus vaccine, yellow fever vaccine and others by accelerating prequalification procedures and improving forecasting and demand intelligence.

She acknowledged the support of the Netherlands and the European Union in organizing the Fair Pricing Forum 2017. Greater price and cost transparency, both for research and development and for production, would be important to ensuring access to medicines in line with the Sustainable Development Goals. The Health Assembly had often discussed the need to de-link the price of medicines from the cost of research, and to achieve that goal both prices and costs should be known. So-called value-based pricing proposed to link prices to societal value, which would be unacceptable to public payers and patients in need.

Several Member States had raised points that should be addressed, such as the transition from donor financing, strategic local production, and a mechanism for effective pool procurement. She took particular note of the comments made by the representative of Portugal regarding a new agreement among some European Union countries on that matter that would be a valuable source of experience. With regard to the comment made by the representative of Canada concerning internal coordination, the Secretariat was planning to continue its work on access to medicines as a matter of priority, complemented by work on strengthening health systems and coordinated across the three levels of the Organization.

**The Committee noted the report.**

The DIRECTOR-GENERAL, underscoring the importance and complexity of the subject, recalled that two proposals had been made: that the matter should be included as a standing item on the agenda of future Health Assemblies, and that it should be discussed by the Executive Board at its session in January 2018. With a view to helping Member States reach agreement on how to proceed, the Secretariat had held informal consultations with some delegations that favoured the former approach but had indicated their willingness to be flexible, which was appreciated.

The representative of SOUTH AFRICA reiterated the proposal made by her delegation the previous day to the effect that the report of the High-level Panel should be discussed as a separate agenda item by the Executive Board.

The DIRECTOR-GENERAL clarified that the suggestion put forward was to include an item on addressing the global shortage of, and access to, medicines and vaccines on the agenda of the Executive Board for its January 2018 session.

The CHAIRMAN took it that the Committee agreed to that course of action.

**It was so agreed.**

**Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products:** Item 13.6 of the agenda (documents A70/23, A70/23 Add.1 and Add.2, and EB140/2017/REC/1, decision EB140(6))

The CHAIRMAN drew attention to the report by the Director-General on the item, contained in document A70/23, and to the report on the review of the mechanism, contained in document A70/23 Add.1. She invited the Committee to consider the draft decision contained in the report by the Director-General in the light of the recommendation made by the Executive Board in decision EB140(6), contained in document EB140/2017/REC/1. The financial and administrative implications for the Secretariat of the adoption of the draft decision were set out in document A70/23 Add.2.

The representative of INDIA welcomed the progress made by the Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products and endorsed the outcome of its fifth meeting, including the definitions set out in Appendix 3 to the report thereof. The report should serve as the basis for the formulation of a further implementation strategy. Member States should work in harmony on issues concerning the regulation of substandard and falsified medical products. A study should be undertaken of the linkages between lack of access and the emergence of such products, further to work already conducted by the Secretariat in that area and as recommended by the Member State mechanism.

The representative of IRAQ highlighted a number of important measures that should be taken in the fight against spurious medical products. Health audits should be carried out, including at borders and in all private sector institutions, and there should be collaboration between the public and private sectors. Comprehensive procurement policies were vital, and individual and institutional capacity-building was needed. The Secretariat should support Member State activities to eliminate SSFFC medical products and to share information about unreliable or unaccredited companies, and all WHO regions should cooperate in order to establish a system to tackle the issue.

The representative of BARBADOS welcomed the new universally agreed definition of counterfeit medicines and noted the need for sound national criminal legislation and regulatory frameworks, underpinned by proportionate sanctions, to address the SSFFC issue in a consistent and balanced manner. The existence of such products affected all regions and posed an unacceptable risk to public health. Welcoming the data-collection and knowledge-sharing activities of WHO in that area, she requested the Secretariat to provide support to Member States for the development of strategies to anticipate and prevent shortages and encourage transparent procurement practices; support in that regard had already been received at the regional and subregional levels in the Region of the Americas. WHO should also pursue its activities with Member States and relevant stakeholders in areas such as policy development, identification of good practices, data collection and analysis, and the issuing of alerts. Regulatory strengthening and capacity-building support were also needed, together with assistance on communication with health care professionals and other stakeholders throughout the supply chain.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, said that SSFFC medical products posed a danger to public health and socioeconomic development and thus hampered progress towards the Sustainable Development Goals. In the African Region, such products had led to the re-emergence or spread of certain diseases; thousands of deaths each year were associated with antimalarial and anti-tuberculosis medicines. In addition, legal medicines distributors and States had seen a considerable reduction in revenue as a result of the introduction of substandard or falsified products. He gave a brief overview of global and regional instruments aimed at combating SSFFC medical products to which Member States of the Region had contributed, and expressed concern at the insufficient funding of the Member State mechanism, which should be given particular attention. Insufficient access to and shortages of affordable medicines

provided fertile ground for the introduction of substandard or falsified medical products. WHO should therefore draw on the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines to strengthen its efforts to end the deadly scourge from a public health and right-to-health perspective. The Member States of the African Region supported the replacement of the term "substandard, spurious, falsely-labelled, falsified and counterfeit medical products" by "substandard and falsified medical products".

The representative of NIGERIA said that measures taken in his country to improve the detection, prevention, tracking and tracing of SSFFC medical products included laboratory upgrades, deployment of detection and prevention technologies, and the promotion of local manufacturing of medicines and medical products. Nigeria was also implementing guidelines on good distribution practices for pharmaceutical products and a national policy on quality assurance for medicines and other health products, among other things. WHO and other development partners must help developing countries implement track and trace technologies. He supported the recommendation to use the new term "substandard and falsified medical products".

The representative of the PHILIPPINES welcomed the Secretariat's work on terminology. Her country endorsed the recommendation to use the simplified term "substandard and falsified medical products", which was clearer than "substandard, spurious, falsely labelled, falsified and counterfeit medical products". Using the new term would facilitate common understanding among Member States and improve public awareness, thereby making it easier to recall such products. Intellectual property rights should be excluded from the scope of the Member State mechanism, as interventions should focus on the quality, safety and efficacy of medical products.

The representative of the RUSSIAN FEDERATION, emphasizing the importance of international cooperation on the issue and expressing appreciation to China for its part in investigating recent crimes, welcomed the high-quality output of the Member State mechanism. Its recommendations were particularly valuable in the context of his country's efforts to ratify the Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health. A pilot track and trace project had been launched in the Russian Federation earlier in 2017. The experience gained could be of use to other Member States. He expressed support for the proposed change in terminology, as the term "substandard and falsified medical products" shifted the focus away from intellectual property issues towards the humanitarian perspective. Priority actions for the Member State mechanism should be to expand its Internet presence, prepare recommendations on the most significant types of offence and develop the global exchange of information. He supported the recommendations made in the report of the fifth meeting of the Member State mechanism, annexed to document A70/23.

The representative of VIET NAM welcomed the fact that the guidance on SSFFC medical products contained in the report of the fifth meeting of the Member State mechanism could be applied not only in countries with robust health regulatory systems, but also in poor countries. An agreement on working definitions of those medical products would help strengthen international and regional cooperation and enhance the effectiveness of efforts to combat them. The variation in definitions applied by different countries in practice hampered international cooperation efforts. Viet Nam was reviewing its pharmaceutical regulatory and quality management systems and promoting social mobilization in order to improve the quality control of medicines at the national level.

The representative of PAKISTAN said that SSFFC medical products constituted a global and local health threat and required an effective, public health-based response. In countries with weak or non-existent regulatory systems and surveillance infrastructure, the problem was potentially more severe. Pakistan had therefore taken steps to modernize its medicines regulatory authority in line with international best practice.

The representative of the DOMINICAN REPUBLIC said that his country currently lacked the technological and regulatory capacity fully to implement the guidance contained in Appendix 1 to the report of the Member State mechanism. The Ministry of Health nevertheless conducted ordinary and extraordinary inspections to detect SSFFC medical products and penalize offenders. The fight against those products could only be successful if complemented by ongoing awareness-raising and consumer education strategies.

The representative of the UNITED REPUBLIC OF TANZANIA commended the consensus reached on the definition of substandard/spurious/falsely-labelled/falsified/counterfeit medical products, and the replacement of the term by “substandard and falsified medical products”. The consensus on working definitions would facilitate the implementation of national action plans. His country had strengthened its national regulatory system to monitor the quality and safety of medical products and had participated in the implementation of the East African Community Medicine Regulatory Harmonization Project.

The representative of THAILAND supported the use of the term “substandard and falsified” and its definition. Noting that some of the activities set forth in the report of the Member State mechanism had not been completed, she highlighted the need for a future workplan and sufficient additional resources to make the mechanism stronger and more successful. Effective communication, collaboration and information-sharing across all three levels of the Organization were also crucial to the mechanism’s effectiveness. In order to combat SSFFC medical products successfully, building national capacities was critical.

The representative of JAPAN said that WHO should not engage in framework-building for intellectual property rights, as it did not have primary expertise in that area; it should instead focus on threats to public health, the economy and society. He stressed that the change in terminology did not mean tolerating the infringement of intellectual property rights, the protection of which should be taken into consideration in ongoing discussions on SSFFC medical products. Rather, it was intended to clarify discussion of SSFFC medical products in the WHO context; the use of “counterfeit” was important to protect intellectual property rights and therefore should not be discouraged in other contexts. It was crucial to improve access to medicines, secure the integrity of the supply chain and establish better regulatory systems for medical products.

The representative of NEPAL supported the use of the new term “substandard and falsified medical products”. Like other developing countries, Nepal currently lacked the tools and capacities to detect such medicines. She called on WHO to support national efforts to strengthen regulatory capacities, develop and share tools and mechanisms, improve information-sharing among regulatory authorities and develop regional and global collaboration between laboratories.

The representative of ANGOLA said that the definition of “substandard and falsified medical products” should include aspects related to their illegal sale. In Angola, most such products were sold on the informal market. Weak regulatory frameworks, difficult access to quality control laboratories and inadequate legislation were among the key challenges to be addressed.

The representative of the UNITED STATES OF AMERICA expressed satisfaction with the progress made in turning the Member State mechanism into a viable, functioning platform for work. He looked forward to the outcome of the study on the public health and socioeconomic impact of SSFFC medical products, and would work with others to promote its use to inform public health and public policy dialogue following publication.

The representative of KENYA said that he supported the use of the term “substandard and falsified medical products”. Kenya would prepare a national plan for preventing, detecting and

responding to actions, activities and behaviours that resulted in SSFFC medical products, in line with the guidance contained in Appendix 1 to the report of the Member State mechanism. The pharmaceutical industry and Member States must work together more closely to introduce and implement authentication technologies for the prevention and detection of such products. He endorsed the working definitions as contained in Appendix 3 to the report, in particular with respect to the exclusion of the protection of intellectual property rights from the mechanism's mandate and the application of the criteria set out in the definitions to its deliberations and work.

The representative of INDONESIA said that collaboration among relevant stakeholders was crucial to prevent and combat SSFFC medical products. The guidance contained in Appendix 1 to the report of the Member State mechanism, if properly implemented, could help countries strengthen national regulatory systems. An integrated digital supply chain monitoring system should be developed to facilitate the tracking and tracing of SSFFC medical products. She supported the use of the new term "substandard and falsified medical products". Indonesia was following with interest the smartphone application pilot project, which had improved reporting of SSFFC medical products to regulatory authorities, and was pleased with regional cooperation efforts to improve reporting capacities.

The representative of SENEGAL, noting the serious consequences of SSFFC medical products, particularly for developing countries, said that tackling the issue required the harmonization of practices and definitions. In his country, efforts had included the establishment of a national committee and a publicity campaign on the dangers of using SSFFC medical products. He expressed support for the proposed draft decision and urged the Secretariat to help Member States with their national strategies to tackle substandard and falsified medical products.

**The meeting rose at 12:30.**

## **TENTH MEETING**

**Monday, 29 May 2017, at 09:50**

**Chairman:** Dr H. M. AL-KUWARI (Qatar)

**Later:** Mr A. HURREE (Mauritius)

### **1. HEALTH SYSTEMS:** Item 13 of the agenda (continued)

**Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products:** Item 13.6 of the agenda (documents A70/23, A70/23 Add.1, A70/23 Add.2 and EB140/2017/REC/1, decision EB140(6)) (continued)

The representative of SPAIN said that the Member State mechanism had made significant progress since 2016, especially in terms of the new working definitions. The new, simpler term “substandard and falsified medical products” would facilitate the dissemination of action areas and documents. As the Chair of the Steering Committee of the Member State mechanism, Spain had focused on consolidating progress and making headway on the item on transit, as well as the dissemination and application of the agreements reached. He looked forward to the publication of the study on the public health and socioeconomic impact of substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) medical products. Given the impact that such medical products had on public health, it was essential to make further progress and consolidate global coordinated action to strengthen the guarantee of quality medicines, including for those sold online.

The representative of SRI LANKA agreed with the change of terminology from “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” to “substandard and falsified medical products”. His Government had made considerable efforts to prevent counterfeit medical products, applying a number of strategies to improve their regulation, detection and investigation. His Government would take action to develop a national plan based on the road map set out in the Annex to document A70/23.

The representative of MALAYSIA said that a simplified common understanding of the term “substandard/spurious/falsely-labelled/falsified/counterfeit” medical products had been necessary. However, the replacement of that term should not affect national and regional regulations or legislation relating to SSFFC medical products. The working definitions contained in Appendix 3 to the report of the fifth meeting of the Member State mechanism, contained in the Annex to document A70/23, brought clarity to the terminology used by the global surveillance and monitoring systems. She agreed that the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” should be replaced by “substandard and falsified medical products” in future documentation on the subject.

The representative of ARGENTINA said that, despite the progress made, gaps persisted in the funding of the work of the Member State mechanism. Noting that the working definitions included three categories of medicines, making it possible to remedy the asymmetries in interpretation and facilitating the work of WHO and other stakeholders, he said that his Government supported the use of the term “substandard and falsified medical products”. Before the next meeting of the Steering Committee of the Member State mechanism, the report on the work and documentation of the Global Steering Committee for Quality Assurance of Health Products presented to the Steering Committee of

the Member State mechanism should be made available to all Member States. He supported the suggestion that a representative of the Global Steering Committee should be invited to give a presentation at the next meeting of the Steering Committee of the Member State mechanism.

The representative of TUNISIA said that the fight against substandard and falsified medical products required coordinated action. Describing the measures taken in her country, she highlighted the introduction of regulations and national mechanisms to ensure protection against SSFFC medical products and curb the resulting risk to public health. Her Government had joined the MedNet platform, which enabled the exchange of information and experiences. She supported the proposal to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” by “substandard and falsified medical products”.

The representative of CHINA, agreeing with the statement made by the representative of the Russian Federation at the previous meeting, said that SSFFC medical products represented one of the many risk factors that threatened human health security. Cooperation and information exchange between global regulatory authorities should be strengthened to combat SSFFC medical products, and control and prevention capacities improved. His Government had cooperated with a number of countries and regions to combat the globalization of SSFFC medical products. He agreed with the proposal to replace the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” with “substandard and falsified medical products”.

The representative of BANGLADESH said that the guidance on developing a national plan to combat SSFFC medical products and the draft guidance on the testing of “suspect” SSFFC medicines were useful and practical documents. His Government was stepping up the monitoring of pharmaceutical establishments, especially with regard to compliance with recommended guidelines on good practice for the manufacturing of medicines and vaccines. Focal points had been registered for the global focal point network on SSFFC medical products, and his Government had participated in a recent meeting of the South-East Asia Regulatory Network, which provided opportunities for stronger collaboration and information exchange among regulators.

The representative of MEXICO said that he supported the work and conclusions set out in the review of the Member State mechanism. He was in favour of adopting the working definitions contained in Appendix 3 to the report of the fifth meeting of the Member State mechanism, and of replacing the term “substandard/spurious/falsely-labelled/falsified/counterfeit medical products” by “substandard and falsified medical products”. His Government remained committed to developing the activities in the workplan in order to strengthen regulatory systems and guarantee the quality of medical products.

The representative of NIGER, describing the legal framework governing the mechanism put in place in his country, said that an international meeting on the fight against the illicit trade in counterfeit medicines and other health products would be held in Niger. A number of the recommendations had been implemented in his country, including adoption of a national policy under which trade in fake medicines was considered a crime against human security, strengthening of the partnership with WHO by increasing the use of existing tools, and developing an information, awareness-raising and communication campaign on the dangers of fake medicines. He called on WHO to strengthen support to develop appropriate processes for coordination, communication and dissemination of information on the main areas of action and to support the mechanism going forward by securing funding to boost completion of the objectives. He agreed with the change of terminology.

The representative of BRAZIL commended the participants of the Member State mechanism for reaching consensus on the working definitions for substandard and falsified medical products. His Government agreed with the change in terminology. Removing aspects relating to counterfeit medical

products from the working definitions was a specific decision that did not prejudice WHO's authority to consider broader issues of intellectual property rights that affected access to and the affordability of medicines, including under several items on the agenda of the Governing Bodies.

The representative of the REPUBLIC OF KOREA said that there was a need to create a global cooperation framework to enable Member States and the Secretariat to implement a coordinated and committed response to tackling the problems related to SSFFC medical products. Her Government had actively contributed to global efforts to eradicate SSFFC medical products by participating in the working groups on activities A and E. The guidance by the informal working group on activity A should be published and the outcomes of the informal working groups on activities C and H approved as a matter of priority. She called on the Secretariat to support the activities of the working group on activity E and all other informal working groups.

The representative of GHANA said that an interagency coordination system had been set up in Ghana, which had helped in the early detection and handling of matters relating to SSFFC medical products. Effective communication and alert systems in real time between countries would enable further progress in that area. His Government supported the proposal to replace the use of "substandard/spurious/falsely-labelled/falsified/counterfeit medical products" by "substandard and falsified medical products".

The representative of BOTSWANA supported the proposed definitions in Appendix 3 to the report of the fifth meeting of the Member State mechanism. They would provide a common understanding of what was meant by SSFFC medical products. In 2013, legislation which provided for the regulation and control of counterfeit medicines and assured medicine safety, efficacy, quality and registration had been approved in Botswana. A minimal number of cases of suspected counterfeit medicines had been reported in her country, although the extent of the problem might be underestimated due to the limited capacity for carrying out post-marketing surveillance and the lack of a fully functional pharmaceutical analysis laboratory. WHO was urged to continue in its role of coordinating and setting high standards to ensure the safety, efficacy and quality of medical products through a transparent and fair process anchored by ethical considerations of public health.

The representative of ZIMBABWE commended the work of the fifth meeting of the Member State mechanism. Monitoring the quality of health products required national medicines regulatory authorities to be independent and free from regulatory capture. That could be achieved only if they had the necessary resources and skills. His Government supported efforts to create and implement mechanisms to control substandard and falsified medical products. The challenges of high prices, inadequate access to affordable medicines, and shortages of medicines provided fertile ground for substandard and counterfeit medical products in low-income countries; the stated goals and desired outcomes were achievable where health systems were strong. Funding to support awareness of the risks of the actions, activities and behaviours resulting from substandard and falsified medicines should be increased in order to address those challenges.

The representative of PANAMA said that her country recognized the importance of the control of SSFFC, or substandard and falsified, medical products as the introduction of such products was detrimental to public health. Her country was in the process of updating and reviewing its legal framework in that regard. A specialized criminal instrument against the falsification and copying of medicines and medical devices was needed in Panama. Her Government supported the Member State mechanism's objectives. Expertise at the national level should be boosted with a view to competent authorities carrying out joint operations. Her Government would support all efforts of the international community to combat the trade of substandard and falsified products.



The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that it was crucial to raise awareness of falsified medicines among patients and stakeholders, and to elevate the seriousness of participating in related criminal activities. Coordination among all actors was vital to tackle the issue, and she encouraged tighter control across all players involved in all steps of the medicine supply chain. Furthermore, legal tools such as the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (Medicrime Convention), and initiatives such as track and trace to tackle unregulated online pharmacies, were important to protecting patients. She urged WHO to take the necessary measures to fight the global threat of falsified medicines and protect public health.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that collective action was needed to achieve success in the fight against the spread of substandard and falsified medical products, and in that respect she commended the recommendation in the report on the review of the Member State mechanism to encourage the engagement of additional actors in the mechanism. The lack of globally approved definitions of such medical products was a key hindrance to strong coordinated action; the consensus reached by the Member State mechanism to accept the use of the term "substandard and falsified medicines" was therefore an important step forward. However, efforts to tackle falsified versions of genuine, approved medicines must not be confused with patent infringement disputes. WHO was responsible for ensuring that the issue was adequately addressed at the international level.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points raised, said that the globalized movement of medical products and active pharmaceutical ingredients demanded global surveillance systems. The Secretariat would continue to enhance the surveillance and monitoring system, establish a global network of regulatory focal points, and support Member States with tools, capacity-building and the strengthening of national regulatory systems to prevent, detect and respond to substandard and falsified medical products. It was clear from the review of the Member State mechanism that Member States wished it to continue. Expressing support for the call for increased resources, and thanking Member States for their contributions, she said that the Secretariat would continue to seek further resources to support its work. Furthermore, the Secretariat was pleased to adopt the new terms agreed by Member States and hoped that all stakeholders would also adopt those definitions when considering substandard and falsified medical products.

**The Committee noted the reports contained in documents A70/23 and A70/23 Add.1.**

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A70/23.

**The draft decision was approved by acclamation.<sup>1</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA70(21).

## 2. COMMUNICABLE DISEASES: Item 14 of the agenda

### Global vaccine action plan: Item 14.1 of the agenda (document A70/25)

The CHAIRMAN drew attention to a draft resolution on strengthening immunization to achieve the goals of the global vaccine action plan, proposed by the delegations of Australia, Brazil, Burkina Faso, Colombia, Ecuador, Malaysia, Panama, Philippines, Thailand and Viet Nam, which read:

The Seventieth World Health Assembly,

PP1 Having considered the report on the global vaccine action plan;<sup>1</sup>

PP2 Recalling resolutions WHA65.17 (2012) and WHA68.6 (2015) on the global vaccine action plan; and resolution WHA67.23 (2015) on health intervention and technology assessment;

PP3 Welcoming the declaration by the International Expert Committee for Documenting and Verifying Measles, Rubella and Congenital Rubella Syndrome Elimination, that the Member States in the Region of the Americas have achieved the interruption of endemic transmission of both rubella and measles viruses<sup>2</sup> in 2015 and 2016, respectively;

PP4 Welcoming the validation of the elimination of maternal and neonatal tetanus in all districts in all 11 Member States of the South East Asia Region;

PP5 Having considered the 2016 assessment report from the Strategic Advisory Group of Experts on immunization on the implementation of the global vaccine action plan and progress towards its stated strategic objectives and goals;<sup>3</sup>

PP6 Noting that although many countries have achieved the 2015 goals of the global vaccine action plan, and that others are making substantial progress, indicating that while the goals and targets are ambitious, they are achievable, 2016 assessment report from the Strategic Advisory Group of Experts on immunization concluded that progress is not on track and that only one of six mid-decade targets was met;

PP7 Noting the progress made on the introduction of new vaccines and the impact that these vaccines have at the individual level and, when high vaccination rates are achieved, at the population level, in reducing morbidity and/or mortality from vaccine-preventable diseases, such as pneumonia, diarrhoea and cervical cancer;

PP8 Concerned that at the mid-point of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to life-saving vaccines is too slow;

PP9 Noting that although Member States in all six WHO regions have measles elimination goals, and that three regions have rubella elimination goals, additional efforts should be invested to reach measles and rubella elimination;

PP10 Recognizing the important contribution of vaccines and immunization to: improving the health of populations; achieving the ambitious Sustainable Development Goals; outbreak preparedness and response, including in respect of outbreaks involving emerging pathogens; and addressing antimicrobial resistance;

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<sup>1</sup> Document A70/25.

<sup>2</sup> See document CD55/INF/10, Rev.1.

<sup>3</sup> The full 2016 SAGE Assessment Report of the Global Vaccine Action Plan is available at: [http://www.who.int/entity/immunization/global\\_vaccine\\_action\\_plan/SAGE\\_GVAP\\_Assessment\\_Report\\_2016\\_EN.pdf](http://www.who.int/entity/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2016_EN.pdf) (accessed 23 January 2017).

PP11 Recognizing that strong health systems and integrated routine immunization programmes that are well coordinated across other relevant sectors contribute to achieving immunization goals and targets, and universal health coverage;

PP12 Recognizing the significant progress achieved towards polio eradication and the significant contribution of the polio-related assets, human resources and infrastructure, which should be transitioned effectively, to the strengthening of national immunization and health systems;

PP13 Recognizing the need for enhanced international cooperation aimed at in a sustainable manner, strengthening the capacities of developing countries to achieve the goals of the global vaccine action plan,

(OP)1 URGES Member States:<sup>1</sup>

- (1) to demonstrate stronger leadership and governance of national immunization programmes by:
  - (a) increasing the effectiveness and efficiency of national immunization programmes, as an integrated part of strong and sustainable health care systems;
  - (b) allocating adequate financial and human resources to immunization programmes according to national priorities;
  - (c) strengthening national processes and advisory bodies for independent, evidence-based, transparent advice including on vaccine safety and effectiveness, such as health intervention and technology assessments and/or National Immunization Technical Advisory Groups working in collaboration with national regulatory authorities;
  - (d) strengthening mechanisms to monitor and efficiently manage vaccination programme funds at all levels;
  - (e) making up-to-date and accurate information on the effectiveness and safety of vaccines publicly available;
  - (f) strengthening systems to monitor and address adverse events following immunization;
  - (g) promoting awareness-raising campaigns on immunization, underlining public health benefits and vaccine safety and effectiveness;
  - (h) strengthening the immunization systems, procedures, and policies that are necessary to achieve and sustain high immunization coverage;
  - (i) reviewing periodically, through the National Immunization Technical Advisory Groups or equivalent independent groups, the progress made, including immunization coverage, lessons learned and possible solutions for dealing with remaining challenges;
  - (j) continuing to report on progress to the regional committees, as urged in resolution WHA65.17;
- (2) to ensure use of up-to-date data including where possible sex-disaggregated data on immunization coverage to guide strategic and programmatic decisions that protect at-risk populations and reduce disease burden;
- (3) to strengthen and sustain surveillance capacity by investing in disease detection and notification systems, routine analysis and data reporting systems;
- (4) to expand immunization services beyond infancy to cover the whole life-course, as appropriate, guided by evidence, including burden of diseases, cost effectiveness, budget impact assessment and system capacities and using the most appropriate and effective

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<sup>1</sup> And, where applicable, regional economic integration organizations.

means of reaching the other age groups and high-risk populations with immunization and integrated health services;

(5) to strengthen international and national actions to ensure the application of the International Health Regulations (2005), which aim to prevent, protect against, control and provide a public health response to the international spread of diseases;

(6) to mobilize domestic financing, as appropriate, in order to sustain the immunization gains achieved through the support from the Global Polio Eradication Initiative and the GAVI Alliance;

(7) to continue to strengthen international cooperation to achieve the goals of the global vaccine action plan, including by enhancing sustainable, national and regional manufacturing capacity for affordable vaccines and technologies through collaboration and exchange, as appropriate;

(OP)2 REQUESTS the Director General:

(1) to continue supporting countries to achieve regional and global vaccination goals;

(2) to advocate in national and international forums in support of the urgency and value of accelerating the pace of progress toward achieving the goals of the global vaccine action plan by 2020, including, addressing the nine recommendations made by the Strategic Advisory Group of Experts on Immunization in their 2016 assessment mid-term review of the Global Vaccine Action Plan;

(3) to ensure that accountability mechanisms for monitoring global and regional vaccine action plans are fully implemented;

(4) to support Member States in strengthening National Technical Advisory Group (NITAG) or equivalent mechanisms cooperating with regulatory authorities to inform national decisions based on national context and evidence to achieve national immunization goals;

(5) to collaborate with all key partners, including civil society organizations, in order to assess how their work complements national routine immunization systems and the implementation of costed national immunization plans and targets;

(6) to continue working with all partners to support research, development and production of vaccines against new and re-emerging pathogens;

(7) to continue to strengthen the WHO prequalification programme and provide technical assistance to support developing countries in capacity building for research and development, technology transfer, and other upstream to downstream vaccine development and manufacturing strategies that foster proper competition for a healthy vaccine market;

(8) to continue working with all parties to support use of joint procurements and other mechanisms to increase efficiency, cost effectiveness and sustainability of vaccine supply;

(9) to continue working with all parties to support research and development, especially in developing countries, for supply chain innovations and vaccine-administration technologies, to increase the efficiency of vaccine delivery, as appropriate;

(10) to cooperate with, as appropriate, international agencies, in accordance with their respective mandates, donors, vaccine manufacturers and national governments<sup>1</sup> in order to overcome barriers to timely and adequate access to affordable vaccines of assured quality for all, and to implement effective preventive measures for the protection of health workers including in public health emergencies of international concern and in the specific context of humanitarian crises;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

- (11) to report to the Seventy-third World Health Assembly through the Executive Board, on the epidemiological aspects and feasibility of, and potential resource requirements for, measles and rubella eradication, taking into account the assessment of the Strategic Advisory Group of Experts (SAGE) on Immunization;
- (12) to continue to monitor progress annually and to report to the Health Assembly, through the Executive Board, as a substantive agenda item in 2020 and 2022 on the achievements made against the 2020 global vaccine action plan goals and targets.

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

<b>Resolution:</b> Strengthening immunization to achieve the goals of the global vaccine action plan	
<b>A. Link to the general programme of work and programme budget</b>	
<b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.</b>	<p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> Increased vaccination coverage for hard-to-reach populations and communities.</p> <p><b>Programme budget 2016–2017 output(s):</b> Output 1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines; Output 1.5.2. Intensified implementation and monitoring of measles and rubella elimination strategies facilitated; Output 1.5.3. Target product profiles for new vaccines and other immunization-related technologies, as well as research priorities, defined and agreed, in order to develop vaccines of public health importance and overcome barriers to immunization.</p>
<b>2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b>	The resolution would be implemented during 2017–2021. The Sixty-fifth World Health Assembly in resolution WHA65.17 (2012) requested the Director-General to report annually, through the Executive Board, to the Health Assembly, until the Seventy-first World Health Assembly, on progress towards achievement of global immunization targets. As the Secretariat will report on the finalization of the global vaccine action plan (final assessment, monitoring and evaluation) in 2021, activities will need to be carried out until then.
<b>B. Budgetary implications</b>	
<b>1. Estimated total cost to implement the resolution if adopted, in US\$ millions:</b>	US\$ 258 million (from 2017 to 2021).
<b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b>	<p>US\$ 7 million.</p> <p>This additional budgetary requirement is needed to cover new activities that have arisen over the course of the biennium, including: supporting the implementation of the WHO research and development blueprint for action to prevent epidemics, facilitating the implementation of malaria vaccine pilot projects; strengthening surveillance for measles and other vaccine-preventable diseases, even as resources available through the Global Polio Eradication Initiative decline; and providing support to countries not eligible for</p>

support from the GAVI Alliance in accessing new and underutilized vaccines and strengthening their immunization programmes, including the maintenance and expansion of the vaccine product, price and procurement database, and establishing a vaccine demand/supply exchange forum. The sum of US\$ 7 million includes costs for staff, procurement and consultant contracts for technical support.

**2.b. Resources available during the current biennium**

**– Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:**

None.

**– Extent of any financing gap, in US\$ millions:**

Implementing activities as requested in the draft resolution would require an estimated amount of US\$ 7 million for the remainder of the biennium.

**– Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:**

Some fundraising activities would be implemented after adoption of the resolution to cover the funding gap. Several partners have already expressed interest in increasing their investments in the areas mentioned in the draft resolution.

**3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:**

US\$ 73 million.

Additional budgetary requirement is needed to cover new activities, for example, in relation to the WHO research and development blueprint for action to prevent epidemics, and malaria vaccine pilot projects. Strengthening surveillance for measles and other vaccine-preventable diseases is key to achieving the goals of the global vaccine action plan and requires additional budget and resources. A plan is needed to secure the necessary investments by countries to sustain immunization during polio transition and to continue and enhance support to countries that transition out of support from the GAVI Alliance, in order to mitigate any risk to sustaining effective immunization programmes when polio funding decreases.

**Has this been included in the Proposed programme budget 2018–2019?**

As far as possible, these costs will be accommodated within the Programme budget 2018–2019.

**4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:**

US\$ 178 million for biennium 2020–2021.

The representative of COLOMBIA said that his Government welcomed the recommendations of the Strategic Advisory Group of Experts on immunization, but was concerned about the uneven progress made towards the elimination of poliomyelitis, measles, rubella and maternal and neonatal tetanus. Misinformation about the positive effects of vaccination put the gains of decades of national and international efforts and investment at risk. Joint efforts were needed to increase vaccine coverage and equitable access to vaccination, with an emphasis on promoting the use of the combined measles-rubella vaccine. Future reports should take into account countries' investments in their cold chain systems, as well as in technical capacity-building for health care staff in order to ensure that biological products were stored in optimal conditions.

The representative of CHINA said that her Government was willing to help countries with low vaccination coverage to create preventive vaccination strategies. She supported the recommendation by the Strategic Advisory Group of Experts on immunization that Member States should secure the necessary investments to sustain immunization during the polio transition.

The representative of SRI LANKA described the situation in her country, noting the efforts that had been made to improve the implementation of the Expanded Programme on Immunization, including by introducing a new immunization policy, taking measures to appraise the Programme's output and placing emphasis on quality assurance. Her Government was exploring the feasibility of financing immunization services at the provincial and subnational levels, so as to enhance ownership and sustainability.

The representative of JAMAICA recognized the importance of investing in the success of the global vaccine action plan. His Government had already implemented many of the actions recommended in the report and had made great strides in improving the quality of data on immunization coverage and disease surveillance through its database for the Expanded Programme on Immunization. Since Jamaica's gross national income per capita was above the eligibility threshold, his Government had never received support from the GAVI Alliance. The threshold did not give adequate weight to the burden of diseases in a country and he therefore encouraged the Secretariat to advocate for vaccine manufacturers to set prices in line with those offered to the GAVI Alliance. The Secretariat should increase support for countries with respect to advocacy and social mobilization, which were crucial to building public support for vaccination.

The representative of AUSTRALIA noted that, despite the progress made by a number of Member States in respect of immunization coverage, progress towards the global targets was too slow, especially those on poliomyelitis, measles, rubella, maternal and neonatal tetanus and equitable access to vaccines. Australia supported the recommendations of the Strategic Advisory Group of Experts on immunization, and urged all Member States to join in urgent action to achieve the agreed goals by 2020.

The representative of BAHRAIN noted the need to provide vaccines equitably to all, using new technologies. He encouraged Member States to guarantee the effective implementation of the Expanded Programme on Immunization and stressed the importance of establishing the required legislative and regulatory frameworks. In Bahrain, the Programme enjoyed high-level, governmental support. All age groups were guaranteed full coverage without discrimination, and his Government was able to respond quickly to outbreaks. He supported the global vaccine action plan.

The representative of the BAHAMAS, noting that immunization remained the best investment in public health and drawing attention to the challenges posed by fragile economies, conflict situations, increased cross-border movement and growing rates of vaccine refusal, said that maintaining high coverage rates of childhood immunization would require continued financial support from governments and external partners. Countries transitioning from GAVI Alliance support must look inward to private partners for support. Progress made in vaccine-related research and development was commendable. He looked forward to the forthcoming report on the polio endgame and expected that, by the time the final report on the global vaccine action plan was delivered, measles elimination would have been declared in at least 50% of regions.

The representative of INDIA said that a number of actions had been taken in his country to implement the global vaccine action plan, including the establishment of the independent National Technical Advisory Group on Immunization and an initiative to achieve full immunization coverage for all children. The Secretariat should mobilize funds to ensure a supply of quality, accessible and affordable vaccines, provide technical support for local manufacturing and technology transfer, and address the procedural and legal barriers that undermined competition and price reductions for new vaccines. Certain countries – such as those with low birth rates, those not eligible for the GAVI Alliance support or those within a region – would benefit from pooling their vaccine procurement capacities. He endorsed the draft resolution, which should be adopted by consensus.

The representative of PARAGUAY expressed concern that progress towards eradicating poliomyelitis and eliminating measles and rubella had been slow, and that many countries had not achieved sufficient vaccine coverage. Official country coverage indicators should be established, as even countries with near full coverage still experienced outbreaks of vaccine-preventable diseases. She highlighted the issue of resistance to vaccination and said that technical tools must be made available to introduce more systematic vaccination processes and allow for their effective evaluation.

The representative of QATAR said that his Government had implemented a range of measures aimed at achieving the goals of the global vaccine action plan. Measures included introducing new vaccines and evaluating vaccination coverage among children and adolescents. Cross-border migration had led to a reduction in vaccination levels; the Secretariat and Member States should therefore work to raise awareness of the importance of vaccination in preventing outbreaks. Furthermore, Member States must pool resources to ensure that high-quality vaccines were available at competitive prices.

The representative of the RUSSIAN FEDERATION expressed overall support for the recommendations made by the Strategic Advisory Group of Experts on immunization. Stable funding of national immunization programmes, so as to ensure access to vaccines throughout the life course, was needed if the global vaccine action plan was to be implemented successfully. Thanks to additional measures taken by his Government, endemic transmission of measles and rubella in the country had ceased in 2015. The relevant documentation should reflect that fact. It was important to boost the quality and use of data on immunization and epidemiological monitoring, to continue research into, develop and introduce new vaccines, and to train staff. Particular attention should be paid to the recommendations of the Strategic Advisory Group of Experts on immunization concerning the stability of national immunization programmes through the poliomyelitis eradication transition period.

The representative of the REPUBLIC OF KOREA, welcoming the report, highlighted the need to improve vaccine coverage worldwide and increase investment in research and development. Her Government had eliminated poliomyelitis and measles thanks to high vaccination coverage, but the country was nevertheless affected by shortages of some vaccines. The Secretariat should forecast the global balance of vaccine supply and demand, and cooperate closely with Member States and vaccine manufacturers to avoid shortages.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, emphasized the importance of the topic for his Region. The African Region had made considerable progress in improving vaccine coverage, including in countries with the highest numbers of unvaccinated children. The landmark Ministerial Conference on Immunization in Africa had resulted in the adoption of the Declaration on Universal Access to Immunization as a Cornerstone for Health and Development in Africa (Addis Declaration on Immunization). The synchronized switch from trivalent to bivalent oral polio vaccine had been successful. Use of meningitis A vaccine continued apace, and no cases of serogroup A meningococcal meningitis had been reported among those vaccinated.

Nevertheless, the Region recognized the slow progress made towards achieving the goals set out in the global vaccine action plan. In that regard, strengthening countries' health systems to provide better access to immunization and respond to outbreaks was critical. He urged the Secretariat to advocate for measures to assist countries not eligible for support from the GAVI Alliance; to raise awareness of and preparedness for the transition away from poliomyelitis funding; to support countries in improving immunization monitoring, surveillance and data quality; provide technical support and guidance on community mobilization and demand generation for immunization services; ensure the availability and continuous supply of vaccines such as inactivated poliovirus vaccine; and integrate immunization into broader efforts to strengthen health systems through a multisectoral approach. Health systems strengthening and innovation should be prioritized as ways to achieve the global vaccine action plan goals.



The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his country's immunization programme was based around the family but included new target groups such as indigenous peoples, the prison population and older adults. Its surveillance system for diseases and public health events performed above expectations. He expressed support for the global vaccine action plan.

The representative of LEBANON expressed support for the recommendations made by the Strategic Advisory Group of Experts on Immunization with regard to stronger leadership and governance and prioritizing immunization services, especially for vulnerable groups. His country's immunization programme was being extended to cover such groups, including refugees from the Syrian Arab Republic, without discrimination. Despite the impact of the Syrian crisis on Lebanon and its health system, poliomyelitis and diphtheria-tetanus-pertussis vaccination coverage had been maintained. More funding was needed to ensure sustainable vaccine supplies and equitable, high-quality services. The Secretariat should monitor global vaccines supplies closely to avoid future shortages. His country wished to be added to the list of sponsors of the draft resolution on the global vaccine action plan.

The representative of BOTSWANA said that six new antigens had been introduced into her country's immunization schedule between 2010 and 2016, including rotavirus and pneumococcal vaccines and a second dose of measles vaccine. Combined measles and rubella vaccine had been introduced in 2016 through a catch-up campaign. Further work was needed to reach the WHO target for pentavalent vaccine coverage, although uptake had increased through initiatives such as African Vaccination Week and child health days. She strongly urged the Secretariat to negotiate with immunization partners, in particular vaccination manufacturers, on the issue of reducing vaccine costs for countries that were ineligible for support from the GAVI Alliance and procured all their own vaccines.

The representative of TURKEY, outlining the improvements made to preventive and primary health care services in her country, highlighted the priority that her Government attached to routine immunization. At 97%, national pentavalent vaccine coverage exceeded the European Region average, and measles vaccine coverage stood at the same figure. Supplementary vaccination activities had been carried out for under-21s against hepatitis B and rubella. The country had been declared poliomyelitis-free and as having eliminated neonatal tetanus, and no cases of diphtheria had been reported in recent years. New vaccines were being added to the routine immunization programme and the Ministry of Health contributed to vaccine research. Measures were in place to ensure the safe and efficient distribution of vaccines, and routine vaccination was provided free of charge to migrant children under 5 years of age who were under temporary protection. In order to tackle the threat of outbreaks from imported cases, the highest possible vaccination coverage should be promoted in all countries.

The representative of VIET NAM said that increased immunization coverage in her country had resulted in significant reductions in infection, morbidity and mortality from vaccine-preventable diseases. In order to give Member States timely warnings of epidemics, the Secretariat should work closely with them to share and update information on infectious diseases at the global and regional levels. Further support from the Secretariat would be beneficial in helping her country to introduce new vaccines into its immunization schedule.

The representative of ANGOLA, noting that eligibility for support from the GAVI Alliance was determined solely by a country's gross national income per capita, said that the great disparity between economic indicators and true development levels in some middle-income countries raised the question of whether the GAVI Alliance criteria would ultimately result in failure to meet the targets set out in the global vaccine action plan. While welcoming the draft resolution, he observed that the report did

not adequately reflect the recommendations made in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines.

The representative of the PLURINATIONAL STATE OF BOLIVIA echoed the need identified by the Strategic Advisory Group of Experts on immunization for more vaccine research and development in low- and middle-income countries. Her Government had taken steps to expand its vaccination coverage, including by introducing human papillomavirus vaccine into its immunization schedule. She welcomed the recommendations made by the Strategic Advisory Group of Experts.

The representative of JAPAN applauded the elimination of maternal and neonatal tetanus in all Member States of the South-East Asia Region and the interruption of endemic transmission of rubella and measles in the Region of the Americas, but encouraged further efforts to achieve the goals set out in the global vaccine action plan. Sufficient financial and human resources were needed to strengthen surveillance systems and improve immunization coverage for diseases approaching eradication or elimination. His Government would continue to provide support to that end.

The representative of MALAYSIA expressed the view that it should be possible to eliminate rubella and congenital rubella syndrome in Malaysia by 2020 as the disease was less infectious than measles, the elimination of which would require higher vaccination coverage at all levels. Global coverage for measles-containing vaccine should be at least 90% at the country, district and subdistrict levels, which was higher than recommended in the global vaccine action plan. Increasing coverage would entail additional resource mobilization and greater commitment, and consideration should be given to extending the deadline for measles elimination beyond 2020. As countries stepped up their immunization activities to meet those goals, it was essential to ensure adequate supplies of vaccines worldwide.

The representative of the UNITED STATES OF AMERICA expressed support for the draft resolution and the recommendations made by the Strategic Advisory Group of Experts on immunization, especially with respect to the need for development partners to align their efforts; however, implementation of the global vaccine action plan remained a matter of concern. Enhanced global coordination and advocacy were needed to achieve the targets set out in the global vaccine action plan, mobilize resources, and address gaps in technical and financial support, particularly with regard to poliomyelitis. All countries, in particular those that had or would shortly become ineligible for support from the GAVI Alliance, must allocate their own resources to maintaining strong routine immunization programmes. His Government was committed to increasing the capacity of developing countries to manufacture high-quality vaccines at an affordable price; nonetheless, any actions by the Director-General to promote technology transfer should be on voluntary and mutually agreed terms. The initial focus should be on the priorities identified in the report of the Strategic Advisory Group of Experts, which did not mention technology transfer.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, expressing support for the draft resolution and the recommendations made by the Strategic Advisory Group of Experts on immunization, especially the importance of national financing of immunization programmes to ensure sustainability, called on all Member States to prioritize that financing within their national budgets. Given the slow progress to date, she asked how the Secretariat would ensure adequate support for countries to accelerate the achievement of the targets set out in the global vaccine action plan as the transition away from poliomyelitis funding approached.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country, which had introduced new and underused vaccines covering 15 antigens and increased access to those vaccines, had succeeded in eliminating maternal and neonatal tetanus and had been declared poliomyelitis-free in 2015. Overall immunization coverage exceeded 90% and pentavalent vaccine

coverage had increased. Interdisciplinary advisory and coordination bodies supported the country's immunization activities. A web-based stock management tool for vaccines had been introduced to address vaccine supply and shortages. He endorsed the recommendation made by the Strategic Advisory Group of Experts on immunization that vaccine research and development partners should support vaccine research and development capacity in low- and middle-income countries and thanked the various partners that had supported his country's efforts to implement the global vaccine action plan.

The representative of NIGER said that his Government had elaborated a comprehensive multiyear plan for immunization, in accordance with the global vaccine action plan and other regional and national strategies. In 2016, Niger had been certified as being free of wild poliovirus, had eliminated maternal and neonatal tetanus and had made the switch from trivalent to bivalent oral poliovirus vaccine. Other achievements had included the introduction of new vaccines such as human papillomavirus and rotavirus vaccines and the incorporation of inactivated poliovirus vaccine into the national routine immunization programme. Despite such progress, challenges such as strengthening the cold chain and incorporating human papillomavirus vaccine into the national routine immunization programme remained. He therefore requested additional financial support. Niger fully supported the draft resolution.

The representative of CANADA echoed the concerns of the Strategic Advisory Group of Experts on immunization that progress to eradicate poliomyelitis and eliminate measles and rubella, and maternal and neonatal tetanus, must be accelerated. Her Government would be sending a high-level delegation to the polio pledging event at the Rotary International Convention in June 2017 and she urged all current and potential donors and endemic countries to attend the event as part of efforts to achieve global eradication of poliomyelitis. The shortage of inactivated poliovirus vaccine was a matter of deep concern. Stakeholders must effectively plan for the transition of polio assets, including the strengthening of national immunization and health systems and the expansion of health services. Given the importance of routine immunization in the delivery of basic health care, immunization indicators to measure progress towards the Sustainable Development Goals were essential. Further consultations were needed to discuss how stakeholders could more effectively collaborate to implement the recommendations of the Strategic Advisory Group of Experts and achieve the goals of the 2011–2020 Decade of Vaccines. Reaching the most vulnerable and hardest-to-reach populations continued to pose a challenge and would require sustained effort and collaboration at the global level. Her Government had sponsored the draft resolution in view of the urgent need to achieve the goals of the global vaccine action plan.

The representative of NORWAY said that the slow progress made towards achieving the goals of the global vaccine action plan was of great concern: recent disease outbreaks had demonstrated the importance of health systems that could deliver results, including strong routine immunization and disease surveillance. Progress towards attaining the goals of the global vaccine action plan in relation to measles and rubella would help to inform discussions on the future consideration of a possible eradication target. Country ownership would be crucial to making substantial progress towards achieving the goals of the global vaccine action plan. To that end, governments should make evidence-based decisions regarding the introduction of new vaccines and increase domestic resources following transition from donor support. She expressed support for the draft resolution.

The representative of ECUADOR said that his country guaranteed universal and equitable access to vaccines free of charge throughout the life course and called on all Member States to adopt a similar approach. While great progress had been made, further support for research and development was crucial in order to develop new vaccines and prevent more diseases. He supported the use of immunization indicators as a means of tracking progress and said that WHO should consider creating a separate unit to provide both technical support and support to formulate national legislation to

strengthen the commitment of Member States to guaranteeing adequate vaccination coverage at the country level.

The representative of SENEGAL said that support should be provided to enable countries transitioning from donor support to mobilize sufficient additional resources from local partners and develop innovative financing mechanisms. His country had already established a foundation to mobilize private-sector resources and had made great progress in introducing the new vaccines recommended in the global vaccine action plan. Financing must also be made available for strategies to reach every child, with the support of civil society.

The representative of CHILE said that the importance of immunization to global health and sustainable social development should not be underestimated. Implementation of the global vaccine action plan at the regional level should be led by Member States. It was essential to make available sufficient funding for national immunization programmes; provide technical support to monitor their implementation; and establish registers on vaccine quality and use. Member States must collaborate with relevant stakeholders to strengthen surveillance mechanisms and enhance accountability for implementation of the global vaccine action plan, particularly with regard to the elimination of cases of measles, mumps and rubella, and maternal and neonatal tetanus. Research and development on new vaccines should be prioritized for low- and middle-income countries. Her country fully supported the recommendations of the Strategic Advisory Group of Experts on immunization.

**Mr Hurree took the Chair.**

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, expressed concern at the slow progress made towards implementation of the global vaccine action plan. The Region had implemented numerous measures, including the adoption of a plan of action on immunization that was aligned with the goals of the global vaccine action plan. Highlighting some of the Region's public health achievements, he recalled that rubella had been eliminated from the Region in 2015, and in 2016 the Region had been the first to eliminate measles, while poliomyelitis had been eradicated in 1994. To sustain those achievements, he urged Member States to provide the highest level of political commitment to the sustainable elimination of those diseases. Reimportation and weakened epidemiological surveillance systems posed significant challenges to sustained elimination in the Region. All countries should therefore take a more active role in strengthening routine immunization programmes and promote actions to identify and address inequities in order to ensure that all communities were protected from vaccine-preventable diseases. With those objectives in mind, several Member States of the Region had sponsored the draft resolution, which would also contribute to achieving target 3.b of the Sustainable Development Goals.

The representative of INDONESIA said that her Government was strongly committed to improving access to vaccines and immunization services and to achieving high and equitable immunization coverage. In addition, her Government had prioritized the introduction of new vaccines, notably to reduce the national infant and under-5 mortality rate. However, the high price of new vaccines had posed a considerable challenge to that policy. She called on WHO to support developing countries in vaccine price negotiations in order to increase the affordability of new and effective vaccines. Efforts should also be made to support the research and development capacities of developing countries by establishing technology transfer with vaccine manufacturers in low- and middle-income countries. Strong political commitment was required to advance national immunization programmes and secure the required funding.

The representative of GEORGIA expressed support for the objectives outlined in the European Vaccine Action Plan 2015–2020. A multiyear plan had been developed in Georgia based on the goals

of the global vaccine action plan. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of SURINAME underlined the need for governments to enact laws to guarantee access to immunization, establish national immunization technical advisory groups and ensure the availability of sufficient funds. Her Government had incorporated the recommendations to increase equitable access to vaccines for the elimination of measles and rubella, and maternal and neonatal tetanus, and the eradication of poliomyelitis, in the national vaccine action plan. Steps had also been taken to enhance national surveillance capacity and data quality. Suriname continued to receive technical and financial support to procure vaccines and related supplies through the Revolving Fund of the Expanded Programme on Immunization. In that context, she urged WHO to increase international cooperation towards the achievement of the goals of the global vaccine action plan, including by enhancing sustainable national and regional manufacturing capacity for affordable vaccines and technologies.

The representative of PANAMA said that WHO should concentrate its efforts on countries that had been unable to increase vaccination coverage rates sufficiently. Her Government provided routine immunization free of charge and had made access to cost-effective vaccines a national priority. Such efforts had resulted in the elimination of yellow fever, poliomyelitis, diphtheria and rubella in Panama. The Government also monitored the side effects of vaccines, and worked to continuously improve the cold chain to ensure the safety and quality of vaccines. She urged the Secretariat to work with Member States in countering the negative public health impacts of the anti-vaccination movement.

The representative of SOMALIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region was on track to achieve the targets pertaining to hepatitis B control and the introduction of new and underutilized vaccines. However, several countries continued to experience challenges related to diphtheria-tetanus-pertussis vaccination coverage, particularly those countries experiencing protracted emergencies, and achievement of the measles and rubella, and maternal and neonatal tetanus, elimination targets. Financial constraints were a major impediment to the elimination and control of such diseases.

The Member States of the Region had developed or were updating their comprehensive multiyear plans for immunization in line with the provisions of the Eastern Mediterranean vaccine action plan. In that connection, processes must be established to monitor the implementation of global and regional vaccine action plans at the national and subnational levels. Information sharing on vaccine prices would also facilitate the procurement process for quality vaccines at competitive prices. Special attention should be paid to middle-income countries that did not qualify for support from the GAVI Alliance to ensure that they had access to affordable vaccines. Efforts among partners must be aligned so as to promote national leadership, accountability and the achievement of global vaccine goals. Guidance on the delivery of immunization services in emergency settings would be particularly useful. He stressed the importance of achieving the eradication of poliomyelitis at the earliest possible opportunity and of transferring resources to other immunization priorities.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, said that the next four years presented an opportunity for countries and all relevant stakeholders to make strides towards the achievement of the goals of the global vaccine action plan. Member States should demonstrate stronger leadership and governance of national immunization programmes and invest more in sustainable immunization programmes as an integral part of universal health coverage efforts. She requested global immunization partners to continue to provide financing to ensure that self-supporting countries and countries transitioning from support from the GAVI Alliance had the necessary capacity, tools and resources to sustain immunization programmes and gains over the long term. Governments should develop their capacities to assess vaccine priorities so as to ensure the impact, value for money, and sustainability of their health investments. Merely

improving surveillance capacities was not sufficient to ensure that governments made the right choices regarding vaccine investment. Noting the need for countries to enhance efforts to reach the many unvaccinated and under-vaccinated children, including in areas of conflict and crisis, she requested guidance from the Secretariat in that regard. It was important to place the global vaccine action plan in the context of the International Health Regulations (2005) and the Global Health Security Agenda. The Member States of the Region remained fully committed to implementing the Expanded Programme on Immunization and eliminating measles and rubella by 2020, and therefore welcomed and supported the draft resolution.

The representative of THAILAND expressed concern at the slow progress made towards achieving many of the global immunization targets. A robust primary health care system, adequate financing, rigorous disease surveillance and effective monitoring based on subnational coverage data were key to achieving those targets. She expressed support for the draft resolution and urged Member States and relevant partners to accelerate implementation of the global vaccine action plan in countries that were not on track to reach immunization goals. Given that high vaccine prices posed a significant barrier to global immunization, especially for middle-income countries and those countries transitioning from receiving support from the GAVI Alliance, she requested the Director-General to develop an innovative financing mechanism that took account of the recommendations of the Consultative Expert Working Group on immunization to ensure that investment in research and development was delinked from vaccine prices. Reiterating the importance of expanding immunization throughout the life course, she said that her Government was rolling out an adult immunization plan. Noting the need for strong commitment from global and regional immunization partners, she requested WHO to take the lead in advocating adult immunization and provide technical support for establishing strategies at the national level.

The representative of BANGLADESH said that his country was on track to achieve the goals set out in the global vaccine action plan, and had made significant progress towards elimination of measles and control of rubella and congenital rubella syndrome. He requested WHO prequalification of domestic medicines to enable the national regulatory authority to begin operations. He thanked the GAVI Alliance for providing financial support for procuring vaccines and said that his Government would be willing to share its expertise and experience to further advance regional and global efforts to increase vaccination coverage and introduce new and under-used vaccines.

The representative of PAKISTAN said that, in addition to introducing a number of new vaccines in recent years, a single, performance-based financing mechanism for immunization programmes had been developed under his country's national immunization support project; his Government was willing to share that model with other countries and the Secretariat. To ensure the optimal use of resources and capacities, it was important to establish and strengthen linkages between immunization and polio eradication at the national, regional and global levels. He expressed appreciation to the GAVI Alliance and the Secretariat for supporting efforts to strengthen the Expanded Programme on Immunization and said that support from the GAVI Alliance should be provided to countries in conflict or emergency situations, particularly for the procurement of vaccines at negotiated rates.

The representative of IRAQ called on WHO to address the high prices of vaccines that were particularly burdensome in middle-income countries, which were often facing conflict or limited economic resources. A meeting on procuring vaccines at low prices should be held with the participation of the GAVI Alliance, UNICEF, Médecins Sans Frontières and other relevant organizations. He proposed that the eighth preambular paragraph of the draft resolution should be amended to read: "Concerned that at the mid-point of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to affordable and life-saving

vaccines is too slow; and recognizing that middle-income countries in particular have faced specific challenges with high prices and lagged behind the introduction of new vaccines”. He highlighted the importance of introducing new vaccines, such as pneumococcal conjugate vaccine, as part of the Expanded Programme on Immunization in order to reduce child mortality and morbidity.

The representative of MEXICO welcomed the advances made globally, but expressed concern at the lack of progress in attaining certain priority objectives under the global vaccine action plan, especially with regard to global shortage of vaccines and price fluctuation. Her Government supported the global initiatives to address health throughout the life course, including universal vaccination coverage, and recognized the need to ensure coverage and timely vaccination. She called on Member States and the Secretariat to continue building on the progress already achieved by promoting the use of new vaccines and tools that accelerated the reduction of preventable diseases. She welcomed the recommendations of the Strategic Advisory Group of Experts on immunization.

The representative of ZAMBIA said that his Government had prioritized health promotion, disease prevention, health systems strengthening and vaccine procurement, and was developing a financing mechanism for new vaccines. Data obtained at the community level had revealed that his Government’s official estimate of the number of children eligible for vaccination had been far too low and, as a result, an insufficient number of vaccines had been procured through the GAVI Alliance. He asked the Secretariat and the GAVI Alliance to support Member States in developing a mechanism that ensured more accurate estimates of the population when calculating vaccine requirements.

The representative of ZIMBABWE, noting the importance of expanding immunization services beyond infants and children, said that financial support was required to introduce and sustain the use of new vaccines, such as pneumococcal conjugate, rotavirus and human papillomavirus vaccines, in order to meet global immunization targets. Commending the work of the Strategic Advisory Group of Experts on immunization, he said that challenges hindering progress towards achieving global immunization targets should be addressed at all levels. He welcomed the efforts of stakeholders to conduct clinical trials to develop and introduce Ebola, HIV and malaria vaccines.

The representative of the PHILIPPINES said that while her Government had managed to mobilize additional funds to introduce new vaccines, more funds were required to purchase the necessary amount of vaccines to ensure full coverage of vulnerable age groups and sustain the supply of new vaccines. Attention should be given to making vaccines more affordable and available, especially to low- to middle-income countries such as the Philippines, including by pooling vaccine orders to obtain lower prices. She welcomed efforts to enhance technical support and collaboration between countries in measuring the burden of disease and monitoring and evaluating the impact of introducing new vaccines.

The representative of ALGERIA said that implementing the global vaccine action plan in low- and middle-income countries had proven to be a considerable challenge; more affordable vaccines, more rigorous planning, a stronger mechanism for gathering data on vaccination coverage, and surveillance of vaccine-preventable diseases were required in that regard. Equitable access to vaccination programmes was also crucial at both the individual and country levels for the global vaccine action plan to be successful. With technical support from the Secretariat, his Government had successfully introduced five new vaccines under the Expanded Programme on immunization, with a resulting vaccination coverage of over 90%. Nevertheless, the high cost of vaccines remained an obstacle. The recommendations of the Strategic Advisory Group of Experts on immunization should serve as a reference point. With support from WHO, middle-income countries should develop mechanisms for collective purchasing of vaccines and promote the local production of safe, effective vaccines at affordable prices. He drew attention to the increasing problem of vaccine refusal, which could jeopardize the long-term success of the global vaccine action plan.

The representative of GHANA recognized the significant progress made, but called on Member States and the global community to work together to address the challenges regarding access to vaccines and the related technologies and develop strategies to reach populations that were not easily accessible. His country was participating in trials of the malaria vaccine RTS,S, and had started the process of transitioning from receiving support from the GAVI Alliance, including through efforts to mobilize domestic funding for vaccines and vaccination. The shortage of essential vaccines was a major cause for concern; WHO and the international community must address the gap in supply and demand. His Government wished to be added to the list of sponsors of the draft resolution.

The representative of AFGHANISTAN said that while vaccination coverage in Afghanistan had improved, it remained low, especially in rural and remote areas. He outlined the steps taken in his country to make routine immunization more accessible and improve vaccination coverage, particularly with a view to eradicating poliomyelitis. He expressed appreciation for the GAVI Alliance's efforts to strengthen systems and improve immunization outcomes and thanked development partners for their continued support.

The representative of SOUTH AFRICA expressed support for the recommendations aimed at strengthening Member States' efforts in disease prevention through vaccination. She described the steps her Government was taking to achieve the goals of the global vaccine action plan, including by strengthening the health system and expanding coverage, for example by introducing pneumococcal conjugate vaccine among children, actively monitoring the performance of medicine suppliers and proactively managing supply issues. She urged WHO, in collaboration with vaccine-producing partners, to give priority to the needs of countries with high rates of communicable diseases to ensure that vaccine strategies were addressed.

The representative of TUNISIA welcomed the efforts made to achieve the goals of the global vaccine action plan and supported the recommendations of the Strategic Advisory Group of Experts on immunization. Although improvements in vaccination coverage had been made in Tunisia, the introduction of new vaccines had proved challenging as the price of the new pneumococcal conjugate vaccine, for example, exceeded that of all vaccines included in the national immunization schedule. She requested a review of the eligibility criteria for middle-income countries for eligibility for support from the GAVI Alliance, particularly as many were facing situations that made it difficult to provide equitable access to vaccines for all infants, thereby jeopardizing attainment of the objectives of the global vaccine action plan.

**The meeting rose at 12:45.**



## **ELEVENTH MEETING**

**Monday, 29 May 2017, at 14:40**

**Chairman:** Mr P. DAVIES (Fiji)  
**later:** Dr H.M. AL-KUWARI (Qatar)  
**later:** Mr P. DAVIES (Fiji)  
**later:** Dr H.M. AL-KUWARI (Qatar)  
**later:** Mr P. DAVIES (Fiji)

### **1. COMMUNICABLE DISEASES:** Item 14 of the agenda (continued)

#### **Global vaccine action plan:** Item 14.1 of the agenda (document A70/25) (continued)

The CHAIRMAN recalled that a draft resolution on the global vaccine action plan had been introduced at the tenth meeting.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that priority had to be given to strengthening routine vaccination globally, with a focus on countries with the highest number of unvaccinated children. Particular efforts were needed to reach underserved populations, especially those in remote areas, deprived urban settings, fragile States and disaster- or conflict-affected regions. Her organization called on governments to: incorporate plans to address vaccine hesitancy into national immunization programmes; implement the recommendations of the Strategic Advisory Group of Experts on immunization; invest in human resources development in order to strengthen immunization systems as part of integrated health services; and to introduce legislation, regulations and policies for the optimal use of the nursing workforce in the delivery of immunization programmes.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES expressed concern at the slow pace of progress midway through the global vaccine action plan. Achieving the plan's goals was an essential and urgent global health priority, towards which civil society organizations and Red Cross Red Crescent National Societies could contribute a great deal, especially in fragile States. With many countries transitioning away from donor support in the coming years, there was an urgent need to put in place and finance multistakeholder plans, in order to ensure that hard-won gains in immunization were protected and that progress continued to be made. Pursuant to the 2015 recommendation of the Strategic Advisory Group of Experts on immunization, the GAVI Alliance Civil Society Constituency had established an expert group to develop a framework for measuring and reporting the country-level impact of civil society work in support of immunization, the results of which would be shared with Member States.

**Dr Al-Kuwari took the Chair.**

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, echoed the concerns of the Strategic Advisory Group of Experts on immunization about the slow pace of progress towards increasing equitable access to vaccination. Countries had to prioritize equity and health systems strengthening, in order to extend immunization and other primary health services to all children as part of universal health care. To that end, they had to increase domestic investment in health, which would be particularly critical during the transition away from

donor aid. Donor countries and partners must also help countries strengthen national health systems and expand the domestic fiscal space for health and immunization. She called on Member States to support a strong resolution on the global vaccine action plan and to make time-bound commitments for concrete action to drive progress.

The representative of the WORLD MEDICAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, noted the slow pace of progress towards achieving the global vaccine action plan targets by 2020, and called for a stronger commitment to meeting them. Possible factors contributing to the burden in some countries included low commitment to prioritizing immunization, weak health systems and infrastructure, vaccine shortages and inaccessibility, conflicts and natural disasters, disease outbreaks and lack of public awareness. She called for greater investment in health systems and vaccine research and development, the incorporation of immunization programmes into national health priorities, and strong leadership and collaboration. Physicians had a role to play in supporting national governments, developing knowledge and skills, assisting in surveillance, educating the public, and prompting the community to follow recommendations.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that the global immunization community was not on track to meet the global vaccine action plan goals and that the middle-income countries, which were home to most of the world's poor, were being grossly neglected in the planning and support provided by the action plan's partners. Even though resolution WHA68.6 (2015) emphasized the needs of such countries, organized and systematic approaches to supporting them were still lacking. As a result, high-priced vaccines were only slowly being adopted by middle-income countries, leaving a disproportionately higher number of children unprotected from vaccine-preventable diseases. She urged governments to call on the Secretariat to reactivate the Middle Income Country Task Force and on all action plan partners to accelerate progress towards implementing the Middle Income Country Strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, expressed deep concern at the striking inequalities that persisted in terms of immunization coverage rates. Many countries would transition from donor support in the coming years. If not planned carefully, that transition would put further strain on already fragile systems. Strong leadership and adequately funded multistakeholder plans were essential to reduce the risk of backsliding. Member States had to increase the domestic resources allocated to sustain progress, and donor support had to continue. The African Union's adoption of the Addis Declaration on Immunization was a sign that national political will to that end was growing. He urged Member States and immunization stakeholders to work together to ensure coordinated action on immunization services across the life course, to foster a culture of informed decision-making by strengthening outdated supply chains, and to improve data collection, quality and use.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, observed that none of the recommendations made by the Strategic Advisory Group of Experts on immunization discussed pricing or suggested that prices should be de-linked from the rewards of research and development. Simply increasing domestic financing without addressing prices was not a sustainable solution. WHO should ask the United States Army for a licence for Zika virus vaccine in countries where affordability and access were issues. In general, the WHO Global Observatory on Health Research and Development should collect data on all public subsidies for vaccine development, all licences, pricing and access agreements relating to those vaccines, and the associated research and development costs. It should publish data on the quarterly sales of every vaccine, enabling economists to study the reasonableness of pricing and the cost efficiencies and efficacy of existing incentives. He expressed support for sample-sharing with open-

access repositories of biological samples, as suggested in the blueprint for research and development preparedness and response set out in document A70/10.

The representative of the BILL & MELINDA GATES FOUNDATION, speaking at the invitation of the CHAIRMAN, said that vaccines were a smart investment, with returns of US\$ 44 for every dollar invested. In order to break the cycle of extreme poverty and disease, and kick-start a virtuous cycle of health, productivity and prosperity, health systems and primary health care had to be strengthened. To improve the health of communities, partnerships had to be forged with governments, health providers, civil society organizations and other stakeholders, and parents' confidence in the safety and protective value of vaccines bolstered. To speed up progress, innovative steps had to be taken to improve the efficiency of supply chains, data, demand generation and training. Accurate, reliable, real-time and subnational data were important for improving service delivery and reaching everyone. WHO should support Member State efforts to report subnational data at Health Assemblies.

The representative of the GAVI ALLIANCE, speaking at the invitation of the CHAIRMAN, reviewed the progress made towards achieving the shared ambition to create equal access to vaccines for children, and congratulated the African Heads of State on their recent commitment to the Addis Declaration on Immunization. The urgent needs that remained to be met included: identifying, prioritizing and addressing the most critical barriers to increased coverage; speeding up testing and dissemination of lessons learned, and strengthening data systems; strengthening health systems and public health capacity in preparation for emergency situations; bringing together development and humanitarian partners to support complex and acute needs, and recognizing the needs of countries hosting large numbers of refugees; and working more closely with the private sector on innovation.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that the report of the Strategic Advisory Group of Experts on immunization had served as a wake-up call. Responding to the Member States' comments, she said that, when it came to support for national leadership during the transition away from donor financing, the Secretariat had initiated country-by-country discussions of how to provide such support. Moreover, in April 2017, the Executive Director had met with leaders of the global vaccine action plan to discuss how to strengthen the efforts of all partners. The topics discussed included preparedness in the face of new disease outbreaks and immunization in the context of emergency settings, the participants agreeing that receiving countries could not be left to cope on their own with the task of immunizing refugee and migrant populations.

On another critical problem – vaccine hesitancy across regions, which could slow progress on the global vaccine action plan even further – consideration was being given to the possibility of establishing a working group.

Regarding vaccine prices and access, she proposed a three-pronged strategy: sustainable domestic financing (in that respect, WHO was working with the Inter-Parliamentary Union to brief members of parliament); development assistance for the transition out of donor support; and innovative forms of financing to ensure that middle-income countries did not fall behind when it came to introducing new vaccines.

**The Committee noted the report.**

At the invitation of the CHAIRMAN, the SECRETARY read out preambular paragraph 8 of the draft resolution, which had been amended in the light of several Member States' comments to read: "Concerned that at the mid-point of the Decade of Vaccines (2011–2020), progress toward the goals of the global vaccine action plan to eradicate polio, eliminate measles and rubella, eliminate maternal and neonatal tetanus, and increase equitable access to affordable life-saving vaccines is too slow; and recognizing that middle-income countries in particular have faced specific challenges with the introduction of new vaccines;"

The representative of NORWAY expressed concern that it was becoming customary at Health Assemblies for substantive changes to the texts of resolutions that had been the subject of lengthy negotiation to be presented from the floor during Committee meetings. That was an unfortunate practice, making it difficult for Member States to engage in the discussions as they should. In the future, Member States wishing to introduce amendments should do so by participating in the drafting exercise.

Those comments were endorsed by the representative of the UNITED STATES OF AMERICA.

**The draft resolution, as amended, was approved.<sup>1</sup>**

## **2. HEALTH SYSTEMS:** Item 13 of the agenda (continued)

### **Promoting the health of refugees and migrants:** Item 13.7 of the agenda (document A70/24)

The CHAIRMAN drew attention to a draft resolution proposed by Argentina, Colombia Ecuador, Greece, Italy, Luxembourg, Mexico, Panama, Philippines, Portugal, Switzerland and Thailand, which read:

The Seventieth World Health Assembly,

**PP1** Having considered the report on promoting the health of refugees and migrants,<sup>2</sup> and **following** decision EB140(9);<sup>3</sup>

**PP2** Recalling resolution WHA61.17 (2008) on the health of migrants<sup>4</sup> and reaffirming the health-related commitments made within the New York Declaration for Refugees and Migrants;<sup>5</sup>

**PP3** **Recalling the need for international cooperation to support countries hosting refugees and recognizing the efforts of the countries hosting and receiving large populations of refugees and migrants;**

**OP1** ~~ADOPTS [WELCOMES/TAKES NOTE WITH APPRECIATION]~~ the framework of priorities and guiding principles to promote the health of refugees and migrants;

**OP2** **URGES** Member States,<sup>6</sup> in accordance with their national context, priorities, and legal frameworks:

(1) ~~to promote~~ **consider promoting** the framework of priorities and guiding principles, as appropriate, at global, regional and country levels including using it to inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration;

(2) ~~to utilize this framework of priorities and guiding principles in their efforts to adapt their national health policies and programmes to address the health needs of refugees and migrants, as appropriate;~~

<sup>1</sup> Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA70.14.

<sup>2</sup> Document A70/24.

<sup>3</sup> Decision EB140(9). [http://apps.who.int/gb/ebwha/pdf\\_files/EB140/B140\(9\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB140/B140(9)-en.pdf).

<sup>4</sup> Resolution WHA61.17.

<sup>5</sup> See United Nations General Assembly resolution 71/1 (2016).

<sup>6</sup> And, where applicable, regional economic integration organizations.

- (32) to ~~provide, identify and~~ collect and disseminate evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants in order to ~~provide-contribute input towards-to~~ the development of a draft global action plan on promoting the health of refugees and migrants;
- (43) to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 **and other relevant paragraphs** of the New York Declaration for Refugees and Migrants;
- (4) **to consider providing necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants.**

OP3 REQUESTS the Director-General:

- (1) to use the framework of priorities and guiding principles to increase advocacy at all levels to promote the health of refugees and migrants, ~~including their health rights as appropriate;~~
- (2) to develop, reinforce and maintain the necessary capacities to provide health leadership and provide support to Member States and partners in promoting the health of refugees and migrants in close collaboration with IOM, UNHCR, other international organizations and relevant stakeholders, ~~in line with the “One UN” principle~~ **avoiding duplication;**
- (3) to ~~conduct a situation analysis by identifying and collecting~~ **identify best practices**, experiences and lessons learned on the health of refugees and migrants in each region, in order to ~~provide-contribute inputs for to the~~ development of a draft global action plan on the health of refugees and migrants, **to be considered for adoption at the Seventy-second World Health Assembly**, and to report thereon to the ~~Seventy-first~~ World Health Assembly;
- (4) to submit to the Seventy-first, and Seventy-second World Health Assemblies **a report** on progress of the implementation of this resolution.

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

<b>Resolution:</b>	Promoting the health of refugees and migrants
<b>A.</b>	<b>Link to the general programme of work and programme budget</b>
<b>1.</b>	<p><b>Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.</b></p> <p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> Currently there is no specific outcome on migration in the Twelfth General Programme of Work, 2014–2019.</p> <p><b>Programme budget 2016–2017 output(s):</b> There is no specific outcome on migration in the Programme budget 2016–2017. However, the Organization has linked its current activities on health and migration to outputs 4.2.1 (equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened) and 4.2.3 (countries enabled to improve patient safety and quality of services, and patient empowerment within the context of universal health coverage) in the Programme budget 2016–2017.</p>

**2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.**

The draft resolution is linked to proposed outputs in programme area 4.2.1 of the Proposed programme budget 2018–2019. That said, decision EB140(9) (2017) requests, inter alia, the Director-General to prepare, in full consultation and cooperation with Member States, and, where applicable, regional economic integration organizations, and in cooperation with IOM, UNHCR and other relevant stakeholders, a draft framework of priorities and guiding principles to promote the health of refugees and migrants, to be considered by the Seventieth World Health Assembly, and a global plan of action on the health of refugees and migrants to be considered by the Seventy-second World Health Assembly. It also requests the Director-General to conduct situation analysis and to ensure that the health aspects of refugees and migrants are adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration, to be submitted to the United Nations General Assembly in 2018.

**3. Estimated time frame (in years or months) for implementation of any additional deliverables.**  
2.5 years.

**B. Budgetary implications**

**1. Estimated total cost to implement the resolution if adopted, in US\$ millions:**

The cost between June 2017 and December 2019 is US\$ 4.36 million.

The cost beyond this would be subject to the global plan of action on the health of refugees and migrants that will be developed, for consideration at the Seventy-second World Health Assembly.

**2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:**

US\$ 0.54 million.

**2.b. Resources available during the current biennium**

– **Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:**

Zero.

– **Extent of any financing gap, in US\$ millions:**

US\$ 0.54 million.

– **Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:**

Zero.

**3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:**

US\$ 3.82 million.

Level	Staff	Activities	Total
Country offices	0.00	0.10	<b>0.10</b>
Regional offices	1.20	0.50	<b>1.70</b>
Headquarters	1.57	0.45	<b>2.02</b>
<b>Total</b>	<b>2.77</b>	<b>1.05</b>	<b>3.82</b>

**Has this been included in the Proposed programme budget 2018–2019?**

This has been included in the Proposed programme budget 2018–2019 in terms of deliverables for 2018–2019: the specific details of those deliverables and the work are under discussion with Member States. This is due to the fact that this is a new area of work for WHO based on the framework of priorities and principles to promote the health of refugees and migrants that is being developed, at the request of the Executive Board.

**4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:**

Not applicable – budgetary requirements will be estimated when the framework and the global plan of action are developed in 2018.

The representative of ARGENTINA, speaking in his capacity as co-chair of the informal drafting group that had been established to prepare the draft resolution, clarified that the draft resolution had been proposed by Argentina, Colombia, Ecuador, Greece, Haiti, Italy, Luxembourg, Mexico, Panama, the Philippines, Portugal, Switzerland, Thailand and Zambia. A draft framework of priorities and guiding principles to promote the health of refugees and migrants had been produced in accordance with Executive Board decision EB140(9) (2017), in which the Director-General had also been requested to ensure that the health aspects of refugees and migrants were adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration. In that regard, and following informal consultations, he noted that consensus had been reached on the draft resolution and called on the Committee to approve its adoption by the Health Assembly. He thanked the Secretariat, IOM, UNHCR and Member States for their commitment to refugee and migrant health.

The representative of YEMEN said that people in Yemen were suffering a great deal as a result of the armed conflict in the country and that millions of people had been displaced. While the Government remained committed to providing essential services to refugees and migrants in camps and host communities, it would have been difficult for it to fulfil its obligations in that regard without the help of WHO and other international organizations. It was important to focus not just on providing vaccines, but also on preventing communicable diseases and providing basic health care services. Many Yemeni citizens had also been displaced, and while some were living in refugee camps abroad with health care facilities, some had found themselves without access to free health care. He expressed the hope that those fleeing the conflict in Yemen would be recognized as refugees.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine and the Republic of Moldova aligned themselves with her statement.

Tackling the causes and consequences of recent large movements of people required shared responsibility from all stakeholders. WHO should increase its collaboration with Member States, providing them with relevant scientific data and technical assistance to address the health needs of refugees and migrants and paving the way towards a global action plan.

She welcomed the draft framework and looked forward to the adoption of the draft resolution by the Health Assembly. To ensure that health aspects were adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration, close collaboration was needed with the relevant organizations, especially UNHCR and IOM. Recalling the strategy and action plan for refugee and migrant health in the WHO European Region, she reiterated the willingness of the European Union and its Member States to engage at an international level and to work with WHO in promoting the health of refugees and migrants.

The representative of JORDAN said that there had been a significant influx of refugees into her country as a result of the crisis in Syria and that had put an unprecedented burden on health care services. Nevertheless, health care was provided without discrimination. The draft framework would assist Member States in addressing the challenges they were facing without adding any additional burden. Recognizing that any non-WHO instruments referred to in the draft framework applied only to States that had ratified or acceded to them, she emphasized the importance of international cooperation in sharing the burden and responsibility for supporting refugees.

The representative of SENEGAL, speaking on behalf of the Member States of the African Region, said that the African Region, and sub-Saharan Africa in particular, had been particularly affected by different types of migration. He expressed thanks to the Secretariat for the technical and operational support rendered in the African Region, and urged it to continue prioritizing the issue of migrant health. Urgent and targeted action was required to strengthen the legal protection of migrants' rights in respect of accessing health care, education, housing, drinking water and sanitation, and to combat xenophobia. In that regard, WHO should work to strengthen health systems and global partnerships. He endorsed the draft framework and looked forward to its implementation.

The representative of LEBANON said that the influx of refugees into Lebanon had meant that the health care system was strained and the Government had had to reallocate funding to sustain health care services. While she endorsed the draft resolution, she wished to place emphasis on the right of refugees to return to their country of origin once the situation permitted. In addition, health systems in host countries needed more funding and capacity to become more resilient.

The representative of ZAMBIA said that he welcomed the shift in WHO's focus on approaching migrant health from a purely humanitarian-based approach, to a broader focus on universal health coverage and strengthening health systems. Internally displaced persons should also be borne in mind when addressing the issue of refugee and migrant health. While his Government had experienced challenges from hosting an increasing number of migrants and refugees, it had also benefited as well; many skilled migrants worked in the health sector. In order to effectively improve the health of refugees and migrants, it was important to take their points of origin, transit and final destination into account, improve health information systems, adapt measures to local situations and provide countries with appropriate technical, financial and logistical support.

The representative of ARGENTINA, speaking on behalf of the Member States of the Region of the Americas, said that the current level of human mobility was unprecedented and that refugees and migrants were experiencing great hardships and limited access to health care. A great strain had been placed on local and national health care services, and addressing the problem would benefit refugees and migrants and host communities. She outlined several regional and subregional efforts to reduce health risks, strengthen health services for migrants, improve legal and regulatory frameworks, and facilitate the sharing of information and experiences on migrant health. Moreover, she recalled the commitment to develop a draft framework of priorities and guiding principles to promote the health of refugees and migrants under decision EB140(9). The promotion of migrant health was essential and should be part of global efforts to improve migration governance. WHO had an important role to play in that regard, notably during the development of the global compact for safe, regular and orderly migration.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, having ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families in 2016, migrants in his country enjoyed the same rights as nationals and therefore had equal access to health care services. He urged WHO to continue to collaborate closely on the health of refugees and migrants with IOM and UNHCR to seek joint solutions to migration-related challenges without duplicating efforts. He commended the consensus reached on the



draft resolution and emphasized the importance of international cooperation. The varying capacities of countries of origin, transit and destination should be borne in mind when addressing the issue.

The representative of NORWAY said that her Government was pleased to join the consensus on the draft resolution. However, that did not mark the end of the process. The response to the health needs of migrants and refugees had to be ongoing, particularly in countries hosting large refugee populations as a result of conflict. Support for such States had to remain a key focus of humanitarian efforts. The draft framework and draft resolution should help the Secretariat and Member States to advocate for the inclusion of health-related issues into the global compact on refugees and on the global compact for safe, orderly and regular migration. She expressed the hope that a strong global action plan on refugee and migrant health would be adopted at the Seventy-first World Health Assembly.

The representative of NIGER said that the arrival of refugees in countries weakened health care systems and other basic services that were already vulnerable. Refugee and migrant health promotion was a serious concern for his country given the recent influx of refugees, returning citizens and internally displaced persons, and its status as a transit country. He described steps to take refugee and migrant health into account in national policy. He called on WHO to advocate for technical and financial support for all countries affected by migration, to ensure that migrants, refugees and citizens had equal access to quality health care services.

The representative of the PHILIPPINES welcomed the draft framework and the urgency of efforts to ensure that discussions on the global compact on refugees and the global compact for safe, orderly and regular migration incorporated health issues. Bilateral and multilateral social protection agreements between countries of origin, transit and destination should be developed and strengthened, since social protection was vital for safe, orderly and regular migration and well-planned, responsible migration management. Member States should deliver a consistent message on migrant health in all global and regional forums and work to ensure that health vulnerabilities of different forms of migration were considered in policy-making. She looked forward to the Secretariat's guidance on evidence-based data collection, best practices and lessons learned in respect of the health needs of migrants and refugees to ensure that the proposed global action plan would be relevant and useful.

The representative of PORTUGAL welcomed the draft framework. He stressed the urgency of addressing the specific health needs of migrants and refugees, which was essential for the achievement of the Sustainable Development Goals. The global compact on refugees and the global compact for safe, orderly and regular migration must incorporate health as a cross-cutting issue and must reflect the right to the highest attainable standard of health and the principles of equality, non-discrimination and equitable access to universal health coverage. He described efforts in his country to implement migrant-sensitive health policies and in particular to protect the rights of migrant children.

The representative of PANAMA said that a comprehensive public-health and rights-based approach to refugee and migrant health was required. She described the situation in her country, noting in particular the additional costs to the health system posed by irregular migration and the need to prioritize the most vulnerable groups through shared responsibility and regional collaboration. WHO should oversee cooperation and collaboration to ensure a rapid and effective response, applying the International Health Regulations (2005). Communicable and noncommunicable diseases, mental health, stigma and discrimination were all elements of migrant and refugee health. Institutional capacities should be strengthened, particularly in developing countries, to face those challenges.

The representative of KENYA welcomed the draft framework. Noting that his country hosted two of the three largest refugee populations in the world and that refugees and migrants were at high risk of disease, he said that effective interventions were required to address those groups. He described

interventions implemented in his country to tackle migration-related health challenges and improve the normative framework. The international community, including United Nations agencies and development partners, should increase support to host countries so that quality health services could be provided to migrants and refugees without overburdening national health systems.

The representative of the UNITED REPUBLIC OF TANZANIA, welcoming the draft framework, said that the large number of refugees hosted by his country greatly affected its economy, health systems and environment and he expressed his appreciation for the support of international organizations, including WHO, in providing basic health services to refugees and migrants. However, the country still faced challenges in integrating migrant health needs into national plans and policy. The draft framework would be a useful guide to help address refugee and migrant health needs in line with the Sustainable Development Goals and other policy frameworks.

He suggested that in paragraph 2(1) of the draft resolution the words “to consider” should be replaced by “to explore, as appropriate, the best ways of”; and in paragraph 2(4) the words “large populations” should be deleted.

The representative of the UNITED STATES OF AMERICA, acknowledging the importance of including the health needs of refugees and migrants in the global compact on refugees and the global compact for safe, orderly and regular migration, urged WHO to continue to collaborate with IOM, UNHCR and other organizations in that regard. The draft framework would be a useful tool for Member States and partners when developing the global compacts and would provide a substantive platform for the development of a global action plan on the health of refugees and migrants. The draft framework recognized the variety of national and regional approaches to migration and public health, and Member States would be able to adapt the framework to their national contexts, priorities and legislation. He underscored the importance of improving the health and safety of women, children and adolescents in refugee and migrant settings, clarifying that the United States Government did not support the inclusion of abortion in reproductive health assistance. Turning to the draft resolution, he supported the Organization’s efforts to work with relevant stakeholders to support and promote the health of refugees and migrants, particularly through health system strengthening, and looked forward to updates on that work.

**Mr Davies resumed the Chair.**

The representative of SWITZERLAND said that the health needs of migrants and refugees should receive significantly greater consideration. The draft framework would provide much-needed guidance for Member States in developing policy and health systems at the national, regional and international levels and would serve as a good basis when formulating the global compact on refugees and the global compact for safe, orderly and regular migration. She reiterated her support for the development of a global action plan, which would strengthen the commitments made under the strategy and action plan for refugee and migrant health of the WHO European Region. Equal access to health care was fundamental, as outlined under the Sustainable Development Goals, and migrants and refugees should be treated with dignity. Improving the health of refugees and migrants would encourage integration and inclusion and safeguard global health. The draft resolution delivered a positive message, but several remaining challenges would require better international cooperation and more effective intersectoral collaboration at the government level.

The representative of GREECE welcomed the initiatives on refugee and migrant health undertaken by the WHO European Region. Migration was a complex, global issue, which required a multidisciplinary and multisectoral response and effective cooperation between Member States of the European Union and other countries. A global strategy and action plan on refugee and migrant health would be a vital tool to assist and guide collaborative international efforts. He described initiatives undertaken in his country to provide care for refugees and migrants, including the adoption of national

legislation to secure health coverage for refugees and migrants; implement large-scale immunization campaigns; and collect epidemiological data on key diseases. Moreover, regional efforts were in line with the Health 2020 European policy framework and the strategy and action plan for refugee and migrant health in the WHO European Region. The principles of universal health coverage, human rights and solidarity were of paramount importance.

The representative of CANADA supported the development of the global compact on refugees and the global compact for safe, orderly and regular migration, which would significantly improve the international community's response to challenges resulting from an increasingly mobile world. WHO had a critical role to play in the consultations on those agreements, and the draft framework would be useful in that regard. Recognizing the high levels of forced displacement and the associated challenges for host countries, she acknowledged that all forms of migration required longer-term, coherent strategies that reflected global realities. Migrants and refugees made significant contributions to sustainable economic growth and dynamic, healthy and inclusive societies. Broad engagement was needed to maintain a positive narrative regarding refugee and migrant arrival and integration.

The representative of ECUADOR said that although migration could benefit societies and individuals, it also placed a burden on public health systems. She described her Government's efforts to address the health needs of migrants and refugees, paying particular attention to legislation permitting migrants and refugees free access to health services, and invited other Member States to adopt comparable legislation to strengthen the rights of migrants. Reciprocal health care agreements should be implemented and strengthened to ensure the maintenance of a rights- and community-based approach to health provisions grounded in gender equity and intercultural awareness, prioritizing the needs of vulnerable groups. Health workers should be trained to eliminate all discriminatory practices against migrants and refugees. Strategic management and the application of information communication technology should be improved to optimize health services for migrants and refugees. The draft framework outlined a set of minimum standards to which the international community should commit when adopting the global compact on refugees and the global compact for safe, orderly and regular migration.

The representative of MEXICO welcomed the draft framework, which would provide the basis for a discussion on a global action plan, the global compact on refugees and the global compact for safe, orderly and regular migration. The health of refugees and migrants needed to be addressed in a coordinated and inclusive manner, with the participation of countries of origin, transit and destination, taking into account the legal, social and economic position of each country. To that end, it was important to strengthen intersectoral, inter-institutional and international coordination and collaboration mechanisms. Outlining relevant national legislation and regional initiatives, he drew attention to the Ministerial Declaration on Migration and Health in Mesoamerica, which set out subregional commitments to exchange experiences and good practices; analyse the social determinants of health and migration; identify opportunities to improve the health of migrants; establish multilateral cooperation mechanisms; strengthen national and regional migration and health policies; and strengthen the public health surveillance system for in-transit populations.

The representative of CHILE recalled that the draft framework built upon resolution WHA61.17 (2008), which had guided Member States' activities on the issue to date, and provided a common, human rights-based approach to guaranteeing the right to health, strengthening health systems and promoting universal health coverage. However, some Member States were utilizing restrictive health practices based on health conditions to limit the rights of migrants, which had an impact on the implementation of article 3 of the International Health Regulations (2005). It was important to include refugees and migrants in occupational health and safety provisions as those groups were often exposed to the greatest health risks and unequal working conditions. Moreover, consideration needed to be given to each stage of the migration process, particularly with regard to the

impact of each stage on migrants' health; a multisectoral and comprehensive approach was required in that regard.

The representative of IRAQ stressed the importance of assisting countries that, as a result of emergency situations, faced the dual burden of having internally displaced populations and hosting refugees. As such, WHO activities should respond to the needs of internally displaced persons as well as migrants, using a coordinated approach that included clear indicators, results-based management and a strong monitoring and evaluation framework. Moreover, the establishment of an early warning and response network for communicable and noncommunicable diseases, nutrition assessments for children under the age of 5 years, increased maternal and child mortality surveillance, and psychosocial support were also essential. Host communities also required specific support on responding to public health emergencies.

The representative of ZIMBABWE said that innovative health service delivery was required for the increasing numbers of refugees and migrants worldwide. Although reducing health inequalities through measures addressing the social determinants of health was important, WHO should also continue its efforts to highlight migrant and refugee health-related challenges in other relevant forums. Health services for migrants and refugees should be inclusive and non-discriminatory and required coordinated action among all stakeholders particularly in the areas of communicable and noncommunicable diseases, nutrition, disability and mental health. The provision of sexual and reproductive health services to crisis-affected populations was also important. The increasing migration of health personnel from some regions weakened health systems and needed to be addressed. His Government supported the draft resolution.

The representative of TURKEY welcomed the draft framework and the draft resolution and agreed that the provision of services to refugees and migrants should be guided by human rights, humanitarian values and the Sustainable Development Goals. The large number of Syrian refugees in Turkey was having a significant impact on the economy and health system, and had required the development of innovative solutions, including the establishment of migrant health centres and the employment of Syrian doctors and nurses to provide health care services to migrants. Her Government continued to promote the inclusion of the health agenda in negotiations on the global compact on refugees and the global compact for safe, orderly and regular migration. Noting that the majority of programmes targeted migrant populations and disregarded the related challenges faced by host communities, she said that more support was needed to support host communities, particularly in cases where they were outnumbered by the migrant population. Furthermore, targeted efforts to strengthen national, regional and global stability and security were urgently required to address the root causes of migration.

The representative of HAITI said that natural disasters and socioeconomic challenges had led to increased migration of Haiti's citizens to other countries and he expressed appreciation to the countries that had received those migrants. In order to ensure health protection for all, and recognizing the need to ensure respect for the basic rights and dignity of migrants, he said that migrants should undertake medical assessments for communicable and noncommunicable diseases.

The representative of CHINA welcomed the role played by the Secretariat in promoting the health of refugees and the draft framework. In section D of the draft framework, more attention should be paid to social integration issues, through assessments, research and the mobilization of financial and human resources. She expressed support for the draft resolution and said that the Secretariat should promote the development of regular cooperation mechanisms, in particular to facilitate the exchange of experiences and lessons learned.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, noted that the Region had a significant number of inbound, outbound and internal migrants, many of which were migrant workers. Steps had been taken in a number of countries in the Region to protect the rights of migrants and ensure access to services, such as the mandatory provision of health insurance, inclusion of health-related topics in pre-departure information, and health assessments for outbound and inbound migrants. However, cooperation with other countries continued to be essential. Although the health of migrants had not been included on the agenda of the United Nations Summit for Migrants and Refugees in 2016, she welcomed the side events held on the topic during the Summit and other relevant meetings, and the recognition of the need to include the health of migrants in the ongoing negotiations of the global compact for safe, orderly and regular migration.

The draft framework and the development of a global action plan would facilitate the establishment of migrant-sensitive health systems, the implementation of a much-needed monitoring system and the inclusion of health in the global compact on refugees and the global compact for safe, orderly and regular migration, as discussed during the second Global Consultation on Migrant Health. Underscoring the importance of the full implementation of resolution WHA61.17 (2008), she expressed support for the draft resolution.

The representative of INDONESIA expressed support for the draft resolution and the proposed development of a global action plan. As refugees and migrants, in particular women and children, were vulnerable to trafficking, violence and disease, more needed to be done to ensure safer and more orderly migration. WHO should establish closer links with IOM and UNHCR to protect the health of refugees and migrants and to prevent the transmission of diseases.

**Dr Al-Kuwari resumed the Chair.**

The representative of THAILAND noted the valuable contribution of migrants to the social and economic development of their host country and stressed that migrants had the same right to access basic social services without financial barriers, including health care, as all human beings. Some migrants might be carriers of serious communicable diseases, and access to health care was important to prevent the spread of those diseases. Although refugee and migrant health was a controversial issue, the draft resolution was a good tool to drive that agenda at all levels.

The representative of NEPAL said that, in order to ensure health and well-being for all, it was important to protect the health of migrants; ensure they had access to decent, safe, dignified and productive employment; create an enabling environment for migrants and their families throughout all phases of the migration cycle; develop and implement a comprehensive and standardized health assessment for outbound migrant populations at the pre-departure stage to help with the continuity of care in destination countries; sign bilateral agreements and memorandums of understanding with countries that employed migrant workers; facilitate widespread access to health-related pre-departure information; offer voluntary health assessments to returning migrants to facilitate their reintegration into the health system; and develop an information system for migrants on issues such as health emergencies. The absence of guaranteed funding could undermine implementation of the draft resolution and he therefore encouraged the development of innovative financing mechanisms in that regard.

The representative of BANGLADESH, recalling the commitments outlined in the New York Declaration for Refugees and Migrants, said that a large number of refugees were being hosted in his country, which placed significant pressure on social services. Innovative solutions and stronger multisectoral partnerships were vital to respond to the challenges that arose in that regard. The second Global Consultation on Migrant Health had focused on three main thematic areas, namely: the role of universal health coverage in reducing disease burden among migrant populations and host communities; addressing the social and environmental determinants of health to reduce the

vulnerability and enhance the resilience of migrants and host communities; and the importance of addressing migrant health within the context of the 2030 Agenda for Sustainable Development. He expressed support for the draft resolution.

The representative of COLOMBIA said that the humanitarian, political, economic and social consequences of contemporary large-scale migration flows stretched across national borders and required global solutions and international cooperation. He commended the fruitful discussions on the need to include health as a priority in the global compact for safe, orderly and regular migration and the global compact on refugees. Supporting the draft resolution, he reiterated his Government's commitment to a person-centred approach to migration management whereby migrants and refugees could rebuild their lives in safety and dignity.

The representative of LIBYA aligned himself with the statement made on behalf of the African Region. Providing health care services to migrant populations was a considerable challenge for health systems in host countries or countries of transit, including his own. Moreover, the emergence or resurgence of diseases such as malaria, yellow fever or tuberculosis, which were sometimes associated with migration, posed a public health threat. The burden of providing health services to migrants and refugees should not be borne by host countries alone, but instead by the international community through strengthened collaboration. He supported the draft resolution.

The representative of IOM commended the draft resolution and the draft framework, recalling the previous consultations, resolutions and decisions on refugee and migrant health. The draft framework was a useful basis for ensuring that the global compact for safe, orderly and regular migration would include actionable objectives to advance the migrant health agenda in line with the Sustainable Development Goals. IOM would continue to support WHO's efforts and he expressed the hope that migration and population mobility would remain a priority for WHO. The proposed global action plan must reflect regional and country perspectives and include the views and needs of multiple stakeholders. It was important to remember that migrants were part of the solution, driving development and bringing innovation. Migration was not a problem to be solved, but a reality to be managed.

The representative of UNHCR recalled that the right to health was a fundamental human right for refugees and migrants. Access to basic health care – including sexual and reproductive health, psychosocial support and health services delivered through public health authorities was a fundamental tenet of refugee protection. UNHCR looked forward to working with WHO to ensure that the global compact on refugees adequately addressed refugee health, including by providing for assistance to host countries and communities to ensure burden and responsibility sharing. UNHCR welcomed the interest shown by Member States in refugee health as reflected in the draft framework. Member States should draw on the draft framework when engaging in the consultation process for the development of the global compact on refugees and the global compact for safe, orderly and regular migration.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES said that governments needed to strengthen cross-border services and collaboration to ensure the continuity of support to people in transit. Migrants had physical, psychosocial and mental health needs, and all must be addressed through culturally appropriate health services. At the same time, the positive contribution made by migrants should be recognized. Their skills and knowledge were valuable to both migrant populations and host communities and their qualifications and experience should be put to good use. Finally, he welcomed efforts to combat increasing xenophobia and discrimination.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the draft resolution and emphasized that refusing health care to refugees and migrants was ethically wrong and a serious threat to public health. He urged WHO to assist Member States in developing migrant-sensitive health policies and legal and social protection arrangements that included health care benefits. Given the steady rise in the number of refugees, migrants and displaced persons, the development of a global migration and health strategy was a priority. Furthermore, health professionals must be given the time and resources to fulfil their duty of care, regardless of a person's legal status.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, noted with satisfaction that the provision of a minimum initial service package for reproductive health in emergency settings had been made a priority. The prevention and management of the consequences of sexual violence, reduction of HIV transmission, the prevention of maternal and newborn mortality and illness, and comprehensive sexual and reproductive health care were crucial and should be made a central pillar of the proposed global action plan on the health of refugees and migrants.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the draft framework would form the basis of comprehensive strategies and coherent policies to address refugee and migrant health, and that required an understanding of the full impact of migration processes on physical and mental health. In order to facilitate well-managed migration guided by evidence-based health policies, health must be included in the global compact for safe, orderly and regular migration and the global compact on refugees. Member States must take urgent action to create safe and legal routes for people on the move; set legally binding time limits for temporary detention; and guarantee access to essential health care and respect for human rights during immigration and asylum procedures.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that although migrants made significant contributions to development in the countries in which they worked and lived, they often lacked equitable access to health care and social services. A concerted, comprehensive and multisectoral approach to migration and health was needed. Adherence to medication was crucial to the health of migrants suffering from chronic diseases. By using pharmacists to increase adherence, Member States could distribute resources more efficiently, decrease the burden on the health system and provide better care.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended the inclusion of stress as a risk factor in the draft framework. She was also pleased that ensuring continuity of care had been made a priority. Many migrants and asylum seekers suffered from cardiovascular diseases, but had limited access to care and essential medicines. Member States must accelerate the development of migrant-sensitive health policies, provide continuity of care for migrant populations with chronic diseases, ensure the availability of cardiovascular screening and follow-up, and increase access to essential medicines and technologies designed to address cardiovascular disease needs and lower the burden of that disease in low-resource settings.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that the International Association for Hospice and Palliative Care, Inc. associated itself with her statement. Many displaced persons, migrants and refugees suffered from chronic conditions, but were unable to access health care in host countries. The patients with the poorest prognoses were the least likely to receive care. The palliative care community around the globe was working in multistakeholder teams to ensure access to palliative care for

neglected populations. She urged WHO to ensure that palliative care was integrated into policy, planning and service delivery for refugee populations around the world.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, expressed satisfaction that the provision of sexual and reproductive health services had been included in the draft framework. In addition, she supported WHO's efforts to ensure that health was adequately addressed in the development of the global compact on refugees and the global compact for safe, orderly and regular migration. Women, children and persons with disabilities were particularly at risk of immediate and long-term psychological distress and trauma. Mental health care should therefore be included in the framework as a priority. All stakeholders must work together to develop strategies for refugee and migrant health that kept step with the speed and diversity of modern migration and displacement.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that noncommunicable diseases and mental and neurological health problems posed an acute health threat in emergency settings. The proposed global action plan should therefore include actions to guarantee access to medicines to treat noncommunicable diseases, the provision of palliative care, and mental health care. Measures were also needed to reduce noncommunicable disease risk factors in refugee camps, and to strengthen health systems in low-resource settings. Care provision and follow-up needed to be better coordinated across providers in order to ensure continuity of care.

The representative of the MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, welcomed the draft framework and WHO's new approach to migration and health, which was based on strengthening health systems and improving access to health care. It was important to remove barriers to health care and include migrants and refugees in national and local health planning. The proposed global action plan should include strategies to protect the rights of victims of human trafficking and ensure access to specialized services. WHO should collaborate with the Office of the United Nations High Commissioner for Human Rights in that regard. He called on Member States to investigate the drivers of migration and xenophobia, as well as institutional systems that could be used to manage migration flows.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that mental health care needed to be integrated into health care systems, paying particular attention to services for migrants and refugees. Given the magnitude of the crisis caused by forced displacement, both emergency care and regular care in health systems were needed. Special attention should be given to persons who had suffered from mental illnesses prior to becoming displaced and to women, children and the elderly, who were particularly vulnerable. Violence experienced in crisis situations, particularly that experienced by children, could lead to a lifetime of mental health consequences. Addressing mental health needs was therefore vital.

The ASSISTANT DIRECTOR-GENERAL (Health Systems and Innovation), responding to points raised, thanked Member States and non-State actors for their constructive contributions, which would guide WHO's future efforts towards improving health care for migrants and refugees. WHO would seek to play an active role in the development of the global compact on refugees and global compact for safe, orderly and regular migration in order to ensure that the health aspects of refugees and migrants were adequately addressed. She noted that the draft framework had already proven useful in that regard. WHO would continue to cooperate with UNHCR and IOM to advance the global agenda for refugee and migrant health and report back to the Seventy-first World Health Assembly.

**The Committee noted the report.**



The representative of ARGENTINA, speaking in his capacity as co-chair of the informal drafting group, said that the draft resolution on promoting the health of refugees and migrants was the result of lengthy and carefully balanced deliberations in the informal drafting group on each of the important and highly sensitive issues at stake. He urged Member States to approve the draft resolution, without amendment.

The representative of FRANCE, supported by the representatives of GREECE, the ISLAMIC REPUBLIC OF IRAN, ITALY, MEXICO, NORWAY, the PHILIPPINES and SWITZERLAND, spoke in favour of approving the draft resolution as it stood.

The CHAIRMAN recalled that the informal consultation process had been lengthy, both intersessionally and through the Health Assembly, but that it had led to a final consensus being reached on the text of the draft resolution. She reiterated the appeal to Member States to approve the draft resolution as it stood.

The representative of the UNITED REPUBLIC OF TANZANIA, commending the work undertaken by the informal drafting group, withdrew her proposal to amend the draft resolution. She expressed her support for the text, as drafted by the informal drafting group.

**The draft resolution was approved.<sup>1</sup>**

### **3. PROMOTING HEALTH THROUGH THE LIFE COURSE:** Item 16 of the agenda

**Progress in the implementation of the 2030 Agenda for Sustainable Development:** Item 16.1 of the agenda (document A70/35)

The CHAIRMAN drew attention to a draft decision on the item, proposed by Monaco and Zambia, which read:

The Seventieth World Health Assembly,  
PP1 Having considered the report on progress in the implementation of the 2030 Agenda for Sustainable Development, decided:<sup>2</sup>

to request the Director-General, every third year after 2017 and until 2030, to: (i) review global progress of implementation of resolution WHA68.15 (2015) and (ii) report thereon to the Health Assembly as part of the Director-General's reporting on the health in the 2030 Agenda for Sustainable Development.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fifth report and adopted as resolution WHA70.15.

<sup>2</sup> Document A70/35.

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

<b>Decision:</b>	Progress in the implementation of the 2030 Agenda for Sustainable Development
<b>A. Link to the general programme of work and programme budget</b>	
<b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>	
<b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b>	Not applicable.
<b>Programme budget 2016–2017 output(s):</b>	Not applicable.
<b>2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	At the time the current Twelfth General Programme of Work 2014–2019 and the Programme budget 2016–2017 were considered and approved, the Sustainable Development Goals had not been finalized, so they could not be included in the result structure.
<b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b>	Progress to be reviewed and reported thereon every third year starting in 2018 until 2030.
<b>B. Budgetary implications</b>	
<b>1. Estimated total cost to implement the decision if adopted, in US\$ millions:</b>	Zero cost implication.
<b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b>	Zero cost implication.
<b>2.b. Resources available during the current biennium</b>	
– <b>Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:</b>	Zero cost implication.
– <b>Extent of any financing gap, in US\$ millions:</b>	Not applicable.
– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b>	Not applicable.
<b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b>	Zero cost implication.
<b>Has this been included in the Proposed programme budget 2018–2019?</b>	Not applicable.
<b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b>	Not applicable.

The representative of PARAGUAY emphasized the importance of strengthening the capacity of health care planning teams working on the Sustainable Development Goals to ensure that a rigorous follow-up and evaluation mechanism was put into effect. The commitment to guaranteeing the right to health could be fulfilled by focusing on holistic, equitable, gender-sensitive, community-based and cross-cultural national health policies and strategies. She therefore called on WHO, the United Nations Statistical Commission and the Inter-agency and Expert Group on Sustainable Development Goal Indicators to support Member States in strengthening their national planning and statistical capacities. To avoid duplication of efforts and achieve greater impact, indicators should be standardized and aligned with national planning and territorial policies. WHO and Member States should also pay attention to the crucial link between health and the environment when evaluating the Sustainable Development Goals, including indicators and measures to protect and improve water, air and soil quality. Her Government would align its national development plan 2030 with the 2030 Agenda for Sustainable Development.

The representative of MEXICO said that the Sustainable Development Goals were interdependent and inseparable; advances in the health-related Goals were key to achieving the other Goals and vice versa. The 2030 Agenda for Sustainable Development provided an opportunity to establish a framework for sustainable and inclusive development, with the Goals serving as a guide for formulating public policies on social development, economic growth, sustainability and respect for the environment. He recognized the support provided by the Secretariat to Member States in aligning their national policies, strategies and plans with the Sustainable Development Goals. The 2030 Agenda was transformative in two ways: it created an additional framework to monitor state action and placed people at the heart of public policy-making. WHO should mainstream the 2030 Agenda into its activities, making it the basis of the next general programme of work, and participate actively in the monitoring and evaluation activities of the United Nations High-level Political Forum on Sustainable Development and the Forum of the Countries of Latin America and the Caribbean on Sustainable Development.

The representative of BRAZIL, speaking on behalf of the Region of the Americas, said that implementing the Sustainable Development Goals was akin to promoting the right to the enjoyment of the highest attainable standard of health, and WHO programmes and policies should support the 2030 Agenda for Sustainable Development. The next general programme of work would provide a unique opportunity to mainstream the Sustainable Development Goals, gender equality, equity and human rights into WHO's work. A focus on universal health coverage could function as an enabler of other targets, and there was a need to work in a more integrated way and across all sectors. At the regional level, the sustainable health agenda for the Americas 2018–2030 that was in the process of being developed would complement and underpin national efforts. WHO played an important role in the development of health-related indicators at the global level and should participate in the work of the United Nations High-level Political Forum on Sustainable Development. The Secretariat should assist countries with collecting reliable, transparent and comparable data on the implementation of the health-related Sustainable Development Goals.

The representative of MALDIVES, speaking on behalf of the South-East Asia Region, said that consultations in the Region had led to most Member States establishing coordinating bodies for the 2030 Agenda for Sustainable Development and setting national targets and indicators. WHO played an important role in fostering the alignment of global health interventions to strengthen national health systems, which were critical to achieving the health-related Goal and its interlinked targets. Cooperation at the national, regional and global levels between governments and the private sector was crucial to tackle the social, environmental and economic determinants of health. There was a need for strategic planning and implementation using existing mechanisms wherever possible. Quality, inclusive and transparent information was required for regular monitoring and review of progress towards achieving the Sustainable Development Goals. She urged Member States to prioritize

investment in health and the mobilization of domestic and international resources for health, taking account of country-specific circumstances and levels of development. Given that work on resolution WHA69.11 (2016) was still ongoing, including with respect to fulfilling the reporting requirements contained in its paragraphs 2(10) to (14), which would describe global and regional progress towards achieving the health-related Goal as a whole and its interlinked targets, the Member States of South-East Asia Region might not be able to support the draft decision.

The representative of ECUADOR said that the 2030 Agenda for Sustainable Development must be accompanied by an effective and rigorous follow-up and evaluation mechanism. WHO, the United Nations Statistical Commission and the Inter-Agency and Expert Group on Sustainable Development Goal Indicators should therefore work with Member States to strengthen national statistical capacities.

The sustainable health agenda for the Americas 2018–2030 aimed to achieve stronger and more resilient health systems that were technically and politically integrated. It took account of the Region's health situation, unfinished business related to the Millennium Development Goals, the action areas of the Health Agenda for the Americas 2008–2017, the impact targets and intermediary outcomes of PAHO strategic plans, and health-related targets – adjusted to the regional context – under the Sustainable Development Goals.

Turning to the Secretariat's report, she said that consideration should also be given to the impact on health of violence, especially sexual violence against children and adolescents and against lesbian, gay, bisexual, transgender and intersex persons and other priority groups. In addition, the Secretariat and Member States should create instruments that could be used to highlight the importance of the relationship between health and the environment when evaluating progress on the 2030 Agenda targets, including action to improve and protect water, air and soil quality.

Fulfilment of the 2030 Agenda was contingent on sustainable and viable funding for national health systems, political commitment, and coherent and convergent WHO and international strategies.

The representative of LEBANON said that, while Lebanon had been one of the few countries to achieve the Millennium Development Goals, it would find it a challenge to maintain that achievement during the protracted Syrian crisis. It had already met some of the baseline values set out in the Sustainable Development Goals, but faced a more alarming situation for others. The maternal mortality rate had increased sharply, for example, because it was significantly higher among Syrian refugees. A review of maternal deaths had revealed that the majority of those deaths were due, not to non-obstetric causes, but to health issues among Syrian refugee women caused, she believed, by the lack of financial assistance for refugees. When considered together with data on the general fertility rate, it became clear that the problem was sociocultural rather than purely health-related, as premised in the 2030 Agenda for Sustainable Development.

She supported the Director-General's establishment of a Sustainable Development Goals network, which she trusted would foster greater collaboration on achieving the Goals. Because such achievement was contingent on the availability of data, and since WHO was leading the Health Data Collaborative, she called for its support to strengthen the statistical capacities of health ministries and other national data producers, so as to facilitate monitoring and evaluation of the 2030 Agenda at the country level.

The representative of CHINA, observing that health was at the core of the 2030 Agenda for Sustainable Development, expressed appreciation for the Secretariat's focus on the 2030 Agenda and supported its action to promote implementation of the health-related Sustainable Development Goals. Her Government, which attached great importance to the Goals' achievement, had published a national plan for implementation of the 2030 Agenda. In the health sector, it had adopted the Healthy China 2030 plan, in order to better respond to health challenges and further improve people's health overall. At its eleventh summit, held in Hangzhou, China, in September 2016, the G20 had formulated the G20 Action Plan on the 2030 Agenda for Sustainable Development, an important component of which was global health. Her country planned to increase its cooperation with WHO, other

international organizations and many developing countries. The Secretariat, for its part, should collect further information on Member State activities to implement the 2030 Agenda, in order to provide developing countries with useful experiences and more technical support.

The representative of INDIA expressed appreciation for WHO efforts to advance discussions on implementation of the 2030 Agenda for Sustainable Development and was pleased to note that the Programme budget 2018–2019 was more closely aligned with the Sustainable Development Goals. He hoped that the draft thirteenth general programme of work, 2020–2025, would be substantially based on the Sustainable Development Goals and health sector involvement therein. He outlined the considerable progress made by India to integrate the health agenda under the Sustainable Development Goals into its national plans, policies and strategies, and expressed appreciation to the Secretariat for having nominated focal points in each state to facilitate the development of a 15-year plan to mainstream the Goals into state development agendas.

The representative of LUXEMBOURG, speaking on behalf of Austria, Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Italy, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Slovenia, Spain, Sweden and the United Kingdom of Great Britain and Northern Ireland, said that many parts of the world faced serious demographic challenges as a result of population growth and ageing. WHO should address those challenges as part of its efforts to implement the Sustainable Development Goals. Achieving the Goals, which included universal health coverage, would require strong health systems, and WHO was therefore to be commended for having engaged with 60 governments in an effort to align national health policies, strategies and plans, directly or via the United Nations system, and for exploring the potential of South–South and triangular cooperation.

While there was much to be applauded, more should be done to better engage with other stakeholders in and outside the United Nations system. The Secretariat was therefore encouraged to adhere to Quadrennial Comprehensive Policy Review mandates and to strengthen coordination with other United Nations agencies, funds and programmes. Wherever possible or necessary, it should do so under the authority of the United Nations Resident Coordinator.

Quality, disaggregated statistical data would be needed to monitor and review progress. The decision to invest further in research and capacity-building was to be encouraged, since the new efforts needed to implement the 2030 Agenda in and through WHO would have to be based on scientific, evidence-based findings.

**Mr Davies resumed the chair.**

The representative of the RUSSIAN FEDERATION said that Sustainable Development Goal 3 was the most important Goal of the 2030 Agenda for Sustainable Development, as only a healthy and economically active population could meet the conditions required to achieve the other Sustainable Development Goals. Her Government was implementing a range of comprehensive measures aimed at attaining the Sustainable Development Goals, including a long-term health strategy and a health education programme focusing on improved family planning and maternity services and combating chronic noncommunicable diseases and smoking. A three-tiered universal health care system had been established, providing free and equitable health care to all. The measures had thus far resulted in lower child and maternal mortality rates, as well as the average mortality rate of the population as a whole, and increased life expectancy. She called on Member States to take a multisectoral approach and to continue working together towards attainment of Sustainable Development Goal 3.

The representative of BAHRAIN expressed appreciation for the support provided by the Secretariat to Member States, especially at the regional level, in implementing national health programmes that were aligned with the Sustainable Development Goals. She commended the Secretariat's report, which established good indicators based on the health-related Sustainable

Development Goals. She emphasized the importance of the joint programme between WHO and other United Nations agencies to address chronic diseases, which established a clear link between chronic diseases and development, and of the need to pool efforts to combat diseases at different levels, focusing on their impact on education, lifestyles, economies and infrastructure. She also emphasized the importance of the follow-up indicators to the health-related Sustainable Development Goals. Member States should receive guidelines on using the indicators and assistance in strengthening national statistical capacities, developing innovative technology programmes and research into national health systems, and in attaining the Sustainable Development Goals.

The representative of IRAQ said that a strong multisectoral approach was needed to monitor progress towards the health-related Sustainable Development Goals. In addition, a holistic approach was needed in respect of the Sustainable Development Goals because they were inextricably interlinked. Nevertheless, it was important to establish committees to focus on specific indicators at the national level, as his Government had done, so as to adapt them to the reality on the ground and set standards accordingly. The Secretariat should play a strong role in measuring Member State progress through periodic review mechanisms, while strengthening capacity-building in regional offices; it was vital to have effective regional offices to ensure that support provided was appropriate to country contexts.

The representative of BARBADOS said that, despite the increasing prevalence of noncommunicable diseases in her country, citizens of Barbados enjoyed free universal health care, maternal and child mortality rates were low and life expectancy was high. That had been achieved through an effective multisectoral approach, with a focus on continuous quality improvement and ensuring that health services were well supported. In addition to intersectoral collaboration, the role of the private sector and civil society was pivotal in reducing risk factors for disease and mortality and improving quality of life. Her Government was currently vice-chair of the countries working group on developing a sustainable health agenda for the Americas 2018–2030, and was formulating a strategic social and economic policy framework to ensure the continued provision of an innovative and universal health care service.

The representative of PANAMA, noting that there was a lack of recognition of the central role of health in achieving sustainable development, said that taking account of the social, economic and environmental determinants of health was vital to achieving the health-related Goals. Economically inclusive policies were needed to ensure cost-effective approaches and strengthened research and development, health information systems and analysis of health indicators. Her Government, with support from the Secretariat and from PAHO, was following up on its commitments to the Sustainable Development Goals through its national health policy and national observatory for Sustainable Development Goal 3 and its interlinked targets. Only through joint action, support from the international community and the participation of local stakeholders could the Sustainable Development Goals be achieved.

The representative of KENYA, speaking on behalf of the Member States of the African Region, said that, although many countries in the Region had made progress, financing challenges, the increasing burden of noncommunicable diseases and new and re-emerging health security threats continued to be key challenges. Attainment of universal health coverage required innovative solutions, and she urged WHO, development partners and the private sector to work together to build resilient health systems and address the challenges faced. Member States needed to increase domestic funding for health and strengthen their governance and management capacities in order to lead policy dialogues, promote accountability and foster intersectoral collaboration at all levels. Underscoring the need for a single national plan, coordination mechanism and monitoring and evaluation framework for the Sustainable Development Goals, she said that Member States of the African Region would require support in implementing the key actions towards achievement of the targets set out in

the 2030 Agenda for Sustainable Development. She supported the draft decision requesting the Director-General to review and report on progress made in implementing resolution WHA68.15 (2015) every three years.

The representative of ZAMBIA, noting that the majority of social determinants of health lay outside the remit of the health sector, requested the Secretariat to provide support in the design and implementation of multilateral and integrated approaches to achieving the Sustainable Development Goals. The Secretariat should also provide support to Member States in ensuring access to essential medicines, vaccines, anaesthesia and surgery at the primary health care level as part of a strategy to attain universal health coverage. Furthermore, he called on the Secretariat to develop a global action plan to guide implementation of resolution WHA68.15 (2015), particularly as the topic had already been included in the Programme budget 2018–2019. Moreover, more support was needed to enable Member States to acquire the technical and material resources needed to facilitate innovation and the use of new technologies. Information and communication technologies should be harnessed to facilitate distance learning, mentorship, telemedicine, referrals and continuing professional development.

The representative of NAMIBIA expressed support for the draft decision, including the paragraph that would serve as a guideline for Member States in implementing resolution WHA68.15 (2015), which had already been included in the Programme Budget 2018–2019.

The representative of NIGER, noting that weak health systems in many countries resulted in coverage gaps even for basic health services and hindered preparedness for health emergencies, said that his country had benefited from the support of the Secretariat in respect of the development of policies, strategies and national plans that were aligned with the 2030 Agenda for Sustainable Development, together with assistance from the International Health Partnership for UHC 2030. The Secretariat and the Member States should redouble their efforts to ensure access to health care and reduce health inequalities both within and between countries.

The representative of GERMANY, speaking also on behalf of France and Japan, said that the Sustainable Development Goals and their targets were too ambitious and cross-sectoral in nature to be achieved by one State or international organization working alone. As a result, the importance of partnerships and synergies between all relevant actors had been strongly emphasized in the 2030 Agenda for Sustainable Development. He drew attention to a side event on partnerships held during the present Health Assembly to highlight the importance of finding better ways to collaborate on health system strengthening to achieve the targets under Sustainable Development Goal 3 and universal health coverage. During that side event, Chile, Indonesia, South Africa and Thailand, together with the Rockefeller Foundation, the United Nations Foundation, OECD and various civil society organizations, had joined the International Health Partnership for UHC 2030. Moreover, the G20 ministers of health had recently emphasized the need to join forces to achieve universal health coverage through the adoption of the Berlin Declaration.

(For continuation of the discussion and approval of a draft decision, see the summary records of the twelfth meeting, section 2.)

**The meeting rose at 18:50.**

## **TWELFTH MEETING**

**Thursday, 30 May 2017, at 09:20**

**Chairman:** Dr H.M. AL-KUWARI (Qatar)

**later:** Mr A. HURREE (Mauritius)

**later:** Dr H.M. AL-KUWARI (Qatar)

### **1. FIFTH REPORT OF COMMITTEE A (document A70/75)**

The RAPPORTEUR read out the draft fifth report of Committee A.

**The report was adopted.<sup>1</sup>**

### **2. PROMOTING HEALTH THROUGH THE LIFE COURSE: Item 16 of the agenda (continued)**

**Progress in the implementation of the 2030 Agenda for Sustainable Development:** Item 16.1 of the agenda (document A70/35) (continued from the eleventh meeting, section 3)

The representative of SWEDEN, speaking also on behalf of Austria, Belgium, Denmark, Estonia, Finland, France, Germany, Iceland, Latvia, Lithuania, Luxembourg, the Netherlands, Norway, Slovenia and the United Kingdom of Great Britain and Northern Ireland, said that a rights-based approach to health care must be adopted to ensure that no one was left behind, and that instruments such as the Beijing Platform for Action and the Cairo Programme for Action must be fully and effectively implemented to ensure gender equality and sexual and reproductive health rights. Ensuring those rights would have a direct impact on achieving many of the Goals of the 2030 Agenda for Sustainable Development. She welcomed the engagement of WHO in partnerships within and beyond the United Nations system to ensure coherent and integrated support for the 2030 Agenda, in line with the remit of the quadrennial comprehensive policy review.

The representative of SWITZERLAND asked for clarification on progress achieved in respect of the six lines of action proposed by the Secretariat in order to help Member States implement the 2030 Agenda for Sustainable Development. Welcoming efforts made to align the Programme budget 2018–2019 with the Sustainable Development Goals, she asked how the draft thirteenth general programme of work, 2020–2025 would align work on the 2030 Agenda for Sustainable Development within the Organization.. As collaboration was essential to the implementation of the 2030 Agenda, it would have been useful to discuss document A70/35 together with document A70/55, regarding collaboration within the United Nations system and with other intergovernmental organizations, and the quadrennial comprehensive policy review. She asked the Secretariat to set out how WHO would contribute to reporting at the United Nations High-Level

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<sup>1</sup> See page 384.



Political Forum on Sustainable Development, beyond the voluntary national reviews and the report on Sustainable Development Goal 3 contained in document A70/35.

The representative of CANADA highlighted the importance of focusing on marginalized groups, particularly women and girls, to the achievement of the Sustainable Development Goals. Canada's national priorities were already closely aligned with the Goals of the 2030 Agenda for Sustainable Development, which in turn contributed to progress at the global level. The rights of women and girls would be put at the centre of Canada's long-term strategy for international collaboration, focusing on challenges such as increasing access to sexual and reproductive health rights. Her Government had recently taken a number of measures to promote the rights of women, girls and adolescents, such as contributing to a recent report by the High-level Working Group for the Health and Human Rights of Women, Children and Adolescents and hosting an international conference on adolescent health. She urged the international community to continue to explore new partnerships and opportunities for innovative, sustainable investment to support the empowerment of adolescents.

The representative of JAPAN stressed the importance of adopting a multisectoral approach to achieving the Sustainable Development Goals. To that end, his Government had recently launched the Sustainable Development Goals Promotion Headquarters to coordinate work between government ministries, civil society, academic institutions and the private sector. His Government attached particular importance to universal health coverage, and had promoted the International Health Partnership for UHC 2030 through its presidency of the G7 in 2016. The Universal Health Coverage Forum 2017 would be convened in Japan to coincide with Universal Health Coverage Day 2017, and the first ASEAN-Japan Health Ministers Meeting would be held in Tokyo, with a focus on universal health coverage and population ageing. He endorsed the draft decision, given the importance of resolution WHA68.15 (2015) to achieving universal health coverage.

The representative of THAILAND, noting that surgical care and anaesthesia played only a small part in the Sustainable Development Goals and universal health coverage, said that the language of the draft decision was insufficiently clear, as the title of resolution WHA68.15 (2015), Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage, was not mentioned. That could lead the Health Assembly to confuse it with resolution WHA69.11 (2016), Health in the 2030 Agenda for Sustainable Development, given that the agenda item under discussion concerned the 2030 Agenda. Furthermore, in resolution WHA69.11 (2016), the Director-General was requested to report on the health-related goals and targets of the 2030 Agenda for Sustainable Development at least every two years, while the draft decision requested the Director-General to report on the implementation of WHA68.15 (2015) every third year after 2017 and until 2030. That contradiction would further exasperate fragmentation and inefficiencies. Therefore, the Member States of the South-East Asia Region could not accept the draft decision. When reporting on target 3.8 of the Sustainable Development Goals, the Secretariat should recognize the importance of considering all health care services, including but not limited to surgical care and anaesthesia.

The representative of the UNITED REPUBLIC OF TANZANIA outlined the gains that his Government had made towards implementing the Sustainable Development Goals and universal health coverage, including: a reduction in the under-5 mortality rate; progress towards tackling malaria, HIV, tuberculosis and neglected tropical diseases; and the development of a health care financing strategy and health insurance bill. Much remained to be done, however, as the maternal mortality rate and the burden of communicable diseases remained high. The inclusion of noncommunicable diseases in the Sustainable Development Goals was an important milestone that would ensure prevention and control measures were adequately funded. His Government supported the draft decision.

The representative of BANGLADESH outlined his Government's progress towards implementation of the 2030 Agenda for Sustainable Development, notably through participation in regional and national consultations on the Sustainable Development Goals and universal health coverage, the establishment of a Sustainable Development Goals focal point and improved coordination between government ministries on the topic, and the development of national action plans on health and nutrition, involving the design of an essential health services package to improve access to quality primary health care services. The technical assistance of WHO was much needed in that regard.

The representative of NORWAY said that the Secretariat should consider a new reporting format to facilitate the meaningful review of progress and to engage Member States in order to foster a common understanding of emerging challenges. That would involve: considering data periodicity and making it clear when meaningful progress could be assessed against different indicators; presenting data in a standardized and comparable way; considering specific, relevant topics for focused analysis; and highlighting areas where a distinctive lack of progress had been made.

The representative of SOUTH AFRICA said that, while her Government welcomed the report, the availability and quality of data continued to be an issue. She asked the Secretariat to clarify when the indicators for the health-related Sustainable Development Goals would be finalized. Countries should develop their own baselines and targets in line with the Sustainable Development Goals to improve the quality of their data. It was important to ensure that the activities of WHO headquarters and those of its regional offices were well coordinated, as well as to facilitate coordination between Member States, to avoid overlap and strengthen accountability. She welcomed the fact that the issue of financing was reflected in the report, and said that successive programme budgets should also prioritize the health-related Sustainable Development Goals to ensure support in the long run.

The representative of JAMAICA said that reducing maternal and child mortality was a priority in his country. The national programme for HIV/AIDS risked falling back on the progress it had made, due to falling support from donors. A transition action plan must therefore be developed immediately if his Government was to eradicate HIV/AIDS by 2030. A national oversight committee and a road map for the 2030 Agenda for Sustainable Development had been set up to oversee the implementation of the Sustainable Development Goals and their alignment with the national development plan. While he recognized the importance of the six lines of action, he called for a more holistic approach to the Sustainable Development Goals through the development of a global action plan to facilitate and guide their implementation.

The representative of ARGENTINA said that, although progress had been made towards achievement of the Sustainable Development Goals in her country, much remained to be done, including reducing maternal and child mortality, improving nutrition and tackling communicable and noncommunicable diseases. She welcomed the collaboration between WHO headquarters and its regional offices, as well as the work of the Secretariat with governments to bring policies, strategies and national health plans in line with the Sustainable Development Goals. Through the countries working group of the sustainable health agenda for the Americas 2018–2030, of which Argentina was a member, countries in the region would be able to enjoy a higher quality of life, with access to universal health coverage and high-quality health care services throughout the life course.

The representative of the UNITED STATES OF AMERICA commended the Secretariat's efforts to strengthen and align its work processes in support of Member States' achievement of the Sustainable Development Goals. Partnerships across all sectors were needed to make progress towards the Goals. The Sustainable Development Goals and the Addis Ababa Action Agenda both emphasized a shift away from reliance on external donor assistance to the mobilization of domestic resources and policy reform. A cornerstone of resolution WHA69.11 (2016) was the availability of quality,

disaggregated and up-to-date data. He therefore commended the Secretariat's efforts to prioritize health information and to strengthen Member States' national statistical capacities. Some of the data in the report was outdated, however, and global averages were insufficient for measuring progress. He urged WHO to collaborate further with other United Nations agencies and partners on data and measurement, and to draw from more up-to-date data sets. His Government supported the continued review of the implementation of resolution WHA68.15 (2015) and would be willing to work with others to find language and periodicity that could work for all.

The representative of POLAND said that each country should be responsible for its own development, and that all actions taken to implement the 2030 Agenda for Sustainable Development should be carried out in accordance with their specific needs. His Government was committed to eradicating noncommunicable diseases, especially those resulting from smoking tobacco. Sexual and reproductive health rights were an important part of the right to health, and the Polish Government attached great importance to women's and children's health. However, abortion was acceptable only in exceptional circumstances and could not be used as a family planning method or a universal response to every unplanned pregnancy.

The representative of ZIMBABWE said that the achievement of universal health coverage was hampered by gaps in human resources capacity, availability of medicines, appropriate infrastructure and technology and adequate health financing, and by the lack of a clear framework to monitor progress. A global action plan was needed to guide work under resolution WHA68.15 (2015). Her Government had made progress in that regard, and acknowledged collaboration with local, regional and international surgical societies, universities and similar organizations, but with no global action plan in place, efficiency was compromised. Training in surgical care and anaesthesia was being fostered through national, regional and global networks and partnerships. More sponsorship was needed in order for students to be able to undertake post-graduate training in surgery and anaesthetics with recognized institutions.

The representative of CHILE emphasized the need for coordinated action to achieve the Sustainable Development Goals, such as the formulation of a sustainable health agenda for the Americas for the period 2018–2030. At the national level, her Government had set up a working group on implementing the 2030 Agenda for Sustainable Development. Challenges in reducing health inequalities and making progress towards universal health coverage were being identified for inclusion in the national health plan for the period 2012–2030. They included tackling noncommunicable diseases, childhood obesity and mental health and maintaining progress made in the areas of maternal and child health and vaccine-preventable diseases, while also strengthening the health system, training staff and promoting health research and development.

The representative of NEPAL said that significant progress had been made in reducing maternal and child mortality and the burden of malaria and HIV/AIDS, but tuberculosis remained a major public health problem. Growing drug resistance posed a huge challenge to health systems. The high costs associated with noncommunicable diseases often resulted in financial hardship, and more attention should be given to preventative measures and promoting healthy lifestyles. The 2030 Agenda for Sustainable Development provided an opportunity to move beyond the traditional boundaries of health care and address the wider social determinants of health. In that regard, technical assistance would be needed, particularly by developing countries, and the Secretariat should develop a standard tool to assess the relevance of existing activities. In countries, more work should be done to strengthen civil registration and vital statistics systems, particularly in terms of data on cause of death, so that evidence-based interventions could be devised to reduce mortality rates. In the era of the Sustainable Development Goals, the Organization's role and capacity should be redefined to focus more on health systems.

The representative of BOTSWANA said that her Government was re-emphasizing the primary health care approach, endorsing its first national primary health care guidelines in 2016. Reducing maternal mortality was a key priority, and efforts to date were proving successful. In relation to infant mortality, work continued to implement and monitor the uptake of high-impact interventions such as the introduction of new vaccines and deworming. Access to HIV services was universal, and 99% of health facilities provided antiretroviral treatment. More than 95% of HIV-positive eligible pregnant women were receiving treatment, resulting in a mother-to-child transmission rate of around 0.9%. All HIV-positive patients received antiretroviral treatment, regardless of their CD4 cell count. High success had also been achieved in treating tuberculosis and multidrug-resistant tuberculosis. Cross-border collaboration to tackle malaria had been intensified. A comprehensive approach to achieving the Sustainable Development Goals was needed. In particular, a global plan of action on surgery and anaesthesia should be drawn up, and the Director-General should provide updates on the implementation of resolution WHA68.15 (2015) every three years.

The representative of SRI LANKA said that his Government had created a Ministry of Sustainable Development, demonstrating its commitment to implementing the 2030 Agenda for Sustainable Development. Despite overall advances in maternal and child health, progress in maternal and child nutrition had stagnated, and he sought assistance from the Organization in that regard. Following the elimination of malaria in 2016, efforts would continue to maintain that status. With respect to the health-related Sustainable Development Goals, targets for individual districts were being set but work was hampered by lack of data at the district level. Surveys were under way to obtain baseline data. Some indicators had yet to be defined by the Organization, which also hindered progress, and he requested the Secretariat to rectify the situation as soon as possible. The Government was working hard to reduce risk factors for noncommunicable diseases, prevent accidents and injuries and promote early treatment, including by providing first aid training to one member of every family. Tobacco control activities were bearing fruit, but little had yet been achieved to tackle problems caused by alcohol consumption. He recalled that his delegation had requested the establishment of an expert committee to report on alcohol control prior to the third High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases.

The representative of TOGO welcomed the six main lines of action proposed by the Secretariat to help Member States implement the 2030 Agenda for Sustainable Development. His Government was taking steps to integrate the 2030 Agenda into its national development policies and strategies. As a pilot country for Sustainable Development Goal implementation, Togo had reported to the United Nations High-level Political Forum on Sustainable Development held in New York in July 2016. A national health development plan for the period 2017–2022 had been prepared on the basis of resolution WHA69.11 (2016) and the Sustainable Development Goals. The biggest challenge to effective implementation of the 2030 Agenda remained resource mobilization.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL, emphasizing the threat tobacco posed not only to health but also to sustainable development, said that a detailed analysis conducted with UNDP had revealed that the WHO Framework Convention on Tobacco Control could contribute to achieving almost all the Sustainable Development Goals through reduced tobacco use. The Delhi Declaration, adopted by the seventh session of the Conference of the Parties to the Convention in November 2016, called on all Parties to the Convention to actively pursue the achievement of target 3.a of the Sustainable Development Goals and to strengthen implementation of the Convention, and requested the Convention Secretariat to take the lead in coordinating support provided to Parties to that end. Among its activities to promote implementation of the Convention, particular attention was being given to supporting low- and middle-income countries, which faced the prospect of high tobacco-related mortality rates. The Convention Secretariat together with WHO was proud to be a co-custodian for target 3.a of the Sustainable Development Goals on implementation of the Convention.

The observer of the HOLY SEE, referring to safe surgery and anaesthesia, drew attention to the problem of lack of appropriate medical equipment and access to anaesthetic and palliative medications in many low- and middle-income countries and encouraged further focus on the issue, in addition to the other challenges faced in achieving the health-related Sustainable Development Goals. The Holy See would not accept any efforts to include abortion as a health care intervention and urged respect for the rights of unborn children.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, outlined the main points of the declaration adopted by the 6th Global Forum on Health Promotion, organized by the Alliance for Health Promotion in Charlottetown, Canada, in October 2016. Health promotion could contribute to the achievement of the Sustainable Development Goals in a number of ways, some of which were already reflected in the report contained in document A70/35. Civil society was instrumental in putting international declarations and agendas into practice.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that considerable progress had been made in recent months in establishing baselines and indicators for oral health. A measurement tool to monitor oral health outcomes was under development; the results would be shared with the Organization in due course, with a view to incorporating oral health into the 2030 Agenda and the Sustainable Development Goals. Oral conditions were closely associated with other health conditions, in particular noncommunicable diseases. As well as ensuring healthy lives, Sustainable Development Goal 3 aimed to promote well-being, in which respect for oral health was of great importance. While useful for measuring progress towards individual targets within the Sustainable Development Goals, the approach taken in document A70/35 did not give the overall picture. The 2014 Framework for Action on nutrition provided the best template for how to engage all sectors in policy development.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, expressed concern at the fact that the report contained in document A70/35 omitted to refer both to young people and to the importance of developing youth-friendly services to achieve the health-related Sustainable Development Goals, including target 3.7 on universal access to sexual and reproductive health care. The omission of any reference to adolescent vulnerability to HIV was also regrettable. While recognition of the links between the health-related targets and other target areas was welcome, the international community, by continuing to separate universal access to sexual and reproductive health care from sexual and reproductive health and rights, was missing an opportunity to coordinate programming and data collection and address gender inequality and access to care in a holistic manner.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to use the United Nations High-level Political Forum on Sustainable Development in July 2017 to promote a Health in All Policies approach and to make a commitment to action to improve policy coherence across sectors; deliver on the commitments made in the Addis Ababa Action Agenda; and promote and ensure the meaningful engagement of civil society at all levels of implementation of the 2030 Agenda for Sustainable Development, including follow-up and review. The Secretariat and the Director-General elect should take a proactive role in implementing the Agenda.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, highlighted the need for intersectoral action by multiple stakeholders to achieve the Sustainable Development Goals and encouraged a stronger focus on intergenerational collaboration. Young people, who were often left out of decision-making, could bring innovative ideas, intellectual capacity, lateral thinking and fresh perspectives.

The representative of **MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE**, speaking at the invitation of the **CHAIRMAN**, welcomed efforts to set indicators for the Sustainable Development Goals that emphasized multisectoral actions to address the social determinants of health and strengthen health systems; however, some areas required further consideration. The economic model underpinning Sustainable Development Goal 8 could not mitigate local and global inequities and was environmentally unsustainable. Increased investment was needed in the areas covered by Goals 3 and 6 – good health and well-being and clean water and sanitation, respectively – to achieve sustainable health gains. The Organization should take the lead on policies to regulate the increasingly monopolized and globalized food system, which threatened food sovereignty and promoted unhealthy diets. Goal 3, which prioritized universal health coverage, required an adequate and functional health workforce, in which respect binding interventions were needed to ensure that countries sending health workers abroad were reimbursed for losses linked to South–North health worker migration. Health systems should be financed through general taxation and provided by public services in order to promote equitable access. Member States should request the Secretariat to report annually on progress in relation to the health dimensions of all Sustainable Development Goals.

The representative of the **WORLD MEDICAL ASSOCIATION INC.**, speaking at the invitation of the **CHAIRMAN**, said that prioritizing the Health in All Policies approach would be vital to attaining the health-related targets of the Sustainable Development Goals. The 2030 Agenda for Sustainable Development could not be achieved without proper health funding, effective monitoring systems and strong health governance. While welcoming the recommendations relating to Sustainable Development Goal 3 contained in the report, she urged the Secretariat to take into account other important areas such as antimicrobial resistance, the quality of health care services and patient and health workers' safety, particularly in light of the rising number of attacks on health care personnel and facilities in emergency contexts. She also stressed the critical importance of addressing health equity and the social determinants of health to reduce inequalities, achieve universal health coverage and ensure equitable access to health care services.

The representative of **WORLD VISION INTERNATIONAL**, speaking at the invitation of the **CHAIRMAN**, said that progress towards the achievement of the Sustainable Development Goals would require a focus on the social determinants of health and intersectoral action incorporating the water, sanitation and health and education sectors. The Sustainable Development Goals relating to ending preventable death, eliminating malnutrition and combating all forms of violence against children would be vital to improving child well-being. She therefore called on Member States to renew their commitment to implementing the Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children.

The representative of **THE SAVE THE CHILDREN FUND**, speaking at the invitation of the **CHAIRMAN**, welcomed the WHO focus on the Sustainable Development Goals and recognition that universal health coverage was essential to achieving the ambitious development targets in all sections of society. Transformative approaches would be required to end preventable child deaths by 2030, including the presence of a qualified midwife at every birth and an increase in the number of specialized health workers. Member States should aim to contribute 5% of gross domestic product to public funding for health and take steps to build national civil society capacity. The United States' aid policy governing abortion, the so-called Mexico City Policy, remained of great concern and would reduce access to family planning services and increase maternal and child mortality. She therefore urged all Member States to take action and attend the Global Summit on Family Planning in July 2017 in order to demonstrate their commitment to women's sexual and reproductive health and rights.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, supported the draft decision and in particular the request that the Director-General should report regularly on global progress towards the implementation of resolution WHA69.15 (2016). She strongly supported the development of a global action plan to guide and facilitate the implementation of the commitments contained in the resolution, particularly given the importance of safe anaesthesia and surgery to the attainment of universal health coverage and the success of the 2030 Agenda for Sustainable Development. The global action plan should be developed alongside national action plans in order to mobilize the resource sharing and finances needed to implement the commitments.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed concern at the report's failure to define universal health coverage as including the full spectrum of essential, quality health services from health promotion to prevention, treatment, rehabilitation and palliative care, particularly given that there were currently no indicators to measure progress on palliative care as part of the universal health coverage agenda or Sustainable Development Goals. She therefore urged the Secretariat to adopt measures aimed at strengthening the full spectrum of essential health services, including palliative care for persons of all ages. Member States should also develop comprehensive policies in that regard.

The DIRECTOR (Strategy, Policy and Information) thanked Member States for reaffirming their commitment to the 2030 Agenda for Sustainable Development and to meeting the Sustainable Development Goals, despite the many challenges, and for reaffirming support for the six lines of action. The Secretariat had taken on board Member States' requests for support with regard to the availability of data and health statistics and the inclusion of the Sustainable Development Goals in all areas of WHO work and at all levels of the Organization. Efforts would also be made to involve civil society in the implementation process and strengthen relationships with other relevant partners. The Director-General would proceed to establish a worldwide WHO network responsible for working towards attainment of the Sustainable Development Goals and incorporate coordination for the Goals into the mandate of her office. The Secretariat would also continue to compile and share experiences of implementing the Sustainable Development Goals and ensure that WHO continued to work with the United Nations system, including actively contributing to the quadrennial comprehensive policy review.

**The Committee noted the report.**

The CHAIRMAN invited the Committee to consider the draft decision.

The representative of ZAMBIA said that the text of the draft decision had been amended and agreed upon in further informal consultations to read:

The Seventieth World Health Assembly, having considered the report on progress in the implementation of the 2030 Agenda for Sustainable Development,<sup>1</sup> decided to request the Director-General to continue to report every two years, as requested in resolution WHA69.11 (2016), on health in the 2030 Agenda for Sustainable Development, including on the strengthening of emergency and essential surgical care and anaesthesia as a component of universal health coverage, as requested in resolution WHA68.15 (2015).

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<sup>1</sup> Document A70/35.

The representative of MONACO said that the amended version of the draft decision fully addressed the concerns raised in respect of the reporting cycle for the Secretariat. It was important to lighten the reporting burden and she agreed that information on emergency and essential surgical care and anaesthesia could be reported as part of reporting obligations under the 2030 Agenda for Sustainable Development.

The representative of THAILAND said that informal consultations prior to and during the Health Assembly must be thorough and inclusive. Member States should refrain from introducing certain elements of the health-related Sustainable Development Goal into resolution WHA69.11 at future Health Assemblies since that would cause confusion and weaken the resolution's impact. Future reports on the progress made towards the achievement of the Sustainable Development Goals must be integrated, harmonized and comprehensive. In a spirit of cooperation, he was prepared to approve the draft decision as amended by the representative of Zambia.

The representative of NICARAGUA supported the draft decision, as amended, and the proposal made by the representative of Zambia to develop a global action plan to guide the implementation of resolution WHA68.15.

The representatives of ZIMBABWE and SOUTH AFRICA expressed their full support for the draft decision, as amended.

**The draft decision, as amended, was approved.<sup>1</sup>**

**The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond:** Item 16.2 of the agenda (documents A70/36 and A70/36 Add.1)

The CHAIRMAN drew attention to the draft decision contained in document A70/36. The financial and administrative implications for the Secretariat of the adoption of that draft resolution were set out in document A70/36 Add.1.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, supported the draft decision. As most of the Member States in the Region had signed or ratified the relevant international multilateral agreements and conventions relating to chemicals management, the draft decision would entail no additional obligations. He agreed that a multisectoral approach to chemicals management was required, which would offer the ideal opportunity to improve overall public health. Chemical exposure posed serious, yet preventable risks to public health, as seen in the increasing rates of cancer and noncommunicable disease. WHO should support capacity-building activities in developing countries to enable governments to devise effective chemical safety programmes.

The representative of URUGUAY expressed her full support for the draft road map. Multisectoral action would be crucial to the success of international chemicals management and health should be included in all related policies. Her Government had already taken steps to implement some of the recommendations contained in the draft road map and to guarantee the participation of the health sector in relevant regional and global forums. The Secretariat should continue to play a key role in promoting sound international chemicals management and provide support and feedback to Member States on the implementation of the draft road map at regular intervals. Reports on its implementation should include information on exposure to mercury.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's sixth report and adopted as decision WHA70(22).



The representative of the PHILIPPINES expressed her support for the priority actions towards the achievement of the 2020 goal on chemicals management under the Plan of Implementation of the World Summit on Sustainable Development and called for the adoption of the draft road map to enhance health sector engagement on the Strategic Approach to International Chemicals Management. Moreover, harmonization between international agreements such as the Minamata Convention on Mercury and the Framework Convention on Tobacco Control should be enhanced. Since financial support to developing countries would be essential to the successful management of chemicals at the global level, she urged the Secretariat to facilitate integrated financing through the Global Environment Facility.

The representative of the DOMINICAN REPUBLIC said that his Government fully supported the draft road map, which was a useful tool for identifying national priorities and which could be used as a model for other sectors. His Government would continue to make concerted efforts to guarantee the sound management of chemicals at the national level, with particular regard to health. Attaining the 2020 goal on sound chemicals management would also help to meet the health-related targets under the Sustainable Development Goals.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that many hazardous chemicals continued to be used in the Region with disastrous effects on human health and the environment. Illegal dumping also remained prevalent. As a result, and in light of the references to chemicals management in the Sustainable Development Goals and the International Health Regulations (2005), a high level of political attention had been paid to the issue of sound chemicals management in the Region. That had given rise to a political declaration on the control and management of chemicals, notably in the area of malaria control. The Regional Office for Africa had conducted an assessment on chemicals management and public health concerns which had revealed that the Region's chemicals management capacity remained low. The draft road map would therefore improve the Region's health sector engagement and strategic approach to international chemicals management and would be a useful tool to assist Member States' in reaching the 2020 goal. Finally, she urged the Secretariat to provide support to Member States in that regard and expressed support for the draft road map and the draft decision.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, welcomed the draft road map, which would raise the profile of sound chemicals management within the health sector towards the 2020 goal and beyond. Strong and sustained engagement of the health sector would contribute to mitigating and preventing injuries and diseases linked to chemical and waste exposure and would raise awareness and knowledge in support of effective regulation and risk management. The successful implementation of the draft road map would depend on strengthening national and regional chemicals management capacities, resource availability and political commitment. Particular consideration should therefore be given to the world's most vulnerable populations. WHO should play a key role in supporting actions by the health sector at the global, regional and national levels and it should play an active role in the relevant international forums.

Speaking on behalf of Canada, she said her Government would continue to provide additional resources to WHO to assist in the implementation of the draft road map and other chemicals management activities. She invited other Member States to make similar contributions to that end.

The representative of the UNITED REPUBLIC OF TANZANIA said that as the bulk of chemicals used in industry, agriculture and household items in his country were imported, the careful management of many chemical supplies was required. Other national initiatives in poison control and waste management had also been undertaken. He supported the adoption of the draft road map.

The representative of CHINA said that her Government recognized the importance of sound chemicals management in protecting human health. It had taken a number of steps in line with the overall objective of the Strategic Approach to International Chemicals Management. Moreover, the Chinese Ministry of Health would continue to work actively with the environmental and agricultural ministries in the four action areas identified in the draft road map. Technical cooperation and exchange with international organizations and developing countries would be further enhanced. The draft road map would be implemented in the health sector as part of the global response to chemicals.

**Mr Hurree took the Chair.**

The representative of MALAYSIA, congratulating WHO on its strong commitment to protecting human health against chemicals-related risks, expressed support for the draft road map and the changes made to the knowledge and evidence action area of that document. When implementing the draft road map, Member States should take action in line with the capabilities and resources at their disposal, with a view to achieving the targets set out under the 2030 Agenda for Sustainable Development. Stakeholders from outside the health sector should also participate in efforts towards effective chemicals management.

The representative of GERMANY said that she welcomed the draft road map and fully supported its implementation. As improper chemicals management significantly contributed to the global burden of disease, much of which was borne by vulnerable populations, the sound management of chemicals and waste would be essential for the achievement of sustainable development. Urgent multisectoral action, in which the health sector played a critical role, was vital, if the 2020 goal were to be attained. She expressed appreciation for WHO's extensive efforts in managing the human health aspects of the management of chemicals, notably in the area of exposure to mercury.

The representative of IRAQ outlined the measures his Government had taken in the area of chemicals management, including ratifying legislation on monitoring mechanisms and incorporating health and environmental indicators into the management of chemicals. Institutional capacity-building with WHO support, health promotion activities in schools, and the protection of vulnerable groups from exposure to chemical substances were of the utmost importance. Lastly, the approaches used to implement the International Health Regulations (2005) must be integrated with those used to attain Sustainable Development Goals in order to effectively and efficiently manage chemicals.

The representative of INDONESIA said that her Government had aligned national legislation with the draft road map, which it supported. Multistakeholder efforts were ongoing in her country to identify the health risks associated with chemical use and waste disposal. However, increased intersectoral support was needed if health aspects were to be incorporated into all chemicals management policies. She therefore asked WHO to continue to support Member States in implementing the road map through the provision of technical assistance and capacity-building at the national, regional and global levels.

The representative of the RUSSIAN FEDERATION welcomed the draft road map, noting that it reflected the need to strengthen the consideration of health in the sound management of chemicals and waste. The health-related chemicals data collected would serve as the basis for risk assessment as any policy decisions must be made on the basis of convincing, transparent scientific evidence. She supported the consideration of reduced-risk alternatives to highly-toxic or long-lasting chemicals, nonetheless underscoring the need for an objective, scientific approach to the risks to human health and the environment that such alternatives might pose so as to avoid any unintended, negative consequences. The Secretariat should consider updating the road map following the 142nd session of the Executive Board and the Seventy-second World Health Assembly.

The representative of THAILAND, recognizing that sound chemicals management was a cross-cutting issue, said that despite a national strategic plan being in place in her country, new concerns were emerging, such as nanoparticles and environmentally persistent pharmaceutical pollutants. Ethics, strict regulations on chemicals management and full implementation of multilateral environmental agreements were areas of concern. Human health and the environment must be equally protected in import, transit and export countries. The Director-General elect should facilitate research on risk reduction and sharing information on emerging issues in chemicals management. Expressing support for the draft decision and the draft road map, she nevertheless said that the Strategic Approach to International Chemicals Management had become driven primarily by the public sector under UNEP and relevant partners should increase their participation in that work.

The representative of PANAMA said that a cross-cutting and intersectoral approach needed to be taken to effectively and sustainably resolve issues relating to chemicals management. Strategies for the sound management of chemicals and waste must be based on a cause-and-effect approach with regard to chemicals' impacts on public health and the environment. Outlining national efforts in line with the draft road map, she said that a meeting had taken place with participants from various sectors from Central American countries, which had led to a subregional proposal on chemicals management. Her Government remained committed to complying with the draft road map.

The representative of TUNISIA outlined the measures taken in her country to ensure the sound management of chemicals and waste, including: the drafting of a number of legislative texts and the ratification of international conventions; the integration of health into all national policies on chemical safety with a view to meeting the 2020 goal; the transformation of the Tunisian Health Ministry into an important focal point for all national programmes and strategies regarding chemical waste management; the creation of national inspection and technical bodies; and the drafting and enactment of a number of laws on the issue.

The representative of MEXICO, said that all sectors and interested parties should work towards the sound management of chemicals throughout their life cycle. Health sector participation was crucial in determining the risks of exposure to such substances. She expressed support for the action areas identified in the draft road map, which would require the participation of different competencies within the health sector. Endorsing the draft road map, she agreed that progress on the implementation of the road map should be reported at the Seventy-second World Health Assembly and that recommendations in that regard should be prepared for the Seventy-fourth World Health Assembly.

The representative of PAKISTAN said that a Health in All Chemical Policies approach, in which the health sector collaborated with other sectors, could lead to substantial improvements in health. He emphasized the importance of using standardized methods to determine the impacts of chemicals on health and to evaluate policy effectiveness; building countries' capabilities to deal with chemical incidents and to achieve the core capacities for chemicals under the International Health Regulations (2005); promoting alternatives to highly toxic and persistent chemicals; increasing scientific knowledge on chemicals; establishing globally-harmonized methods for chemical risk assessment; and improving countries' ability to access, interpret and apply scientific data. National and regional measures were needed to establish legal frameworks on chemicals, multilateral environmental agreements, strong institutional frameworks and coordination mechanisms among relevant stakeholders; and data collection and sharing systems.

The representative of MALDIVES recognized the need for Member States to play a leadership role in fostering multisectoral and multistakeholder cooperation to guarantee the successful implementation of the draft road map. Her Government supported the draft road map and the draft decision.

The representative of INDIA highlighted the importance of the Secretariat and Member States using objective evidence when implementing the knowledge and evidence action area of the draft road map. As a signatory to several international conventions and with numerous pieces of legislation governing the use of chemicals in place, his Government was committed to promoting a proactive role for the health sector in the management of chemicals, based on independent, objective assessments.

He expressed support for the draft decision, but proposed amending paragraph 1 by adding the words “, as appropriate to the national context and priorities” at the end of the paragraph.

The representative of BANGLADESH expressed support for the action areas identified in the draft road map, but said that intersectoral coordination in chemicals management must be extended if it was to be successfully implemented and the relevant targets met under the Sustainable Development Goals. He outlined progress made in his country in the area of chemicals management, including the establishment of a capacity-building programme on proper handling of chemicals and a stricter national policy on the import of certain toxic chemicals. Increased dialogue and an appropriate inspection system on ships, before those ships visited developing countries, would reduce the number of chemical spills and help ensure the safety of people working in the shipping industry.

The representative of UNEP, speaking on behalf of the Secretariat of the Strategic Approach to International Chemicals Management, welcomed the critical role that WHO played in implementing the Strategic Approach to International Chemicals Management through the implementation of the International Health Regulations (2005), the mainstreaming of the Health in All Policies approach, and its joint work with UNEP to raise awareness of emerging policy issues. She thanked the Secretariat and the Member States for the development of the draft road map, which would provide a strong platform for stakeholder engagement, and highlighted the critical importance of the involvement of the health sector when developing policies relating to the sound management of chemicals and waste beyond 2020.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, called on WHO and its Member States to support the adoption of the draft road map and expedite its implementation in collaboration with key stakeholders; engage civil society in monitoring progress made in the areas outlined in the road map; and invest in awareness-raising campaigns. Moreover, she cautioned against industry interference at the national level; regulatory barriers were required to prevent misconduct, while recognizing the role that the private sector could have in the implementation, monitoring and evaluation of the measures set out in the road map.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that the Strategic Approach to International Chemicals Management should include initiatives to combat medical waste, while addressing health sector priorities. UNEP and WHO should invest in research and standardized methods to assess the impact of medical waste on the ecosystem and human health. Processes for the systematic disposal of medical products would decrease medicine diversion and prevent expired or unwanted medicines from polluting water. The Strategic Approach to International Chemicals Management was important, as large amounts of chemical waste continued to be produced by the health sector leading to pollution and long-term environmental antibiotic exposure. Efforts to avoid medical waste would therefore not only help WHO and UNEP to conduct appropriate action in terms of the sound management of chemicals and waste, but also help to combat antimicrobial resistance.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the draft road map provided a comprehensive, inclusive framework that encouraged the involvement of all health actors in chemical safety and addressed chemical hazards in health care settings. While it was important to manage hazardous

chemicals safely, the goal should be to focus on hazard reduction and continuously improve the safety of chemicals. Her federation would work with the Secretariat and Member States to build capacity among public health professionals for the effective implementation of the draft road map.

**Dr Al-Kuwari resumed the Chair.**

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that reliable scientific evidence about chemicals was being ignored and there was a gap between evidence and policy. Increasingly, governments were being held responsible for the threat of chemicals to human health or the environment, but manufacturers should also be held accountable. She welcomed the fact that endocrine disrupting chemicals had been recognized as a global threat; their contribution to the global burden of disease and the related health and societal costs could not be ignored. It was important to address illegal trafficking of waste and the increasing relocation of polluting industries to the global South. A framework convention to deal with the full range of harmful chemicals was needed. She urged WHO to strive towards a global binding agreement on harmful chemicals that would hold Member States accountable.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health), responding to comments made, said that the road map highlighted the importance of the health sector in the sound management of chemicals and highlighted the need for stronger engagement to reach the 2020 goal and the relevant Sustainable Development Goal targets. She thanked Member States for identifying where collaboration with other sectors was possible and where WHO could influence decision-makers. The Secretariat was committed to providing support for the implementation of the draft road map, and would always be guided by a scientific approach. She looked forward to continuing discussions with Member States to identify the focal points in governments and in health ministries to address issues relating to chemicals and health so that a network for the implementation of the draft road map could be established.

Responding to the amendment proposed by the representative of India, she said that in paragraphs 9 and 10 of the report on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, the Secretariat had already drawn attention to the fact that Member States and other stakeholders had different priorities, had chosen different approaches to chemicals management and were at different stages of implementation, and therefore the draft road map had been intentionally designed to take that into account.

**The Committee noted the report.**

The CHAIRMAN, taking into account the clarification provided, took it that the Committee was prepared to approve the draft decision without amendment.

**The draft decision was approved.<sup>1</sup>**

**Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health:** Item 16.3 of the agenda (document A70/37)

The representative of BAHRAIN said that the strategy in his country was in line with the Global Strategy for Women's, Children's and Adolescents' Health. The Ministry of Health with the participation of all stakeholders was working hard to ensure that it protected women's, children's and

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's sixth report and adopted as decision WHA70(23).

adolescents' health and their fundamental rights, including facilitating their access to high quality services. Efforts were being made to ensure that his country's health policy was based on scientific evidence. A national strategy for young people had been drawn up and included a policy for adolescents; reproductive health and capacity-building were addressed in a number of measures. It was important to collect evidence and have a systematic approach to strengthening adolescents' rights. Work at the regional level was necessary in order to strengthen women's, children's and adolescents' health.

The representative of INDONESIA, noting that the focus on adolescent health was in line with the Indonesian National Development Plan 2015–2019, outlined efforts made in his country to improve adolescent health. His Government was committed to supporting the indicator and monitoring framework for the Global Strategy for Women's, Children's and Adolescents' Health. The responsibility for achieving those indicators fell to actors both inside and outside the health sector. If adolescent health programmes were to prevent detrimental behaviours, such programmes should also provide assistance in the area of reproductive health.

The representative of BANGLADESH, expressing support for the Global Strategy for Women's, Children's and Adolescents' Health, said that adolescent maternal mortality and morbidity represented a substantial public health burden at the global level. As poor engagement of adolescents and the lack of a responsive framework contributed to limitations on a country's development, his Government had taken steps to incorporate adolescent health into national plans and policies. His country's adolescent health services, which were adolescent-friendly, focused on sexual and reproductive health, nutrition, mental health and risk-taking behaviour, with the participation of actors from different sectors and ministries.

The representative of AUSTRALIA said that Australia welcomed the guidance on implementing the global accelerated action for the health of adolescents, which had been drawn up on evidence-based policies and interventions that addressed multiple outcomes, risk factors and health determinants. Australia also welcomed the recognition of the need for an integrated approach to adolescent health. Australia continued to pursue approaches to address the unique health risk factors for that age group. The Global Strategy for Women's, Children's and Adolescents' Health would help advance the achievement of the 2030 Agenda for Sustainable Development, and as such was supported by the Government of Australia.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, welcomed the adolescent health interventions suggested in the Global Strategy for Women's, Children's and Adolescents' Health, given the increasing number of adolescents in the Region. Support had been given to countries in the Region for the development of adolescent health strategies and implementation plans; vaccinations against human papillomavirus; the acceleration of HIV/AIDS care and treatment among adolescents; and the promotion of health in schools. However, more needed to be done; adolescents still faced multiple barriers to accessing sexual and reproductive health services and comprehensive age-appropriate sexual education. Furthermore, there was a lack of data disaggregated by age and sex as well as a lack of multisectoral cooperation.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the Global Strategy for Women's, Children's and Adolescents' Health. Adolescent health was one element of a wider continuum of care in her country and the right to health was enshrined in her country's Constitution and legal framework.

The representative of SENEGAL said that there should be a focus on the integration of adolescent health in policies in Africa, in light of the large proportion of young people and the benefits of implementing effective, multisectoral sexual health and reproductive programmes. He proposed

carrying out studies to identify high-impact interventions in adolescent health; allocating a minimum percentage of the health sector budget to adolescent sexual and reproductive health; and setting separate targets for adolescents and young people in order to facilitate decision-making.

The representative of POLAND, speaking also on behalf of Hungary and Slovakia, said that the Governments of Poland, Hungary and Slovakia had adopted several legal instruments that were aimed at improving maternal, adolescents' and children's health. He recalled that the concept of "sexual and reproductive health and rights", referred to in the Annex to the document, had no universally acceptable definition in international law and would therefore only be interpreted in the context of the 2030 Agenda for Sustainable Development, specifically target 5.6 of the Sustainable Development Goals; the Programme of Action of the International Conference on Population and Development; and the Beijing Declaration and Platform for Action.

The representative of the RUSSIAN FEDERATION described steps taken in her country to give adolescent patients targeted support and services, and further develop national legislation and policy frameworks. Furthermore, her Government had made a number of additional budgetary contributions to WHO for projects on children's health including training for paediatricians and awareness-raising on children's rights. Coordinated action and sharing best practices were necessary to improve adolescent health.

The representative of SOUTH AFRICA said that the Secretariat's report provided some of the necessary baselines to monitor progress on the three objectives: survive, thrive and transform. There was a need to improve the quality of data on the 16 key indicators in many Member States. The three objectives had been incorporated into her country's plan to strengthen women's, children's and adolescents' health. A number of strategies on adolescent and youth health had been adopted in her country, as well as on breast and cervical cancer. While her Government welcomed the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, she asked for clarification on whether Member States were expected to adopt the list of recommendations and how those recommendations related to existing United Nations instruments.

The representative of the DOMINICAN REPUBLIC agreed that there was a need for national and regional targets relating to the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health. Sustainable financing would increase the possibility of reaching those targets. His Government was in favour of intersectoral participation, as well as improving health information, vital statistics, civil registration and accountability processes. There was a need to prioritize efforts in women's, children's and adolescents' health as well as strengthening action with regard to humanitarian and fragile situations. Resilient health services would facilitate attainment of universal health coverage and reduce the gap in equality in the Member States in his Region. Positive and negative experiences should be shared to help countries in the region to establish plans and strategies tailored to their situations. Adolescent health should be a priority and the right of adolescents to sexual and reproductive health should be guaranteed.

**The meeting rose at 12:50.**

## **THIRTEENTH MEETING**

**Tuesday, 30 May 2017, at 14:40**

**Chairman:** Dr H.M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H.M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Mr A. HURREE (Mauritius)

### **1. PROMOTING HEALTH THROUGH THE LIFE COURSE:** Item 16 of the agenda (continued)

#### **Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): adolescents' health:** Item 16.3 of the agenda (document A70/37) (continued)

The representative of NAMIBIA said that, while progress had been made regarding some aspects of adolescent health, much work still needed to be done in order to achieve the targets of the Sustainable Development Goals and to ensure that no one was left behind. Member States and development partners must renew their commitment to implementing resolution WHA69.2 (2016). Further actions were required at the community level and accountability mechanisms must be strengthened and maintained. There was a lack of adolescent-friendly health services in many parts of the world, in particular in low- and middle-income countries, and even when they were available, access was often denied or hindered. Young women in particular suffered as a result of a lack of targeted health services. Despite the adoption in 2008 of resolution WHA61.16 on female genital mutilation, many cases were still being reported in developing and underdeveloped countries. He therefore urged the Secretariat and Member States to continue to work with community leaders and to provide support in order to empower girls and encourage them to remain in school.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that strengthening health systems and improving the health of women, children and adolescents had been particularly challenging in the light of conflicts and a lack of human and financial resources in the Region. Women, children and adolescents were a particularly vulnerable group, and while they would remain a priority for governments in the Region, targeted health services were largely absent. The Member States of the Region were in the process of developing national strategic plans and implementing WHO guidelines to improve sexual and reproductive health care, particularly among women, children and adolescents. He requested the Secretariat to provide further guidance in that regard. To enable Member States to fulfil the objectives of the Cairo Declaration on the Post-2015 Development Agenda for Women, adopted at the League of Arab States in Cairo on 23 February 2014 by the representatives of the governments of Arab countries participating in the High-level Meeting on Implementing the Millennium Development Goals for Women and Girls, Gender Equality and the Empowerment of Women in the Arab Region, including with regard to the reduction of maternal and child mortality rates, WHO should continue to provide technical support and improve coordination with United Nations entities and other partners to ensure that resources were used effectively in that regard. Health programmes should take demographic changes into account in order to respond effectively to the needs of the people in the Region.



The representative of MALDIVES urged Member States to sharpen their focus, prioritize indicators and harmonize monitoring efforts at the country, regional and global levels in order to track progress and accelerate action. Such efforts would in turn contribute to the achievement of the health-related Sustainable Development Goals. Her Government, with support from the Secretariat and partners, was implementing a national programme on adolescent health. She called on Member States to develop holistic health policies and education programmes for adolescents, in order to empower them to make informed decisions.

The representative of GERMANY said that gender equality and the empowerment of women were key to improving women's, children's and adolescents' health. Her Government was committed to ensuring sexual and reproductive health and rights for all, in particular for vulnerable and neglected groups. Protecting and respecting the human rights of young people and adolescents, especially those of young women and girls, was essential to help them realize their full potential as adults and would enable them to make informed decisions relating to their sexuality and to protect themselves against sexually transmitted infections and unintended pregnancies. Comprehensive sexual education was important for fostering positive attitudes towards women's rights, which in turn would help to end all forms of discrimination and violence against women and girls.

The representative of CANADA, speaking on behalf of Belgium, Chile, Denmark, Estonia, Finland, France, Mozambique, Namibia, the Netherlands, Norway, Portugal, Sweden, Switzerland, Thailand and Uruguay, reaffirmed the commitment of those Governments to implementing resolution WHA69.2 (2016). Healthy and empowered adolescents would be critical to implementing and achieving the objectives of the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) and the Sustainable Development Goals. It was vital that all adolescents, including those living in marginalized communities and humanitarian and fragile settings, had access to information on quality sexual and reproductive health information and services in order to make informed decisions about their bodies and their futures. Prevention of, and response to, sexual and gender-based violence, child, early and forced marriage, and female genital mutilation and cutting were also critical. She welcomed the update in the report on the progress made in relation to the 16 key indicators, but said that some important data were lacking, including on access to and availability of safe abortion, on the birth rate among adolescents, and on the health and nutrition of adolescents between 10 and 14 years of age. WHO should ensure that reports supporting accountability towards the Global Strategy were properly disseminated among Member States. She firmly supported the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents and urged all stakeholders to work together to ensure their full implementation at the national level.

The representative of SRI LANKA highlighted her country's achievements in maternal and child health and the considerable progress made in promoting adolescent health, including through the development and implementation of a strategic plan on adolescent health. Efforts had also been made to keep children in education and prevent adolescent pregnancies. National programmes must ensure access to health care for adolescents in marginalized communities. She called on the Secretariat to advocate for a greater focus on adolescent health, specifically within the context of the attainment of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages), to ensure that no one was left behind. She acknowledged the support provided by UNFPA, UNICEF and WHO in improving adolescent health in Sri Lanka and requested continued support in implementing the Global Strategy at the national level.

The representative of KENYA said that his country had made significant progress in maternal and child health, and had reviewed its policies and strategies as part of efforts to end preventable maternal, child, newborn and adolescent morbidity and mortality. His Government recognized the urgent need to address health inequities and reproductive health rights in order to ensure that women,

children and adolescents led healthy and productive lives. A strong, multisectoral approach was crucial in ensuring quality health care. His Government looked forward to sharing experiences at the regional and international levels and was fully committed to implementation of the Global Strategy.

The representative of ECUADOR said that Member States must ensure full and equal access to health services for all people, including in relation to sexual and reproductive health. Her Government had implemented a range of measures, including the development of a national plan on sexual and reproductive health, and had strengthened primary-level care to enable access to quality, integrated health services. Efforts had also been made to improve maternal, newborn and child health, including by developing guidelines and ensuring that health facilities had access to the necessary equipment. WHO should advance work in areas such as access to safe abortion, prevention of adolescent pregnancy, access to family planning services and access to integrated health services for persons with disabilities. She called on the Secretariat to provide support at the national and regional levels to enhance research capacity, strengthen information systems and improve the quality of data.

The representative of JAPAN said that it was essential to monitor and continuously refine the indicators for implementing the Global Strategy. Noting the importance of a multisectoral approach to improve adolescent health, she requested the Secretariat and other United Nations organizations to support and accelerate implementation of national programmes to address adolescent health. Her Government would continue to contribute funding to various United Nations organizations, including WHO, in order to promote better reproductive health and improve maternal, newborn and child health around the world. She expressed her Government's commitment to ensuring gender equality and empowering and educating women.

The representative of the UNITED REPUBLIC OF TANZANIA said that adolescent health was of particular importance to the United Republic of Tanzania, where adolescents formed a significant segment of the population. His Government had developed a road map on reproductive, maternal, newborn and child health, and was in the process of developing a comprehensive national plan for the health of adolescents. However, despite efforts to implement adolescent health programmes and increase access to secondary education, fertility rates among adolescents had increased between 2010 and 2015 in his country. Efforts were being made to improve comprehensive and basic emergency obstetric and newborn care, in order to reduce maternal mortality. His Government was part of the Network for Improving Quality of Care for Maternal, Newborn and Child Health and would continue to work with all stakeholders in fulfilling the commitments set out in the Global Strategy and in the Sustainable Development Goals.

The representative of INDIA said that his country had made consistent progress towards the attainment of the objectives of the Global Strategy, and had incorporated those objectives into the national health policy. His Government had implemented and scaled up the national adolescent health programme as part of global efforts to reduce the adolescent mortality rate, and would continue to take action to promote the health of adolescents. He looked forward to the development of the guidance on implementing the Global Accelerated Action for the Health of Adolescents framework.

The representative of CHINA said that his Government had worked proactively to address issues related to women's, children's and adolescents' health and would continue to implement the Global Strategy, eliminate inequalities in women's, children's and adolescents' health and promote adolescent health in line with the Sustainable Development Goals. WHO should play a leading role in joint efforts to implement the Global Accelerated Action for the Health of Adolescents framework, paying special attention to marginalized young people and ensuring the quality, accessibility and equality of health services. The Secretariat should also help Member States to assess adolescents' needs and establish effective mechanisms to increase the participation of young people with a view to enabling countries to develop a youth index and related interventions according to national needs.

The representative of NIGERIA described the range of plans and policies implemented in her country to promote women's, children's and adolescents' health and achieve the targets of the Global Strategy, including the development of a national strategic health development plan with a focus on reproductive, maternal, newborn, child and adolescent health and nutrition, and a framework to support its implementation. She called on WHO to focus on strengthening health systems and allocating the required resources to help Member States effectively to implement and integrate interventions and monitor and evaluate high-impact activities within the scope of the Global Strategy.

The representative of URUGUAY, speaking also on behalf of Canada, Chile, Finland, Luxembourg, the Netherlands, Norway, Mexico, Slovenia and Sweden, welcomed the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents and the identification of key areas to be addressed to ensure that all women, children and adolescents could realize their right to the highest attainable standard of health. A human rights-based approach should be applied to the development of all health policies and programmes, which should take into account the distinctive needs of different age groups and the importance of a gender-sensitive life course approach. Addressing human rights as determinants of health could effectively help to reduce inequities and foster development. Indeed, the uneven enjoyment of human rights, particularly sexual and reproductive health and rights, risked reversing hard-won advances in preventable maternal and child mortality, undermining adolescent health in particular. Stronger political leadership was needed to protect women's, children's and adolescents' needs, dignity and rights and remove harmful social, gender-based, cultural and structural norms and barriers. She expressed support for the establishment of a joint programme of work to support the implementation of the recommendations of the High-level Working Group and develop the necessary institutional capacity and expertise at the global, regional and country levels.

The representative of MEXICO said that despite implementation of a national health sector programme with the overarching aims of health protection, promotion and prevention, challenges in ensuring adolescents' access to health services remained. His Government would continue to work towards ensuring full access to preventive health services for adolescents, particularly with regard to sexual and reproductive health; eliminating barriers to access would require a multisectoral approach. The Government of Mexico was committed to implementing actions to support adolescents', women's and children's health.

The representative of the UNITED STATES OF AMERICA said that improvements in data would significantly help in monitoring progress towards achievement of the objectives of the Global Strategy. Although significant progress had been made to strengthen health strategies and systems to improve maternal, newborn and child health outcomes, emerging health challenges such as Zika virus underlined the need for resilient health systems and functional mechanisms to report, review and respond systematically to key health indicators. Member States should continue to prioritize efforts to promote equitable access to quality health services, and prevent and end violence against women and girls. His Government did not support or recognize abortion as part of reproductive health services or as a method of family planning in the implementation of the Global Strategy. In that regard, the Global Strategy's targets relating to sexual and reproductive health services and rights were consistent with paragraph 8.25 of the Programme of Action adopted at the 1994 International Conference on Population and Development and did not create any new legal rights or obligations for Member States.

The representative of NIGER said that his Government had adopted its fourth health development plan, which was aligned with the Sustainable Development Goals, and was accelerating action in the area of adolescent health, including through additional investments. The Government of Niger had introduced a programme to reduce the rates of adolescent pregnancy and maternal mortality and end early marriage, with a particular focus on adolescents from poor and marginalized communities. His country was on track to achieve Millennium Development Goal 4 (Reduce child

mortality) and had implemented innovative strategies to achieve the Sustainable Development Goals related to newborn and child health. In addition, a national surveillance system had been established to collect data on maternal mortality. Remaining challenges included providing obstetric care coverage, improving contraceptive services and ensuring secure borders. He requested the Secretariat to mobilize the financial resources required to enable Member States to tackle the major challenges they faced.

The representative of NEPAL said that adolescents were a key target group for health initiatives, as gaps in their health knowledge could foster unhealthy practices, leading to a high risk of developing infectious diseases. Addressing adolescents' health issues was crucial to achieving the Sustainable Development Goals and improving the overall health status of the population. The development of innovative programmes using information and communication technology and measures to increase health literacy would help to address adolescents' health needs and encourage healthy lifestyle choices. The South-East Asia Region had updated regional implementation guidance in line with the Global Strategy and the Global Accelerated Action for the Health of Adolescents framework.

The representative of THAILAND underscored the importance of the Global Strategy as part of efforts to improve the health of those population groups. Robust data collection, in particular through the civil registration system, was a vital tool for monitoring indicators such as adolescent pregnancy and safe abortion rates and evaluating progress, achievements and barriers in order to inform policy-making. The success of the Global Strategy would be measured in its translation into real action; integrated multisectoral efforts involving civil society, as well as sustained political commitment and implementation capacity, would be key in that regard. She described the measures taken by her Government to prioritize the health of adolescents, in particular their sexual and reproductive health.

The representative of TUNISIA said that despite her country's efforts to promote maternal, newborn and child health, increase health coverage and reduce maternal and child mortality, disparities between districts and social groups remained. In recent years, the national health policies and strategies had increasingly targeted the population as a whole and had been developed through a multisectoral approach. Her Government had implemented a programme to promote maternal, newborn, child and adolescent health jointly with a number of United Nations entities in order to improve the quality of health services, address inequalities and strengthen the health information system. The Government of Tunisia was committed to addressing adolescent health and would seek to implement the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents.

The representative of PANAMA said that, although many countries had made significant efforts to improve the quality of life and health indicators among vulnerable groups, considerable challenges remained. The Global Strategy was a guiding framework that would help countries to update their national plans and tools, and should be used alongside multisectoral action, efforts to combat poverty and innovative strategies targeting vulnerable groups, in order to achieve universal health coverage and access. Among the initiatives implemented in her country, she highlighted the development of a rights-based master plan for children and adolescents, plans and guidelines on sexual and reproductive health, and strategies to provide health care services targeting adolescents. Her Government was also participating in regional initiatives such as the development of a regional strategic plan to prevent adolescent pregnancy in Central America and the Dominican Republic.

The representative of LESOTHO thanked the Secretariat for its technical and financial support, in particular with regard to the reproductive, maternal, newborn, child and adolescent health and nutrition programme review; the national emergency obstetrics and newborn care needs assessment;

and the development of several interventions to strengthen maternal health services. Although her Government acknowledged the need to integrate gender-sensitive interventions into sexual and reproductive health strategies, Lesotho, like other countries, faced challenges including inadequate resources and weak health systems; WHO should therefore continue to provide technical support and advocacy to mobilize the necessary resources to strengthen those areas.

The representative of OMAN, underscoring her country's commitment to implementation of the Global Strategy, said that the activities undertaken in that regard included the strengthening of health care services provided to newborns and children. Despite progress in reducing the maternal mortality rate, reducing the neonatal mortality rate continued to be a challenge owing to genetic diseases and birth complications. Her Government had strengthened its activities in that area and was taking steps to improve health care services for pregnant women.

The representative of the SECRETARIAT of the WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that tobacco consumption continued to be a worldwide epidemic, with smoking rates among women and girls predicted to rise significantly. Women in low- and middle-income countries were fast becoming the largest at-risk group. The secretariat of the WHO Framework Convention on Tobacco Control had worked closely with the WHO Secretariat and other partners to prepare a report entitled "Addressing gender-specific risks when developing tobacco control strategies". Two decisions had resulted from the related discussions at the seventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, namely that WHO should prepare a report for submission to the eighth session of the Conference of the Parties on tobacco use and its consequences among girls and women, as well as boys and men, and on policy options to ensure that gender-specific aspects were addressed; and that Parties to the Convention should cooperate at the global level to address the issue of increased tobacco consumption by linking human rights and development to the fight against the global tobacco epidemic. The Secretariat of the WHO Framework Convention on Tobacco Control would continue to work with WHO, non-State actors and United Nations bodies to protect all people from the devastating consequences of the tobacco industry's strategies to increase the number of tobacco consumers worldwide, particularly among the most vulnerable groups.

The representative of UNFPA said that adolescents should be prioritized in plans and programmes in order to ensure that they had the necessary knowledge, skills and opportunities to lead healthy, productive lives. Confidential sexual and reproductive health services must be made fully accessible to adolescents without parental permission. Furthermore, health systems should be designed to respond to the specific needs of adolescents. Achieving the goals of the 2030 Agenda for Sustainable Development would require effective data collection, particularly on the social, economic and political conditions experienced by women, children and adolescents and in-country disparities; programmes to shift the focus to the objectives of thriving and transforming; and measures to strengthen the links between the Global Strategy and the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents. Extra attention should be paid to the difficulties facing girls in refugee contexts, where access to appropriate health information and services was reduced; UNFPA had developed a related set of interventions and was willing to share its successes and lessons learned in that regard. She looked forward to working with WHO in accelerating action on the Global Strategy.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the involvement of adolescents in the development of the content of the indicator and monitoring framework for the Global Strategy. In future work, young people should be represented in all consultations. Moreover, data reflecting the complexity of young peoples' lives should be used effectively by governments, donors and youth groups. Youth organizations should be supported to ensure that they had the necessary resources to develop, scale up and sustain

their capacity to implement programmes for and with young people. Governments and the international community should take steps to advance the engagement of young people as a key stakeholder group, as agents of change and as equal partners.

**Mr Davies took the Chair.**

The representative of the INTERNATIONAL ALLIANCE OF WOMEN, speaking at the invitation of the CHAIRMAN, said that the inclusion of adolescents in the Global Strategy would help to end avoidable deaths and reduce preventable maternal morbidity. Young women faced a number of challenges; to enable them to become potential agents of change, basic education for all adolescents on their human rights, together with information on sexuality and family planning, was essential. She encouraged all governments to provide free access to counselling on family planning, to replenish stocks of free contraceptives, and to support such infrastructure at the community level. In countries where safe, legal pregnancy termination was not available, she called for the availability of emergency contraception for all women of childbearing age.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the focus on adolescent health issues, but said that streamlined efforts were needed to tackle the core issues that caused poor health outcomes for newborns, children and adolescents. Increased efforts were needed to remove barriers to accessing comprehensive sexual and reproductive health services and sexuality education for adolescents, and respond to the health needs of adolescents through the Global Accelerated Action for the Health of Adolescents framework in order to advance country implementation of the Global Strategy.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents and the proposal to create a joint programme of work to support the implementation of those recommendations. Harmful social, gender and cultural norms and structural barriers persisted, with significant consequences for the lives, dignity and well-being of women, children and adolescents. A human rights-based approach to policies and programmes based on the WHO Constitution and relevant human rights instruments was therefore vital. The principles of gender equality, non-discrimination, non-violence, inclusiveness, participation and transparency should be the basis for health strategies at all levels; moreover, strong accountability mechanisms at all levels of decision-making, together with well-funded and robust data collection were also essential for effective monitoring and evaluation mechanisms and the development of policies that truly made a difference. Civil society organizations needed a safe space in which to work, and partnerships with governments and bodies of the United Nations system should be developed.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that investment in universal coverage of quality health care around the time of birth and during the first month of life would save the lives of millions of women and children every year; The Save the Children Fund and its partners had recently launched an initiative in that respect. Welcoming the guidance for implementation of the Global Accelerated Action for the Health of Adolescents framework, she said that particular attention needed to be given to the 16 million adolescents aged 15–19 that gave birth every year and experienced significant discrimination.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that comprehensive work would be needed to evaluate the burden of cardiovascular disease on women's, children's and adolescents' health as part of efforts to implement the Global Strategy. It was therefore important to invest in the strengthening of health information systems, civil

registration and collection of vital statistics; ensure that clinicians, researchers and patients were able to access and contribute to sex- and age-specific data on cardiovascular disease in order to provide appropriate care; and provide screening for cardiovascular disease and lifestyle counselling to low-income and post-menopausal women.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that the focus on adolescent health should facilitate integration of the agendas on noncommunicable diseases and reproductive, maternal, newborn, child and adolescent health. She encouraged Member States to develop and implement integrated policies in that regard; develop sustainable strategies to maximize and increase the use of domestic resources for health guided by the Addis Ababa Action Agenda of the Third International Conference on Financing for Development; strengthen the capacity of the Health Data Collaborative to include disaggregated data on noncommunicable diseases; and promote and support meaningful engagement with civil society on country-led multisectoral actions.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, welcomed the recommendations of the High-level Working Group on the Health and Human Rights of Women, Children and Adolescents, but regretted that a comprehensive approach addressing the wide spectrum of social determinants of health had not been clearly developed in the Global Strategy. Efforts to address adolescent health must include action to prevent suicide among adolescents, which was a leading cause of death among that age group. She noted with concern that the report did not refer to the important role played by physicians and other health professionals in terms of prevention, treatment and documentation. The Association looked forward to working with WHO on implementation of the Global Strategy.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged Member States to develop evidence-based national strategies on adolescents' issues; strengthen civil registration, collection of vital statistics, and health information systems; adopt the Global Accelerated Action for the Health of Adolescents framework; and focus on the link between health and human rights, making special efforts to address the needs of vulnerable groups of adolescents.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed grave concern at the decision taken by the United States of America regarding funding for organizations that promoted or provided abortions. Sexual and reproductive health rights were central to discussions on the human rights of women and adolescents and there was evidence that restrictions in that respect led to increased numbers of unsafe abortions, which in turn contributed to higher mortality rates and more health complications among women and adolescents. As such, the current funding situation was likely to stall progress in terms of achievement of the goals contained in the Global Strategy. She encouraged Member States to request the Secretariat to prepare estimates of the anticipated morbidity and mortality burden subsequent to the change in funding. The World Health Assembly and the Secretariat should comment on the matter in order to reiterate WHO's accountability to women, children and adolescents worldwide.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the development of guidance for implementation of the Global Accelerated Action for the Health of Adolescents framework. Expressing concern at the increased medicalization of female genital mutilation, she welcomed the efforts of WHO in that sphere. Full implementation of the Global Strategy should include greater attention to, and investment in, participatory monitoring and accountability mechanisms at all levels and in all contexts. Involving citizens, including children

and adolescents, in the gathering and sharing of data, and in planning, monitoring and reviewing progress, was vital to ensure that global goals translated into tangible local change.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed disappointment that the revised Global Strategy did not cover palliative care, which was a key component of essential health care services as defined within the concept of universal health coverage. The majority of primary and secondary caregivers for people with communicable and noncommunicable diseases were women and girls, who were often unsupported and ill-prepared for such a demanding role. Community-based palliative care programmes were a useful tool for training and supporting caregivers. She encouraged Member States to implement resolution WHA67.19 (2014) on strengthening palliative care and to provide support to caregivers and their patients.

**Dr Al-Kuwari resumed the Chair.**

The DIRECTOR (Maternal, Newborn, Child and Adolescent Health) acknowledged the points raised, including with respect to the quality of care for women; sexual and reproductive health; activities in humanitarian and conflict settings and during outbreaks of diseases; the importance of community services and gender empowerment; the need for further investment in antenatal care, skilled birth attendance, and maternal death surveillance and response; and the importance of partnerships. With respect to the Global Accelerated Action for the Health of Adolescents framework, he agreed that addressing the issues related to that initiative, such as road traffic accidents, dealing with stress, nutrition, physical activity, and alcohol and tobacco use, would have significant cross-generational economic benefits. Combating noncommunicable diseases, most of which had their origins in childhood and adolescence, was vital, and it was important to develop a stronger evidence base for interventions for adolescents and to show the economic benefits of such activities. Regarding health and human rights, he acknowledged the comments made on the importance of addressing violence, female genital mutilation and child marriage and the need to reach out to marginalized young people. Concerning the need for data, he recalled that WHO had established an online portal on the Global Strategy, with information on the indicators, and the Expert Review Group for Mother and Newborn Information for Tracking Outcomes and Results had been created. Concerning the comments related to streamlined reporting, he explained that the Global Strategy covered a broad range of topics; each year the Secretariat's report would focus on a key area, such as adolescents' health. The Secretariat's report to the Seventy-first World Health Assembly would focus on early childhood development.

**The Committee noted the report.**



**2. COMMUNICABLE DISEASES:** Item 14 of the agenda (continued)

**Global vector control response:** Item 14.2 of the agenda (documents A70/26 Rev.1, A70/26 Rev.1 Add.1 and A70/26 Rev.1 Add.2)

The CHAIRMAN said that informal consultations had taken place to consider the draft resolution on the item, which was contained in document A70/26 Rev.1 Add.1. The financial and administrative implications for the Secretariat of the adoption of the draft resolution were contained in document A70/26 Rev.1 Add.2.

The representative of AUSTRALIA, speaking in his capacity as chair of the informal consultations, said that, following discussions on amendments to the draft resolution, the following revised text had been agreed on:

The Seventieth World Health Assembly,

**PP1** Having considered the report on global vector control response;<sup>1</sup>

**PP2** Appreciating the work of the Secretariat in developing through broad consultation with Member States and members of the global health community a comprehensive global vector control response 2017–2030,<sup>2</sup> which served as the basis for the report;<sup>1</sup>

**PP3** Acutely aware of the burden and threat of vector-borne diseases to individuals, families and societies throughout the world, and the influence of social, demographic and environmental factors, including climate change and other climate- and weather-related factors, and increasing vector resistance to insecticides and the spread of mosquitoes and other vectors to unaffected areas;

**PP3 bis** Recognizing the need for cooperation to prevent, detect, report and respond to outbreaks of vector-borne diseases so as to avoid a public health emergency of international concern (PHEIC) under the International Health Regulations (2005);

**PP3 ter** Noting the recent gains which have been made against malaria, onchocerciasis, lymphatic filariasis, Chagas diseases, and others, as well as previous failures and existing challenges, and that lessons learnt could be used for other vector-borne diseases;

**PP4** Recognizing the need for an integrated comprehensive approach to vector control that will enable the setting and achievement of disease-specific national and global goals and contribute to the attainment of the Sustainable Development Goals, to addressing the social determinants of health, and to tackling health inequities;

**PP5** Deeply concerned by the current limited capacity and capability for vector control globally, and in particular the acute shortage in public health and development programmes of personnel with skills in public health entomology;

**OP1** WELCOMES the strategic approach for the integrated global vector control and response, as articulated in the report and its annex;

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<sup>1</sup> Document A70/26 Rev.1.

<sup>2</sup> The full draft document can be accessed at <http://www.who.int/malaria/global-vector-control-response> (accessed 15 May 2017).

**OP2** URGES Member States:<sup>1</sup>

- (1) to develop or adapt, as appropriate, existing national vector control strategies and operational plans to align them to the strategic approach on vector control, as summarized in the report;<sup>2</sup> and consistent with the International Health Regulations;
- (2) to build and sustain, as appropriate, adequate human-resource especially public health entomology, infrastructural and institutional capacity and capability at all levels of government and across all relevant sectors, based on a vector control needs assessment;
- (3) to promote basic research on vectors and their transmission of pathogens, and applied research on vector control tools including biological tools technologies and approaches to evaluate their impact on disease, socioeconomic development, human populations and the environment, and to assess how to integrate them with vaccines, medicines and other interventions;
- (4) to promote collaboration in line with One Health and integrated vector and communicable disease approach as appropriate across all levels and sectors of government including municipality and local administrative structures, and with engagement and mobilization of communities through organized stakeholder groups;
- (5) to strengthen national and subnational capacity, as appropriate, for vector surveillance, forecasting and intervention monitoring, including for vector pesticide resistance, and impact of pesticides on environmental and human health, and to integrate them with public health surveillance systems;
- (6) to strengthen and engage in cross-border and regional collaboration by means that include networks in line with the International Health Regulations (2005) in order to build adequate capacity for prevention, surveillance, control and response for vector-borne diseases;
- (7) to collaborate, as appropriate, with international, regional, national and local institutions and non-State actors from relevant sectors to support and contribute to the implementation of WHO's strategic approach on integrated vector and disease control;

**OP3** REQUESTS the Director-General:

- (1) to continue to develop and disseminate normative guidance, policy advice and implementation guidance that provides support to Member States<sup>1</sup> to reduce the burden and threat of vector-borne diseases, including to strengthen human-resources capacity and capability for effective locally adapted sustainable and ethically sensitive vector control;
- (2) to continue to promote research on vector-borne disease systems and development of innovative products, methods, tools, technologies and approaches and to support the generation of evidence-based knowledge on their safety, efficacy and impact on disease, socioeconomic development, human populations and the natural environment;
- (3) to review and provide technical guidance on the ethical aspects and issues associated with the implementation of new vector control approaches in order to develop mitigating strategies and solutions;
- (3 bis) to review the ethical aspects and related issues associated with vector control implementation, and including social determinants of health in that review, in order to develop mitigating strategies and solutions to tackle health inequities;
- (4) to disseminate widely and update as appropriate technical guidance on integrated vector control for all relevant vector-borne diseases, especially as new evidence-based knowledge becomes available for improved and novel products, tools, technologies and approaches;

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<sup>1</sup> And, where applicable, regional economic integration organizations.

<sup>2</sup> Document A70/26 Rev.1.

- (5) to strengthen the capacities and capabilities of the Secretariat at the global, regional and country levels and ensure that all relevant parts of the Organization across all three levels are actively engaged to lead a coordinated global effort that includes collaboration with other organizations of the United Nations system and other intergovernmental agencies for better implementation of vector control;
- (6) to develop, in consultation with Member States and through regional committees as appropriate, regional action plans aligned with WHO technical guidance on vector control including the priority activities as described in the report;<sup>1</sup>
- (6 bis) to provide support to countries to develop and/or update National vector control and vector-borne disease control strategies aligned to the strategic approach of the Global Vector Control Response 2017–2030 and as appropriate, to other ongoing communicable disease control strategies and emergency response to outbreaks;
- (7) to monitor the implementation of the global vector control response 2017–2030, and report back on its impact and the progress made towards the milestones and targets at the Seventy-fifth, Eightieth and Eighty-fifth World Health Assemblies.

The representative of BAHRAIN described her country's comprehensive disease control programme and the progress achieved in that regard. She expressed support for the revised draft resolution and for the implementation of a comprehensive policy to combat vector-borne diseases.

The representative of the UNITED REPUBLIC OF TANZANIA said that vector-borne diseases were a major public health challenge in sub-Saharan Africa; however, most such diseases were preventable through the effective implementation of vector-control measures and strong political and financial commitment. He was pleased to note that the draft global vector control response 2017–2030 focused on interventions that targeted the vectors themselves and called for additional efforts and resources in that regard. He expressed support for the revised draft resolution and requested the Secretariat to provide support to countries in developing and updating national vector control strategies in line with the draft global vector control response.

The representative of JAMAICA said that in the light of the rise in vector-borne disease outbreaks over the past decade, the Jamaican Government had established a mosquito control and research unit to conduct research and coordinate vector control activities for Jamaica and the wider Caribbean region. In addition, 67 sentinel sites had been set up for enhanced surveillance of *Aedes aegypti*, and an insecticide resistance monitoring programme had been launched as part of efforts to strengthen monitoring in Latin America and the Caribbean. Jamaica was also participating in an IAEA project to explore the use of a sterile insect technique component as part of integrated vector management programmes across Latin America and the Caribbean. She expressed support for the revised draft resolution.

The representative of TURKEY said that irregular migration, increased travel to and from endemic regions, and increased commercial activity with countries with a high incidence of vector-borne diseases had contributed to a growing burden of vector-borne diseases in his country. Vector control required a comprehensive approach covering the entire chain of infection; to that end, his Government promoted multisectoral actions and multistakeholder collaboration, for example in raising awareness and in promoting the appropriate use of biocidal products. National vector control strategies were vital, and he encouraged WHO to regularly assess country performance and share best practices.

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<sup>1</sup> Document A70/26 Rev.1.

The representative of the RUSSIAN FEDERATION expressed support for the priorities identified in the draft global vector control response. In the Russian Federation, vector control strategies were centred on entomological monitoring and preventive and rapid response measures, with a special focus on training specialists. Given the growing problem of importation of vector-borne diseases, enhanced international cooperation and preventive action were vital; an expert group should be established to develop WHO policies on those key issues. Her Government stood ready to support WHO efforts to that end, including by sharing its expertise. She expressed support for the revised draft resolution.

The representative of SAUDI ARABIA, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that vector-borne diseases were a major public health concern throughout the Region. Despite the progress made, in particular regarding malaria, other vector-borne diseases such as leishmaniasis and dengue persisted. Special measures had been taken to combat new threats posed by the re-emergence of certain diseases due to internal displacement and inadequate health services in refugee contexts. While the draft global vector control response called for actions to be aligned with local needs, more detailed needs assessments were required at the country level, especially with regard to leishmaniasis, and actions to tackle mosquitoes and specific vector-borne disease, as well as outbreaks, should be identified. Countries in emergency situations needed additional financial resources and support, including the establishment of emergency response mechanisms. It was essential to implement the draft global vector control response without delay.

The representative of the DOMINICAN REPUBLIC emphasized the importance of global vector control efforts. In 2013 and 2014 the Dominican Republic had reported the highest number of suspected cases of chikungunya in the Americas and Hispaniola was the only Caribbean island with indigenous transmission of malaria. As a result, her country had updated its policies and strategies in order to prioritize vector control measures. Migration, precarious settlements and insufficient financial and human resources for health further exacerbated the transmission of vector-borne diseases. Comprehensive vector control measures must: focus on cost-effective interventions that were proven, sustainable and adapted to the national context; promote the use of techniques such as sterile insect technique in national plans and strategies; support the correct use of monitoring systems and innovative entomological surveillance systems, including insecticide resistance monitoring and vector behaviour studies; and take account of international migration and the associated risk of introduction of new species as part of an integrated vector management approach. The draft global vector control response provided an excellent opportunity for Member States to restructure entomological systems, incorporate cutting-edge vector control technologies and conduct research and training activities, with the support of the Secretariat.

The representative of PANAMA said that, while progress had been made in controlling and eliminating vector-borne diseases, additional sustained and effective interventions were required, in particular in developing countries, including Panama. Although the risk of malaria transmission in Central America had been greatly reduced, *Aedes aegypti*-related vector-borne diseases persisted. Her Government was committed to tackling vector-borne diseases and had introduced new vector control strategies, as well as measures to strengthen the health system and ensure adequate funding for the training of human resources. Community empowerment was a vital aspect of effective prevention, control and elimination activities, in view of the importance of addressing the social determinants of vector-borne and other diseases. WHO and other partners played a crucial role in providing guidance on appropriate and successful vector control measures. Her Government fully supported the draft global vector control response.

The representative of FRANCE expressed support for the integrated approach set out in the draft global vector control response that targeted vectors, rather than diseases. Vector control activities must be coordinated with existing WHO programmes, including the WHO Health Emergencies

Programme, the International Health Regulations (2005), and the WHO research and development blueprint for action to prevent epidemics. A clearer definition was needed of the link between the draft global vector control response and the global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response and its role in policies to strengthen health systems. The research and development blueprint should drive the development of new tools and innovative preventive measures for vector control, with due respect for environmental and ethical considerations. In that regard, she commended UNITAID's recent call for proposals to accelerate access to and adoption of innovative vector control tools. Global vector control response efforts would yield tangible results only if the effectiveness of the proposed interventions was monitored closely.

The representative of NIGER said that effective, locally adapted vector control was crucial to the achievement of Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Although important progress had been made in malaria control, the morbidity burden associated with other vector-borne diseases had increased in recent years. His Government had implemented three consecutive malaria control strategies, but remained vulnerable to transmission. Intersectoral cooperation, community empowerment and technical and financial support to strengthen vector control capacities at the international and national levels were key to vector control efforts. He expressed support for the revised draft resolution.

The representative of BRAZIL said that social, demographic and environmental factors strongly influenced the transmission patterns of vector-borne diseases. Expressing support for the global vector control response framework and the priorities outlined in the report, he described the vector control actions and strategies developed by his Government which were based on an integrated, multisectoral approach with community engagement to improve the efficacy, cost-effectiveness, sustainability and ecological viability of vector control measures. Brazil also strongly supported PAHO's Strategy for Arboviral Disease Prevention and Control. The report on the draft global vector control response should be discussed further at WHO regional committee meetings, taking account of region-specific circumstances. Vector-borne diseases did not respect borders; international cooperation was therefore important to enhance national, regional and global human resource and health surveillance capacities.

The representative of MALAYSIA said that her country had made significant progress towards the control and elimination of malaria and dengue as a result of surveillance, integrated vector management, improved human capacity and community empowerment. However, more evidence-based, flexible and locally tailored vector control strategies were needed, and recent advances in vector control and surveillance needed to be leveraged in order to reinvigorate vector control efforts. A comprehensive approach was essential to ensure a sustainable impact. In addition, existing vector-borne disease control programmes should be realigned to better cope with multiple vectors and diseases. She expressed support for the global vector control response.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, said that the draft global vector control response would support countries in mounting coordinated and coherent efforts to counter the increasing burden and threat of vector-borne diseases. Enhanced vector control programming, more technical staff, stronger monitoring and surveillance systems and improved infrastructure were critical. Implementation of national strategies had led to important progress with regard to some vector-borne diseases, including malaria, onchocerciasis, lymphatic filariasis and Chagas disease, but the burden of many others had increased in recent years. Social, demographic and environmental factors had resulted in intensification, geographical spread, re-emergence or extension of transmission. Infrastructural improvements were also needed, in particular to ensure the provision of clean water and adequate sanitation in order to control diseases spread by mosquitoes. The Member States of the African Region supported the revised draft resolution.

The representative of IRAQ provided details of the national vector control action plan, as a result of which Iraq had been free of indigenous malaria for over nine years; effective surveillance of imported malaria was ongoing. His Government was also engaged in efforts to control leishmaniasis, including in emergency situations among internally displaced persons, and had integrated surveillance of communicable diseases with surveillance of environmental indicators. He called on the Secretariat to provide more support to countries facing emergency situations, in the form of human resources and institutional capacity-building, in order to prevent and control vectors as part of primary health care.

The representative of NEW ZEALAND highlighted the impact of arboviral diseases in the Western Pacific Region. She commended the Secretariat for its timely response to Member States' request for the development of a global vector control response. The lessons learned from that response process should be replicated within WHO in future. She was pleased to note that implementation of an integrated approach to vector control, framed within the context of achieving the Sustainable Development Goals, had received broad support, and fully endorsed the revised draft resolution. Evidence-based, intersectoral, community-engaged and sustainable vector control efforts had the potential to significantly reduce the global burden of vector-borne diseases.

The representative of MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, said that two countries in the Region, Maldives and Sri Lanka, had recently been certified by WHO as being malaria-free, demonstrating strong political and financial commitment and substantial investments in health system capacities. Although the implementation of many regional and global health initiatives had helped to lower the incidence of, and number of deaths caused by, some vector-borne diseases, transmission was being affected by factors such as globalization of trade, international travel and the environment. The Member States of the South-East Asia Region therefore strongly supported the draft global vector control response, in particular pillar 2 (engage and mobilize communities), which would enhance the sustainability of interventions. The Member States of the Region supported the revised draft resolution, and were committed to implementing WHO strategies to reduce mortality, morbidity and the economic impact of vector-borne diseases in the Region.

The representative of ARGENTINA agreed with the four pillars outlined in the draft global vector control response, which were similar to those applied in her country's vector control programme. Her Government had engaged with academic experts researching new vector control technologies, and with other institutions, in order to promote and strengthen community mobilization for behavioural change. Much remained to be done, however, to enhance human, infrastructure and health system capacity for vector control and surveillance in all relevant sectors; increase basic and applied research to optimize vector control; and innovate to develop new instruments, technologies and approaches. She supported the revised draft resolution on the global vector control response.

The representative of JAPAN welcomed the draft global vector control response and expressed support for the revised draft resolution. Community involvement was indeed a key factor of vector-borne disease control and prevention, as was the involvement of, for example, the education sector, to raise awareness in schools in the light of local conditions; the Secretariat was right to include that aspect in the draft global response. Other important aspects were robust surveillance of vector-borne diseases in each country and information-sharing between the countries in a region, to prevent cross-border transmission and epidemics. WHO and its regional offices were requested to continue showing strong leadership in coordinating vector-borne disease control at the global, regional and country levels.

The representative of ZIMBABWE expressed support for the revised draft resolution. History had shown that most vector-borne diseases could be prevented and even eliminated by properly implemented vector control measures, which boasted some of the highest cost-effectiveness ratios in public health but required political and financial commitment and substantial investment by

governments and non-State actors. The measures applied for the successful control and elimination of malaria, trypanosomiasis, lymphatic filariasis, yellow fever and schistosomiasis – wide-scale household coverage of indoor residual spraying, larval source management and the widespread distribution and use of long-lasting insecticide-treated nets – had to be pursued with a view to maximizing the impact on all vector-borne communicable diseases within national health systems at all levels.

Weak communicable disease control programmes and public health systems hindered sustained access to and coverage by key vector control interventions. They had to be strengthened through more sustained investment, coordination and capacity-building in integrated disease surveillance and monitoring systems. In addition, steps had to be taken to integrate the impact of climate change on the re-emergence and distribution of vector-borne diseases into all projects implemented at national and regional level, and to address the challenge of resistance to insecticides.

The representative of SRI LANKA expressed support for the revised draft resolution. Malaria had been eliminated in Sri Lanka in 2016, and the Ministry of Health had received political commitment at the highest level to achieve effective, locally adapted and sustainable dengue vector control. Importantly, Sri Lankan communities were always encouraged and mobilized to take responsibility and demonstrate leadership in the implementation of vector control and surveillance activities.

The representative of SWITZERLAND expressed support for the revised draft resolution. She thanked the Secretariat for having conducted a global consultative process on the draft global vector control response, which drew on synergies between different WHO departments, including the Special Programme for Research and Training in Tropical Diseases, and emphasized WHO's role as a standard setter. The draft global vector control response's strategic direction, in the establishment of which WHO had played a leading role, looked beyond the vector in question and put forward an evidence-based approach that encompassed the ethical aspects of implementing vector control. That broader perspective comprised action aimed at examining the determinants of health and equity, in line with the Sustainable Development Goals. Inter- and intrasectoral action was an essential component of effective vector control, as was stronger community mobilization, and their inclusion in the draft global vector control response was to be commended. The Secretariat was encouraged to cooperate closely with partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Roll Back Malaria Partnership.

The representative of AUSTRALIA noted that effective vector control was central to achieving malaria elimination in the Greater Mekong Subregion, which was a priority for Australia and which it was supporting through regional mechanisms such as the Asia Pacific Leaders Malaria Alliance. Vector control was more imperative than ever because changing demographic, social and environmental risk factors for vector-borne disease, including climate change, were extending the reach of vector populations and influencing disease transmission patterns. Northern Australia, for example, had experienced outbreaks of dengue fever even though the disease was not endemic in the country.

The draft global vector control response was welcome, in that it provided comprehensive, strategic and timely guidance for strengthening vector control; adopted an integrated approach; positioned vector control as fundamental to long-term disease prevention and outbreak response; and focused on engaging and mobilizing communities. Its implementation would entail a number of practical challenges, such as integrating existing national malaria and dengue control programmes and coordinating intersectoral responses. Australia endorsed the revised draft resolution.

**Mr Davies took the Chair.**

The representative of GHANA said that vector-borne diseases, in addition to imposing a high disease burden and causing premature deaths, significantly reduced productivity and performance, a negative socioeconomic impact that was exacerbated by the high costs of treating the sick. Furthermore, the presence of infective agents in the vectors posed a global challenge for elimination and eradication initiatives. Pointing out that insecticide resistance and shifts in vector behaviour that reduced the efficacy of interventions threatened to undermine prevention approaches, she called on Member States and the global community to show greater political and financial commitment and to step up investment in vector control, moving beyond the more extensive deployment of insecticide-treated nets and indoor residual spraying against malaria vectors in particular, to reconsider the responsible and environmentally friendly use of other insecticides. A world in which no one suffered from vector-borne diseases was achievable if all concerned worked together. She expressed support for the revised draft resolution.

The representative of CHINA said that, having proposed that WHO should deliberate on vector control in 2016 and 2017, her country appreciated the Secretariat's swift decision to conduct extensive consultations, and the open and transparent process by which the revised draft resolution had been drawn up. The development of global vector control measures would help Member States and development partners effectively and efficiently control transmission by vectors, address the growing health burden of vector-borne diseases, strengthen health systems and achieve the 2030 Agenda for Sustainable Development. She expressed support for the revised draft resolution and called on all Member States to support its adoption. Member States should develop national vector control strategies adapted to their national circumstances and based on the draft global vector control response; strengthen multisectoral collaboration and public participation; and mobilize all available human, financial and material resources to prevent and control the transmission of vector-borne diseases. The Secretariat, for its part, should continue providing Member States with support for the development of national control strategies, monitoring and evaluation of vector control, and research into innovative control measures.

The representative of BARBADOS said that her country was affected in various ways by vector-borne diseases: as a major tourist destination, as a developing State, and as a small island developing State in the Americas. In response, it had adopted an integrated management strategy comprising optimum use of laboratory resources, epidemiology, implementation of a risk and crisis communication plan, clinical case management and integrated vector management. Those various activities had proven to be more effective when carried out in combination than in isolation. She endorsed the draft global vector control response and said that her country would welcome support as it sought to strengthen its health and surveillance systems.

**Mr Hurree took the Chair.**

The representative of THAILAND expressed concern that, like other south-east Asian countries, his country had limited capacities to train public health entomologists in vector control. A further concern related to the consequences of the long-term use of chemicals for vector control, such as the emergence of pesticide-resistant vectors, contamination of the environment, food and soil, and the presence of pesticides throughout the food chain. Evidence had confirmed the correlation between exposure to chemicals and cancers in humans. Rapid technological development had resulted in several promising new biological interventions. WHO and the scientific community should scale up enquiries into the impact of chemicals on the environment and human health, and increase the use of biological interventions for vector control. He expressed strong support for the draft global vector control response and for the revised draft resolution.

The representative of the PHILIPPINES expressed support for the adoption of the draft resolution and for the two core elements of the draft global vector control response: to enhance vector



control capacity and capability, and to increase basic and applied research and innovation. Together with the other Western Pacific countries, her country was accelerating the pace of its activities to eliminate malaria, with vector control currently focusing on the remaining endemic areas, accompanied by foci investigation and entomological surveillance. Its malaria programme continued to strengthen capacities at subnational level, specifically in vector surveillance, and to sustain research activities. Vector control activities to prevent other vector-borne diseases, such as dengue, Zika virus disease and chikungunya, had also been accelerated and emphasized advocacy to mobilize communities, schools and stakeholders on environmental control.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledging that vector control was vital to tackling a number of diseases, including malaria, neglected tropical diseases, dengue, yellow fever and Zika virus disease, commended the draft global vector control response for highlighting the importance of vector control and adopting a national, integrated health system and community-based approach to the matter. However, for certain areas of vector control, in particular for *Aedes aegypti*-borne diseases, no sufficient evidence or effective interventions were at present available. Other challenges included how best to introduce new tools with complicated and resource-intensive implementation requirements into national vector control programmes, and how to ensure community engagement. She asked what the Secretariat was doing to help address those challenges.

The representative of the UNITED STATES OF AMERICA expressed support for the goals of the draft global vector control response and for the draft resolution. The sustainability of efforts to scale up vector control globally would depend on long-term political commitment, advocacy, funding and intersectoral coordination, yet the budget estimates in the draft global vector control response covered only needs assessments, staffing, task force meetings and entomological monitoring, and not the implementation of vector control or research and development. The Secretariat should produce cost estimates for scaling up activities in priority areas, including surveillance and research and development in respect of arthropod-borne animal diseases. It should also set goals and targets for resource mobilization, and stipulate that Member States were expected to develop financial plans for implementation. Although the draft global vector control response set a target of 60% fewer deaths from vector-borne diseases, it included no disease-specific indicators. Concrete, realistic and measurable milestones were needed to enable Member States to assess their progress in controlling specific vector-borne diseases.

Recognizing that achieving the goals of the draft global vector control response would require substantial investment in research and development, including improved use of informatics tools and new mosquito-control technologies, he expressed support for interdisciplinary research on vector-borne disease systems and for the development of improved and novel vector-control tools, technologies and One Health approaches. Investing in the development of human capacities was merely the first step in scaling up vector control. Community engagement was also required: vector control efforts would be more sustainable and successful if local populations were involved.

The representative of INDONESIA said that vector-borne diseases remained a major threat to global health, particularly in the light of emerging diseases such as Zika virus disease and the impact of climate change. Her Government continued to make vector control a priority, but greater synergy among the international community was needed to ensure that vector-borne diseases were eradicated. The draft global vector control response should be centred on strengthening human and institutional capacities, optimizing research and development capacities, encouraging innovation, and raising awareness of the importance of prevention among communities – with families and communities playing a more prominent role. She suggested using biomolecular methods to evaluate resistance and identify means and methods of transmission, and urged the Secretariat and all Member States to continue to make global vector control a priority.

The representative of NIGERIA said that, despite recent progress in vector control, mosquitoes remained a vector of a number of diseases in parts of Africa, and Nigeria in particular. Her Government was committed to implementing the draft global vector control response and welcomed its innovative approach. Due to the growing threat of vector resistance, the monitoring and management of vector resistance had been made a priority, along with capacity-building and operational research in malaria vector control. Entomological studies had been conducted, and insecticide resistance sentinel sites established across the country had confirmed that the resistance of malaria vectors to insecticide was spreading across Nigeria and to other endemic countries, creating an urgent need for an insecticide management plan with clear options and mitigation measures. She urged WHO and Member States to continue their efforts to mitigate insecticide vector resistance.

The representative of GEORGIA said that large-scale preventive measures were in place in Georgia to ensure vector control. Entomological monitoring was conducted every year; an operation response plan to Zika virus had been developed; and a vector control strategy was being drawn up. She expressed her support for the revised draft resolution.

The representative of GERMANY welcomed the draft global vector control response as a tool for preventing the spread of vector-borne diseases. Due to rising temperatures, vectors such as mosquitoes and ticks were likely to spread to new areas through assimilation. More routine surveillance was needed in areas identified as introduction sites for exotic vectors.

The representative of NICARAGUA said that, while dengue continued to be the most prevalent vector-borne disease in the Americas, other diseases, such as chikungunya and Zika virus, had spread in recent years, owing to a combination of dense vector populations and social, economic and environmental factors. His Government applied a family- and community-based approach to prevention and control, which it had made a national priority. Health care services were organized to ensure early detection and timely management of suspected cases and consultations with expert focal points at the departmental, regional and national levels. He commended the Secretariat for making vector control a priority and expressed support for the revised draft resolution.

The representative of COLOMBIA welcomed the Secretariat's efforts to consolidate the draft global vector control response and expressed her support for the draft resolution. The guidelines provided would allow her Government to further strengthen its national vector control capacities, particularly with regard to developing tools and technologies to enhance vector control and human, infrastructure and health systems capacities. Despite the progress made, her Government still faced major challenges to maintaining capacity, implementing response plans and enhancing epidemic intelligence. The draft global vector control response needed to offer the required technical tools and strengthen actions aimed at managing risk and facilitating health promotion and disease prevention.

The representative of MEXICO said that her Government had built up its entomological surveillance and vector control capacities. Entomological, epidemiological and intervention-related data had been combined to improve decision-making, with regular surveillance, monitoring and evaluation. While action was being taken to increase funding and adapt prevention and control activities to different epidemiological and entomological contexts, migration, the impact of climate change and declining numbers of skilled health care workers represented major challenges. Priority should be given to strengthening the participation of sectors, institutions and communities. She expressed support for the draft global vector control response and said that her Government would continue to work towards fulfilling its national commitments.

The representative of BOTSWANA welcomed the draft global vector control response and expressed support for the revised draft resolution.

The representative of QATAR expressed support for the draft global vector control response and the revised draft resolution, which would guide Member States and encourage them to tackle vector-borne diseases through effective monitoring and surveillance, without losing sight of the importance of infrastructure. Although there were no cases of malaria in Qatar, monitoring and evaluation mechanisms were in place. His Government had developed a national vector control programme that focused on prevention and had provided support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and similar national funds.

The DIRECTOR (Control of Neglected Tropical Diseases) welcomed the support, input and constructive feedback regarding the draft global vector control response and the draft resolution. He thanked the representatives of Australia and New Zealand for chairing the informal consultations. The draft global vector control response 2017–2030 had been developed through a fast-track process after Zika virus had been declared an international public health emergency, alongside outbreaks of yellow fever, rising incidents of other vector-borne diseases and the massive burden of malaria. The key objectives had been to provide an integrated response to the growing global trend and to build political momentum to take urgent action. Immediately after the 139th session of the Executive Board, the Secretariat had begun to engage with Member States, United Nations agencies, technical experts and other partners in order to refine the draft global vector control response. At the 140th session of the Executive Board, Member States had asked the Secretariat to make some amendments to the draft global vector control response and to develop a draft resolution.

He noted with satisfaction that Member States had welcomed the comprehensive, integrated approach set out in the draft global vector control response, which involved scaling up vector control interventions that were effective against multiple diseases and implementing environmental measures. The need for intersectoral cooperation, community engagement, and enhanced and sustained surveillance, including the monitoring of insecticide resistance, and the need for stronger peripheral capacities to carry out appropriate vector control interventions as part of community-based systems and services had been highlighted. The Secretariat had noted the recommendation to work closely with other ongoing initiatives and the importance of monitoring ethical aspects and the environmental impact and safety of interventions. The Secretariat would continue to promote, assess and guide the development of new technologies and strategies through the vector control advisory group, particularly with regard to controlling *Aedes aegypti*. The Secretariat would also continue to work with the regional offices to support Member States in their implementation plans and further refine the costing of those plans. The Secretariat, working closely with its partners, looked forward to supporting a global scale-up of vector control efforts and finding effective, locally adapted and sustainable solutions.

**The Committee noted the report.**

The CHAIR took it that the Committee wished to approve the revised draft resolution on the global vector control response – an integrated approach for the control of vector-borne diseases.

**The revised draft resolution was approved.<sup>1</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA70.16.

### **3. PROGRESS REPORTS:** Item 17 of the agenda (document A70/38)

The CHAIRMAN invited the Committee to consider the progress reports submitted under item 17 of the agenda by thematic group.

#### **Preparedness, surveillance and response**

##### **L. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))**

##### **M. Enhancement of laboratory biosafety (resolution WHA58.29 (2005))**

The representative of EGYPT, referring to progress report L, highlighted the relevance of smallpox eradication for his Government. Resolution WHA60.1 (2007) would remain valid until all variola virus stocks were completely destroyed. He asked the Secretariat what action had been taken in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND noted the conclusion of the Independent Advisory Group on public health implications of synthetic biology technology related to smallpox that the risk of re-emergence of smallpox had increased. It was therefore important to complete the agreed programme of research and further consider the implications of synthetic biology before reaching a decision on the destruction of variola virus stocks. She agreed that the issue should be added to the provisional agenda of the Seventy-second World Health Assembly.

The representative of JAPAN said that securing laboratory biosafety was essential, especially given the increasing threats of emerging and re-emerging infectious diseases and bioterrorism. There were worrying disparities between the levels of biosafety practiced by Member States, and WHO's work was essential in mitigating the related risks. He expressed support for the Secretariat's efforts to update biosafety manuals, publish technical documents and develop training programmes, and called for human and financial resources to be strengthened in that respect.

The representative of the UNITED STATES OF AMERICA expressed support for the conclusions of the WHO Advisory Committee on Variola Virus Research, mentioned in progress report L. Although synthetic biology was promising, it also brought potential threats and made possible the recreation of deadly viruses. It was therefore necessary to continue research on diagnostics and other medical countermeasures and expand research approaches for point-of-care, immunologically based assay systems. Emphasis should be placed on ensuring sufficient diagnostic capability in regions where other poxviruses could complicate early identification and differentiation from smallpox and other clinically related diseases. The Advisory Committee should continue to oversee and approve all research projects involving live variola virus.

The representative of BAHRAIN said that her country had introduced a number of measures to improve laboratory biosafety in collaboration with partners from both the public and private sectors. Capacity-building for public and private sector institutions had also been undertaken. WHO should endeavour to fill the gaps and create a safety culture based on cooperation between actors from the public and private sectors.

The representative of GHANA, speaking on behalf of the Member States of the African Region on progress report M, commended the Secretariat for scaling up its efforts to ensure safe and secure laboratory operations, the containment of biological hazards and the prevention of natural, accidental or deliberate release. As a result of the fairly high rate of disease outbreaks and emergencies in the Region, enhancing laboratory biosafety was a key requirement and she expressed concern at the limited implementation of resolution WHA58.29 (2005). The main challenges faced included a lack of

fundamental safety awareness and knowledge of good laboratory practices, inadequate supply of personnel protective equipment, low implementation of safety programmes that adhered to WHO guidelines, inadequate biosafety training programmes, inadequate biosecurity control, limited accountability for valuable biological materials within laboratories, and a lack of emergency response plans. She urged the Secretariat to scale up its activities on implementation of the resolution.

The representative of IRAQ stressed the need for national workplans, supported by WHO, on the adoption of biosafety approaches to facilitate accreditation of public health laboratories. A robust monitoring process was required to improve laboratory surveillance and thereby ensure health security.

The representative of INDONESIA, recognizing the importance of enhancing laboratory biosafety and biosecurity, said that a national committee had been established within her country to contain poliovirus type 2. The committee had links to local laboratories with storage capacity for biological agents that adhered to WHO regulations.

The representative of CANADA said that she welcomed the redesignation of the Public Health Agency of Canada as a WHO Collaborating Centre for biosafety and biosecurity. However, despite the progress made, much remained to be done, particularly in resource-limited countries. For example, had correct measures been in place during the outbreak of Ebola virus disease in West Africa, the numbers of confirmed or probable cases of the disease among health care and laboratory workers would have been much lower. The continued absence of national frameworks for biosafety and biosecurity was a significant global risk; infectious diseases knew no borders and the accidental or deliberate release of an infectious agent from a laboratory could have a significant global health impact. As a result, her Government had created a tool to assist countries in the development and implementation of national frameworks for biosafety and biosecurity based on their specific country contexts; that tool was being tested in five locations and the feedback would contribute to the development of a stand-alone tool that could be used by WHO. More information was needed to provide an overview of the global biosafety and biosecurity situation; the Secretariat had a key role to play in that regard through the review of Member States' reports on the International Health Regulations (2005), and it should regularly report on the matter. She encouraged alignment with other relevant forums, such as the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and the International Expert Group on Biosafety and Biosecurity Regulation, and said that the Secretariat should continue to designate collaborating centres for biosafety and biosecurity in order to leverage the willingness and ability of Member States to advance global priorities on the subject.

The representative of AUSTRALIA welcomed the recommendation of the WHO Advisory Committee on Variola Virus Research on increased preparedness to deal with the potential consequences of the synthesis and possible re-emergence of variola virus, and the expansion of expertise in the area of laboratory biosafety, biosecurity and diagnostics in that regard. Australian national policy on the issue was aligned with the proposed risk reduction strategies; his Government considered the work of the Advisory Committee to be a critical part of public health protection. It was important to complete the agreed programme of research on the variola virus.

The representative of the REPUBLIC OF KOREA said that consideration should be given to strengthening Member States' capacities to respond to potential smallpox outbreaks, including by improving diagnostic tools and therapies. She welcomed the efforts of WHO to address the gaps in laboratory biosafety. Since the adoption of resolution WHA58.29 in 2005, significant progress had been made in her country in that regard.

The representative of SAUDI ARABIA said that existing stocks of variola virus should be destroyed; a clear time frame was needed in that regard.

The representative of THAILAND agreed that existing variola virus stocks should be destroyed in a timely manner; he hoped for fruitful discussions on the issue at the Seventy-second World Health Assembly.

The representative of PANAMA said that her Government was endeavouring to strengthen biosecurity throughout the health system, with a particular focus on clinical and research laboratories. Nevertheless, much remained to be done in areas such as biosecurity practices, the safety culture, and management of biological risks. As a developing country with limited human and financial resources, Panama was reliant on support from WHO and other relevant actors in that regard.

The DIRECTOR (Country Health Emergency Preparedness and International Health Regulations) recalled that the Sixty-ninth World Health Assembly had decided to include a substantive agenda item on the destruction of variola virus stocks on the agenda of the Seventy-second World Health Assembly, in 2019.

The representative of EGYPT asked whether the report of the eighteenth meeting of the WHO Advisory Committee on Variola Virus Research had been published and whether smallpox would be on the agenda of the Seventy-first World Health Assembly.

The DIRECTOR (Country Health Emergency Preparedness and International Health Regulations) explained that the Secretariat would prepare a progress report on smallpox eradication for the Seventy-first World Health Assembly. The report by the Advisory Committee on its eighteenth meeting was now available on the WHO website.

### **Communicable diseases**

- D. Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- E. Global strategy and targets for tuberculosis prevention, care and control after 2015 (resolution WHA67.1 (2014))**
- F. Global technical strategy and targets for malaria 2016–2030 (resolution WHA68.2 (2015))**

The representative of the UNITED REPUBLIC OF TANZANIA, drawing attention to action taken in her country in collaboration with key stakeholders to tackle malaria, said that her Government would take steps to align its strategic plan on malaria with the recommendations contained in the Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region. Funding remained inadequate for some vector control interventions, such as indoor residual spraying and larviciding, despite their effectiveness, and she called for increased investment in such interventions.

The representative of the RUSSIAN FEDERATION, highlighting the progress made in her country on tuberculosis control, said that in order to achieve the full elimination of the disease by 2030, a number of challenges, such as the emergence of drug-resistant tuberculosis and tuberculosis and HIV co-infection, would need to be addressed. As such, new vaccines, quicker diagnostic tools and tests, and better medicines for tuberculosis were needed, together with improved access to such interventions. She drew attention to the first WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, to be held in the Russian Federation in November 2017. That Global Ministerial Conference would involve not only ministers of health, but ministers of finance and social development, heads of United Nations agencies, and representatives of nongovernmental organizations and civil society. Any outcome document issued by

the Global Ministerial Conference should be discussed at the United Nations General Assembly high-level meeting on tuberculosis to be held in 2018. Noting the intersectoral nature of the issue, she proposed that a report on the results and outcomes of the Global Ministerial Conference should be included in the documents for the Seventy-first World Health Assembly, together with a draft resolution in that regard.

The representative of MALAWI, speaking on behalf of the Member States of the African Region on progress report E, commended WHO for its efforts to address all forms of tuberculosis. The Member States in the Region were committed to aligning their national plans on tuberculosis with the most recent WHO guidelines in order to achieve the objectives of the End TB Strategy. In order to do so, multisectoral action would be needed to achieve universal health coverage and expand research into the diagnosis and treatment of HIV-related tuberculosis. Increased collaboration was also needed on the cross-border control of HIV-related tuberculosis, the development of shorter, more effective and more affordable treatments for more multidrug-resistant and extensively drug-resistant tuberculosis, and improved availability of medicines to manage tuberculosis and HIV coinfection.

The representative of JAPAN said that the Global Ministerial Conference that would be held in November 2017 and the United Nations General Assembly high-level meeting planned for 2018 would mark a turning point for ending tuberculosis.

The representative of ITALY commended the action taken by the Secretariat in the context of the global strategy and targets for tuberculosis prevention, care and control after 2015, the adoption of the End TB Strategy and Sustainable Development Goal 3. Tuberculosis remained a major cause of mortality and morbidity and more must be done to treat multidrug-resistant tuberculosis and update diagnostic tools and medicines. The Global Ministerial Conference scheduled for November 2017, and the United Nations General Assembly high-level meeting to be held in 2018, were commendable initiatives in that regard. He requested that WHO should submit reports on the outcome of the Global Ministerial Conference and the preparations for the United Nations General Assembly high-level meeting to the Seventy-first World Health Assembly, and a report on the outcome of the high-level meeting to the Seventy-second World Health Assembly.

The representative of NIGERIA, acknowledging the guidance the Secretariat had provided to countries in the roll-out of the End TB Strategy and the progress made thus far, said that tackling multidrug-resistant tuberculosis and the large number of undetected cases remained a tremendous challenge. Nigeria had embedded the End TB Strategy into its national sustainable development agenda and was focusing on closing the detection gap in particular. Sustaining Member State commitment and funding at all levels was crucial. The outcomes of the Global Ministerial Conference and the United Nations General Assembly high-level meeting should boost collective efforts to end the epidemic. She would appreciate reports on those two events.

The representative of THAILAND welcomed the progress made in the eradication of dracunculiasis. Good progress had also been made under the End TB Strategy, while the 3P Project was a laudable initiative. Tackling multidrug-resistant tuberculosis remained a global challenge. Research and development should focus on more effective, safer and shorter treatment for new cases that could promote adherence and prevent the emergence of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis. Malaria was endemic in certain areas of Thailand and other countries in the Greater Mekong Subregion, with artemisinin resistance a growing problem. Key challenges included data sharing and receiving timely information on outbreaks. Resource mobilization and improved value-for-money were crucial to eliminating the disease.

The representative of IRAQ said that, in his country, the problem of tuberculosis was compounded by the emergency situation and the presence of internally displaced persons. The

Regional Office for the Eastern Mediterranean needed technical and logistical support to combat tuberculosis, which should be reflected in workplans at the country level that took into consideration all epidemiological and demographic variables. He welcomed the 3P Project and highlighted the need to strengthen the country-coordinating mechanism and public–private partnerships.

The representative of BAHRAIN supported the work of WHO in seeking to implement the global strategy and targets for tuberculosis prevention, care and control and recognized the importance of surveillance and indicators in that regard. The updated normative and policy guidance, tools and strategic approaches to help implement the End TB Strategy, in particular with regard to multidrug-resistant tuberculosis, were welcome.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND took note of the considerable achievement of the joint work of WHO and the Carter Center to reduce the number of individuals affected by dracunculiasis. It was important to stay committed to eradication in the light of barriers such as conflict and insecurity, and guinea worm disease in dogs. While she commended the Secretariat and Member States for the progress made towards the attainment of the End TB Strategy, multidrug-resistant tuberculosis remained a significant burden. Work to end tuberculosis should therefore be linked to work on the global response to antimicrobial resistance.

The representative of ZIMBABWE said that the Global Ministerial Conference would provide an opportunity to discuss the paradigm shift needed to end tuberculosis, the funding gap for new activities and strategies to engage with other stakeholders in the fight against tuberculosis. Given the prevalence of tuberculosis in Zimbabwe, diagnostic tools to enable the early detection of the disease were welcome. The introduction of user-friendly, point-of-care technology for the early detection of tuberculosis should be accelerated, since it would be particularly useful in remote communities in African countries. The introduction of new medicines with fewer side effects and shorter regimens for multidrug-resistant tuberculosis was long awaited. Partners should continue to fund collaborative activities on tuberculosis and HIV.

The representative of the UNITED STATES OF AMERICA, speaking on behalf of the Member States of the Region of the Americas, said that he supported the End TB Strategy. Since the strategy's release, new data had revealed that the tuberculosis epidemic was larger than previously estimated, and while the burden of multidrug-resistant tuberculosis had not increased, it was still unacceptably high, while treatment success rates remained low.

The gap between WHO estimates of cases of multidrug-resistant tuberculosis and diagnoses of the disease highlighted the need for collaboration to create new tools and shorter, safer treatment regimens. Tuberculosis research lacked adequate funding to reach the goals outlined in the End TB Strategy. Progress on the collection and quality of data available would enable better research and tool design, intervention targeting and implementation. He welcomed the Stop TB Partnership and the acknowledgement of the need for a paradigm shift to achieve results.

The representative of SURINAME said that her Government had employed the End TB Strategy to complete its national strategic plan for tuberculosis for the period 2015–2020. WHO should advocate funding for resource-limited countries to sustain the success achieved thus far and make progress towards ending the tuberculosis epidemic. Declining donor funding would most seriously affect resource-limited countries, particularly those facing economic hardship and budget cuts due to the falling prices of international commodities.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region on progress report D, said that great strides had been made towards the elimination of dracunculiasis in that Region. He reiterated the progress outlined in the report, noting the support of the polio



surveillance network in searching for dracunculiasis cases and the personal involvement of the Director-General in monitoring the eradication of the disease. In order to sustain and build on successes thus far, WHO and its partners should bridge the funding gap for the period 2017–2020 in order to achieve the goals of eradication and certification. He urged the Secretariat to provide the necessary support in that regard.

The representative of PANAMA said that the work done under the End TB Strategy had brought to light the weaknesses faced by her country in meeting the goals established therein. Active and passive case finding and diagnostic capacity should be improved. With the guidance of WHO/PAHO and the collaboration of the Global Fund to Fight AIDS, Tuberculosis and Malaria, her Government was strengthening community participation in case screening and monitoring.

Turning to progress report F, she said that, thanks to the support and guidance provided by WHO/PAHO and the Global Fund, malaria incidence had been reduced in Central America. Its elimination by 2020 would require the sustained application of the Global Technical Strategy for Malaria 2016–2030 and the draft global vector control response 2017–2030.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN on progress report E, said that, in view of the new medicines and diagnostic tools developed in recent years and the ongoing trials of new medicines and regimens, it was important for WHO to update its guidance rapidly. Member States should ensure that WHO guidance was rapidly adopted and implemented, in view of timely scale-up and access to new tools for tuberculosis prevention, diagnosis and treatment. She thanked the Secretariat for its support for the 3P Project, and for working with the Stop TB Partnership to facilitate preparations for the United Nations General Assembly high-level meeting. She called on Member States to integrate psychosocial support as a routine aspect of tuberculosis care for individuals and families when needed – poor mental health was both a risk factor for tuberculosis and a potential adverse effect of tuberculosis treatment – and to participate in the 2018 meeting at the highest level.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN on progress report F, suggested that Member States could take a number of steps to improve treatment outcomes for people with drug-resistant tuberculosis. They could act to secure the full roll-out of diagnostic tools; scale up access to optimized treatment regimens with new medicines; and implement efficient regulatory procedures to ensure timely access to new medicines, including the collaborative registration procedure for WHO-prequalified products, and early access mechanisms such as import waivers and compassionate use. She asked WHO to lend political, scientific and financial support to the 3P Project. Lastly, she called on specific pharmaceutical companies to lower the price of certain medicines and allow generic competition, and to release clinical trial data so that other developers would not have to repeat the trials unnecessarily.

(For continuation of the discussion, see the summary records of the fourteenth meeting, section 2.)

**The meeting rose at 19:25.**

## **FOURTEENTH MEETING**

**Wednesday, 31 May 2017, at 09:15**

**Chairman:** Dr H.M. AL-KUWARI (Qatar)

**Later:** Mr P. DAVIES (Fiji)

**Later:** Dr H.M. AL-KUWARI (Qatar)

### **1. SIXTH REPORT OF COMMITTEE A (document A70/77)**

The RAPPORTEUR read out the draft sixth report of Committee A.

**The report was adopted.<sup>1</sup>**

### **2. PROGRESS REPORTS: Item 17 of the agenda (document A70/38) (continued from the thirteenth meeting, section 3)**

#### **Noncommunicable diseases**

- A. WHO global disability action plan 2014–2021: better health for all people with disability (resolution WHA67.7 (2014))**
- B. Addressing the challenges of the United Nations Decade of Action for Road Safety (2011–2020): outcome of the second Global High-level Conference on Road Safety – Time for Results (resolution WHA69.7 (2016))**
- C. Towards universal eye health: a global action plan 2014–2019 (resolution WHA66.4 (2013))**

The representative of the UNITED REPUBLIC OF TANZANIA, referring to progress report C on eye health, outlined the extent and impact of blindness and visual impairment in his country and measures taken to tackle the issue. Particular challenges included the lack of accurate country estimates of the burden of blindness and visual impairment and inadequate coverage for eye care services in primary health care and many insurance schemes. He requested support to conduct a rapid assessment of avoidable blindness.

The representative of AUSTRIA said that preventing blindness and providing eye care helped people to lead independent lives and could contribute to achieving several Sustainable Development Goals, at the same time improving education and promoting gender equality. He recognized the progress made in implementing the global action plan 2014–2019 on universal eye health despite many challenges.

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<sup>1</sup> See page 384.

The representative of NORWAY, referring to progress report B on road safety, said that a comprehensive approach, including traffic regulations, technical standards for road profiles and motor vehicles, learning from accident analyses, and proper enforcement of regulations, was necessary to achieve results. He emphasized the linkages with drink driving and the WHO global strategy to reduce the harmful use of alcohol.

The representative of THAILAND, while applauding progress made in the area of road safety, expressed concern at the remaining actions to be taken by the Secretariat, which should be more proactive in supporting evidence-based policy-making by Member States. The Organization and other United Nations bodies should work faster and more strategically together as the end of the Decade of Action for Road Safety approached. Turning to progress report C, he noted the limited progress made in implementing resolution WHA66.4 (2013) on universal eye health and expressed support for the role of World Sight Day in raising awareness of the prevention and treatment of eye disease. Using cataract surgery rates as a proxy indicator for eye service provision was a sensible step, as cataracts were the most common cause of visual impairment. The Secretariat and Member States should redouble their efforts to meet the targets set out in the global action plan 2014–2019 on universal eye health by 2019.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, referring to progress report A on the WHO global disability action plan 2014–2021, said that many people in his country had been left with disabilities as a result of violence by militias. The United Nations Convention on the Rights of Persons with Disabilities had been ratified in 2015 and implementing legislation was before parliament. Standardized clinical evaluation and data collection tools would help in obtaining reliable data and evidence as a basis for action. He requested WHO support in introducing rapid evaluation tools to assess the needs of persons with disabilities in emergency situations and a database on disabilities.

The representative of IRAQ emphasized the importance of the early detection of disabilities, screening for birth defects and disability prevention through reproductive and maternal health care integrated into strategic workplans for the prevention and control of noncommunicable diseases. With regard to progress report B, he stressed the need for surveillance of road accidents to assess the scale of the problem, the creation of high-level intersectoral committees, and joint work to tackle all issues affecting road safety. On progress report C, he said that measures to tackle cataracts, such as reducing the surgery backlog, and improve early detection of glaucoma and other types of retinopathy should be integrated with preventative eye care from birth, including preschool and school eye checks. Refractive errors should be given attention in all age groups, with a particular focus on those of school and university age.

The representative of INDONESIA, referring to progress report A, expressed her country's commitment to promoting and protecting the rights and dignity of all persons with disabilities, and to incorporating the issue into national development priorities. Regulations on accessible health facilities had been introduced. Early detection and referral systems were in place and support was given to the families of persons with disabilities to equip them with skills in caregiving, parenting and community-based rehabilitation care. With regard to progress report C, she outlined the steps taken to implement the global action plan on universal eye health at the national level, including a rapid assessment of avoidable blindness to collect data in 15 provinces. Eliminating cataracts, which were the leading cause of blindness in Indonesia, was a priority. Sustainable private sector support would contribute to improving cataract surgery coverage.

The representative of ZAMBIA, referring to progress report A, said that his Government had adopted various laws and policies pertaining to people with disabilities, among other things establishing the right to productive and decent work and health services. Primary health care services

were provided free of charge to people with disabilities and other support and services were in place. Health information was not yet disaggregated by disability, which made planning a challenge, while inadequate transport and staffing hindered community-based rehabilitation. Technical support from the Secretariat and other partners would help to improve the health of persons with disabilities, and he called on the Secretariat to assist Member States in accessing assistive technology to that end.

The representative of ITALY, referring to progress report C, said that capacity-building, advocacy and the development of new tools were essential to the implementation of the global action plan on universal eye health. Technical support from the Secretariat to Member States was also fundamental. Reaffirming his country's commitment to working with the Secretariat on universal eye health and the prevention of blindness, he drew attention to the activities of the WHO Collaborating Centre based in Rome, which dealt not only with prevention but also with rehabilitation, an aspect which deserved more attention and support.

The representative of BENIN, speaking on behalf of the Member States of the African Region, said that most countries in the Region had national eye health plans and had concluded cooperation agreements, receiving support from eye health medical missions. In Benin, eye health mapping had been carried out in four out of 12 regions, revealing a blindness rate of 0.63%. He reaffirmed the Region's commitment to implementing resolution WHA66.4 (2013).

The representative of the UNITED STATES OF AMERICA, referring to progress report B, said that reducing road traffic deaths and injuries was a global health imperative and welcomed the Secretariat's work to tackle road safety. Multisectoral collaboration in that regard was vital, particularly in the development of proposed voluntary global performance targets on key risk factors and service delivery mechanisms.

The representative of VIET NAM, referring to progress report B, said that the rate of road traffic accidents and injuries remained high in her country. She therefore requested additional WHO technical and financial support to improve road safety.

The representative of BANGLADESH, referring to progress report A, described the measures taken in his country to ensure better health outcomes for persons with disabilities. He recognized the importance of improving access to general health services for persons with disabilities and standardizing the approaches used to collect data on disability. He therefore called for additional WHO support to enable further progress to be made in that regard.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said that progress had been made in the Region in decreasing the number of road traffic accidents, pursuant to the Brasilia Declaration on Road Safety. Measures had been taken to build capacity, encourage intersectoral action and raise awareness in respect of road safety. Further investments would, however, be required to address the new road safety requirements and take into account the latest technological advancements. She called on Member States to strengthen their efforts towards reducing deaths, injuries and disabilities associated with road traffic accidents.

The representative of ZIMBABWE, referring to progress report A, welcomed the establishment of tools to guide Member States on the integration of rehabilitation into national health systems. He noted, however, that only 5–15% of persons with disabilities from low-income countries had access to assistive technologies owing to their prohibitively high cost. He therefore urged WHO to advocate for lower prices in order to rectify that situation.

The representative of ECUADOR, referring to progress report A, described the measures taken in his country to improve access to appropriate health care services for persons with disabilities.

Additional technical and financial support would be required, however, to make further progress. His delegation, in collaboration with others, intended to submit a draft resolution relating to the WHO Priority Assistive Products List at the 141st session of the Executive Board.

### **Promoting health through the life course**

- G. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (resolution WHA67.11 (2014))**
- H. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25 (2007))**

The representative of URUGUAY, referring to progress report G, described the measures taken in her country to address the public health impacts of exposure to mercury and mercury compounds, including the strengthening of drinking water quality standards and the training of health workers on mercury exposure and handling mercury waste. She urged the Secretariat to provide regular updates on the global progress made towards the implementation of the Minamata Convention as part of the reporting on resolution WHA69.4 (2016) on the role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed the progress made to integrate gender analysis into the work of WHO, pursuant to resolution WHA60.25 (2007). The Region had made efforts to address gender inequality and had witnessed a reduction in the regional maternal mortality rate. However, progress had been slow and further work was required to address the burden of morbidity which continued to disproportionately affect women and girls. Further support was also required to improve the availability of data disaggregated by sex. He therefore called on the Secretariat to provide additional technical and financial support to Member States in order to enable them to strengthen their respective programmes and data collection systems on gender equality.

The representative of MALAYSIA, referring to progress report G, called on the Secretariat to support Member States in the elaboration and implementation of strategies and programmes to identify and protect populations at risk of exposure to mercury and mercury compounds, which should include evidence-based health guidelines relating to mercury exposure, targets for mercury exposure reduction and public awareness-raising activities on the dangers of exposure to mercury and mercury compounds.

The representative of ZAMBIA, referring to progress report G, urged the Secretariat to work closely with Member States to accelerate awareness-raising activities about the Convention, provide capacity-building and technical and logistic support in devising programmes to identify and protect populations at risk of mercury exposure, and guarantee the availability of more affordable non-mercury containing devices and technology, especially in low to middle-income countries.

The representative of THAILAND, referring to progress report G, said that steps should be taken to strengthen Member States' capacity to implement the Minamata Convention, particularly in the health sector, and increase the availability, affordability and accessibility of alternative materials to replacing mercury and mercury compounds. She called on WHO to work in close cooperation with UNEP to ensure the effective implementation of the Convention at the country level.

The representative of IRAQ, referring to progress report G, said that reporting mechanisms should be established to monitor the implementation of the Convention at the global, regional and national levels. Further research into mercury exposure should also be undertaken. As for integrating

gender analysis and actions into WHO's work, he described the various steps taken in his country to give effect to resolution WHA60.25, including the introduction of gender empowerment measures and the adoption of United Nations Security Council resolution 1325 on women, peace and security. He urged WHO to provide support to countries experiencing emergencies or conflict so that they had the tools to implement the provisions of resolution WHA60.25 effectively.

The representative of PANAMA, referring to progress report G, said that her Government had been taking initial steps to give effect to the provisions of the Minamata Convention, such as training health workers on the handling of mercury waste and prohibiting certain hazardous forms of mining. Noting the complex nature of evaluating and assuaging the public health impacts of exposure to mercury and mercury compounds, she called on the Secretariat to provide Member States with the necessary guidelines and recommendations for the effective implementation of the Minamata Convention.

The representative of SURINAME described the measures taken in her country to meet the requirements of the Minamata Convention, notably the conducting of a national inventory of mercury releases. In accordance with paragraph 3(a) of Article 7 of the Convention, her Government must further adopt a national action plan to address the exposure risks to mercury in the artisanal and small-scale gold mining sectors. She therefore sought WHO's support in conducting a study on the impact of artisanal and small-scale gold mining on health and in devising an appropriate public health strategy.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, welcomed the steps taken by the Secretariat to support countries in their implementation of the Minamata Convention. The Secretariat should continue activities to raise awareness of the Convention and build the capacity of the national health institutions responsible for implementing its provisions. His Region fully supported the Mercury-Free Health Care by 2020 initiative and called for concerted efforts to be made to lower the cost of alternatives to mercury-containing devices. WHO should address the major sources of mercury exposure in a multisectoral manner, paying particular attention to the artisanal and small-scale gold mining sectors.

The representative of MEXICO, referring to progress report G, said that her Government had conducted awareness-raising campaigns to promote the use of alternatives to mercury-containing devices and had taken action to reduce the use of amalgam and other mercury compounds in accordance with the Minamata Convention. Further efforts would however be required to build the capacity of the national health sector and implement the provisions of the Convention fully. She therefore called for additional WHO support to that end.

The representative of INDONESIA, addressing progress report G, said that his Government had established a mercury response team and had devised a national action plan to monitor the health impact of mercury exposure. It was also in the process of replacing mercury-containing devices and promoting alternatives to mercury in hospitals. To enable Member States to implement the Minamata Convention effectively, the Secretariat should provide additional support and establish a mercury surveillance mechanism to assist in the early detection of the symptoms related to mercury exposure.

As for progress report H, his Government had implemented the Innov8 approach for reviewing national health programmes and the Health Equity Assessment Toolkit and was finalizing its first national report on health inequities. Continuous monitoring and evaluation of strategies to integrate gender analysis and action into WHO work would be pivotal to the successful implementation of gender mainstreaming in all policies and programmes.

The representative of CANADA, referring to progress report H, welcomed WHO's efforts to address gender parity in staffing, but emphasized that gender mainstreaming, equity and human rights

must play a central role in all aspects of the Organization's work. WHO should therefore adopt a more consistent and systematic approach to integrating those issues into its policies, planning and reporting across programme areas and at the national, regional and global levels. She called for further intersectoral collaboration in that regard.

The representative of VIET NAM said that her Government was in the process of ratifying the Minamata Convention. In order to strengthen the implementation of the Convention at the global level, Member States should focus on increasing the availability and accessibility of information on, and assessments of, the health effects of mercury and mercury compounds. The Secretariat should provide financial and technical support to assist that work.

The representative of ECUADOR, referring to progress report H on integrating gender analysis and actions into the work of WHO, described the measures taken in his country to mainstream gender and make health services more accessible to women. His Government remained fully committed to removing the barriers that stood in the way of women's equitable access to health care. He called on the Secretariat to include gender perspectives systematically in all global health policies and programmes and to take further action to increase the number of women in leadership roles within the Organization.

The representative of JAPAN said that his Government remained fully committed to the Minamata Convention and had taken steps to reduce the public health impact of exposure to mercury and mercury compounds. For example, Japan had jointly organized a regional workshop to share information on the implementation of the Convention to be held in June 2017. He invited Member States from the Western Pacific Region to attend the event and urged the Secretariat to support Member States in the implementation of the Convention in an efficient manner and without any duplication of efforts.

The representative of the MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, speaking at the invitation of the CHAIRMAN, urged the Secretariat to uphold the provisions of resolution WHA60.25 and guarantee the equal participation of women and men in decision-making roles at all levels of the Organization. Achieving gender equality in global health leadership would send a strong message to the world that it was time to empower women.

The representative of the GLOBAL HEALTH COUNCIL, INC., said that women were still woefully underrepresented in global health leadership positions. She therefore called on the Secretariat to take action and devise a detailed and fully-costed plan for attaining gender parity. To that end, the Director-General should appoint a gender parity champion to drive change and include indicators on gender equality in the annual performance plans of the regional directors. Steps should also be taken to achieve gender parity in global health panels and in the delegations attending the Health Assembly and regional meetings.

## **Health systems**

- I. Progress in the rational use of medicines (resolution WHA60.16 (2007))**
- J. Regulatory system strengthening for medical products (resolution WHA67.20 (2014))**
- K. Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage (resolution WHA68.15 (2015))**

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region on progress report I, welcomed the inclusion of medicines for cancer, hepatitis C and tuberculosis on the WHO Model Lists of Essential Medicines. Progress towards the rational use of medicines in the African Region remained slow. To date, only 17 out of 47 countries in the Region

had taken the necessary steps to improve the selection, prescribing, dispensing and use of medicines and further efforts were required. To ensure better access to and more rational use of medicines, measures must be taken to control prices more effectively, promote the availability and affordability of generic medicines, and accelerate the registration of certain essential medicines. Reliable data on the average cost to treat the most common illnesses were also needed. She therefore urged the Secretariat to increase the amount of technical support provided to Member States in that regard, particularly in respect of health system strengthening.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region on progress report K, commended the Secretariat for its work to promote surgical care and anaesthesia as a component of universal health coverage and to support the development of national surgical, obstetric and anaesthesia care plans. The African Region called on the Secretariat to establish a framework for the implementation of resolution WHA68.15 (2015) so as to encourage further discussion on the matter at the next session of the WHO Regional Committee for Africa. The Secretariat should also review the global progress made towards the implementation of the resolution and report its findings to the Health Assembly.

The representative of ZIMBABWE, referring to progress report J, welcomed the technical support provided by the Secretariat to launch the African Medicines Regulatory Harmonization initiative. His country relied on the work of such regulatory networks to facilitate knowledge transfer and improve the regulation of medical products. He therefore called on the Secretariat to continue its efforts to facilitate such effective approaches to strengthening national regulatory systems.

**Mr Davies took the Chair.**

The representative of THAILAND, referring to progress report I, said that WHO should develop guidelines on disease management, with particular regard to sepsis in accordance with resolution WHA70.7 (2017). National health information systems should be strengthened in order to better analyse data and devise effective policies on the rational use of medicines. Good governance and transparency were also needed in the pharmaceutical and health systems. At the country level, the WHO Ethical Criteria for Medicinal Drug Promotion should be actively implemented. Regarding progress report J, WHO should continue to strengthen and expand its prequalification programme to ensure a high-quality, safe and effective supply of medical products; build on Member States' capacities to regulate the management of complex biological products, such as those used in cell therapy, gene therapy and tissue engineering; and encourage collaboration and cooperation among regulatory authorities at the regional and subregional levels.

The representative of the UNITED REPUBLIC OF TANZANIA, referring to progress report I, outlined the progress made in his country regarding the rational use of medicines since the adoption of resolution WHA60.16 (2007). Noteworthy measures had included the launch of a national action plan on antimicrobial resistance, the preparation and implementation of a national strategy on the rational use of medicines, the publication of new editions of the national standard treatment guidelines and essential medicines list, and the development of health technology assessment techniques. Ensuring the rational use of medicines required multisectoral collaboration, as well as continuous professional training for, and awareness-raising efforts among, suppliers and the medical community. He requested further support from the Secretariat in that regard.

The representative of MALI, speaking on behalf of the Member States of the African Region on progress report J, said that viable regulatory frameworks were needed in the African Region to regulate the production and distribution of medical products, the quality of which was often undermined by the circulation of substandard medical products. Much progress had been made in the Region since the adoption of resolution WHA67.20 (2014), particularly with regard to global, regional



and subregional cooperation, and its Member States were working, inter alia, towards the implementation of the Regional Strategy on Regulation of Medical Products in the African Region, 2016–2025, adopted at the Sixty-sixth session of the WHO Regional Committee for Africa. Many challenges remained, however, particularly concerning the efficiency of relevant legislation and criminal justice systems, the harmonization of standardization procedures for medical products, and the engagement of the regional economic community.

The representative of GHANA, referring to progress report I, said that his country had found that monitoring the rational use of medicines significantly reduced system waste. His Government had greatly improved efficiency in that regard through its clinical audit programme. The multifaceted nature of the inappropriate use of medicines called for effective cooperation between patients, health care providers, and industry, insurance and supply-chain professionals. He drew attention to a report on essential medicines published by the Lancet in 2016 and urged WHO to explore that report's recommendation to establish independent pharmaceutical analysis units which would generate information for action on the good-quality use of medicines, as part of a wider effort to improve the quality of data on the use of medicines and to support countries with weak data systems. He further urged WHO to continue its work on governance and transparency, to engage with the appropriate stakeholders to improve the availability of dosage forms, especially in the African Region, and to widen its surveillance of the consumption and use of antimicrobial medicines.

The representative of IRAQ, referring to progress report I, said that his Government's approach to the rational use of medicines focused on the establishment of appropriate health policies, capacity-building for health care staff and institutions, the publication of relevant, instructive guidelines and the rational use of antimicrobials. With regard to progress report J on regulatory system strengthening, his country was concentrating on quality assurance and accreditation processes for medical products. Concerning progress report K, his Government had established mobile hospitals and trauma stabilization points, and capacity building was being provided to ambulance staff to ensure effective coordination between ambulances, trauma stabilization points and receiving hospitals.

The representative of NEPAL, referring to progress report K, said that providing emergency surgical care and anaesthesia was particularly challenging in his country's rural areas. To that end, health care workforces comprising specialist postgraduate students had been deployed to a number of districts in order to provide surgical care and anaesthesia in rural settings. Resident postgraduate students had also been providing training and support to local health care providers to ensure the continuity of those services. He requested support from WHO to facilitate the mobilization of such workforces in the region.

The representative of JAPAN, welcoming progress report J, said that strengthening regulatory systems was crucial to guaranteeing access to medicines and to tackling substandard and falsified medical products. His Government would continue to contribute to capacity building for national regulatory authorities, both regionally and globally.

The representative of BANGLADESH, referring to progress report K, outlined the measures taken in his country to implement resolution WHA68.15 and strengthen the national emergency surgical care system. He urged WHO to provide further guidance and assistance in the monitoring and evaluation of emergency and essential surgical care and anaesthesia, as well as in the development and implementation of appropriate policies in that regard to ensure that skilled health workers drawn from different clinical disciplines met minimum standards.

The representative of ZAMBIA, referring to progress report K, said that his Government had recently completed and launched a national strategic plan on surgical care, obstetric services and anaesthesia, which was fully integrated into the country's national health sector strategic plan. He

invited non-State actors and Member States to support the implementation of the plan and offered his Government's technical support to other Member States seeking to develop their own strategies on the issue. He looked forward to discussing the item at the Sixty-seventh session of the WHO Regional Committee for Africa.

The representative of SENEGAL, referring to progress report J, said that the national regulatory body in his country had made great strides with the support of WHO and the Renewed Partnership between the European Commission, WHO and 15 African Member States of the African, Caribbean and Pacific Group of States. Furthermore, Senegal was taking part in a number of regulatory standardization and coordination measures at the African regional level. Regulatory authorities must be granted greater autonomy if they were to fulfil their role fully and transparently. He therefore invited WHO Member States to take the necessary steps to guarantee the autonomy of their national regulatory systems and to report on their progress in that regard prior to the Seventy-second World Health Assembly.

**The Committee noted the reports.**

**Dr Al-Kuwari resumed the Chair.**

### **3. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

**The meeting rose at 11:10.**

## **COMMITTEE B**

### **FIRST MEETING**

**Thursday, 25 May 2017, at 09:25**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

#### **1. OPENING OF THE COMMITTEE:** Item 18 of the agenda

The CHAIRMAN welcomed participants.

#### **Election of Vice-Chairmen and Rapporteur**

The CHAIRMAN informed the Committee that Mr Mario Miklosi (Slovakia) and Dr Slamet (Indonesia) and had been nominated as Vice-Chairmen and Dr Nguyen Manh Cuong (Viet Nam) as Rapporteur.<sup>1</sup>

**Decision:** Committee B elected Mr Mario Miklosi (Slovakia) and Dr Slamet (Indonesia) as Vice-Chairmen, and Dr Nguyen Manh Cuong (Viet Nam) as Rapporteur.

#### **Organization of work**

The observer of PALESTINE proposed that the discussion concerning the report on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan (contained in document A70/39) should be rescheduled for the afternoon meeting. It was common practice to hold the discussion in the afternoon to enable delegations who had to attend other meetings in the morning to be present at the afternoon session. In addition, invitations to delegations to attend the meeting in question had been sent before the publication of the revised agenda and daily timetable of meetings. Furthermore, the report had been made available online only shortly before the current meeting, and delegations required more time to consider it.

The representatives of LIBYA, the SYRIAN ARAB REPUBLIC, EGYPT, ALGERIA, LEBANON, IRAQ, PAKISTAN, SAUDI ARABIA, the ISLAMIC REPUBLIC OF IRAN, SUDAN, TUNISIA, SOMALIA, CUBA, the BOLIVARIAN REPUBLIC OF VENEZUELA, TURKEY, the PLURINATIONAL STATE OF BOLIVIA, MOROCCO, QATAR, OMAN, AFGHANISTAN (on behalf of the ORGANISATION OF ISLAMIC COOPERATION), NAMIBIA, SENEGAL, ZIMBABWE, the UNITED ARAB EMIRATES, LIBERIA, BRUNEI DARUSSALAM and the RUSSIAN FEDERATION supported the proposal by the observer of Palestine to postpone consideration of the report on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan to the afternoon meeting.

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<sup>1</sup> Decision WHA70(3).

The representative of ECUADOR supported the proposal made by the observer of Palestine and requested that a fixed timetable for the afternoon meeting should be established and disseminated. She recalled that the focus of the item in question was the right to health of the Palestinian people, and was not political in nature.

The representative of ISRAEL firmly opposed the proposal to postpone the discussion on health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, as the timetable had been made available for over one month. Furthermore, deferring consideration of the item would constitute a politicization of the Organization.

The representative of JORDAN supported the proposal to postpone consideration of the item and reaffirmed that there was no politicization of the discussion.

The representatives of the UNITED STATES OF AMERICA, CANADA, the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND and AUSTRALIA opposed the proposal to postpone consideration of the item to the afternoon meeting.

The CHAIRMAN said that, as many Member States had expressed the wish to postpone consideration of item 19 of the agenda to the afternoon session, the Committee would proceed accordingly, if he heard no objection.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND pointed out that several Member States had raised objections to the proposal to postpone consideration of the item.

The CHAIRMAN, recognizing that several Member States were opposed to the proposal made by the observer of Palestine, said that as the majority of speakers supported the proposal, he took it that the Committee wished to proceed accordingly.

The representative of ISRAEL, invoking Rule 59 of the Rules of Procedure of the World Health Assembly, called for a vote on the question of whether to postpone consideration of item 19 to the afternoon session.

The representative of the UNITED STATES OF AMERICA expressed support for the proposal made by the representative of Israel to vote on the proposal to postpone consideration of the item.

The representative of LIBYA said that there appeared to be no rationale for the call for a vote; only a small number of objections had been raised. If the majority of delegates were to leave the current meeting in order to attend other meetings, it was unclear how the agenda item would be discussed.

The representative of the SYRIAN ARAB REPUBLIC expressed dismay that a simple procedural request, supported by the majority of the delegations that had taken the floor, had been politicized by the very Member States that frequently complained about the politicization of the work of the Committee.

The representative of GERMANY requested the suspension of the meeting to allow his delegation time to determine its position on the matter under discussion.

The CHAIRMAN said that, in view of the diverging opinions on the proposal to postpone consideration of the item, the meeting would be suspended to allow the Officers of the Health Assembly and the Legal Counsel to prepare for a vote on the matter.

**The meeting was suspended at 10:10 and resumed at 10:20.**

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained the procedure for the vote on the proposal to postpone consideration of item 19 of the agenda to the afternoon meeting. In accordance with Rule 72 of the Rules of Procedure of the World Health Assembly, in the absence of any request for a roll-call, the vote would be conducted by show of hands. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote, were: Central African Republic, Comoros, Guinea-Bissau, Micronesia (Federated States of), Niue, Papua New Guinea and Ukraine.

The representative of JORDAN, rising to a point of order, called on the Chairman to ensure that all delegates were made aware that the meeting had resumed.

The CHAIRMAN confirmed that the vote would not proceed until all delegates had been informed of the resumption of the meeting.

The observer of PALESTINE, rising to a point of order, said that the proposal to vote on postponing consideration of the agenda item was not standard practice. The practice over the past decade had been to discuss the item in question at the afternoon meeting: that practice should therefore continue.

The LEGAL COUNSEL explained that consideration of the agenda item traditionally followed the conclusion of the general discussion in the plenary meeting at the end of the morning, resulting in consideration of the item in question at the afternoon meeting. However, the general discussion at the current Health Assembly had concluded on the afternoon of Wednesday, 24 May 2017, resulting in a scheduled consideration of the item at the morning meeting of Committee B on Thursday, 25 May 2017.

The CHAIRMAN invited the Committee to vote by show of hands on the proposal to postpone consideration of agenda item 19 to the afternoon meeting.

**The proposal was adopted by 59 votes to 11, with 42 abstentions.**

The representative of MALTA, speaking on behalf of the European Union and its Member States, recalled that, following an exchange of letters in 2000 between WHO and the European Commission, the European Union had participated in the Health Assembly as an observer. She requested that it should again be invited by the Committee to participate, without vote, in the deliberations of the meetings of subcommittees, drafting groups and other subdivisions dealing with matters falling within the competence of the European Union.

The CHAIRMAN took it that the Committee wished to accede to the request.

**It was so agreed.**

## **2. FINANCIAL MATTERS:** Item 20 of the agenda

### **WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016:** Item 20.1 of the agenda (documents A70/40, A70/58 and A70/INF./4)

The representative of UGANDA, speaking on behalf of the Member States of the African Region, acknowledged WHO's commitment to transparency, accountability, budgetary discipline and financing for results, and the achievements made in the various categories set out in document A70/40, but noted that the additional resources allocated to the WHO Health Emergencies Programme were still insufficient to deal with the frequency and magnitude of outbreaks. Flexibility was needed to allow the reallocation of resources, even from categories with significant expenditure, in order to ensure that emergency response was fully funded within the resource constraints of the Organization. He called for greater country commitment to settling contributions and more concerted resource mobilization for WHO priority areas, but advised that care should be taken to prevent vested interests from influencing the role and work of the Organization. Diversification and innovation in financing must be at the core of the Organization's transformation agenda in the Region in order to enable WHO to fulfil its mandate. Funding gaps severely limited the Secretariat's ability to respond to requests from Member States for support. In addition, the accountability record of direct financial cooperation could be further improved by greater country commitment to accounting for the resources allocated to them. Expenditure on health systems strengthening was still insufficient to ensure transformative health systems resilience.

The CHAIRMAN took it that the Committee wished to approve the draft decision contained in document A70/58.

**The draft decision was approved.<sup>1</sup>**

### **Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution:** Item 20.2 of the agenda (documents A70/41 and A70/60)

The CHAIRMAN said that payment had been received from Somalia as part of a special arrangement in respect of its arrears, as a result of which its right to vote had been restored. The name of Somalia would therefore be deleted from the draft resolution contained in document A70/60. He invited the Committee to consider the draft resolution contained in document A70/60, as amended.

The representative of SWAZILAND, speaking on behalf of the Member States of the African Region, emphasized the importance of timely receipt of Member States' contributions and urged those countries in arrears to consider settling their contributions at the earliest opportunity, making special arrangements to do so, where necessary. Any special arrangements requested by Member States of the African Region must be in accordance with resolution WHA41.7 (1988). Failure to pay contributions posed challenges to programme implementation and exposed the Organization to greater reliance on voluntary contributions, which were not flexible and sometimes not in line with the health priorities set by the Organization.

The representative of ARGENTINA welcomed the improvements made in the collection of assessed contributions and requested the Secretariat to provide support to enable those Member States

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA70(13).

that had made special arrangements for the payment of their contributions to settle their arrears in a timely manner. She expressed support for the draft resolution.

**The draft resolution, as amended, was approved.<sup>1</sup>**

**Scale of assessments for 2018–2019:** Item 20.4 of the agenda (documents A70/42 and EB140/2017/REC/1, resolution EB140.R6)

The representative of THAILAND, expressing support for the draft resolution contained in resolution EB140.R6, affirmed his Government's commitment to contributing the proposed 3% increase in assessed contributions for 2018–2019, and an additional 7% as voluntary supplementary assessed contributions, subject to approval by the national authorities.

The representative of JORDAN said that her country was not currently in a position to confirm that it could meet the proposed 3% increase in assessed contributions; a final decision in that regard would be taken at a later stage.

The representative of CHINA said that China's proposed increase in assessed contributions was 7.9%, despite downward pressure on economic growth. She expressed her Government's commitment to supporting the Organization and settling its contribution, and called on all countries to do the same in order to ensure effective WHO programme implementation.

The ASSISTANT DIRECTOR-GENERAL (General Management) expressed appreciation for the proposed additional contribution by Thailand. Responding to points raised, he explained that 3% was the average percentage increase in overall assessed contributions; the percentage increase for each Member State would vary in accordance with the scale of assessments as decided by the United Nations General Assembly.

**The draft resolution was approved.<sup>2</sup>**

### **3. AUDIT AND OVERSIGHT MATTERS:** Item 21 of the agenda

**Report of the Internal Auditor:** Item 21.2 of the agenda (documents A70/44, A70/56 and A70/62)

The representative of NORWAY, expressing support for WHO's enhanced focus on internal auditing, commended the efforts and achievements of the Office of Internal Oversight Services. However, in the light of the weaknesses revealed in internal controls, he called on the Secretariat to improve its efforts in that regard, including by providing adequate training and fostering and emphasizing the importance of a strong compliance culture at all three levels of the Organization. A consolidated overview of all findings and the status of follow-ups of all audit recommendations would be useful. Given the size and complexity of the Organization, the number of reports and investigations relating to fraud and corruption appeared to be low. He encouraged WHO to increase anti-fraud awareness throughout the Organization and to update and develop associated guidelines and policies. In that connection, memorandums of understanding should be established with all partners to ensure

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA70.8.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA70.9.

transparency and effective action in cases of fraud, especially with regard to direct financial cooperation.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region, said that comprehensive governance processes and a commitment to continuous compliance were required, in view of the challenges related to accountability and non-compliance with internal controls. She commended WHO's achievements in 2016 on strengthening transparency and accountability, including the initiative to publish the letter of representation of the regional directors and the assistant directors-general and the annual accountability compact, and action taken following findings of staff misconduct. The increase in the number of reports of fraudulent conduct could be due to the strengthened activities of the Office of Internal Oversight Services. She encouraged WHO to put in place robust measures to eradicate fraud and ensure compliance, particularly in response to audit queries, and to strengthen efforts to recover financial losses resulting from fraudulent activity.

The representative of the UNITED STATES OF AMERICA, expressing appreciation for the work of the Office of Internal Oversight Services, which had led to enhanced transparency, accountability and integrity across the Organization, welcomed the follow-up on open audit recommendations. She requested further information on internal controls related to travel management policies, in particular a breakdown of the proportion of routine versus emergency travel, and on controls related to oversight of travel costs for non-staff experts.

The representative of GABON welcomed the internal audit process across the Organization and encouraged the Secretariat to strengthen measures to recover financial losses resulting from fraudulent activity.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed WHO's zero-tolerance approach to fraud and concurred with previous speakers regarding the need to strengthen fraud prevention controls and to recover fraudulently acquired payments. Given the complex and high-risk contexts in which WHO worked, complete prevention of fraudulent activity was unlikely, but the measures taken to stem fraudulent behaviour and take on board lessons learned was critical and would provide an indicator of the Organization's performance. He requested confirmation that the reported losses from fraudulent activity, amounting to US\$ 100 000, and subsequent recovery of US\$ 15 000 were an accurate reflection of the actual figures. He sought further information on measures taken by the Organization to strengthen its approach to fraud prevention and recovery of losses, and on the person responsible for day-to-day oversight thereof, who played a vital role in reassuring Member States that funding received would be used for its intended purpose.

The DIRECTOR (Office of Internal Oversight Services) said that his Office tried to ensure appropriate audit coverage of the highest risk areas, in line with objectives agreed with the Independent Expert Oversight Advisory Committee. Responding to the points raised, he said that the number of cases of misconduct relating to fraud reported to his Office had increased by 50% in 2016. The majority of those cases related to staff members making fraudulent entitlement claims. Given the considerably lower reporting rate for programme-related fraud, a focus on improving reporting in that area would help to address possible underreporting.

While the closure of the global audit of travel undertaken in 2015 suggested that the Secretariat had made progress on strengthening its travel policies and procedures, control mechanisms to apply those policies to transaction processing were not always effective. A number of initiatives had been taken, however, to help to resolve the issues raised concerning travel management. The current operational audit at headquarters would cover travel initiated by headquarters staff members, and the results would be included in the following year's annual report. Furthermore, the Office's capacities to



investigate fraud had been strengthened; two new staff members would start later that year to help to reduce the backlog of cases for investigation. The Office's investigative processes and procedures were being reviewed by a panel of independent experts to ensure that they were in line with best practices.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that he welcomed the positive feedback on the Secretariat's efforts in recent years to strengthen accountability and transparency. Responding to the comments made, he agreed that it was important not only to detect fraud but to prevent it. No single person was responsible for managing fraud-related issues on a daily basis; different responsibilities were delegated to the Comptroller, the Office of Internal Oversight Services and Human Resources Management. Regarding the amount of US\$ 100 000 defrauded in 2016, it was important to note that the recovery process was ongoing and that the figure of US\$ 15 000 represented only the amount recovered so far. It would not be possible to recover the full amount, however, because cases involving staff members who had already left WHO could not be pursued due to a lack of jurisdiction. One recovery mechanism was to withhold one month's salary and other entitlements on separation until the former staff member had settled all outstanding amounts due to WHO. While a zero-tolerance approach was taken and fraud prevention and control mechanisms were in place, it could not be assumed that the figure of US\$ 100 000 reflected the total amount defrauded in 2016, as it was impossible to detect all cases.

With regard to media reports concerning WHO's travel budget, the journalists concerned had not contacted WHO to acquire evidence or check their facts. While it was important to recognize and respect the media's role in investigating irregularities, the media also had a duty to report accurate information. Although the 2016 travel budget had amounted to about US\$ 189 million, non-staff travel – such as the per diem allowances and travel expenses of government officials and independent experts – had accounted for over US\$ 100 million of that amount, while staff travel had accounted for around US\$ 78–79 million. Furthermore, staff members were not entitled to travel business class if the trip did not exceed nine hours, and no staff member was allowed to travel first class. Staff members who submitted a travel request less than 10 days before departure were required to travel in economy class even if the trip exceeded nine hours, unless there was a compelling reason for the late booking. Per diem allowances were paid to staff members and others in accordance with the system used by United Nations organizations. To strengthen monitoring and control of travel expenses, a global audit of travel had been conducted, and the Director-General had approved changes to WHO's travel policy earlier in 2017. In addition, controls, which were applied to staff and non-staff travel and included post-facto checks of travel claims, were being stepped up. The Director-General and the Secretariat took the issue very seriously and applied a zero-tolerance approach. With respect to the share of the travel budget accounted for by emergency travel, figures would be provided.

**The Committee noted the reports.**

**Report of the External Auditor:** Item 21.1 of the agenda (documents A70/43 and A70/61)

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor (contained in document A70/43). The Organization's financial statements had been audited in accordance with the International Standards on Auditing. The audit had reviewed management and internal controls along critical business processes in various offices in line with International Standard on Auditing 265, which defined the auditor's responsibility to communicate deficiencies in internal control appropriately with those charged with governance and management. The 2016 audit had covered various offices at headquarters, the Global Service Centre, one regional office, one intercountry support team, five country offices and five hosted entities. It had resulted in the issuance of an unmodified opinion indicating that the Organization's financial statements were fairly presented in all material respects and it concluded that accounting policies were applied on a consistent basis.

Indeed, 2016 had been the fifth consecutive year for which an unmodified opinion had been issued. It found that the transactions that came to its notice complied with the Financial Regulations and legislative authority of WHO in all significant respects. The audit had, however, highlighted a number of improvements relating to financial matters that could be made in the areas of: supply chain and inventory management; settlement of travel transactions and management of travel advance recovery; data updating and accuracy; and accurate tracking and reporting of property, plant and equipment. The External Auditor had accordingly made a series of recommendations to the Secretariat, including in the areas of information technology governance and corporate procurement and policy.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, said that independent assurance of transparency and accountability in the management of resources was critical as it would help WHO to achieve its objectives. He welcomed the positive conclusions regarding the correct application of accounting policies, the compliance of transactions and the high implementation rate of previous recommendations. WHO management should expedite the implementation of the External Auditor's recommendations, in particular those relating to: inventory issues; capacity-building for users of the Global Management System; supervisory control in implementation and reporting on direct financial cooperation; control and administration of the direct implementation systems; developing an information technology strategic plan; risk identification activities; WHO procurement strategy implementation and execution; and monitoring execution of the risk management process. Although existing management systems were good, implementing the recommendations would improve their effectiveness. He endorsed the report.

The representative of THAILAND noted that most of the previous years' recommendations had been implemented and welcomed the Secretariat's ongoing commitment to addressing the External Auditor's concerns and improving overall management practices. He encouraged the Secretariat to follow up on the information technology strategic plan; it was worth investing in fully functioning and efficient information technology infrastructure to enhance and streamline management and core business operations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, noting that direct financial cooperation formed a significant part of WHO's expenditure and was difficult to track and map to results, expressed concern regarding overdue direct financial cooperation reports. Member State and donor confidence depended on well justified direct financial cooperation that was effectively evaluated and recorded; overdue reports were an indicator of systemic problems in that area. He asked how the Secretariat intended to implement the recommendation regarding direct financial cooperation and requested detailed written feedback on progress made.

The representative of MEXICO called on the Secretariat to follow the External Auditor's recommendations, in particular to take the measures required to improve procurement planning and update administrative processes, clarify erroneous information and ensure that costs relating to property, plant and equipment were correctly entered in the accounts. It was crucial to align financial statements with the International Public Sector Accounting Standards. The Secretariat should report at the following Health Assembly on action taken to improve transparency and ensure compliant accounts.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to the points raised, assured Member States that the Secretariat took internal and external auditing seriously. Auditing helped to improve performance; an active dialogue was in place and outstanding recommendations would be followed up. The recommendation on inventory issues was being followed up across all three organizational levels and in all major offices. Efforts were being made, in cooperation with the WHO Health Emergencies Programme, to strengthen supply chain management, especially in health emergencies. Regarding procurement, the WHO Budapest Centre was

implementing long-term agreements and catalogue management, as recommended by the External Auditor. The procurement strategy implementation was entering its second phase, which involved separating goods and services; the procurement of services would be brought under the control of human resources staff.

Although direct financial cooperation was an ongoing issue, improvements had been made and a policy and guidelines were in place. Headquarters did not, and should not, apply the control mechanism, since direct financial cooperation ran at country level with the regional offices taking steps for improvements. The supervisory role was usually performed by the compliance units of regional offices, which followed up directly with country offices. The Secretariat had noted the recommendation on information technology; the Director-General had established a board to oversee global information technology funds and the information technology strategic plan.

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A70/61.

**The draft decision was approved.<sup>1</sup>**

**The meeting rose at 12:05.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA70(14).

## SECOND MEETING

Thursday, 25 May 2017, at 14:45

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

### **HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN:** Item 19 of the agenda (document A70/39)

The CHAIRMAN drew attention to a draft decision proposed by Afghanistan, Algeria, Angola, Bahrain, Bangladesh, Chad, Cuba, Djibouti, Ecuador, Egypt, Kuwait, Lebanon, Libya, Nicaragua, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, South Africa, Sudan, Syrian Arab Republic, Tunisia and Venezuela (Bolivarian Republic of), which read:

The Seventieth World Health Assembly, taking note of the report by the Director-General requested in World Health Assembly decision WHA69(10), requested the Director-General:

- (1) to report on progress in the implementation of the recommendations contained therein, based on field monitoring, to the Seventy-first World Health Assembly;
- (2) to provide support to the Palestinian health services, including through capacity-building programmes and the development of strategic plans for investments in specific treatment and diagnostic capacities locally;
- (3) to provide health-related technical assistance to the Syrian population in the occupied Syrian Golan;
- (4) to continue providing the necessary technical assistance in order to meet the health needs of the Palestinian people, including prisoners and detainees, in cooperation with the efforts of the International Committee of the Red Cross, as well as the health needs of handicapped and injured people;
- (5) to support the development of the health system in the occupied Palestinian territory, including development of human resources, with a particular focus on strengthening primary care and integrating mental health services provision into primary care services, as well as on health prevention and integrated disease management, and to advise donors on how to best support these activities; and
- (6) to ensure the allocation of human and financial resources to deliver on these objectives.

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

<b>Decision:</b>	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
<b>A.</b>	<b>Link to the general programme of work and programme budget</b>
<b>1.</b>	<b>Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>

<p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> All outcomes in the Twelfth General Programme of Work, 2014–2019 would be covered in the work to be undertaken.</p> <p><b>Programme budget 2016–2017 output(s):</b> All outputs in the Programme budget 2016–2017 output would be covered in the work to be undertaken.</p>	
2.	<p><b>Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b></p> <p>Not applicable.</p>
3.	<p><b>Estimated time frame (in years or months) for implementation of any additional deliverables.</b></p> <p>One year (May 2017–May 2018).</p>
<b>B. Budgetary implications</b>	
1.	<p><b>Estimated total cost to implement the decision if adopted, in US\$ millions:</b></p> <p>Total: US\$ 10.11 million (staff: US\$ 3.86 million; activities: US\$ 6.25 million).</p>
2.a.	<p><b>Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b></p> <p>Total: US\$ 6.48 million (staff: US\$ 2.25 million; activities: US\$ 4.23 million) to be accommodated within the existing programme budget envelope.</p>
2.b.	<p><b>Resources available during the current biennium</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:</b> US\$ 1.39 million.</li> <li>– <b>Extent of any financing gap, in US\$ millions:</b> Funding will continue to be sought through voluntary contributions, including the strategic response plan for the occupied Palestinian territory.</li> <li>– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b> Not applicable.</li> </ul>
3.	<p><b>Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b></p> <p>Total: US\$ 3.63 million (staff: US\$ 1.61 million; activities: US\$ 2.02 million).</p> <p><b>Has this been included in the Proposed programme budget 2018–2019?</b></p> <p>Yes.</p>
4.	<p><b>Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b></p> <p>Not applicable.</p>

The representative of TURKEY said that people in the occupied Palestinian territory continued to live in extremely poor conditions and were deprived of their basic humanitarian needs. He was especially concerned about the health conditions of women and children. The main health concerns there continued to arise from avoidable and preventable causes that were closely associated with the Israeli occupation. Those included physical and procedural barriers to health care, such as the rejection of applications to travel to east Jerusalem for hospital treatment. Furthermore, restrictions on the movement of patients, health care workers and medical goods impeded the functioning of the health

system. Those restrictions were illegal, inhumane and unacceptable. He condemned attacks against health care facilities, personnel and patients and called for an end to the blockade imposed on the Gaza Strip. He commended the efforts of WHO and other United Nations agencies to alleviate the suffering of Palestinians and called on the international community to shoulder its responsibility to end the humanitarian crisis they faced. Including assistance pledged for 2017, Turkey's official development assistance since 2003 had totalled US\$ 500 million. Turkey had also provided US\$ 1.5 million to WHO's field office for the provision of health care services in Gaza. His Government wished to be added to the list of sponsors of the draft decision.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, affirmed that the right to health of all peoples was fundamental to the attainment of peace and security and expressed concern at the health situation in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan. The situation there had been aggravated by deteriorating socioeconomic and health conditions resulting from the Israeli occupation, and by the restrictions on movement and the permit system, which impeded access to health services. He called for the lifting of all restrictions and the protection of civilians and health care workers and facilities in those occupied territories. He also called for the full implementation of all international and regional resolutions and decisions on the situation in Palestine, including those adopted by the African Union. He drew attention to the living and health conditions of Palestinian prisoners, women and children, which were in violation of international human rights law. He welcomed the efforts of the Organization, in cooperation with its partners, to provide support to the Palestinian Ministry of Health. There was an urgent need to resolve the health crisis in the region, in order to meet the basic health needs of the populations of the occupied Palestinian territory and the occupied Syrian Golan.

The representative of SOUTH AFRICA expressed concern about the deplorable socioeconomic and health conditions in the occupied Palestinian territory, including east Jerusalem, and the barriers, both physical and procedural, that continued to restrict access to health care facilities there. It was imperative for the international community to address the gross human rights violations that continued to be perpetrated against the inhabitants of that territory. She concurred with the recommendations made in the report by the Director-General, particularly those related to facilitating the unhindered access of health care workers to their workplace. She commended the efforts of WHO and relevant United Nations agencies to provide assistance to the Palestinian people, and the Organization's efforts to assist the Palestinian Ministry of Health, but underscored that greater support from the international community was needed, particularly as donors' financial support was projected to decrease further in 2018. She urged Israel to lift all restrictions preventing the free movement of people, and stressed the need to implement resolution WHA65.9 (2012) on the health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan. Addressing the socioeconomic and health needs of the Palestinian people required recognition and realization of their legitimate right to self-determination. Her country supported the establishment of medical facilities and the provision of health-related technical assistance in the occupied Syrian Golan.

The representative of ECUADOR shared his deep concern about the flagrant violation of the right of the Palestinian people to enjoy the highest attainable standard of health, and the numerous ongoing and systematic violations of human rights and international humanitarian law committed by Israel, the occupying Power. He condemned all restrictions on access to health care services imposed on people living in the occupied Palestinian territory. In that regard, he noted that the separation wall and checkpoints prevented patients, health care personnel and ambulances from getting access to hospitals in east Jerusalem, and he condemned the sharp decrease in the number of permits issued to Palestinian health workers allowing them passage through Israeli checkpoints, as well as Israel's refusal to allow the vast majority of ambulances carrying Palestinian patients to drive from one side of the separation wall to the other. His Government strongly supported the draft decision. WHO should continue to report on the health conditions in the occupied Palestinian territory and provide technical

and financial support to strengthen the Palestinian health system, with a particular focus on the health needs of political prisoners in Israeli prisons.

The representative of CUBA noted that the physical barriers, including the separation wall and the checkpoints that prevented patients, health personnel and ambulances from getting direct access to hospitals located in east Jerusalem, had remained in place in 2016. The prevalence of mental illness among the inhabitants of the occupied Palestinian territory was of grave concern. The right to health must be enjoyed fully by the Syrian population of the occupied Syrian Golan. His Government recognized WHO's efforts to improve the health situation of people in the occupied Syrian Golan and the occupied Palestinian territory. He voiced his country's strong support for the right of the Palestinian people to establish an independent sovereign State, with east Jerusalem as its capital, and reiterated that the human right to the highest attainable level of physical and mental health must be enjoyed by all inhabitants of the territories occupied by Israel.

The observer of PALESTINE said that the health situation in Palestine had changed little in recent years, and that the main challenge facing the Palestinian health system was still the Israeli occupation. The occupied Palestinian territory had been divided, a racist separation wall had been erected and more than 300 000 Palestinians had been isolated. Settlement activity was continuing and Palestinians faced recurrent attacks by settlers, particularly in east Jerusalem and in Area C. Despite ongoing violations of Palestinians' right to health, health indicators in Palestine remained among the best in the region. There had been an exponential increase in cases of torture perpetrated against Palestinian detainees since 2014, and more than 1500 detainees had declared open-ended hunger strikes in protest at the inhumane conditions in which they were held. The Palestinian Ministry of Health urged the Health Assembly and the wider international community to compel Israel to remove the barriers impeding the movement of Palestinians, end its settlement building activity and settler attacks, desist from its attacks on Palestinian medical teams, hospitals and other health facilities, comply fully with all international instruments on human rights and the rights of children, treat Palestinian prisoners humanely, in accordance with international instruments, including the Fourth Geneva Convention, and desist from the practice of administrative detention and the force-feeding of Palestinian hunger strikers. The international community must also compel Israel to end its occupation, and must provide technical and financial support to the Palestinian health system so that it could meet the health needs of the Palestinian people.

The representative of CHINA noted that according to the report of the Director-General, health conditions in the occupied Palestinian territory remained worrisome, despite some improvements. Medical institutions had been damaged, medical personnel had been subject to attacks and health services faced physical and procedural barriers. He appreciated WHO's work to improve the health situation in the occupied Palestinian territory and the occupied Syrian Golan, which should continue. China had also worked to improve health conditions in those territories and encouraged all parties to take effective steps to that end.

The representative of IRAQ, speaking on behalf of the Arab Group, recalled that health was enshrined in WHO's Constitution as a fundamental right for all. That right could only be enjoyed by all peoples through cooperation among stakeholders and the removal of all barriers to health services. He had studied the report of the Director-General, and believed that progress towards implementation of its recommendations should be the subject of another report by the Director-General in 2018. Continued technical and capacity-building support should be provided in a manner that guaranteed health care to all segments of Palestinian society, including detainees and prisoners. Attention must also be given to improving health conditions for Syrians living in the occupied Syrian Golan.

The representative of the ISLAMIC REPUBLIC OF IRAN noted that the health systems in the occupied Palestinian territory were operating under severe pressure due to shortages in basic supplies

and the impact of the occupation. Widespread damage to essential infrastructure had significantly limited access to basic services, and access to health care was persistently denied or delayed, in violation of international humanitarian law and contravening WHO's Constitution. The Organization should systematically monitor the health and humanitarian needs of Palestinian prisoners held in Israeli jails and report regularly thereon to the Health Assembly. It was of serious concern that WHO did not have adequate access to the occupied Syrian Golan and thus could not report on health conditions there. The international community should act urgently and collectively to compel Israel to lift the restrictions imposed on Palestinians. He expressed his reservation regarding those parts of the draft decision that might be construed as recognition of the Israeli regime.

The representative of LEBANON said that the support provided by WHO and other organizations and partners in 2016 had helped the Palestinian authorities to ease the pressure on the health system. That support had led to an improvement in Palestinian health indicators and must be continued, particularly given the increasing prevalence of noncommunicable diseases, mental disorders and food insecurity. The restrictions imposed on Palestinians by Israel, the occupying Power, further exacerbated the situation because they hindered the freedom of movement of health personnel and patients and thus prevented access to health services. The health situation of Palestinian prisoners in Israeli jails was also of serious concern. She expressed support for the draft decision, particularly paragraph 4 thereof, which called on the Director-General to continue providing technical assistance to meet the needs of Palestinians, including prisoners and detainees, and paragraph 6, which highlighted the need to allocate adequate human and financial resources to deliver on the draft decision's objectives.

The representative of PAKISTAN welcomed WHO's efforts to improve health conditions and the delivery of basic health services in the occupied Palestinian territory and the occupied Syrian Golan. The recommendations contained in the report were extremely pertinent, particularly those reminding the Israeli Government of its international commitments to grant free and unhindered access to health care facilities, and protect health institutions and health workers. The deteriorating health situation resulting from the Israeli occupation was deeply concerning. Israeli practices, including restrictions on the movement of ambulances, damage to health infrastructure, failure to provide timely health care, and denial of family visits to Palestinian prisoners, violated international law and basic human rights. Unnecessary physical and technical barriers, such as permit regimes for accessing referral hospitals, must be condemned. It was deplorable that the WHO field assessment team had been denied access to Palestinian prisoners. The high level of food insecurity was indicative of an imminent humanitarian crisis. Furthermore, Israel's discriminatory policies and human rights abuses, committed with full impunity by its occupation forces, caused great psychological and emotional distress. No State was above international law and the right to health must not be compromised. The international community must shoulder its responsibility to facilitate efforts by Palestinians to address the serious health challenges they faced. Efforts were also needed to strengthen health systems and infrastructure in the territories occupied by Israel. She fully supported the draft decision and underscored that its effective implementation would depend on the international community's provision of adequate financial and technical support.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA expressed support for the draft decision, and agreed that measures should be taken to resolve the deterioration in health services in the occupied Palestinian territory and the occupied Syrian Golan, which was being aggravated, inter alia, by restrictions on freedom of movement and transportation, limited access to clean water, Israeli settlement activity, house demolitions, acts of collective punishment and systematic violence. Continued provision of technical assistance was crucial. It would not be possible to eliminate health inequalities, attain universal health coverage or guarantee basic human rights for the most vulnerable without overcoming the injustices of the occupation and achieving peace. The international community must continue to monitor the difficult health conditions faced by some six



million Palestinian refugees in the occupied Palestinian territory and neighbouring countries. Israel must end its occupation, which continued to undermine stability in the region.

The representative of LIBYA expressed deep concern over the physical and psychological barriers that impeded Palestinians' access to basic health care services, and condemned the treatment of Palestinian prisoners in Israeli occupation prisons. The attacks on health facilities and restrictions on the movement of ambulances were unacceptable. He supported the draft decision and called for its endorsement by all civilized nations that had long claimed to be staunch supporters of human rights.

The representative of the SYRIAN ARAB REPUBLIC said that the Israeli occupation authorities continued to restrict access by the Syrian population of the occupied Syrian Golan to basic health services and prevent the construction of hospitals there. There was no international accountability for those authorities, which continued to deprive Syrians in the occupied Syrian Golan of their most basic rights, including their right to health. He called for an end to the suffering of Syrians detained in Israeli prisons, who were subjected to torture and unethical clinical trials, and condemned Israel's treatment of the Syrian and Palestinian hunger strikers; the international community must take urgent action to save the lives of those prisoners and ensure that their legitimate demands were met.

In clear violation of United Nations Security Council resolutions on terrorism, Israeli occupation hospitals continued to treat members of the Nusrah Front and other armed terrorist groups before returning them to Syrian territory to perpetrate attacks against Syrian civilians. Furthermore, leaks of radioactive material from the ageing Dimona nuclear reactor posed a very real danger for the region and could result in an environmental and humanitarian catastrophe. The Israeli authorities also continued to bury nuclear waste in the occupied Syrian Golan without any international oversight.

WHO should provide adequate technical and financial support to health facilities in the occupied Syrian Golan, and must take urgent action to ensure implementation in that territory of all relevant Health Assembly resolutions. It was deeply regrettable that, because of the restrictions that had been imposed on the WHO field mission to the occupied Syrian Golan, that mission had been unable to provide the Health Assembly with an accurate portrayal of the health situation there. WHO should undertake a comprehensive field assessment of the barriers preventing Syrians in the occupied Syrian Golan from accessing health care services, and of the impact on health of the radioactive waste and landmines that had been buried there.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that significant obstacles continued to impede access to health care in the occupied Palestinian territory and the occupied Syrian Golan. These included checkpoints, restrictions on the movement of ambulances and restrictions on access to clean water. The enjoyment of the highest attainable standard of health and access to clean water were not only public health considerations, but were also human rights. He supported the draft decision.

The representative of SENEGAL took note of the report of the Director-General and said that particular attention should be given to that report's recommendations on the international obligations of the Israeli authorities, the unhindered access of health workers to their workplace, and the protection of the wounded and sick, medical personnel, their means of transport and medical facilities. A paradigm shift was needed to remove all political connotations from the examination of the issue under consideration, which should, moreover, be examined in its social context, in order to approach health as a public and universal good. The attainment of the highest standard of health was a principle enshrined in many international instruments acceded to voluntarily by Member States. The right to health should be promoted to achieve the shared objectives of universal health coverage and sustainable development. Health was not a luxury and should have no price. He endorsed the draft decision.

The representative of SAUDI ARABIA said that, due to severe poverty and the restrictions imposed on them by the occupation authorities, thousands of sick Palestinians in refugee camps, prisons and detention centres in the occupied Palestinian territory were unable to access health care services. The suffering of the Palestinian population was further exacerbated by the occupation authorities' attacks on, and confiscation of, ambulances and their attacks on medical teams. She supported the draft decision, which should not be politicized.

The representative of BAHRAIN, while welcoming the report and the field assessments that had been conducted, said that she hoped that future documents would provide a more accurate portrayal of the suffering of Palestinians, who were still unable to exercise their right to health, as enshrined in international law. Actions taken by the occupation authorities continued to undermine the Palestinian health system, which was already struggling to address the needs of a rapidly growing population. In order to meet the urgent humanitarian needs of the occupied Palestinian territory, it was paramount to continue providing technical support, build capacities and increase human resources in the health sector there. She expressed her full support for the draft decision.

The representative of INDONESIA asked for Indonesia to be added to the list of sponsors of the draft decision. The Israeli occupation was not only illegal, but was also obstructing the enjoyment of basic human rights in the occupied Palestinian territory. Conditions were deteriorating; power and fuel shortages threatened the operation of health facilities and risked bringing basic health services to a standstill. Restrictions on entry to and exit from the Gaza Strip had made matters worse. Cooperation with the relevant agencies would be essential to find a viable solution to the situation, ensure better access to health care for those in need, and, above all, end the occupation.

The representative of the MALDIVES said that she condemned the Israeli Government's recent decision to restrict access to health services in the occupied territories. The findings of the validation study on infant deaths in the Gaza Strip were very worrying. She welcomed WHO's work to support the Palestinian Ministry of Health in enhancing access to high-quality, safe health care and medical services, including the adoption of the family practice model. Her Government was ready to support collective efforts to secure a more peaceful and prosperous future for the territory. Peace could only be achieved through political will, international cooperation and tangible action. She was firmly in favour of the two-State solution based on the pre-1967 borders, with east Jerusalem as the Palestinian capital. Every individual had the right to live in peace and the right to health care.

The representative of EGYPT said that the report paid insufficient attention to the Sustainable Development Goals. Consideration should be given to possible impediments to attaining the Goals and practical steps to overcome current obstacles. Since local health authorities were the first line of defence against public health hazards, special attention should be paid to building core public health capacities. The Secretariat should expedite the finalization and operationalization of the three-year action plan tailored to the context in the occupied Palestinian territory. The multidisciplinary approach to and outcome of the field assessment were welcome.

The declining conditions in the Gaza Strip, including the decreased approval rate of transport permits for patients, and the critically low quality of water, were of major concern. Ambulance access to east Jerusalem hospitals for Palestinians from the Gaza Strip and the West Bank should be allowed at all times, and obstacles to the recruitment of health staff and provision of special training at east Jerusalem hospitals should be removed. Implementation of the recommendation relating to adherence to United Nations Security Council resolution 2286 (2016) was therefore particularly important. WHO staff in the occupied Palestinian territory should be given immediate access to Palestinian prisoners in Israeli prisons in order to independently evaluate their health conditions. Data from the field visit to the occupied Syrian Golan should be collated and an objective assessment prepared.

The representative of NICARAGUA said that he supported the draft decision and would like Nicaragua to be added to the list of sponsors.

The representative of QATAR said that his Government wished to be added to the list of sponsors of the draft decision. The recommendations in the report reflected the situation of those most in need. He commended the work of the Palestinian Ministry of Health, to which he extended his Government's continued support.

The representative of JORDAN said that WHO's efforts to provide technical support to the Palestinian authorities were commendable. She expressed particular concern regarding some of the findings reported, including the physical and procedural barriers to health care, damage to clinics and the poor health of prisoners and detainees. She welcomed the recommendations, particularly recommendations 1, 6 and 9 and said that the Director-General should report on their implementation the following year. It was important to continue to provide the areas in question with technical support and capacity-building assistance in cooperation with the International Committee of the Red Cross. She supported the draft decision.

The representative of SUDAN said that she condemned the terrible health conditions in Palestine and the suffering endured particularly by mothers and children. All obstacles to health should be removed, torture of prisoners must stop, and attacks against hospitals must be prevented. She supported the draft decision.

The representative of MOROCCO said that he supported the draft decision and the recommendations contained in the report. All impediments to access to health care for the Palestinian people should be removed.

The representative of ZIMBABWE said that he noted with concern the physical and procedural restrictions to access to health care in Palestine, including the lack of access to hospitals in east Jerusalem. The quantity and quality of water were at crisis level, which would lead to further environmental and health hazards. The fact that WHO staff were not allowed access to prisons and did not have adequate access to the occupied Syrian Golan was particularly worrying. The responsible authorities must open up to WHO to allow for a balanced field assessment. Hunger strikes were deeply concerning; the basic rights of political prisoners must be guaranteed. WHO should continue providing technical support to the Palestinian Authority.

The representative of BANGLADESH said that while WHO's efforts to improve health care and provide technical assistance in Palestine were commendable, the Organization should do more to ensure that medical services could be accessed by all Palestinians, including prisoners and detainees. The Israeli occupying forces were a major hindrance to health care in Palestine. They must ensure that health care workers had unrestricted access to their workplace, were provided with logistic support, and could attend to patients. His Government supported the draft decision.

The representative of ISRAEL said that, in response to the Director-General's attempts to depoliticize the agenda of the Health Assembly, the Israeli Government had engaged fully with the field assessment team that had visited the Palestinian territories, and had agreed to the Director-General's request to conduct a field assessment of the health conditions in the Golan Heights. However, the Palestinian Authority had compromised the technical decision proposed by the Director-General by using politicized language and raising controversial issues, thereby misusing a United Nations platform to further their own political interests. As a result of Syrian pressure, WHO had not published its findings from its field visit to the Golan Heights, which had shone a positive light on Israeli health care services. It was therefore clear that the discussion was no longer about improving

health conditions but rather about politics. She rejected the draft decision and called for a roll-call vote.

The representative of the UNITED STATES OF AMERICA said that he appreciated the Director-General's efforts to depoliticize the agenda item, and the flexibility with which the key stakeholders had engaged with WHO. His Government remained concerned about the health conditions in the given locations, particularly in the Gaza Strip, and would continue to work with the Israeli and Palestinian authorities, through its development and humanitarian assistance programmes. That notwithstanding, he could not support the draft decision since it would perpetuate the politicized agenda item by inviting the Director-General to prepare a report for Seventy-first World Health Assembly. He supported the request for a roll-call vote.

The representative of AUSTRALIA said that evidence-based and technical approaches to addressing complex health challenges, such as those in Palestine, should be the foundation of WHO's work. Those challenges should not be politicized. The Australian Government remained a strong supporter of a negotiated two-State solution to the conflict between Israel and Palestine. It opposed one-sided resolutions, which targeted Israel in multilateral fora, while also supporting the Palestinian people, including through the provision of aid.

The representative of TUNISIA, said that she supported the statements made by the representatives of Iraq and Algeria. The citizens of Palestine and the occupied Syrian Golan must be granted access to health care services as a matter of priority. Her Government wished to be added to the list of sponsors of the draft decision.

The representative of UNRWA, speaking at the invitation of the CHAIRMAN, expressed appreciation for the support UNWRA had received from host countries, donors and international partners, including WHO and the Palestinian Ministry of Health, which had enabled UNWRA to reform its health centres across Palestine. The reforms, which had included the introduction of a family health team approach and an e-health system, had improved service delivery, patient satisfaction and quality of care. The absence of a just and durable solution to the Palestinian question, however, continued to affect the physical, social and mental health of Palestinian refugees. Access to health was a fundamental human right. The international community must continue to monitor health conditions in Palestine, including the situation of Palestinian refugees.

The representative of OMAN said that despite the annual pledges by the international community to improve access to health for the Palestinian people, the situation in the occupied territories continued to deteriorate. He did not believe that the topic had been politicized: the right to health was a fundamental right for all, not a political matter. The international community should increase its efforts to resolve the situation in Palestine, encouraging all parties to the conflict to find a just, lasting solution and guarantee peace, security and health care for all.

The DIRECTOR-GENERAL said that health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, which had been discussed regularly at the Health Assembly since 1968, remained one of the most complex and contentious issues on the agenda. In line with her mandate, if requested, she would provide assistance to overcome polarizing situations by working with all interested parties in strict compliance with her oath of office, which obliged her to be impartial, fair, objective and transparent. She thanked the Government of Israel for facilitating WHO's first mission to assess the health conditions in the occupied Syrian Golan. The report was in progress and a good first step, but was incomplete. Health conditions were shaped by more than just access to health services and thus more work, research and information were needed. A more comprehensive report would be presented to Member States once that work had been done.

The CHAIRMAN said that due note had been taken of all requests to sponsor the draft decision. At the request of the representatives of Israel and the United States of America, the Committee would proceed to a recorded vote on the draft decision.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained that the vote would be taken by roll-call, in accordance with Rule 72 of the Rules of Procedure of the World Health Assembly. The names of the Member States would be called in the English alphabetical order, starting with Iceland. The Member States whose right to vote had been suspended by virtue of Article 7 of the Constitution, or which were not represented at the Health Assembly, and would therefore not participate in the vote were: Central African Republic, Comoros, Guinea-Bissau, Micronesia (Federated States of), Niue, Papua New Guinea and Ukraine.

**The result of the vote was:**

**In favour:** Afghanistan, Algeria, Angola, Argentina, Austria, Azerbaijan, Bahrain, Bangladesh, Belarus, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Chad, Chile, China, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Djibouti, Ecuador, Egypt, El Salvador, Estonia, Finland, France, Germany, Greece, Guinea, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kuwait, Lebanon, Lesotho, Libya, Lithuania, Luxembourg, Malaysia, Maldives, Malta, Mauritania, Monaco, Mongolia, Montenegro, Morocco, Mozambique, Namibia, Netherlands, Nicaragua, Nigeria, Norway, Oman, Pakistan, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saudi Arabia, Senegal, Serbia, Seychelles, Singapore, Slovakia, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Thailand, Tunisia, Turkey, United Arab Emirates, Uruguay, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zimbabwe.

**Against:** Australia, Canada, Guatemala, Israel, Togo, United Kingdom of Great Britain and Northern Ireland, United States of America.

**Abstaining:** Antigua and Barbuda, Armenia, Bulgaria, Colombia, Côte d'Ivoire, Croatia, Democratic Republic of the Congo, Dominican Republic, Gabon, Haiti, Honduras, Hungary, Iceland, Latvia, Malawi, Mexico, New Zealand, Panama, Saint Kitts and Nevis, Timor-Leste, Tuvalu.

**Absent:** Albania, Andorra, Bahamas, Barbados, Belize, Bosnia and Herzegovina, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Congo, Cook Islands, Democratic People's Republic of Korea, Dominica, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gambia, Georgia, Ghana, Grenada, Guyana, India, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Liberia, Madagascar, Mali, Marshall Islands, Mauritius, Myanmar, Nauru, Nepal, Niger, Palau, Paraguay, Rwanda, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Sierra Leone, Solomon Islands, South Sudan, Suriname, Swaziland, Tajikistan, the former Yugoslav Republic of Macedonia, Tonga, Trinidad and Tobago, Turkmenistan, Uganda, United Republic of Tanzania, Uzbekistan, Vanuatu, Zambia.

**The draft decision was therefore approved by 98 votes to 7, with 21 abstentions.<sup>1</sup>**

**The Committee noted the report.**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA70(12).

The observer of PALESTINE said that despite the fact that the draft decision was procedural, some parties had insisted on politicizing the matter. The sole aim of the draft decision was to improve health conditions in the occupied Palestinian territory and the occupied Syrian Golan; the main obstacles to which were the occupation of those areas and the arrogant attitude of the Israeli authorities. He hoped that the following year a draft decision would be approved by consensus, in line with WHO's founding principles.

The representative of GERMANY, speaking also on behalf of Austria, Cyprus, Czech Republic, Denmark, Estonia, Finland, Greece, Italy, Lithuania, Netherlands, Norway, Poland, and Slovakia, said that Health Assembly resolutions and decisions should be technical, results-oriented and serve global public health. It was regrettable that the draft decision had not been approved by consensus. It was especially regrettable that, despite the constructive approach of the Government of Israel, the report of the WHO mission to the occupied Syrian Golan had not been published, largely owing to obstruction by the Syrian authorities. The behaviour of the Syrian Government was particularly deplorable given the abysmal health conditions in other parts of the Syrian Arab Republic and the hundreds of attacks that had been launched against medical facilities.

With a view to ensuring the adoption of a purely technical text in future, he urged the Israeli and Palestinian authorities to continue to work constructively with each other and with the Secretariat to reach a consensus. The draft decision was a step in the right direction, and the Member States on whose behalf he spoke, had voted in favour of it.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, said that the draft decision had not been motivated by health needs in the occupied Palestinian territory but by the political situation. Conflict, the absence of peace, and political decisions affected the health and well-being of millions of people. While there were many conflicts and cases of political stalemate around the world, however, only the situation in the occupied Palestinian territory had led to a WHO decision.

The Health Assembly was no place for geopolitics. While it was clear that a just solution to the situation in the occupied Palestinian territory was long overdue and there were indeed serious concerns about the health situation in that area, attempts to politicize that situation were counterproductive and undermined WHO's credibility as an objective international health body. His Government had been unable to support the politicization of the Health Assembly and had voted against the draft decision. He hoped that the matter would be brought to an end at the Seventy-first World Health Assembly.

The representative of LATVIA, said that although his Government supported the draft decision in principle, it was of the opinion that resolutions and decisions adopted at the Health Assembly should be based on comprehensive, objective information. Failure to adhere to that principle had led his Government to abstain from the vote. WHO and its governing bodies should address issues in an impartial, fair and transparent and non-political manner. He welcomed the cooperation of the Palestinian and Israeli delegations, and encouraged all Member States to engage fully with WHO experts to build consensus in future.

The representative of SLOVENIA said that WHO decisions and resolutions should be technical and result-oriented. Commending the Israeli authorities' decision to consent to the fact-finding mission to the occupied Syrian Golan, he regretted that the mission report had not been published owing to the actions of the Syrian Government, whose behaviour he condemned. His Government had voted in favour of the draft decision.

The representative of CANADA expressed concern at the inclusion of a stand-alone political item on the agenda of the Health Assembly. Although she welcomed efforts to draft a more technical text, and despite progress made to that end, the report had nevertheless been unduly politicized. The Canadian Government, therefore, had been unable to support the draft decision.

The representative of the SYRIAN ARAB REPUBLIC said that he had been surprised by the manipulative behaviour and contradictory statements of certain delegations. Efforts to avoid politicizing issues could not excuse remaining silent in the face of manipulative attempts by the Israeli authorities to justify the occupation. Although the Israeli authorities were bound by international humanitarian law to allow missions unrestricted access, that had not happened in the case of the WHO field assessment mission to the occupied Syrian Golan. The Israeli occupying forces had masked their support for Nusra Front as humanitarian action, restricted the movements of Syrian citizens and subjected them to various other forms of discrimination. A three-day mission could never be sufficient to assess the health situation comprehensively in the occupied Syrian Golan, a place where the occupying authorities had prevented the construction of any new health centres since 1967.

The Syrian Government had not prevented the publication of the field mission report. The obstacles to the mission and its shortcomings had mostly stemmed from the practices of the Israeli occupying forces. The occupying authorities must respect international law and allow WHO and other missions regular access to assess health conditions in the occupied Syrian Golan. They must stop their discriminatory and unfair policies, which had a devastating impact on the living conditions of people in the occupied Syrian Golan, who did not have the means to cover their medical expenses. He condemned the comments made by delegates from Germany and Slovenia, stressing that the Syrian State had a right to defend its citizens, and would continue to do so.

The representative of JAPAN said that he welcomed the Director-General's efforts to address the health situation in the occupied Palestinian territory and regretted the fact that the draft decision had not been approved by consensus. While he welcomed the Israeli Government's consent to the WHO mission to occupied Syrian Golan, it was unfortunate that the report of that mission had not been published. His Government would continue to support WHO's technical efforts to improve health conditions.

The representative of the UNITED STATES OF AMERICA said that he was appalled by the cynicism of the Syrian Government, whose record of bombing hospitals and targeting first responders utterly undermined its credibility. According to Physicians for Human Rights, since 2013, hundreds of attacks had been carried out against medical staff and facilities.

**The meeting rose at 17:30.**

### **THIRD MEETING**

**Friday, 26 May 2017, at 10:20**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

**1. FIRST REPORT OF COMMITTEE B** (document A70/71)

The RAPPORTEUR read out the draft first report of Committee B.

**The report was adopted.<sup>1</sup>**

**2. STAFFING MATTERS:** Item 22 of the agenda

**Human resources: annual report:** Item 22.1 of the agenda (documents A70/45 and A70/63)

The representative of NORWAY noted that the staff were WHO's core asset and welcomed the overall positive trends described in the annual report and the new and more ambitious policy on gender equality at P4 level and above for the next five years. He hoped to see stronger progress in that regard.

The representative of CHINA recommended that the Secretariat should invite Member States to second national health and health economics experts for short-term appointments to help to address the lack of financial and human resources. In order to improve the governance of public health in countries with a high morbidity burden, WHO should consider increasing the number of experts sent from Member States with a view to training public health experts with a global perspective and a high level of expertise, in particular in the area of public health emergencies to ensure that there were enough professionals to respond to emergencies with global health implications. Priority should be given to female candidates and people from countries that were unrepresented or underrepresented in the Secretariat, while adhering to uniform selection criteria. She called on WHO to offer internships at headquarters and regional and country offices to students and young professionals selected by Member States, and to recruit the best among them.

The representative of FRANCE welcomed the progress reported but deplored the lack of improvement in gender parity among office heads, particularly in the South-East Asia Region. She called for implementation of the geographical mobility policy to be speeded up.

The representative of SWEDEN said that the mobility policy was an essential element in making WHO fit for purpose. He asked the Secretariat what main challenges had been identified in implementing the scheme and how it was preparing for the mandatory implementation. While welcoming the measures taken to improve the nomination, selection and training of country representatives, he sought clarity on measures taken to enhance managerial skills, including in

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<sup>1</sup> See page 385.



performance and training. He also asked what measures were being taken to remedy unequal gender representation and how the Secretariat intended to increase the number of female candidates. He urged the Organization to increase its efforts to reach gender parity and expected the Director-General elect to make that a priority.

The representative of MEXICO said that a focus on human resources, as the foundation of the success of the Organization's work, was vital. She noted the increase in the number of temporary appointments and asked about the benefits of such contracts, which should not prejudice the Organization's performance or limit its knowledge-gathering role. Taking results-based human resources management as a starting point, and bearing in mind that technical competence and international mobility promoted knowledge exchange, temporary appointments and staff mobility needed to be evaluated.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND acknowledged that the human resources strategy had made some progress. Funding was an issue that, in human resources, was most apparent in the insecure, short-term contracts that prevented recruitment of the best staff and injected instability into work programmes. While it was right to test a wide range of policies, given limited capacity and the challenges of effecting organizational change, it was important to prioritize quickly what worked and pause or cancel policies that did not or where the capacity to implement them was lacking. She asked the Secretariat which of the approaches in the annex to the report had enjoyed the greatest success and which the least.

The representative of the UNITED STATES OF AMERICA welcomed the progress made in moving towards a more flexible and agile workforce in a way that did not increase the long-term liabilities of the Organization. She supported the focus on selecting candidates based on merit and competence, and strategies and outreach that addressed gender equality and geographical distribution. The focus on enhancing managerial competencies, the respectful workplace initiative and improvements to the internal justice system were commendable.

The representative of GERMANY said that, as a knowledge-based organization, WHO's core asset was its staff; more time and thought should be devoted to managing and guiding them. He expressed support for the mobility policy, which should be incentive-based, and asked whether the evaluation report on it was available and for highlights of the key messages of that evaluation. More information should be provided on the costs of mobility: the average cost of a move, for example. He asked why the annual report did not mention special services agreements and whether the overall staff costs of US\$ 911 million included non-staff costs and special services agreements. While the increase in the number of non-staff was a response to calls for a more flexible and agile workforce, it also presented a challenge. He asked how the Secretariat thought that rules for staff recruitment, including rules on gender parity, could be applied at least partially to non-staff. He also wanted to know how many people in the Organization guided and managed staff: he asked whether such management was centralized or decentralized and how coherent staff management could be ensured throughout the Organization. More investment in staff management should be considered.

The representative of THAILAND said that it was critical for WHO to be able to recruit and retain highly competent staff to meet global health challenges. She noted the unchanged number of staff members holding fixed-term appointments and the steady improvement in gender balance. In view of slow progress on voluntary geographical mobility, WHO was urged to redouble its efforts to make progress before mobility became mandatory in 2019.

The representative of JAPAN said that the outbreak of Ebola virus disease had demonstrated the critical importance of assigning competent staff across all three levels of the Organization. He asked the Secretariat whether setting numerical targets on geographical and gender balance would make it

easier to monitor improvements. In order to give the Director-General elect more flexibility in introducing improvements, he requested the advice of the Secretariat on the value of further discussing the extension of the mandatory age of separation. He recognized that his country, which had been unrepresented for many years, had a role to play in identifying and training national experts so that they were qualified and competitive candidates for WHO posts.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, welcomed continued efforts to implement the human resources strategy. While gender parity had improved globally, much more needed to be done at the regional level, particularly in Africa, where women represented only 28% of professional and higher category staff. In relation to diversity, he pointed out that 68% of all staff members at headquarters were from Europe and the Americas. The geographical mobility strategy was crucial to addressing that imbalance and ensuring cross-regional mobility, which would enhance the global expertise of WHO and ensure equitable opportunities for staff to gain experience at all levels. He welcomed the implementation of action points arising from the respectful workplace initiative.

The representative of ECUADOR expressed concern about the level of inequality in regional offices. He asked how the Secretariat intended to guarantee gender parity at every level, especially in managerial posts. The increase in the number of temporary contracts was also a cause of concern and had led to delays in the implementation of work programmes. He stressed the importance of putting in place mechanisms that would improve staff selection.

The representative of SPAIN said that there should be equal access to posts, regardless of nationality, religion or gender, based solely on competence, including linguistic skills. Such equality of opportunity should extend to consultants and temporary contracts. He welcomed reduced staff costs and expressed hope that the trend would continue without affecting staff well-being or morale.

The representative of LIBERIA pointed out that raising the mandatory age of separation to 65 for all serving staff as of 1 January 2018 had potential implications for the Organization, which needed to be considered if the Health Assembly continued to call upon the Director-General to reach gender parity and geographical distribution targets. A delay in the departure of the 272 professional staff due to retire between 2018 and 2020 would have an impact on reaching those targets. She therefore suggested postponing implementation of the new mandatory age of separation until 2020 or 2021.

The representative of TUNISIA welcomed the progress made over the past three years, especially the increase in the proportion of women, but wished for and expected complete gender parity in the near future.

The DIRECTOR (Human Resources Management) welcomed the positive feedback from Member States. Efforts to improve human resources management were ongoing, and with support from Member States, transformation should be possible across the three levels of the Organization. The Secretariat was committed to working with interns and had benefited from discussions at the Executive Board in 2016 about the diversity of interns. There were currently more interns at regional and country offices than at headquarters, 89 nationalities were represented and 22.6% were from developing countries, which was a considerable increase. Member States were encouraged to enter into secondment agreements with the Secretariat; such technical support and expertise was always welcome.

An evaluation had been conducted of the first year of the voluntary phase of the geographical mobility policy; details were provided in the annual report of the Evaluation Office contained in document EB141/7. As the policy was in its voluntary phase, it was not yet a requirement to apply for and advertise positions in the annual global mobility compendium. Not enough positions were being advertised in the compendium, and staff members interested in mobility could not always find

positions that matched their skills. Efforts were being made to increase the number of vacancies available in preparation for the mandatory phase of the policy. While staff members would not be able to seek promotion through the compendium, those that had taken part would be given priority when ad hoc vacancies at a higher grade arose.

Progress had been made towards ensuring that managers were fully equipped to manage their staff and boost their performance. Managers were paying greater attention to performance during probationary periods and making more extensive use of performance improvement plans. A programme that combined 360-degree feedback and coaching sessions was being developed for managers as a cost-effective alternative to the management development programme. The policies and processes put in place had led to more consistent staff management across the Organization, which would be further enhanced by mandatory mobility.

Senior management was very committed to improving diversity and gender balance. The accountability compact between the Director-General and the assistant directors-general held assistant directors-general – and in turn directors – accountable in that regard. Progress had been made towards achieving the related targets: as at May 2017 the percentage of unrepresented or underrepresented Member States had fallen to 31.6%, against a maximum target of 28%, while the proportion of female staff in the professional and higher categories holding long-term appointments had risen to 43.7%. Implementing the new mandatory age of separation on 1 January 2018 would, however, have an impact on gender balance and diversity. International staff members who would have been due to retire in 2018 and 2019, the majority of whom were male or from overrepresented countries, would work for longer, creating fewer opportunities to recruit more women and individuals from unrepresented or underrepresented countries.

Although most temporary staff were appointed in the context of emergencies, it was important to note that managers often found it difficult to create fixed-term positions because of the resulting financial liabilities. While there was a correlation between funding and job security, there did not appear to be a correlation between job security and the quality of expertise available, since there was not a lack of expertise among those applying for temporary positions. The rise in temporary appointments was also a reflection of changing attitudes among younger generations, who were less interested in job security and more interested in specific projects and opportunities. Furthermore, although WHO did appoint a large number of non-staff, it appointed far fewer than other international organizations.

Data on special services agreements had been deliberately left out of the annual report because there was no guarantee that they were accurate. Special services agreements were handled by the country offices, and not necessarily recorded in the relevant database. Efforts were being made to rectify the matter and, once accurate data became available, they would be provided in the annual report. Non-staff were subject to a strict regulatory framework, which was one of the reasons for transferring the management of non-staff contracts from procurement to human resources management, and skills and competencies would be captured by the new recruitment platform.

All the policy changes will bring improvement, although it often took time for that to be reflected in the data. The greatest – and most obvious – success was the mobility policy, since it had resulted in a real shift in WHO culture. Less successful areas were managerial skills and non-staff management, where much work remained to be done, although the Secretariat was committed to making progress. The total staff costs mentioned did not include the cost of non-staff contracts.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to points raised, welcomed the proposal for secondments in key public health areas. In terms of targets, percentage rates tended to be a more useful gauge of larger quantities, while numerical targets were better indicators for small quantities. Both numerical and percentage rate targets were used; the accountability compact included numerical targets for gender balance. The mobility policy was a ground-breaking project and one of the biggest successes. Recruitment, the reform of the internal justice system and the respectful workplace initiative were other noteworthy successes. More work was needed, however, to enhance managerial skills and staff development across the Organization.

Member States' contradictory remarks about temporary staff and the implementation of the new mandatory age of separation were disappointing. Labour markets were indeed changing and young people were more mobile. However, as long as time-limited and earmarked voluntary contributions remained WHO's main source of financing, it would not always be possible to offer fixed-term positions given the financial liabilities such positions entailed. Appointing temporary staff was one way of dealing with that funding situation. The Director-General had indicated on numerous occasions that she was not against raising the mandatory age of separation to 65 for staff recruited before 1 January 2014 but had asked for implementation to be deferred to 2020. Deferment would result in cost savings of US\$ 10–15 million and provide an opportunity to examine further the issue of gender balance. The date of implementation of the new mandatory age of separation would be agreed following the Health Assembly, at the 141st session of the Executive Board.

The representative of CANADA said that implementation of the new mandatory age of separation should be harmonized across the United Nations system and not deferred by any agency or organization. While the concerns expressed by the Secretariat had been noted, the change was consistent with labour market trends and other United Nations organizations had implemented it on time without additional costs or implications for gender balance or diversity. The Secretariat should seek advice on best practices from those organizations in order to adopt a common retirement age across the United Nations system. She supported the recommendation by the Programme, Budget and Administration Committee of the Executive Board to implement the amendments to the Staff Regulations and Staff Rules on time, on 1 January 2018.

The representative of QATAR said that he supported the statement made by the representative of Canada concerning staff. He asked the Assistant Director-General for clarification of the term "temporary staff", given that short-term appointments of two or three months could adversely affect the sustainability of WHO activities. The timing of the implementation of the new mandatory age of separation should have been settled long ago. The high cost of distributing documents could be reduced by making all documents available online or providing printed copies only to delegations. Such cost-cutting measures would free up resources that could be used to hire staff on a longer-term basis.

The representative of SWEDEN said that he supported the statement made by the representative of Canada. The International Civil Service Commission recommendations should be implemented uniformly across the United Nations system, including the new mandatory age of separation, in line with the clear recommendation of the Programme, Budget and Administration Committee.

The representative of SPAIN expressed support for the Director-General's position on the implementation of the new mandatory age of separation.

The representative of FRANCE said that the new mandatory age of separation should be implemented uniformly across the United Nations system from 1 January 2018. The concerns raised by the Secretariat did not constitute sufficient grounds to defer implementation.

The representative of AUSTRALIA expressed support for the statement made by the representative of Canada. The complex organizational and human resources issues raised in the Secretariat's report should be considered separately from the extension of the mandatory age of separation. As one of the largest United Nations organizations, WHO should demonstrate leadership and proceed with implementation of the mandatory age of separation. Any decision to defer implementation risked undermining the extensive negotiations and preparatory work that had resulted in United Nations General Assembly resolution 70/244 (2015). The Executive Board was the appropriate forum for discussion on the topic.

The representative of LIBERIA asked whether it would be possible to obtain more information on the legal implications of deferring implementation before the matter was discussed at the next session of the Executive Board. Deferment would provide an opportunity to address the Organization's evident gender and diversity imbalances.

The representative of SWITZERLAND, endorsing the statements made by the representatives of Canada, Sweden and France, said that she favoured the uniform implementation of General Assembly resolution 70/244.

The representatives of NORWAY and the NETHERLANDS supported the statement made by the representative of Canada.

The representative of FINLAND supported the statements made by the representatives of Canada and Australia.

The DIRECTOR (Human Resources Management) invited Member States to refer to the report contained in document EB141/11 regarding the mandatory age of separation, which would be discussed by the Executive Board at its 141st session. Paragraph 20 of that document explained the legal implications of postponing implementation of the extension of the mandatory age of separation.

The CHAIRMAN took it that the Committee wished to take note of the report contained in document A70/45.

**The Committee noted the report.**

**Report of the International Civil Service Commission:** Item 22.2 of the agenda (document A70/46)

The representative of THAILAND said that the proposed revised human resources framework could help the Organization to achieve success, despite limited resources, and would be key to tackling the shortfall in the WHO budget. Human resources were an asset; keeping staff members motivated and competent was not only about salaries and benefits, but also about staff development. She called on WHO to focus greater attention on staff capacity-building to increase competency, which would result in efficient organizational performance, responsive support for Member States, and prompt handling of new global challenges.

**The Committee noted the report.**

**Amendments to the Staff Regulations and Staff Rules:** Item 22.3 of the agenda (documents A70/47 and EB140/2017/REC/1, resolution EB140.R9)

The CHAIRMAN drew attention to the draft resolution contained in resolution EB140.R9.

The representative of BURUNDI, speaking on behalf of the Member States of the African Region, said that he endorsed the amendments to the Staff Rules that had been made by the Director-General, as summarized in paragraph 4 of document A70/47. He praised the very good relations that already existed between WHO personnel and senior management, which were constructive and mutually advantageous. He encouraged WHO to maintain a constant dialogue between staff and management in the future. He supported the draft resolution.

The representative of THAILAND expressed support for the draft resolution. With respect to the extension of the mandatory age of separation, further information was required, especially in

relation to the funding implications for WHO. She agreed that the issue should be considered by the Executive Board at its 141st session.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB140.R9.

**The draft resolution was approved.<sup>1</sup>**

**Report of the United Nations Joint Staff Pension Board:** Item 22.4 of the agenda (document A70/48)

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region, said that he welcomed the surplus shown in the actuarial valuation of the United Nations Joint Staff Pension Fund. It was critical to continue earning the necessary 3.5% annual rate of return, so as to ensure the solvency of the fund, and address the underperformance of investments. He expressed concern about reported delays in payments, which could put beneficiaries and their families in a difficult situation, and requested WHO to take appropriate steps to resolve the situation, including expediting information processing for new beneficiaries and retirees. He commended the successful implementation of the Integrated Pension Administration System, which had increased the efficiency of the fund and its related activities, and welcomed the approval of the financial statements for the period ending 31 December 2015.

The representative of THAILAND said that, although the surplus of pension remuneration as at 31 December 2015 was desirable, retirees were increasingly living longer, which meant that staff pensions could become a serious burden. Further improvements to the Fund's investments would help to ensure its financial sustainability. The internal audit system used by the United Nations Joint Staff Pension Board was a crucial mechanism for ensuring transparency and accountability, and the United Nations Joint Staff Pension Board should improve implementation of that system and its anti-fraud policy.

**The Committee noted the report.**

**Appointment of representatives to the WHO Staff Pension Committee:** Item 22.5 of the agenda (document A70/49)

The CHAIRMAN drew attention to the proposal to nominate the alternate members, Dr Naoko Yamamoto (Japan) and Dr Gerardo Lubin Burgos Bernal (Colombia), as members of the WHO Staff Pension Committee for the remainder of their terms of office until May 2019.

**It was so decided.<sup>2</sup>**

The CHAIRMAN drew attention to the proposal to nominate Dr Asad Hafeez (Pakistan), Dr Papa Amadou Diack (Senegal) and Dr Alan Ludowyke (Sri Lanka) as alternate members of the WHO Staff Pension Committee for a three-year term until May 2020.

**It was so decided.<sup>2</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA70.10.

<sup>2</sup> Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA70(15).

### 3. MANAGEMENT, LEGAL AND GOVERNANCE MATTERS: Item 23 of the agenda

**Overview of WHO reform implementation:** Item 23.1 of the agenda (documents A70/50, A70/50 Add.1, A70/50 Add.2, A70/64 and A70/INF./3)

The representative of MALTA spoke on behalf of the European Union and its Member States. The candidate countries Turkey, the former Yugoslav Republic of Macedonia and Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with the statement.

Welcoming the efforts to implement the reform package regarding programmes and priority-setting, she said that effectiveness, efficiency, transparency and accountability must remain at the centre of future action, in order to deal with emerging challenges and deliver on global health priorities. The Member States of the European Union would provide support to the Director-General elect in continuing the reform process. She called on the Director-General elect, as part of the development of the draft thirteenth general programme of work, to review progress and activities, and assess areas in which WHO could work in synergy with other global health actors. Although improvements had been made in the Programme budget 2018–2019, further efforts were required to address both the budgetary shortfall and sustainability in the medium and longer term. It was highly pleasing that consensus had been reached with respect to the level of assessed contributions.

On the subject of governance reform, progress had been made, but the Secretariat and Member States must continue their efforts to add value to governing bodies meetings. The prioritization tool for proposals for additional agenda items should be swiftly implemented. The inclusion of references to country offices' budgets in the programme budget implementation cycle was welcome; however, she renewed her call for a forward-looking and transparent discussion on the strategic future of the country offices at the forthcoming governing bodies meetings.

With respect to management, she welcomed the publication of an annual accountability compact between the Director-General and senior management, and expected commitment to the One WHO approach from headquarters with regard to the regions, as well as within headquarters. She urged the Director-General elect to continue and expand work in that regard. She would welcome more information on the transfer of staff from the Global Polio Eradication Initiative, which must be a priority for senior management in the years ahead. In addition, she requested information on issues related to the staff mobility and rotation policy and on how the information disclosure policy had been implemented since early 2017.

The representative of ZIMBABWE, speaking on behalf of the Member States of the African Region, noted with satisfaction that all reform outputs under consideration were currently in the implementation stage. He commended the Secretariat's efforts in implementing a robust bottom-up approach to the development of the Programme budget 2018–2019, but was concerned about the stagnation in predictable funding. He renewed the Region's call for a multipronged approach to the financing of the programme budget, including an increase in assessed contributions, expansion of the donor base, and more flexible voluntary contributions.

On the issue of governance reform, he commended the Secretariat for developing a draft six-year forward-looking planning schedule of expected agenda items for the Executive Board and the Health Assembly. However, the heaviness of the agenda of the Health Assembly remained a problem.

With respect to management reform, the slow rate of progress towards gender equality was of concern. Nonetheless, the new policy on gender equality that had been put in place was a step in the right direction and its implementation should be accelerated. He welcomed the Secretariat's pilot of the geographical mobility policy, but called for equal geographical representation at all levels of the Organization, incorporating both South–North and North–South interregional movement, and ensuring a skills mix in country offices so as to address identified priorities and needs better.

Noting the progress achieved in making the Organization more accountable and transparent, he stressed that the WHO reform process should make the Organization better able to respond to the demands of the 2030 Agenda for Sustainable Development.

The representative of AUSTRALIA welcomed WHO's commitment to the reform agenda and the progress made in that regard. Australia expressed support for the three overarching priority reform areas identified in the report, and welcomed the opportunity to further discuss the Secretariat's recommendations, in particular those pertaining to the work of the governing bodies; however, in view of the extensive intergovernmental process that had already taken place, Australia would hesitate to commit to another review of the governing bodies before all actions agreed at the Sixty-ninth World Health Assembly had been implemented. Australia welcomed the opportunity to continue the discussions on reform with the Director-General elect, including with regard to the development of the draft thirteenth general programme of work, 2020–2025. Australia supported accelerated capacity-building at the country level to enhance leadership, to build the strategic capacity of technical staff, and to collaborate across the United Nations system: such actions would be essential to achieving the Sustainable Development Goals and mitigating threats to global health security.

The representative of CHINA welcomed the progress made, but called for further advancements in the WHO reform process. WHO should strengthen financing of the programme budget, including through structural reform, in order to ensure continuous and predictable financing. The capacities of country offices should be strengthened to enable them to play a policy-guiding role at the national level and advance health equality through a multisectoral approach. In that regard, it was important to enhance interregional, horizontal coordination. She called for further measures to implement the three pillars of the human resources strategy, as well as greater progress with regard to gender equity and regional representation.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the journey towards organizational excellence was never truly complete; reform was a continuous process and as such a culture of constant improvement should be embraced. Through its "performance agreement", her Government had committed flexible core voluntary contributions to WHO until 2020, a proportion of which was dependent on WHO achieving key reform indicators related to the Programme budget 2016–2017. The commitment of long-term core voluntary contributions on the basis of the fulfilment of performance indicators could be a useful approach. Her Government was willing to discuss and share its approach with other Member States and stood ready to provide the Director-General elect with its full support in relation to the WHO reform agenda.

The representative of JAPAN commended WHO on the fact that all reform outputs currently under consideration had reached the implementation stage. Reform was a continuous process and it was important to apply the one WHO approach, while recognizing diversity among the regions. Coordination and alignment across the three levels of the Organization were essential. Human resources reforms to enhance workforce diversity and ensure suitable staff appointments were also important. He expected the Director-General elect to continue the work on the WHO reform process and expressed his Government's commitment to supporting that process.

The representative of the RUSSIAN FEDERATION acknowledged the difficulty of reforming the Organization at all three levels. The next steps to be taken were: long-term planning to ensure adequate human resources; improvements in transparency in linking budget resources to results; and implementation of a new model for WHO publications based on open access.

The representative of the MALDIVES commended the progress made in the three broad reform workstreams and noted that the bottom-up planning process used to develop the draft Proposed programme budget 2018–2019 had improved the alignment of country and regional priorities with



global commitments. She expressed concern regarding the funding gap in the Programme budget 2016–2017 and hoped that more financing dialogues would take place in the current biennium to increase the level of flexible contributions, which could then be allocated to underfunded areas. She welcomed efforts to improve the level of correspondence between the number of items on the provisional agendas of governing bodies meetings and the number, length and timing of those meetings, as well as management reform efforts. The relocation of certain offices to save costs could be used as an example for further reform in similar areas. She reiterated the importance of sustaining the initiatives to move reforms to the implementation stage.

The representative of FRANCE said that WHO reform formed part of the broader reform of the United Nations development system and that Member States would continue to urge all United Nations entities to play their part. A successful overall reform could only be achieved by: prioritizing the roles of each United Nations organization; breaking down silos and avoiding duplication of work; making cost savings; and streamlining teams. She welcomed the improved forecasting of staffing needs and asked how that process would be further improved. She also requested details on how the target of an annual increase of 1.5% of female staff holding fixed-term and continuing appointments at the P4 level and above had been reached and why that increase was considered sufficient to show real progress. Efforts should be made to ensure that 100% of documents for governing bodies meetings were delivered on time so that all Member States had access to documents in the other United Nations languages. Lastly, she welcomed the shift from print towards digital distribution.

The representative of the UNITED STATES OF AMERICA commended the systematic progress made on many aspects of the WHO reform agenda. It was reassuring that country offices had linked their budgets to the 10 priority programme areas of WHO, thereby ensuring critical alignment of the three levels of the Organization. Greater speed and consistency were required in the implementation of the Framework of Engagement with Non-State Actors; the full implementation period should be used to ensure its success and to make sure that the related engagement practices were widely acceptable, consistent and unbiased. She welcomed WHO's commitment to implementing the policies on gender equality, and whistle-blowing and protection against retaliation, and the creation of the respectful workplace initiative. She requested more information regarding efforts to improve project management skills and capacity, and an update on when the information disclosure policy would be implemented. It was helpful to have an external perspective on governing processes; she looked forward to discussions on how to act on the related recommendations.

The representative of NORWAY recognized the progress made with regard to WHO reform, but called for further efforts, suggesting a more focused approach. Noting the need for a greater focus on optimizing country offices, given their increased importance, he asked how the Secretariat would follow up on the evaluation of WHO presence at the country level. The Organization's fraud prevention and investigation capacities should be strengthened in order to optimize the programme budget. He urged the Secretariat to follow up on all relevant provisions of United Nations General Assembly resolution 71/243 on the quadrennial comprehensive policy review in order to optimize the work of WHO and the wider United Nations system in progressing towards the Sustainable Development Goals; implementation of the policy review should be duly reflected in the draft thirteenth general programme of work and in the reporting to the Health Assembly.

The representative of LITHUANIA expressed support for reform implementation, but said that more rapid progress could be made. She welcomed the process to set country-level priorities and align the programme budget accordingly, noting that prioritization was vital to optimize limited resources. Improvements in transparency and accountability were visible and the online consultations with Member States on the drafting of new documents had been very valuable; that practice should be continued and broadened. However, there were still too many items and documents on the agenda of the Health Assembly. Her Government was committed to supporting the WHO reform process.

The representative of CANADA welcomed the improvements in transparency, accountability, programmatic alignment and evaluation, and expressed support for the Director-General elect in continuing the reform process. The bottom-up prioritization approach and the phased, voluntary implementation of the mobility policy had been successful, but remaining challenges and the recommendations of the external evaluation team should be noted. She echoed the concerns expressed by the representative of Malta regarding the transition of assets from the Global Polio Eradication Initiative; for the Organization to remain relevant, Member States had to adjust their expectations as well as clarify WHO's value and mandate. She expressed support for WHO's normative and standard-setting work, and affirmed her Government's commitment to fostering good governance and management.

The representative of MEXICO said that although progress had been made in linking programmes, priority-setting and financing, those links required strengthening in order to focus on priority areas and resolve the funding shortfall for core programmes. She agreed that work was needed to improve WHO's response to emergencies, but expressed concern that increased funding for the WHO Health Emergencies Programme had hindered greater funding predictability for the overall programme budget; it was important not to neglect other priorities such as preventive programmes, which helped to prevent emergencies. Prompt follow-up of reform implementation was necessary for the Organization to adapt to the changing complexity of public health and effectively fulfil its role as the leading global public health body.

Additional efforts were needed to resolve the ongoing issues related to the number of items on the agenda of governing bodies meetings, and the publication and availability of documents. It was positive, however, to see increased involvement of Member States in governing bodies meetings; the Global Policy Group had been a useful forum for dialogue, and the institutionalization of such working methods should be welcomed. Reform activities related to inclusive, intersectoral cooperation with all stakeholders should be continued in order to achieve the Sustainable Development Goals, and all actors should work together to follow up on the recommendations of the external evaluation team.

The representative of INDIA expressed satisfaction regarding the implementation of many reform initiatives, which had yielded good results. However, it was of concern that earmarked voluntary contributions represented the largest proportion of total funding, resulting in large gaps between planned expenditure and revenue targets, particularly in policy areas not supported by donors. The reform process had been held back by the unpredictable nature of WHO's finances due to fluctuating donor priorities and by the slow progress made on work to harmonize and align programmatic and technical work.

The representative of THAILAND said that the WHO reform process had not addressed the main challenges of financial control by donors, the loss of capable staff from the Organization, outdated regional structures, inefficient vertical bureaucracy, or the rapid loss of social and intellectual capital. There was no clear proposal for substantive reform. The Director-General elect therefore had an opportunity to completely rethink WHO reform by: prioritizing key issues such as health systems strengthening and universal health coverage; scaling down the organization and budget of WHO to prevent excessive donor control; and creating a human resources management system that ensured that capable staff were retained. His Government would support the Director-General elect in efforts to continue the reform process.

The representative of the ISLAMIC REPUBLIC OF IRAN urged the Secretariat to take a development-oriented approach to norm-setting in the field of global public health in all three broad reform areas to ensure that WHO remained an intergovernmental organization driven by Member States. The reform process should be continued in a fair, inclusive and transparent manner. He expressed confidence in the capacity of the Director-General elect to continue the reform process and

reduce disparities, improve preparedness for emerging and re-emerging diseases, and make progress towards universal health coverage.

The representative of EGYPT welcomed the reform efforts, particularly in relation to management and programmes. Extensive support should be provided at the country level to institutionalize changes to governance and management structures. The Organization was in need of financial reform, as evidenced by the lack of sustainability and predictability of funding for the bienniums 2016–2017 and 2018–2019. The financing dialogue was always welcome, but was too informal and not led by Member States, and should instead be conducted through an intergovernmental process. The sharp deterioration in staff perceptions of the effectiveness of the reform was of concern, as was the conclusion that such perceptions would have a serious impact on the success of future reform initiatives. He asked why staff had formed such views. He asked the Secretariat to clarify how the potential of the Framework of Engagement with Non-State Actors would be harnessed and how WHO would be protected from undue influence, and what impact the Framework would have on the Organization's financial situation.

The representative of PANAMA welcomed the work on programmatic reform, notably regarding the linking of country office budgets to the 10 priority programme areas. Transparency and accountability could be improved by favouring decentralization to regional and local offices and taking a comprehensive approach to human resources challenges, with a focus on improving country capacities. The efficiency of the governing bodies could be increased by making their meeting agendas more coherent and consistent and reducing the number of documents. Reform in the area of emergencies required significant work to ensure a more rapid emergency response, based on national and country office capacities.

Human resources, the decentralization of skills, management processes and geographical diversity required further discussion. In the interest of transparency, country representatives and other relevant stakeholders should sign a declaration of no conflict of interest, covering the tobacco and arms industries as a minimum; the related rule applicable to non-State actors under the Framework of Engagement with Non-State Actors should apply to WHO itself. Building a more effective, efficient and transparent WHO would require sustained interest and compromise from those concerned, WHO leadership in meeting the challenges of the Sustainable Development Goals, and full engagement of all Member States.

The EXECUTIVE DIRECTOR (Office of the Director-General) noted the appetite for reform among Member States and suggested focusing on three areas to continue and accelerate the reform process. First, the Secretariat was preparing a detailed briefing for the Director-General elect on the reform journey thus far, covering achievements and outstanding objectives; the recently published report *Ten years of transformation: making WHO fit for purpose in the 21st century* also provided a summary of the extent of the reforms. Secondly, the development of the draft thirteenth general programme of work would provide an opportunity to consult with Member States regarding the future direction of reform. Thirdly, the Programme, Budget and Administration Committee of the Executive Board at its twenty-sixth meeting had proposed including a substantive item on WHO reform on the provisional agenda of the 142nd session of the Executive Board, with a view to establishing a road map for reform.

In response to points raised, he said that the information disclosure policy had recently been made available on the WHO website, and set out the Secretariat's approach to information disclosure and its commitment to increased transparency of information. The policy categorized information into three areas, namely, information that was routinely available to the public, internal information that was not routinely available, and unpublished confidential information. A process for the implementation of the policy would be developed, including the establishment of systems and the allocation of resources. The management and categorization of information, and online search functions for information would also be improved. The target of a 1.5% annual increase of female staff

holding appointments at the P4 level and above had been set on the basis of a realistic feasibility assessment, but with a clear target to achieve gender parity over the next five years. He apologized for the late distribution of some governing bodies documents; the substantial increase in the number and length of the documents for translation had led to the late publication of some documents. The Secretariat would make efforts to intensify the progress made on the timely issuance of documents and consider the use of other document management systems. An update on how the Secretariat was following up on the recommendations on WHO presence in countries was available on the Organization's website and further updates would be made available. Staff perceptions of WHO reform progress continued to be tracked. The report of the external evaluation team demonstrated that while staff perceived significant improvements in relation to some processes, the decline in staff perceptions was related to the impact of WHO reforms. The reasons for that decline lay in the fact that results of changes were rarely immediate and there could be a degree of fatigue among staff, owing to the extended time period for introduction of the reforms. Communication with staff must be improved, in order to emphasize the beneficial nature of the reforms. The Secretariat alone was not in a position to take forward the reforms. Member States and other donors should consider how to enable the Organization to have a fully funded programme budget, and provide flexible resources to ensure that the Organization delivered on all areas of its mandate.

The representative of QATAR said that little progress had been made over the previous seven years with regard to WHO reform. He expressed the hope that a clear schedule would be presented to the Executive Board at its 142nd session, with a view to completing the reform process. When staff numbers were reduced, productivity also decreased, but issues related to reform were not solely due to a lack of personnel or resources. The late issuance of documents and ensuing translation difficulties meant that non-English speaking Member States could not prepare their interventions on an equal basis with anglophone countries. A draft proposal concerning the issuance of documents should be submitted to the Executive Board. It was vital that changes were made and he wondered why a new system for the production and distribution of governing bodies documents had not been implemented four years earlier when discussions on the issue were initiated.

**The Committee noted the reports contained in documents A70/50, A40/50 Add.1 and A70/50 Add.2.**

**Governance reform: follow-up to decision WHA69(8) (2016):** Item 23.2 of the agenda (documents A70/51 and A70/51 Add.1)

The representative of MEXICO welcomed the proposals to promote an orderly consideration of items by requiring that items proposed for direct inclusion on the provisional agenda of the Health Assembly be accompanied by an explanatory memorandum, which would result in more manageable agendas containing reasoned and specific issues, thereby strengthening the work of the Organization.

The representative of SWITZERLAND expressed support for the first option for the amendment of Rule 5 of the Rules of Procedure of the World Health Assembly, whereby certain items proposed for inclusion on the provisional agenda of the Health Assembly would be accompanied by an explanatory memorandum. She commended actions to strengthen the Executive Board's role in preparing the provisional agenda of the Health Assembly. It was essential to define the role of the governing bodies to improve the effectiveness of the governance of WHO. She thanked the Director-General for her work in advancing the reform process and urged the Director-General elect to prioritize reform.

The representative of THAILAND noted that the increased number of agenda items at governing bodies meetings reflected the rising level of interest among Member States and stakeholders. It was crucial to improve time management during the Health Assembly, such as by

limiting interventions to two minutes and conducting further consultations to consider the provisional agenda prior to the Assembly. Further regional consultations and “Regional One Voice” initiatives should also be encouraged. Member States, especially developing countries, must be encouraged to propose relevant agenda items that were in their interest. He welcomed the draft decision and supported the second option for the amendment of Rule 5 of the Rules of Procedure, whereby an explanatory memorandum would support the Board’s assessment for the purposes of recommending the deferral, where appropriate, of any item so proposed to a future Health Assembly.

The representative of MALDIVES welcomed the draft decision, which should contribute to efficient drafting of the provisional agenda. Submitting explanatory memorandums with proposals for agenda items would facilitate the decision-making process. She supported the second proposed option concerning the amendment of Rule 5 of the Rules of Procedure, which would provide equal opportunities to Member States to propose agenda items. She emphasized the importance of strengthening and streamlining the governance process.

The representative of the UNITED STATES OF AMERICA welcomed the recommendations to strengthen the role of the Board in determining the provisional agenda of the Health Assembly. Member States must together consider the time allocated for each discussion when proposing new agenda items. She supported the first option regarding the amendment of Rule 5 of the Rules of Procedure in order to promote an orderly consideration of items on the agenda and to improve the efficiency and effectiveness of governing bodies meetings.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND noted that Member States remained responsible for WHO governance reform. Although the late availability of certain documents was disappointing, Member States recognized that it resulted from the increase in the number of agenda items, and therefore documents. Reaching consensus on approaches to governance reform, such as a strict cap on the number of agenda items, proved challenging. While such discussions should nevertheless be held, efforts should focus on empowering the Secretariat to accelerate action on smaller reform changes to issues that were obstacles to good governance. She looked to the Director-General elect to propose small improvements for immediate implementation by Member States. Her Government supported the first option concerning the amendment of Rule 5 of the Rules of Procedure.

The representative of the RUSSIAN FEDERATION said that the Executive Board, at its 141st session, should approve the criteria for items to be included on the provisional agendas of governing bodies meetings and discuss actions for ensuring effective time management of the meetings. It would be fruitful to reduce the number of documents prepared for the meetings, which would subsequently scale down translation needs and ensure that documents were made available in a more timely manner for consideration by Member States.

The representative of CHINA welcomed efforts to improve the methods of work of the governing bodies, including the proposed introduction of the requirement that items proposed for inclusion on the provisional agenda of the Health Assembly should be accompanied by an explanatory memorandum. She hoped that more substantial progress would be made to improve efficiencies. Her Government favoured the second option for the amendment of Rule 5 of the Rules of Procedure, which was a more practical option.

The representative of ZIMBABWE expressed support for the second option in relation to the amendment of Rule 5 of the Rules of Procedure, which provided an inclusive, flexible approach to the inclusion of items on the provisional agenda of the Health Assembly. The submission of an explanatory memorandum with proposals for agenda items would assist the Board in its consideration of items for inclusion on the provisional agenda of the Health Assembly. She endorsed the

recommendation to apply a limit of 500 words to explanatory memorandums and expressed support for the draft decision.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, emphasized the importance of governance reform. He welcomed the proposals concerning the development of a system for scoring items for proposed inclusion on the Board's provisional agenda; the requirement to submit an explanatory memorandum alongside proposed items for direct inclusion on the provisional agenda of the Health Assembly; maximizing the benefits of discussion in the Programme, Budget and Administration Committee of the Executive Board; and encouraging an early exchange of views on agenda items. He supported the second option regarding the amendment of Rule 5 of the Rules of Procedure.

The representative of AUSTRALIA recognized the challenge that the large agendas of governing bodies meetings posed to all participants in preparing for and participating in meetings. Australia therefore supported efforts to increase the efficiency of governing bodies meetings, including the proposed requirement to submit an explanatory memorandum with items proposed for direct inclusion on the provisional agenda of the Health Assembly. Australia supported the first option relating to the amendment of Rule 5 of the Rules of Procedure, since it was critical that the Board was empowered in its decision-making in order to contribute effectively to agenda-setting.

The representative of ARGENTINA supported the proposals to improve the level of correspondence between the number of items on the provisional agendas of the governing bodies meetings and the length of their sessions. She would await the submission of a separate report to the Board at its 141st session on the proposal to develop a system for scoring items for proposed inclusion on the Board's provisional agenda before assessing that proposal. She had no objections to the requirement to submit an explanatory memorandum with proposals for agenda items. Her Government supported the second option concerning the amendment of Rule 5 of the Rules of Procedure as it allowed for greater flexibility than the first option, which would leave all decisions to the Board.

(For continuation of the discussion, see the summary records of the fourth meeting, section 2.)

**The meeting rose at 13:30.**

## **FOURTH MEETING**

**Friday, 26 May 2017, at 14:40**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

### **1. MESSAGE OF CONDOLENCE FOLLOWING THE TERRORIST ATTACK IN EGYPT**

The CHAIRMAN expressed condolences to the Egyptian people and Government for the recent terrorist attack on a bus in Egypt, and said that WHO stood in solidarity with that country.

### **2. MANAGEMENT, LEGAL AND GOVERNANCE MATTERS:** Item 23 of the agenda (continued)

**Governance reform: follow-up to decision WHA69(8) (2016):** Item 23.2 of the agenda (documents A70/51 and A70/51 Add.1) (continued from the third meeting, section 3)

The CHAIRMAN suggested that, given the lack of consensus on the first option for the amendment of Rule 5 of the Rules of Procedure of the World Health Assembly, the Committee should approve the second option set forth in the draft decision, as it was less restrictive than the first option but would still streamline the drafting process.

The representative of the UNITED STATES OF AMERICA, supported by the representatives of GERMANY and FRANCE, requested that consideration of the item should be suspended.

The CHAIRMAN took it that the Committee wished to suspend discussion of the item.

**It was so agreed.**

(For continuation of the discussion, see the summary records of the fifth meeting, section 2.)

**Engagement with non-State actors:** Item 23.3 of the agenda (document A70/52)

- **Criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions** (document A70/53)

The CHAIRMAN invited the Committee to consider the report in document A70/53.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova aligned themselves with her statement. While welcoming the set of criteria and principles for secondments from non-State actors, she cautioned against the possibility of secondment becoming a revolving door,

with seconded staff being allowed to become contracted staff. Any secondment must be fully in line with the Framework of Engagement with Non-State Actors. During the preparations for the initial evaluation process, the European Union and its Member States wished to be kept informed of whether the implementation of the Framework was uniform and coherent across the Organization, what the resource implications were, and whether the Framework had encouraged engagement with and by non-State actors.

The representative of ARGENTINA was pleased that the report took into account the discussions of both the Programme, Budget and Administration Committee of the Executive Board and the Executive Board, and provided additional information on the implementation of the Framework. The creation of the WHO register of non-State actors was welcome. The Secretariat should continue taking the necessary action to fully implement the Framework, with the aim of complying with the time frames established in resolution WHA69.10 (2016). Coordination with PAHO was vital to apply the Framework in a coherent and uniform manner. The Region of the Americas had adopted the Framework in September 2016, and its implementation was under way.

The representative of IRAQ said that his country's engagement with United Nations agencies and non-State actors been very successful, particularly given the difficult situation in parts of the country. In coordination with the Ministry of Health, a health cluster had been established with WHO as the lead agency. The cluster held regular meetings that were attended by non-State actors to coordinate efforts and resources and respond effectively to crises.

The representative of BRAZIL said that the Framework was a comprehensive tool that was becoming a model for other United Nations agencies, and it was therefore important for its implementation to produce satisfactory results. He asked why the word "sensitive" had been omitted from paragraph 5(a) of the report by the Secretariat, which read: "managerial and/or positions that involve the validation or approval of WHO's norms and standards are excluded", when resolution WHA69.10, paragraph 8(a) referred to the exclusion of managerial and/or sensitive positions. It was important that the proposed criteria and principles were in line with the mandate that had been given to the Director-General pursuant to that resolution. He noted, however, that certain sensitive positions might not necessarily involve the validation or approval of WHO's existing norms and standards.

The representative of INDIA said that the proposed criteria and principles contained several gaps that might leave staff confused about their application. The reference to managerial and/or positions that involve the validation or approval of WHO's norms and standards should be explained more explicitly and in greater detail. Further elaboration was needed on the due diligence and risk assessment to which proposed arrangements for a secondment would be subject, as the current description was open to interpretation. The principles also failed to establish the procedures for the identification of any real or perceived conflicts of interest. The establishment of the WHO register of non-State actors and the electronic workflow, and their integration into an information management platform, were welcome. To increase transparency, the platform should be made available to the public.

The representative of CHINA emphasized the importance of harmonizing the implementation of the Framework at all three levels of the Organization. It was a positive sign that the 55th Directing Council of WHO/PAHO had resolved to adopt and implement the Framework. She welcomed the creation of the WHO register of non-State actors and the electronic workflow, and the development of a guide for staff and a handbook for non-State actors. The elaboration of criteria and principles for secondments was an important step forward. The Framework should be implemented in accordance with the established timeline, and regular evaluations should be conducted.



The representative of MEXICO said that the Framework provided a substantive basis for WHO reform and its implementation was a major step forward in terms of enhancing transparency within the Organization. Continuous monitoring of its implementation would be necessary. The creation of the WHO register of non-State actors was welcome. She noted that the reference to “paragraphs 2 and 3” in paragraph 5 of the report of the Secretariat should, in fact, read “paragraphs 3 and 4”.

The representative of PANAMA welcomed the development of a process of due diligence, the WHO register of non-State actors, and the electronic workflow. It was important that headquarters and the regional offices worked together on the development of the guide for staff and the handbook for non-State actors. It was essential to finalize those publications, together with the change management plan, the communication plan and training materials for staff. It was also necessary to evaluate the effectiveness of the proposed principles and criteria, in order to make any required changes.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND asked the Secretariat to comment on the observation made in paragraph 40 of the annual report of the Independent Expert Oversight Advisory Committee, contained in document EBPBAC26/2, which read: “there is ... an immediate need for the Global Policy Group to approve the detailed implementation plan of the Framework, which identifies specific deliverables and implementation dates. This is necessary in order for management and the Advisory Committee to monitor the progress of implementation of the Framework.” He also asked the Secretariat to provide an update on the status of the implementation plan.

The representative of the UNITED STATES OF AMERICA said that the Framework must be a credible and effective tool to support WHO’s engagement with non-State actors. Coherence and consistency were needed in policy and practice to ensure that the implementation process was conducted with appropriate care and due diligence, without prejudice to the type of non-State actor. The implementation process must be reliable, transparent, fair and based on the Framework. She was concerned that, on the basis of considerations other than Framework rules and procedures, implementation was restricting the engagement of certain nongovernmental organizations and private sector stakeholders: that was inconsistent with due diligence and the proper management of risk. The Secretariat might wish to consider how its actions affected its partnerships. WHO should adopt neither a risk-averse nor cavalier approach to engagement with non-State actors. She requested additional information on the guide for staff and the handbook for non-State actors, and an update on the change management plan, communication plan and training materials for staff.

The representative of EGYPT expressed his appreciation for the condolences extended by the Chairman to his delegation and the Egyptian people. Regarding the report by the Secretariat, he said that paragraph 3, on the proposed criteria and principles for secondment, should make reference to the principles of WHO’s engagement with non-State actors contained in the Framework. There was conflation between the criteria and principles proposed in the report, and it was unclear whether the conditions added by the Secretariat in its report had been required by resolution WHA69.10 (2016). Point 2(iv) of paragraph 3 of the report, which stated that the secondment position must “have been granted a waiver of competitive selection by the Director-General, providing justification for the position”, violated the mandate in resolution WHA69.10, which required there to be “transparency and clarity regarding positions sought, including public announcements”. If public announcements were made, it would not possible to grant waivers during the selection process. The word “sensitive” should have been retained in paragraph 5(a) of the report. The Secretariat should, moreover, explain why the Health Assembly was only invited to note the report, whereas resolution WHA69.10 had called on the Director-General to submit the criteria and principles for the consideration of and establishment by, as appropriate, the Health Assembly.

The representative of BANGLADESH requested the Secretariat to hold comprehensive briefings during the implementation of the Framework across the three levels of the Organization, in order to help staff to ensure its coherent and consistent implementation.

The representative of ZIMBABWE underscored the need to continually update the WHO register of non-State actors, and to implement the Framework in the regional and country offices effectively. Regarding secondments, it was important to shut the revolving door between governments, the private sector and philanthropic foundations. Individuals working in industries that undermined public health should be subject to a “cooling-off period” before being allowed to join WHO. Secondments from nongovernmental organizations, philanthropic foundations and other institutions that were heavily financed by the private sector should be prohibited. Secondments should be temporary, and when they ended, the individuals concerned should not be allowed to join WHO immediately.

The representative of AUSTRALIA said that uniform implementation across all six regions and at all three levels of the Organization was crucial to ensure that the Framework achieved its goal of enhanced organization-wide transparency and accountability. The Australian Government welcomed the commencement of activities to support change management, communication and training of staff as well as the guidance for non-State actors. Australia welcomed and supported the application of the proposed criteria and principles for secondments.

The representative of PLURINATIONAL STATE OF BOLIVIA requested clarification on the exclusion of managerial and/or sensitive positions and underscored that the criteria and principles must be fully in line with the Framework. He agreed with the comments made by the representatives of Brazil, India and Egypt.

The representative of THAILAND said the successful implementation of the Framework depended not only on compliance with the Framework’s provisions, but also on building trust among all relevant stakeholders. Self-interest must be kept to a minimum in order to keep trust levels high. Her Government supported the proposed criteria and principles.

The representative of ECUADOR said that she supported the concerns expressed by the representatives of Brazil, India, Mexico and Egypt, and requested a clear response from the Secretariat on the issues they had raised. It was important to have clear and comprehensive policies to avoid conflicts of interest. Any engagement with non-State actors should contribute to the objectives of WHO. Its purpose should not only be to enhance technical cooperation but also to improve policies. The promotion of the right to health must take precedence over all commercial or economic interests when engaging with non-State actors. Her Government would follow the procedures for monitoring non-State actors, arranging the secondment of staff and maintaining transparency and accountability.

The representative of the REPUBLIC OF KOREA said that the extensive progress made on the Framework must continue. Transparency was key when engaging with non-State actors. If necessary, private sector entities should be monitored by third parties, such as nongovernmental organizations. Details of any engagement must also be monitored closely by Member States.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, welcomed the adoption of the Framework as well as the commitment of the Secretariat to transparency in the proposed criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. He also welcomed the creation of the WHO register of non-State actors. Contracts with academic institutions should always be time-bound and temporary, and awarded on the basis of skills, experience and seniority. Applications by individuals who had demonstrated skill and integrity in previous contracts at WHO should be given

priority consideration when new contracts were offered. Those individuals should, moreover, be considered favourably by the Organization when it recruited new staff members.

The representative of the ISLAMIC REPUBLIC OF IRAN called on WHO to ensure the effective implementation of the Framework and to conduct an initial evaluation thereof by 2019. Discussions should also resume on developing a comprehensive WHO policy on conflicts of interest.

The representative of PAKISTAN agreed with the concerns raised by the representatives of Brazil, Egypt and the Plurinational State of Bolivia. The report by the Secretariat had not been drafted in consultation with Member States, which should have been the case. That issue should be considered by the Executive Board at its 142nd session.

The representative of SOMALIA welcomed the proposed criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. Secondments should be time-bound and awarded in accordance with the Organization's priorities. The wording of the proposed criteria and principles was a matter of some concern, however. There must be a "cooling-off period" of at least two years before an individual who had previously been seconded to the Organization could apply for a position at WHO. He asked the Secretariat for clarification on how the proposed public announcements and the waivers of competitive selection would be reconciled. Secondments must not become a back door into WHO that allowed individuals to obtain a position without undergoing an appropriate selection and assessment process.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the Framework had been adopted by the Health Assembly on the premise that it would promote transparency and due diligence, and that WHO would exercise particular caution when engaging with private sector entities whose activities were negatively affecting human health. Regrettably, however, the Framework had failed to provide clarity on the relationship between WHO and the Bill & Melinda Gates Foundation following the Foundation's application for admission into official relations. The Foundation had made substantial contributions to many health initiatives and the fact that it could influence WHO's nutrition policy was no secret. What was less well known, however, was that the Foundation had invested heavily in the food and beverage industries. Those investments had been glossed over in the Framework process and the resulting lack of clarity on the relationship had undermined public trust. She echoed the concerns of several Member States concerning the criteria and principles for secondments from nongovernmental organizations, philanthropic foundations and academic institutions. The Framework should be a safeguard; it should not be seen as a funding opportunity. It should be reviewed and evaluated at the earliest opportunity and the terms "partnership" and "stakeholder" clearly defined.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the Framework allowed private sector entities, including those that invested in health-impeding industries, a place at WHO's core, and thereby undermined WHO's norm- and standard-setting activities. Moreover, it was of concern that Secretariat staff monitored the activities of non-State actors while simultaneously conducting fundraising activities. A comprehensive conflict of interest policy was needed. The Framework provided inadequate information about transparency and oversight mechanisms regulating official relations with non-State actors, risk assessment and management, non-State actor classification and the evaluation of non-State actor commercial interests. Clarification should be provided on those mechanisms and detailed documentation should be made publicly available. Although, pursuant to resolution WHA69.10, secondments from non-State actors were excluded for all sensitive posts, the report of the Secretariat proposed that only managerial and/or positions that involved the validation or approval of WHO's norms and standards should be excluded. More detailed regulations on exclusions were needed. The Framework should also include regulations

preventing public officials from advocating for private sector entities. She urged Member States to support the increase in assessed contributions and to increase their untied contributions. The public character of WHO could thus be secured.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that her organization supported WHO's efforts to develop guidance that clarified WHO's engagement with non-State actors. As part of that process, she welcomed ongoing dialogue with civil society that considered both the risks and rewards associated with partnerships. That guidance should address the lack of clarity in the Framework around the categories and definitions of non-State actors, as well as nuances that affected not-for-profit organizations that included members from the academic sector and industry. In the absence of formal guidance, WHO staff and Member States should not be overly cautious or punitive in their interpretation of the Framework. Members of her organization had reported a lack of consistency across the Organization in the implementation of the Framework and in the advice that was given to non-State actors. Her organization stood ready to provide additional feedback on implementation in the future.

The EXECUTIVE DIRECTOR (Office of the Director-General), responding to the points raised, acknowledged the support and guidance provided by the Independent Expert Oversight Advisory Committee in the implementation of the Framework. The Framework would be operational within the planned two-year time frame. The implementation plan had been amended on the basis of input from the Global Policy Group in November 2016 and would be resubmitted to that Group at its next meeting. WHO was holding consultations across the Organization, including with PAHO and country offices, to ensure alignment in the implementation of the Framework. The WHO register of non-State actors and the Global Engagement Management tool had also been established, and provided in-depth information regarding non-State actors and their engagement with WHO. Details regarding the acceptance or refusal of applications for admission into official relations were also available in the register. With a view to finalizing the guide for staff and the handbook for non-State actors, consultations were taking place with WHO staff and non-State actors, respectively. Those guidance documents would be completed in the near future. A change management strategy and a communications plan had also been established, as had a change management task force across all three levels of the Organization to ensure that change management and communications were coherent. Training sessions on the Framework would be held as part of the induction processes for new staff and new heads of country offices. While the Framework did not provide a clear definition of the term "sensitive positions", WHO had thus far considered the term to apply primarily to positions that dealt with sensitive or proprietary information and/or were related to WHO's norms and standard setting. However, he appreciated the need to clarify that definition.

The DIRECTOR (Human Resources Management) said that the criteria and principles presented in the report by the Secretariat were identical to those contained in document EB140/47, which had been submitted for consideration by the Executive Board at its 140th session following an extensive consultative process. She reiterated that secondments from non-State actors were temporary in nature and could not exceed two years. An individual could be seconded to WHO only if he or she already had an employment relationship with the releasing entity before that secondment, and was guaranteed a right of return to that entity once the secondment had been completed. A secondee could apply for ad hoc vacancies at WHO that were filled through a competitive process. If a secondee was successful in that process, he or she would need to resign from the releasing entity before taking up a position with WHO. She was open to some Member States' suggestions regarding a "cooling-off period" before secondees could be hired by the Organization. In 2019, following implementation of the mandatory mobility policy, most international fixed-term positions would be advertised through a mobility compendium of rotational posts. Seconded staff would not be eligible to apply for those positions, and would therefore have limited opportunities to take up a position with the Organization. A waiver needed to be secured from the Director-General for a position to be filled through a secondment

arrangement, bypassing the ad hoc vacancies and the mobility compendium. Affirming her commitment to transparency during the finalization of the criteria and principles, she said that WHO would publish an annual report on the secondments that had been granted.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL clarified the action that the Health Assembly was required to take on the Secretariat's report. He recalled that resolution WHA69.10 requested the Director-General to develop a set of criteria and principles for secondments and to submit those criteria and principles for the consideration of and establishment by, as appropriate, the Seventieth World Health Assembly. The inclusion of the words "as appropriate", allowed the Health Assembly either to take note of the principles and criteria or to take other actions. The Executive Board had decided only to take note of the principles and criteria. If the Health Assembly took note of the report, the criteria and principles would be incorporated in WHO's human resources policies and procedures; a number of other WHO policies had been established in that manner. As no other course of action had been proposed by the Executive Board, it would be appropriate for the Health Assembly merely to take note of the report.

The representative of BRAZIL asked for the substantive comments that had been made by Member States to be taken into account by the Secretariat when it finalized the criteria and principles for secondments.

The CHAIRMAN noted the request made by the representative of Brazil and said the necessary adjustments would be made.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL said that the views expressed by the Health Assembly were recorded in the summary records of its meetings, and that the Director-General would report to the Executive Board at its 141st session on how the Health Assembly's views had been taken into account.

The representative of SOMALIA said that the comments made by the representative of Brazil merited an additional explanation from the Legal Counsel. The Health Assembly should not merely take note of the report – a more substantive response was needed to ensure that the Secretariat took action on the basis of Member States' comments and questions.

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, said that, when a set of criteria and principles was included in a report that had been noted by the Health Assembly, the Secretariat was obliged to endorse those criteria and principles. Furthermore, its interpretation of those criteria and principles must take into account the comments made by Member States in that regard. The Secretariat's interpretation of the criteria and principles would therefore reflect the points that had been raised.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL said that the Secretariat's comments would also be included in the summary records of the meeting.

**The Committee noted the reports.**

**Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund):**  
Item 23.4 of the agenda (documents A70/54 and A70/65)

The CHAIRMAN drew attention to document A70/65. Paragraph 3 of the draft decision contained in that document had been amended, with the words "up to" replaced by "at least". The amended paragraph therefore read: "to authorize the Director-General to allocate, by the end of each

biennium, at least US\$ 15 million, as available, for information technology investment needs within the Infrastructure Fund”.

The representative of SWITZERLAND welcomed the draft decision, which provided a clear segregation of separate subaccounts for real estate and information technology funds. She stressed that there should not be any permeability between the two funds. It was important that the Secretariat continued its efforts to secure funds for renovations in anticipation of future needs.

The representative of FRANCE asked for clarification regarding the Organization’s information technology investment needs, and in particular whether US\$ 15 million per biennium would be sufficient to cover the real-time monitoring of epidemics.

The representative of MEXICO suggested several points for inclusion in the draft decision, *inter alia*, an annual report should be provided to the Programme, Budget and Administration Committee of the Executive Board on the status of the separate accounts and the financed and pending projects, and a long-term schedule should be provided. The draft decision should also provide for the Health Assembly, in consultation with the Programme, Budget and Administration Committee of the Executive Board, to authorize the Director-General to transfer resources to the Infrastructure Fund, provided that sufficient funds were available. It should also make clear that the approval of funds depended on the performance of projects, and that a funding limit would be set. In closing, she said that clarity was needed with regard to the real estate assets that would start the merged Fund.

The representative of THAILAND expressed support for the proposed Infrastructure Fund and its proposed financing. He requested that the Secretariat should monitor the risk of shortfalls in funding sources and carefully review the operational and investment costs for both information technology and real estate projects.

The ASSISTANT DIRECTOR-GENERAL (General Management), responding to points raised, gave his assurance that the information technology investment and real estate subaccounts, and their governance, would remain separate within the proposed Infrastructure Fund. One subaccount would not subsidize the other. Renovations and constructions were financed by funds carried over from assessed contributions, in addition to other sources of flexible funding. He said that US\$ 15 million per biennium might not suffice to cover investments in new information technology tools to monitor epidemics; accordingly, paragraph 3 of the draft decision had been amended to reflect that concern. Costs would be closely monitored, but it would be difficult to set an upper limit on expenditure, as the need for, and costs of, investments in new information technology tools would fluctuate over time. He agreed with the suggestion that reports on the financial and budgetary aspects of projects should be submitted to and monitored by the Programme, Budget and Administration Committee of the Executive Board, and recalled that paragraph 5 of the draft decision stipulated that the Director-General should report to the Executive Board on the implementation of projects covered by the Infrastructure Fund. Capital investments in information technology had been intentionally separated from operational costs, so as not to overburden the information technology subaccount with the substantial operational costs associated with new information technology tools. Those costs would be reflected in the relevant programme budgets and covered by the owners of those new tools. Those costs would, moreover, be estimated and planned for before investments were made in new information technology projects.

The CHAIRMAN took it that the Committee wished to approve the draft decision, as amended, contained in document A70/65.

**The draft decision, as amended, was approved.<sup>1</sup>**

**3. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS:** Item 24 of the agenda (document A70/55)

The representative of THAILAND said that health challenges were becoming increasingly complex and more closely linked to socioeconomic and other factors. She urged WHO to continue to promote the Health in All Policies approach at the country level and across the United Nations system, but underscored that that approach should go hand-in-hand with an “all in health policy”, whereby trade, security, agriculture, the environment, education, labour and other factors were taken into account in the formulation of health policies. She welcomed WHO’s leadership making migrant health central to the global compact for safe, orderly and regular migration. She urged WHO to avoid overlap between United Nations programmes and ensure that the Programme budget 2018–2019 provided funding for priority areas that would promote the achievement of the Sustainable Development Goals.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, commended the Secretariat for coordinating its activities with United Nations system-wide activities, and supporting Member States’ efforts to achieve the Sustainable Development Goals, but underscored that more needed to be done to ensure coordinated and accelerated implementation of those activities at all levels, including the acceleration of the national review process. Moreover, in view of the central place health occupied in the Sustainable Development Goals, integrated and multisectoral approaches should be adopted by both the United Nations system and Member States. To that end, United Nations agencies must further enhance and harmonize the United Nations Development Assistance Framework in order to support countries in an integrated manner, and the Secretariat needed to help Member States to establish an effective multisectoral mechanism. Furthermore, achieving the Sustainable Development Goals would require the mobilization of significant resources and the presence of relevant expertise at country level; he therefore called on WHO to advocate aggressively for the mobilization of additional resources and support capacity-building in Member States, with priority given to the African Region.

The representative of NORWAY welcomed the wide range of strategic collaborations in which WHO was involved, and stressed that WHO’s leadership needed to encourage staff at all levels to engage in cooperation within the United Nations system and beyond. Highlighting the importance of United Nations General Assembly resolution 71/243 (2017), on the quadrennial comprehensive policy review, he said that the policy review was the primary policy instrument for improving the functioning of the United Nations development system, and called on Member States and United Nations entities to ensure follow-up on that resolution. A good example of successful collaboration within the United Nations system was that between WHO and UNAIDS. The Health Assembly should be kept informed of successes achieved by UNAIDS, particularly in view of the funding challenges it faced. He asked the Secretariat to indicate the extent to which the quadrennial comprehensive policy review was binding for WHO.

The representative of IRAQ proposed that a questionnaire should be sent to Member States to collect information on government authorities, nongovernmental organizations and academic institutions active in each country, with a view to identifying candidates for secondments to entities

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s second report and adopted as decision WHA70(16).

within the United Nations system. Such an approach would facilitate the hiring of staff on an equitable basis and improve the effectiveness of WHO's work.

The representative of CHINA said that a number of challenges facing the United Nations system continued to impede WHO reform. WHO should share its experience of how it was addressing those challenges. She encouraged WHO to continue its reform process, strengthen the capacities of its country offices, and enhance its cooperation with relevant national stakeholders with a view to tackling health challenges at the country level.

The representative of the UNITED STATES OF AMERICA said that high-impact and emerging health issues were often addressed in political forums and other venues that were not inherently related to health. Her Government supported the leadership role of WHO in fostering collaboration within the United Nations system, which would provide for more integrated responses to global health challenges. She welcomed the fact that WHO would co-lead the high-level political forum on sustainable development thematic review of Sustainable Development Goal 3, and would participate in reviews of the other Goals.

The representative of BANGLADESH welcomed WHO's efforts to ensure that health issues were addressed in United Nations debates and decisions, its leadership in health-related humanitarian efforts, and its promotion of alliances and cooperation among agencies to tackle health issues. He encouraged WHO's continued involvement in policy dialogue and in inter-agency efforts to help Member States to promote sustainable development.

The DIRECTOR (Country Cooperation and Collaboration with the United Nations System), responding to points raised, said that WHO was committed to working as part of the United Nations system to support implementation of the 2030 Agenda for Sustainable Development. Member States had strongly indicated that the response to challenges relating to that Agenda needed to be integrated and coordinated effectively within the United Nations system. The report of the Secretariat provided information on WHO's clear and active engagement within the United Nations system to act on the recommendations set forth in United Nations General Assembly resolution 71/243, on the quadrennial comprehensive policy review. There was a need to strengthen the Secretariat's capacity to support Member States and ensure that the Organization played a relevant role as part of a comprehensive United Nations response to challenges relating to the Sustainable Development Goals. In that regard, there was a need to promote a multisectoral approach to health, strengthen WHO's country office capacity, including through training on the Goals and health, and ensure that the Organization received flexible and predictable funding. The Secretariat was actively engaged in the United Nations Development Assistance Framework process, with WHO's country cooperation strategy supporting the health component of that Framework. WHO was also engaged in discussions on United Nations development system reform, and had recently provided extensive information for the United Nations Secretary-General's forthcoming assessment of functions and capacity gaps of the United Nations system to support the implementation of the 2030 Agenda for Sustainable Development. The Secretariat was also an active participant in the United Nations Development Group.

WHO would be providing ample input to the upcoming review of the resident coordinator system, as well as recommendations for that system's improvement. WHO was also part of the Inter-Agency Advisory Panel, which was responsible for shortlisting nominations for resident coordinators. A programme on migration and health had been established within the Secretariat, and a group to oversee coordination with regard to the Sustainable Development Goals had been established across the three levels of the Organization. Progress had been made with regard to implementing a multisectoral approach to health. However, further efforts were required to ensure that WHO's support to Member States was delivered in a coherent, coordinated and integrated manner. WHO had recently created and would continue to update a website to share experiences from different countries relating to the implementation of the 2030 Agenda for Sustainable Development. Country offices continued to



support Member States' efforts to mainstream the 2030 Agenda for Sustainable Development in their national health and development plans.

**The Committee noted the report.**

**4. NONCOMMUNICABLE DISEASES:** Item 15 of the agenda [transferred from Committee A]<sup>1</sup>

**Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018:** Item 15.1 of the agenda (documents A70/27 and EB140/2017/REC/1, resolution EB140.R7)

The representative of MALTA, speaking in his capacity as Chairman of the Executive Board, said that the Board, at its 140th session, had considered a report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 (document EB140/27). Annex 1 to that report contained a draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. A total of 32 Member States had taken the floor to express their support for the endorsement of that Annex, and one Member State had called for additional information on the analyses relating to modified or new interventions, and had proposed that paragraph 1 of the draft resolution contained in that report should be bracketed and that the Secretariat should brief Member States on the underlying analyses prior to the Seventieth World Health Assembly. Annex 2 to the report contained a draft approach that could be used to register and publish contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases. Four Member States had taken the floor to refer to that Annex, and the Board had taken note of the draft approach and encouraged the Secretariat to complete its work. Annex 3 contained the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases, covering the period 2018–2019. Three Member States had referred to that Annex and the Board had taken note of the proposed workplan. He invited the Committee to approve the draft resolution contained in resolution EB140.R7.

The CHAIRMAN recalled that the Secretariat had organized an extensive information session for Member States on 24 April 2017 in Geneva in response to Member States' requests for additional information with a view to understanding the underlying analysis related to the draft updated Appendix 3, and an additional technical briefing on the related evidence. All requested additional information, including a list of 50 questions received from Member States and the answers provided by the Secretariat, had been published on the WHO website.

The representative of the PHILIPPINES said that she supported the draft resolution. In its capacity as Chair of the Association of Southeast Asian Nations in 2017, the Philippines would take the lead in implementing the Association's regulatory reforms relating to noncommunicable diseases and would support global advocacy on the prevention and control of those diseases through the sharing of best practices. The Philippines was also formulating a strategic national plan on noncommunicable disease prevention and control.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that the harmful use of alcohol increased mortality and morbidity and had a significant social and economic impact in several countries in the Region. There was evidence that alcohol advertising and subsequent alcohol consumption among young people were linked. Moreover,

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<sup>1</sup> See the summary records of the General Committee, second meeting, section 3.

efforts by many developing countries to address the socioeconomic and health challenges posed by the harmful use of alcohol were being undermined by strong political and economic pressure from the alcohol industry. The harmful use of alcohol was an issue that required urgent attention. She called on the Director-General to establish, and allocate resources to, an expert committee to report on alcohol control prior to the third High-level Meeting.

The representative of THAILAND said that his country experienced the highest alcohol consumption among people aged over 15 years in the South-East Asia Region. By increasing taxes on alcoholic beverages, Thailand had successfully reduced alcohol consumption and alcohol-related harm. To implement the objectives contained in the draft updated Appendix 3, the Secretariat should help Member States to develop effective community-based interventions, adopt a total risk approach and develop a composite risk index for all noncommunicable diseases, and strengthen multisectoral collaboration, including with non-State actors, with a view to adopting a Health in All Policies approach. He expressed support for the draft resolution.

The representative of TUVALU, speaking on behalf of the Member States of the Western Pacific Region, said that the efforts exerted by Member States in the Region to combat noncommunicable diseases had been insufficient; further steps were therefore needed to address tobacco use, unhealthy diets, physical inactivity and the harmful use of alcohol. Those steps included the imposition of taxes with a view to modifying behaviour. The Region had established the Pacific Monitoring Alliance for Noncommunicable Disease Action and had made progress in developing legislative frameworks to address noncommunicable diseases. He particularly welcomed the inclusion in the draft updated Appendix 3 of the recommendation that sugar consumption should be reduced through effective taxation on sugar-sweetened beverages, a step that Member States in the Region had already taken. He supported the draft resolution.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Region had developed a clear road map to tackle noncommunicable diseases, which contained the priority areas of governance; prevention and reduction of risk factors; surveillance, monitoring and evaluation; and health care. Furthermore, in 2014, the Regional Committee for the Eastern Mediterranean had adopted an updated regional framework for action and a set of progress indicators that were fully aligned with the 10 progress monitoring indicators developed by the Organization. The Secretariat and partners of the Organization must scale up their support to Member States to help them to develop and implement national road maps on noncommunicable diseases and assess progress in that area.

The representative of BRAZIL, speaking on behalf of the Member States of the Region of the Americas, said that the Region was addressing its heavy burden of noncommunicable diseases through the implementation of a plan of action that was in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020, but that further efforts were needed to ensure that regional goals on noncommunicable diseases were met. To address noncommunicable diseases effectively and manage their risk factors, it was necessary to implement whole-of-government and whole-of-society approaches. Strong political will, investment coordination and cooperation were necessary to address the social, economic, political and capacity-related challenges underpinning noncommunicable diseases, and to address the interconnected and interdependent nature of the epidemic. The Secretariat should further support Member States to develop multisectoral responses and build capacities based on scientific evidence, best practices and national priorities. It should also provide guidance on how governments could meet their commitments, and facilitate cooperation and multistakeholder engagement with a view to implementing the global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Organization must also collaborate with other agencies to address environmental health risks. Speaking in her national capacity, she

underscored her preference for the original wording of the draft resolution contained in resolution EB140.R7.

The representative of TURKEY said that the structural obstacles arising from the multisectoral nature of tackling noncommunicable diseases gave WHO an opportunity to increase the scope of its strategy to combat those diseases and the number of partners it worked with. The fight against noncommunicable diseases could not be fought by governments and WHO alone; rather, it was a shared responsibility requiring a division of labour based on the comparative advantages of all relevant entities within the United Nations system. The contributions of non-State actors should also be more visible. That division of labour would help the Organization to reduce its workload and increase efficiency. Turkey was collecting the results of its initiatives to combat noncommunicable diseases, particularly with regard to tobacco consumption, obesity and physical inactivity, in the second phase of its health transformation programme. Turkey had also been visited by the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in 2016, which had greatly contributed to its work in that area.

The representative of FRANCE commended WHO's approach, which focused on patients and therapeutic literacy, and encouraged a multifactorial vision in terms of treatment options. Intervention measures could be behavioural and pharmacological and could include: making shared decisions with patients regarding their needs and priorities; medicinal and non-medicinal treatment options that went beyond "recommendations" and that supported patients in changing their habits; and an approach that was not purely pharmacological and that took into account the risks of overmedication and poly medication, the weighing of pros and cons, and the uncertainty in therapeutic choices. It was imperative to consider the rights of patients, the quality of practices and the efficiency of systems. Regarding the draft updated Appendix 3, discussions must focus on technical considerations and should not be politicized. Appendix 3 should serve as a tool providing a list of options to be adapted in line with national circumstances, as opposed to a set of obligatory measures.

The representative of the UNITED STATES OF AMERICA expressed concern about some interventions in the draft updated Appendix 3 as there was limited evidence available on their effectiveness in achieving public health goals. In contrast to the original version of Appendix 3, the draft updated version presented more specific interventions, prepared through a technical process. The proposed policy options and interventions should be considered in the context of the broader global action plan for the prevention and control of noncommunicable diseases 2013–2020, and Member States should consider additional evidence-based strategies, in line with their particular circumstances. He was concerned about the use of the term "subsidies" and noted that countries must implement subsidies in accordance with their international trade obligations. The Health Assembly should note the draft implementation plan, as it was a technical document. He proposed that the word "ENDORSES" in the first paragraph of the draft resolution should be replaced by "NOTES". He also proposed the insertion of an operative paragraph, 1bis, which would read:

"ACKNOWLEDGES that the updated Appendix 3 provides information and guidance for Member States to consider in developing strategies for prevention and control of noncommunicable diseases to achieve the nine voluntary global targets of the global action plan for the prevention and control of noncommunicable diseases 2013–2020 and that these strategies should be cost-effective, evidence-based and include a life course approach using a combination of population-wide and individual interventions including best practices and voluntary approaches, as appropriate, for national context (without prejudice to the sovereign rights of nations to determine taxation, among other policies)"

Identifying suitable options required more analysis of local disease burdens, population dynamics and feasibility. Consideration should be given to health, economic, social and contextual factors, as well as countries' domestic and international obligations. Additional options not presented

in the draft updated Appendix 3, including best practices and voluntary approaches, might also be suitable and should be considered in an overall strategy against noncommunicable diseases.

The representative of BAHRAIN said that his country had made significant progress in its efforts to combat noncommunicable diseases and that his Government was working with a wide range of nongovernmental and regional actors to that end. He expressed his appreciation for the technical assistance provided to his country by the Secretariat and looked forward to further engagement with the Organization with a view to addressing noncommunicable diseases and achieving the Sustainable Development Goals. He supported the draft resolution.

The representative of BANGLADESH said that his country had made progress in meeting its targets for noncommunicable diseases, particularly through a new multisectoral action plan for the prevention and control of those diseases. Multisectoral action and accountability in that area were essential and further technical support would be appreciated. He welcomed the broadened scope of the measures reviewed in the draft updated Appendix 3, as well as the guidance provided on cost-effective interventions, which would help countries to prioritize their efforts to combat noncommunicable diseases.

The representative of DENMARK, speaking also on behalf of the Nordic and Baltic countries Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, noted that the draft updated Appendix 3 was provided under WHO's normative role and must remain a technical document. Although she would endorse the draft updated Appendix 3, she was concerned about underfunding for noncommunicable diseases in the programme budget and urged Member States to provide fully flexible contributions and redouble their efforts to achieve target 3.4 of the Sustainable Development Goals. Despite recent progress, much time had been spent on issues of process rather than substance, and there was a risk of losing momentum. Thus, she looked forward to generating more ideas on health promotion before the third High-level Meeting.

The representative of the NETHERLANDS drew attention to the global burden of noncommunicable diseases and to the limited medical options available to treat them. To tackle noncommunicable diseases and ensure that future generations were healthy, it was necessary to focus on prevention and the creation of a health-promoting environment. There was a need for a system in which being healthy did not depend on people's financial situations and in which health was not a matter of choice, but a logical and direct consequence of people's communities. Policies must be drawn up to create health-promoting environments that would prevent people from becoming patients.

The representative of THE RUSSIAN FEDERATION said that achieving the noncommunicable disease-related Sustainable Development Goals required the creation of a single health-enabling environment that brought together all relevant stakeholders, including patient groups and the business community. Prevention and control of such diseases should remain a key area of the Organization's work and she shared the concern about proposed budget cuts in that area. Her Government was considering making a contribution to the WHO-UNDP Global Joint Programme to Activate National Responses to Noncommunicable Diseases. At the regional level, it had supported the establishment of the WHO geographically dispersed office on noncommunicable diseases in Moscow and undertaken to finance its activities. That office had become a centre of best practices. She welcomed the report of the Director-General, including, in particular, the list of policy options for tackling noncommunicable diseases.

The representative of INDIA welcomed the draft updated Appendix 3, which provided additional policy options for tackling noncommunicable diseases. He noted, however, that those policy options placed too much focus on changing the behaviour of individuals, rather than addressing the social determinants of health and health systems strengthening. His Government had submitted

detailed comments in that regard to the Executive Board in January 2017. Moreover, flexibility was needed to take into account country contexts and priorities. He therefore proposed that paragraph 1 of the draft resolution should be amended to read: “ENDORSES the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020, as applicable in the country context and priorities”. Subject to those comments, his Government was prepared to work with the Secretariat and other Member States to reach consensus on the draft resolution.

The representative of INDONESIA endorsed the report, but called for further attention to be paid to large-scale coverage to safeguard community access to the high-quality services to tackle noncommunicable diseases, which was crucial in efforts to achieve target 3.4 of the Sustainable Development Goals. She also proposed that Annex 2 should make reference to the experiences of Member States in tackling noncommunicable diseases. She supported the draft resolution.

The representative of JAPAN welcomed the draft resolution. Her Government would continue to support global action to combat noncommunicable diseases through WHO programmes and the United Nations Inter-agency Task Force, and in other settings.

The representative of ESTONIA, speaking also on behalf of Latvia and Lithuania, said that he shared the concerns expressed by the delegate of SRI LANKA regarding the harmful use of alcohol. Further discussions at WHO were needed on the impact of the global strategy to reduce the harmful use of alcohol. In that regard, he underscored that WHO provided an excellent platform for discussions on cross-border issues related to the harmful use of alcohol, such as alcohol advertising through digital media. The fact that the WHO Expert Committee on Problems Related to Alcohol Consumption had last met in 2006 was of concern; the situation had changed significantly since then. He supported Sri Lanka’s request to the Director-General to establish an expert committee to report on the progress made on alcohol control prior to the third High-level Meeting.

The representative of OMAN endorsed the draft resolution but emphasized that Member States must be given sufficient time to prepare for that important meeting so that their position on the subject at the global and regional levels could be known. The establishment of a United Nations coordinating group to provide technical support and to follow up on implementation of the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases had played a major role in building momentum and pushing Member States to achieve progress.

The representative of LIBERIA said that noncommunicable diseases were an emerging threat to public health in sub-Saharan Africa. Regrettably, however, the African Region lacked the necessary resources to regulate the trade in commodities that contributed to the spread of those diseases. Excessive alcohol use, especially by young people, was becoming prevalent, and alcohol was even packaged in ways that made it accessible to children. She supported the draft resolution and urged all Member States to endorse it, particularly in the context of the forthcoming High-level Meeting and the well documented interference from industry in policy-making on issues such as marketing restrictions and the taxation of unhealthy commodities.

The representative of VIET NAM said that her country faced a high noncommunicable disease burden but, with the support of the Secretariat, was tackling the problem through a multisector national strategy, legislative measures and increased excise taxes on tobacco and alcohol. Based on WHO recommendations, an action plan on reduction of salt intake in the community was also being developed. With regard to noncommunicable disease surveillance, Viet Nam had conducted a survey in 2015 to provide baseline data for the monitoring and evaluation of its national noncommunicable disease targets and indicators. It was also developing a model for the prevention and management of

those diseases at the primary health care level, which would be expanded in the coming years. She supported the draft resolution.

The representative of MEXICO said that the activities already under way in his country to address obesity, cardiovascular diseases and diabetes were aligned with the policy options presented in the report. Mexico stood ready to share its successes with a view to facilitating implementation of the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases, covering the period 2018–2019. In that regard, his country had: improved access to medicines and laboratory studies for persons with cardiovascular diseases and diabetes; facilitated the training of health care professionals in primary health care; and made use of information technologies to optimize health care systems. He welcomed the draft updated Appendix 3 and urged Member States to implement the new interventions therein. He also called on Member States to take action to attain the objectives established at the previous High-level Meeting, held in 2014, and report significant progress in that regard at the third High-level Meeting, to be held in 2018. He supported the draft resolution without amendment.

(For continuation of the discussion, see the summary records of the fifth meeting, section 3.)

**The meeting rose at 18:00.**

## **FIFTH MEETING**

**Monday, 29 May 2017, at 09:55**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

### **1. SECOND REPORT OF COMMITTEE B (document A70/74)**

The RAPPORTEUR read out the draft second report of Committee B.

**The report was adopted.<sup>1</sup>**

### **2. MANAGEMENT, LEGAL AND GOVERNANCE MATTERS: Item 23 of the agenda (continued)**

**Governance reform: follow-up to decision WHA69(8) (2016):** Item 23.2 of the agenda (documents A70/51 and A70/51 Add.1) (continued from the fourth meeting, section 2)

The CHAIRMAN proposed that, given the lack of consensus on the first option for the amendment of Rule 5 of the Rules of Procedure of the World Health Assembly, the Committee should approve the second option, which would still streamline the decision-making process.

The representative of NEW ZEALAND said that he objected to the second option, as it did not significantly increase the efficiency of the decision-making process. He suggested deferring consideration of the matter to the Executive Board's 142nd session in January 2018.

The representative of FRANCE said that she was in favour of the first option and expressed support for the suggestion made by the representative of New Zealand.

The representative of AUSTRALIA said that, given the clear lack of consensus, Australia supported the recommendation made by the representative of New Zealand.

The representative of the UNITED STATES OF AMERICA said that the first option was in keeping with good governance and accepted the recommendation made by the representative of New Zealand.

The CHAIRMAN suggested that consideration of the subitem should be deferred to the 142nd session of the Executive Board.

**It was so agreed.**

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<sup>1</sup> See page 386.

**3. NONCOMMUNICABLE DISEASES:** Item 15 of the agenda (continued) [transferred from Committee A]<sup>1</sup>

**Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018:** Item 15.1 of the agenda (documents A70/27 and EB140/2017/REC/1, resolution EB140.R7) (continued from the fourth meeting, section 4)

The representative of BOTSWANA said that, recognizing the importance of taking whole-of-government and whole-of-society approaches to achieving the targets for noncommunicable diseases of the Sustainable Development Goals, her Government had prioritized noncommunicable diseases in its national development plan and “Vision 2036”. It was in the final stages of developing a second multisectoral national strategic plan for noncommunicable diseases, and looked forward to receiving support from the Secretariat in implementing its first national primary health care guidelines. She supported the request by the representative of Sri Lanka, on behalf of the Member States of the South-East Asia Region, for the establishment of an expert committee to report on the progress made on alcohol control in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018. Welcoming the draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020, she supported the draft resolution.

The representative of ZAMBIA said that noncommunicable diseases accounted for an increasing number of premature deaths in Zambia. However, her Government was making significant progress in the prevention and control of noncommunicable diseases in areas such as risk-factor control, governance and surveillance. She thanked the Secretariat and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases for their support. Resource mobilization nevertheless remained a major challenge. She urged the Secretariat, the United Nations Inter-agency Task Force and other stakeholders to continue to support Member States in a collaborative and integrated manner to ensure that the nine voluntary targets for noncommunicable diseases and the related Sustainable Development Goals were attained within the set time frames.

The representative of GHANA, speaking on behalf of the Member States of the African Region, affirmed his Region’s support for the draft updated Appendix 3, as it took account of new scientific evidence and proposed an approach to registering and publishing contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases. The fact that major obstacles, such as the lack of adequate technical expertise and considerable underfunding, prevented Member States in the Region from fulfilling their national commitments warranted critical attention. Industry interference, in particular, was a problem, as it blocked measures to implement domestic taxes on health-harming products. Ways to enhance effective cooperation across sectors, prevent industry interference in policy-making and more actively involve country and regional offices should be considered under the proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019. Frequent and more comprehensive reports on the global coordination mechanism would also be useful. He endorsed the draft resolution.

The representative of NORWAY expressed support for the proposal made by the representative of Sri Lanka, on behalf of the Member States of the South-East Asia Region, to establish an expert committee to report on the progress made on alcohol control in preparation for the third High-level Meeting. He disagreed with some of the amendments to the draft resolution proposed by the

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<sup>1</sup> See the summary records of the General Committee, second meeting, section 3.



representatives of the United States of America and India and called for a drafting meeting to be held to enable further discussion of the proposed amendments.

The representative of COLOMBIA highlighted the importance of the proposal to develop detailed guidelines on how non-State actors could contribute to the achievement of the nine voluntary targets for noncommunicable diseases through a self-reporting tool and platform. The methodology used to develop the capacity survey tool could be used to develop the self-reporting tool. He welcomed the proposed workplan for the global coordination mechanism and recommended that actions should be proposed to identify and facilitate international cooperation mechanisms to promote work on noncommunicable diseases and their risk factors. More innovative ways of building Member States' capacities were also needed. Such cooperation was essential for helping to control and prevent noncommunicable diseases by improving access to technologies and high-quality scientific evidence and for sharing best practices.

The representative of CHINA, agreeing with WHO's view of the current situation and its forecast of future trends, commended the Secretariat on its comprehensive preparation for the third High-level Meeting. He supported the draft resolution and the draft updated Appendix 3, and particularly welcomed the increased number of evidence-based and cost-effective prevention and control measures. Registering and publishing the contributions of non-State actors was a key way to cooperate, and he encouraged further discussion in that area. He urged WHO to continue taking the lead by enhancing cooperation with other international organizations, adopting effective and proactive measures, providing funding and innovative technical support to developing countries, promoting international cooperation programmes, improving surveillance and enhancing efficiency through the use of information technologies.

The representative of PANAMA said that she looked forward to WHO's completion of its work to develop monitoring and evaluation mechanisms. She expressed the hope that the approach taken would be consultative, in line with the Framework of Engagement with Non-State Actors, and that more specific actions aimed at tackling noncommunicable diseases and focusing on risk factors would be taken. A number of countries had been unable to move forward with their commitments, owing to the power wielded by large multinationals and their ability to exert pressure on, manipulate and interfere in government policy-making. More extensive intervention was therefore needed on factors affecting the supply and demand of products such as alcohol, tobacco and certain foods. She urged Member States to strengthen their efforts to fulfil their commitments and called on the Director-General elect to continue the efforts to tackle noncommunicable diseases. She encouraged health authorities to facilitate action to improve public health through a global approach. She supported the original draft resolution.

The representative of KENYA said that his Government was enhancing domestic resource mobilization through innovative partnerships in the area of technical assistance, and was committed to undertaking the specific assignments in preparation for the third High-level Meeting. The United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases was to be commended on its efforts to coordinate activities to tackle noncommunicable diseases in Kenya. With its support, his Government was working to define the direct and indirect costs of noncommunicable diseases in Kenya, as well as the return on investments of the various cost-effective interventions covered in the draft updated Appendix 3. He strongly endorsed the draft updated Appendix 3, as it included all six objectives of the global action plan and offered comprehensive, evidence-based and cost-effective intervention options without undermining the sovereignty of Member States. He expressed his support for the original draft resolution.

The representative of ITALY said that, while scientific evidence was indeed important, her Government could not endorse the draft updated Appendix 3 for methodological reasons. The

interventions proposed in the area of nutrition were aimed at reducing the intake of specific nutrients, but did not sufficiently highlight the benefits of a varied and healthy diet, the value of which had been proven in Italy. Furthermore, the impact of fiscal policies, particularly those aimed at reducing sugar consumption through taxation on sugar-sweetened beverages, on the reduction of noncommunicable diseases had not been sufficiently proven and more studies and analyses were needed. Noncommunicable diseases had multifactorial causes and such fiscal measures could lead to other dangerous nutritive behaviours and unhealthy choices, particularly among people in lower-income groups. She fully supported the amendments to the draft resolution proposed by the representative of the United States of America.

The representative of CANADA said that addressing noncommunicable diseases was a priority for her Government, which had launched the Healthy Eating Strategy, involving multisectoral partnerships. She looked forward to the third High-level Meeting, which would mark an important step towards reducing premature deaths and achieving the targets under the global action plan. She endorsed the draft updated Appendix 3, which assisted Member States in implementing measures against noncommunicable diseases as applicable in the country context. Her Government looked forward to actively participating in the WHO Global Conference on Noncommunicable Diseases in October 2017 and informal WHO consultations in preparation for the third High-level Meeting, which would provide an opportunity for information sharing among countries in order to build a global evidence base in the field of noncommunicable diseases.

The representative of URUGUAY said that her Government had made a commitment to implementing the WHO Framework Convention on Tobacco Control and established national health objectives. It remained essential to strengthen global action against noncommunicable diseases with a view to establishing international targets. She commended WHO efforts to facilitate the coordination of activities, engagement and actions of various international actors, particularly through the global coordination mechanism. National and international health strategies should include robust social and educational components. Firm political will was required to ensure the respect of people's right to the highest standards of health. She hoped that the road map to be adopted at the WHO Global Conference on Noncommunicable Diseases in Montevideo in October 2017 would contribute to the third High-level Meeting. She supported the proposal to establish a drafting group to further consider the draft resolution.

The representative of BARBADOS supported the original draft resolution and welcomed the updating of Appendix 3. It was essential to garner support to address noncommunicable diseases at the national, regional and global levels. The Director-General elect should ensure allocation of the necessary resources at all levels of the Organization. She thanked PAHO for the support provided to Barbados; the United Nations Inter-agency Task Force country visit had assisted her Government in deciding on investment in national health policies, and she looked forward to good outcomes being achieved in 2018.

The representative of AUSTRALIA supported the proposed workplan for the global coordination mechanism and the draft updated Appendix 3, emphasizing the voluntary nature of the options set out therein and the importance of taking into account national contexts. Australia also supported the draft resolution and expressed its willingness to work with other Member States to reach a consensus. Australia thanked the Organization for its continued efforts to review and update Appendix 3 and develop an approach to publish contributions of non-State actors to the achievement of the nine voluntary targets for noncommunicable diseases, taking into account the Secretariat's limited capacity to ensure the quality of all activities by non-State actors. Australia encouraged Member States to accelerate national efforts ahead of the third High-level Meeting in 2018.

The representative of NEW ZEALAND welcomed the draft updated Appendix 3 of the global action plan. She strongly supported the Organization's efforts to reduce the global burden of noncommunicable diseases and its focus on cost-effective and evidence-based interventions. She encouraged early information sharing, dialogue and consultation with Member States on any future updating of the global action plan. Further, the early release of the evidence base for WHO policy updates was important for Member State consideration prior to finalization of updated policy advice and guidance. She supported the voluntary options set out in the draft updated Appendix 3, noting the importance of alignment with international obligations in the development of national policies. She supported the new operative paragraph 1bis of the draft decision, proposed by the representative of the United States of America.

The representative of NIGERIA said that her Government had taken on board the global noncommunicable targets and indicators and had made progress in various areas, including commencing a review of the national policy for the prevention and control of noncommunicable diseases, establishing cancer registries, engaging stakeholders in the development of a policy on alcohol and beverages, and setting a mental health agenda. She supported the report and to that end recommended that the Secretariat and partners of WHO should support Member States in the implementation of the global action plan to achieve set targets for noncommunicable disease prevention and control.

The representative of MONACO urged the Director-General elect to prioritize the fight against noncommunicable diseases and ensure that the necessary resources were allocated to fulfil commitments in that connection. It was regrettable to note the decrease in resources allocated to category 2 in the Programme budget 2018–2019. She welcomed the innovative approach of the global coordination mechanism. She supported the original draft decision, and not the amendments proposed, as it was important to send a strong signal and to support the draft updated Appendix 3. Her Government was willing to take part in the drafting group.

The representative of ECUADOR said that he did not support the amendments to the draft resolution proposed by the representatives of India and the United States of America. He recalled that, at its 140th session, the Executive Board had unanimously adopted resolution EB140.R7. He therefore called on the Committee to approve the original draft resolution, without amendments or additions, and remove the square brackets around the word "ENDORSES" in paragraph 1 of the draft resolution. That would make clear the willingness of Member States to recognize the work carried out by the Secretariat in updating Appendix 3. He noted that his Government would take part in the WHO informal consultations in preparation for the third High-level Meeting.

The representative of ANTIGUA AND BARBUDA said that her Government had formulated a national policy to combat noncommunicable diseases, under which a commission had been established to promote healthier lifestyles. An action plan had also been developed, which had resulted in the enactment of legislation to discourage smoking and prohibit smoking in the workplace and public spaces, and plans to introduce tax increases on sugar-sweetened beverages and tax reductions on fruit and vegetables. The sharing of best practices would contribute to the achievement of the voluntary global targets for noncommunicable diseases, as set out in the global action plan. She supported WHO's efforts to combat noncommunicable diseases and thanked PAHO for supporting her Government in developing its capacity to continue combating noncommunicable diseases.

The representative of BRAZIL supported the endorsement of the draft updated Appendix 3 as originally presented by the Secretariat, which would give a clear signal of the commitment of Member States to address the main causes of deaths worldwide. He looked forward to participating in the WHO informal consultations in preparation for the third High-level Meeting.

The representative of AZERBAIJAN expressed her full support for the draft resolution. As part of a development initiative, her Government had adopted a strategy for the prevention and control of noncommunicable diseases, with a view to reducing the number of premature deaths, improving quality of life, increasing life expectancy and decreasing spending on health care. Those objectives would be achieved by strengthening legislation, ensuring intersectoral cooperation and monitoring risk factors, in cooperation with WHO and other international partners.

The representative of the UNITED REPUBLIC OF TANZANIA said that the burden of noncommunicable diseases was steadily increasing in his country, accounting for almost a third of deaths in 2010. He reaffirmed his Government's commitment to implementing multisectoral cost-effective, population-wide interventions to reduce the impact of the four common risk factors for noncommunicable diseases. Those measures included the implementation of international agreements and strategies and educational, legislative, regulatory and fiscal measures, without prejudicing the right of sovereign nations to establish their own taxation and other policies, where appropriate. His Government had recently introduced a revised national strategy on the prevention and control of noncommunicable diseases, together with a campaign to encourage physical exercise.

The representative of SURINAME, while applauding the priority afforded to the prevention of noncommunicable diseases, noted that habits were difficult to break and that intersectoral work was needed in that direction. WHO should take a lead role in issuing strong statements concerning unhealthy habits. The third High-level Meeting was therefore an opportunity to drive home the importance of bold action. During the meeting, for example, smoking could be prohibited not only in the venue buildings, but also in the grounds, and alcohol-free events could be held to transmit the seriousness of the issue. Bold action taken by the Secretariat would encourage Member States to follow suit.

The representative of TUNISIA requested that the next WHO report on progress made in the prevention and control of noncommunicable diseases should include provision for assisting countries, particularly those in the Eastern Mediterranean Region, to implement national measures to combat noncommunicable diseases, in line with the global action plan. Her Government had committed itself to prioritizing a series of measures in the area of governance, prevention, reduction of risk factors, and health care and surveillance. Nationwide consultations had resulted in strengthened collaboration between sectors and the development of multisectoral strategies to combat noncommunicable diseases, and in the greater involvement of the private sector and non-State actors. Furthermore, the use of modern technologies, such as mobile telephones, in the fight against noncommunicable diseases had been developed.

The representative of the RUSSIAN FEDERATION, emphasizing the importance of increasing efforts to prevent and control noncommunicable diseases, welcomed the draft updated Appendix 3. She supported the original draft resolution, without amendments, and the proposal to set up a drafting group.

The observer of PALESTINE, emphasizing the importance of preventing and controlling noncommunicable diseases, said that his Government valued WHO efforts in that direction. Despite the difficulties faced in Palestine, a number of steps had been taken at the national level, with the involvement of various ministries and non-State Actors. For example, in the area of tobacco-use reduction, an action plan, guidelines and legislative measures had been introduced to reduce smoking and provide clinics and psychological assistance at primary health care level for people addicted to nicotine. Furthermore, all forms of tobacco advertising were prohibited and restrictions had been introduced on tobacco cultivation.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES recommended that the role of volunteers and community-based health programmes in supporting preventive lifelong behaviour change should be discussed at the third High-level Meeting. Consideration should also be given to expanding support to address noncommunicable diseases in disasters, emergencies and complex settings, including among people on the move. He welcomed the proposal to develop a system through which non-State actors could publish achievements in relation to noncommunicable disease control targets.

The representative of KENYA said that smaller delegations would be disadvantaged if the current discussion were to continue in parallel to the drafting group meeting. He therefore requested that further consideration of the agenda item be suspended until after the drafting group had met.

The CHAIRMAN took it that the Committee wished to suspend discussion of the subitem.

**It was so agreed.**

(For continuation of the discussion and approval of the draft resolution, see the summary records of the seventh meeting, section 2.)

**Draft global action plan on the public health response to dementia:** Item 15.2 of the agenda (documents A70/28 and EB140/2017/REC/1, decision EB140(7))

The representative of the PHILIPPINES expressed support for the adoption of the draft global action plan on the public health response to dementia 2017–2025 and its seven action areas. She was in favour of an integrated approach to noncommunicable diseases that included strategies to prevent and manage disabilities, mental health problems and ageing. Among other initiatives in the area of dementia, research into dementia care services was being conducted in her country.

The representative of SWITZERLAND called on Member States to support the draft global action plan and the draft decision unanimously and without reserve. The adoption of the global action plan by the Health Assembly would only be the beginning of Member States' commitment. The aim was to accelerate research and development, particularly gender-based research, while ensuring that all persons living with dementia could live without stigma and with the support they and their families needed. She also urged Member States to make financial contributions to the Global Dementia Observatory, which would play a key role in the implementation of the global action plan.

The representative of MALTA, speaking on behalf of the European Union and its Member States said that the candidate countries the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova, aligned themselves with her statement.

She supported the draft global action plan. Addressing dementia and all other mental health conditions should remain a high political priority at the global, regional and national levels. Likewise, it was essential that the international community should adopt a human rights-based approach to dementia, combating lack of awareness and discrimination and providing the services and support required for people living with dementia to lead high-quality lives in their own homes and communities.

In the implementation of the action plan, particular attention should be paid to: granting access to person-centred, gender-sensitive, quality and affordable health and social care, including new and innovative treatments; protecting the human rights of affected persons; and strengthening dementia-friendly community-based services. Member States should be encouraged to take action to reduce the risk, mitigate the impact and delay the onset of dementia, facilitate timely diagnosis, improve data

collection across the full care pathway, and develop key indicators and targets. The involvement of parents, families and caregivers in decision-making processes should also be encouraged. A multisectoral approach, which included civil society, would be required to implement the draft global action plan, and should be supported by the provision of technical assistance and capacity-building from WHO and other partners.

The representative of AUSTRIA said that her country's national strategy represented a multipolicy framework with a gender-sensitive, human rights-based and integrated approach to dementia across the continuum of care that incorporated all stakeholders. It aimed to improve the lives of persons living with dementia as well as their families and caregivers. She also drew attention to a Dementia Strategy Platform, which facilitated coordinated implementation of intersectoral action. Dementia affected more women than men, not only because women lived longer, but also because they were more likely to be caregivers. She supported the draft global action plan.

The representative of CANADA said that her Government had taken multiple lines of action on dementia at both the national and the international levels in accordance with the draft global action plan, including efforts towards finding a cure or disease-modifying treatment by 2025. As the risk factors for dementia were closely related to those for strokes and many noncommunicable diseases, it was important to align prevention messages with those in other sectors. To address the global burden of dementia, it was critical to emphasize the importance of adopting a comprehensive and multisectoral approach to mitigate health threats within the population.

The representative of AUSTRALIA, speaking also on behalf of Canada, Japan, Mexico, the Netherlands and the United Kingdom of Great Britain and Northern Ireland, said that the burden of dementia was increasing and that the global cost of dementia was expected to rise to US\$ 2 trillion by 2030. Australia called for collaboration between all stakeholders to improve activities in the areas of prevention, awareness raising, diagnosis and care of persons living with dementia and their caregivers. There was a severe lack of data regarding the illness and a diagnosis was often lacking or delayed; the gap between the demand for dementia treatment and care and the supply of the services required was of concern. In implementing the global action plan, a core set of indicators to measure progress was needed. The Global Dementia Observatory would be a crucial platform for sharing knowledge and resources. Australia thanked WHO for its leadership in addressing this urgent global health issue and urged all Member States to support the draft global action plan and ensure implementation of the plan.

The representative of MONACO welcomed efforts to align the draft global action plan with the 2030 Agenda for Sustainable Development. She appreciated the cross-cutting approach that involved various stakeholders. Dementia was a priority for her Government, which had taken a number of steps to address it, including offering personalized care in a family environment. Her Government supported the draft decision and welcomed the proposal to allocate financial resources to the global action plan in the Programme budget 2018–2019.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, noted that the draft global action plan took into account the need for increased awareness, better care and support, and increased research. However, prevention should continue to be the focus. It was important to train personnel about dementia in the fields of geriatric medicine, neurology and psychiatry, and integrate activities that tackled dementia into existing programmes on healthy ageing, noncommunicable diseases and HIV. WHO should help to build improved information systems for data collection, including indicators for healthy lifestyle and quality of life. A better understanding of the burden of dementia would facilitate the development of policies and the mobilization of adequate resources.

The representative of PANAMA welcomed the draft global action plan, particularly the focus on human rights and on the empowerment and engagement of people living with dementia. The cross-cutting approach to universal health and social care would bring about equity, improve patient care, and ensure the well-being of individuals, families and communities. To achieve the goals of the draft global action plan, technical and financial assistance would be required, and an evaluation system based on strategic indicators should be introduced. WHO should also engage with partners and respond to the social determinants affecting dementia.

The representative of the RUSSIAN FEDERATION supported the draft global action plan since it made dementia a priority on the national and global agendas. It was particularly important to increase awareness of potential risk factors, provide staff with specialist training and ensure early detection. Technologies for the prevention, diagnosis and treatment of dementia should be more affordable and of better quality. Dementia must be addressed using a multisectoral and multidisciplinary approach, which also took into consideration the social components of the problem.

The representative of CHINA said that dementia was a priority in his Government's national mental health programme. His Government supported the draft global action plan on the public health response to dementia but suggested adding a paragraph after paragraph 14, which should read:

"The draft action plan calls for international organizations to play a full role. International cooperation on dementia should be strengthened on the basis of experience sharing and mutually beneficial action. The plan also calls on the international community to pay attention to the special difficulties faced by developing countries and regions and to provide financial, technical and other support to jointly address the global challenges posed by dementia."

The representative of BAHRAIN said that her country was addressing and shared the challenges of dementia and an ageing population, which could only be met by joint efforts on the part of governments, international organizations and civil society. She supported the draft global action plan. She called for cooperation in scientific research on dementia, and for protection of the legal and material rights of people living with dementia.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that dementia was a significant and growing problem in North Africa and the Middle East and noted the health, social, economic and developmental costs of dementia. He asked WHO to support countries in setting up national dementia centres and in designing evidence-based policies and action plans on the basis of the action areas set out in the draft global action plan. Countries would also require support to build the capacities of the health and social care workforce. An electronic health programme would give caregivers evidence-based education and training and social support. That programme could be integrated into existing country health systems.

The representative of VIET NAM said that mental health was a priority in her country and had been integrated into programmes in other sectors. She supported the draft global action plan and called on the Secretariat to support Member States in implementation of the plan.

The representative of CHILE welcomed the draft global action plan as a guide for policy-makers and supported the draft decision. A human rights-based approach should be maintained in line with the Convention on the Rights of Persons with Disabilities and the Inter-American Convention on Protecting the Human Rights of Older Persons; the legal framework should be further strengthened in that regard. It was important to promote a more positive image of old age, empower people living with dementia, boost their social engagement, and educate families and communities. Prevention strategies must include awareness raising and policies from early childhood. Treatment should be patient-centred and context-based and should avoid standardization. The draft global action plan should also include a

reference to depression, which often preceded dementia. It was important that any scientific research safeguarded the rights of people living with dementia as well as those of their family members.

The representative of NORWAY said that the global action plan must be integrated into existing workstreams, noting the linkages with WHO's Global strategy and action plan on ageing and health. The draft global action plan must ensure that the basic rights of people living with dementia were respected and enabled their active participation in society. He appreciated the fact that prevention and early diagnosis, systematic follow-up of people living with dementia and support for relatives or caregivers were covered in the draft global action plan. Dementia patients, their relatives or caregivers, civil society and health care workers must be involved in the implementation of the global action plan.

The representative of the DOMINICAN REPUBLIC said that his Government had taken steps to strengthen services for persons living with dementia and their caregivers. He expressed support for the draft global action plan, and said that each region and country must adapt the plan to its own local context and that the next phase of the Global Dementia Observatory should be initiated. All stakeholders should be involved in the development of care guidelines. Finally, the draft global action plan should include a reference to training experts to provide advice on the regional and local implementation of the plan.

The representative of NIGER said that dementia deserved attention from the international community. As the draft global action plan defined a range of specific measures to be taken by Member States, the Secretariat and international, regional and national partners and took into account the specific challenges faced by each Member State, he encouraged its approval.

The representative of TOGO welcomed the draft global action plan. His Government had taken steps towards implementation of the plan, namely by including dementia in efforts to combat noncommunicable diseases. He thanked WHO and other partners for providing technical and financial assistance in that regard.

The representative of JAPAN said that research and development on the prevention and early diagnosis of dementia, and treatment and care of people living with dementia was a priority for his Government. However, the results of research and development must be complemented by a social approach. He therefore commended the inclusion of dementia-friendly communities in the draft global action plan, a strategy used in his country to provide support in various settings to people living with dementia.

The representative of COLOMBIA supported the draft decision and the draft global action plan. He welcomed the cross-cutting approach outlined in the draft global action plan, particularly as the burden of dementia was shared by other sectors, including noncommunicable diseases. The plan set out clear policy guidelines on priorities within the integrated care and prevention of dementia, and as such would inform the implementation of the national policy on integrated health care in Colombia. To achieve results, build synergies and avoid duplication, the global action plan should be implemented in coordination with other global plans and strategies on mental health and noncommunicable diseases.

The representative of AZERBAIJAN emphasized the need for early detection of dementia to improve access to multisectoral care. Removing the stigma attached to dementia was also important. Mental health services could be improved with better coordination between primary care doctors, specialists and psychologists. The quality of dementia care could be improved through specialized education for health care workers. Finally, she emphasized the need for tailored programmes focusing on prevention, early detection and treatment of dementia.



The representative of THAILAND fully supported the draft global action plan, which encouraged an integrated approach to dementia care and which was balanced between risk reduction, cure and care, and covered both patients and caregivers. Under action area 3, he emphasized that the best preventive measures involved reducing risk factors such as noncommunicable diseases and lack of physical exercise. Regarding action area 4, he noted that while there were no cost-effective medical treatments for dementia, there were scientifically proven drug therapies that moderated or delayed its progress. However, those therapies were often inaccessible and unaffordable, especially in low- and middle-income countries. He supported the shift from hospital-based care to community-based settings and said that strengthening primary care and promoting the involvement of voluntary health workers should be highlighted as the most efficient approach.

The representative of INDIA noted that the draft global action plan would help countries to develop national strategies to reduce and prevent dementia. Several policy and legislative changes had been undertaken in his country to move towards a patient-centred, integrated approach to dementia care, in line with the draft global action plan and the conceptual framework and indicators provided as part of WHO's Global Dementia Observatory. He agreed with the action areas contained in the draft global action plan and said that his Government was committed to its time-bound implementation.

The representative of ECUADOR supported the draft decision and the draft global action plan. An integrated and multisectoral approach was important in the prevention, diagnosis, treatment, rehabilitation and care of people with dementia. The rising costs of care incurred by governments, communities, families and patients were of concern. The Secretariat should increase support to Member States, helping them to build capacity among health care workers, particularly in the diagnosis and treatment of dementia. He also urged WHO to continue developing strategies for the research and development of technology, based on best practices from around the world. In that context, it was important to note that dementia care was not only about medicines but also style and quality of life.

The representative of PORTUGAL welcomed the draft of the first global action plan on public health response to dementia and fully supported it. It was of the utmost importance that it enshrined the need to promote and protect the human rights of persons living with dementia as a major cross-cutting principle. The international community was calling for a shift in tackling mental health, from an exclusively biomedical approach to a human rights-based approach. His Government remained committed to promoting the mental health agenda with WHO and other institutions, with the involvement of persons living with dementia and civil society organizations.

The representative of MALDIVES said that there was an urgent need for cross-sectoral action on dementia and acknowledged the significant gap between the demand for prevention, treatment and care and the provision of services. The draft global action plan provided good principles for the development and implementation of policies. She welcomed the clear actions and indicators contained therein. Implementation would require action by Member States, the Secretariat and international, regional and subnational partners. She recognized the need for Member States to develop, deliver and promote evidence-based interventions, especially within the primary health care system.

The representative of MEXICO recognized that dementia was a public health priority and called for increased awareness and the development of integrated care for people living with dementia. Care models should be person centred and rights based. Early detection, including epidemiological surveillance for dementia, was important and should include data from all levels of health care. Primary caregivers needed standardized and continuous training; physical, medical and psychological support should be provided, especially for caregivers who were in employment. She encouraged the Secretariat and Member States to support research into dementia that would increase knowledge and improve the management of patients.

The representative of TUNISIA said that several measures had been taken in the areas of policy development, human resources and infrastructure, including the establishment of the first national Alzheimer's centre in Africa and the Arab world. She welcomed the fact that Tunisia, with its ageing population, had been chosen as a regional pilot country for the Global Dementia Observatory.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA aligned herself with the statement made by the representative of Australia. She drew attention to the work undertaken during an international seminar on human rights and mental health, in which experiences in policy development and service provision had been exchanged. That had led to the development of a national action plan and legislation on mental health, in line with the draft global action plan.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES welcomed the draft global action plan and noted the estimates provided by WHO and the World Bank concerning the need to scale up the number of health and social care jobs by 2030, particularly in low-resource settings. In addition, more action was urgently required to address the needs of people living with dementia in emergency settings. Such people were extremely vulnerable and often disoriented, were unable to advocate for their needs or access aid, and were at risk of abandonment. He called for careful screening of and support for volunteers who visited elderly people with dementia; the Federation had developed a guide containing minimum standards in that regard.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the draft global action plan on dementia marked the beginning of a new era for people living with dementia and their families. She particularly welcomed its rights-based approach and the potential benefit from dementia-friendly communities giving those rights practical effect. National plans should be tailored to the health, economic and social needs of each country. The lives of people living with dementia and their caregivers could be improved by greater awareness, timely diagnosis and post-diagnosis support, increased access to community-based services, and prevention measures. Research was vital and she proposed that countries dedicate 1% of the societal cost of dementia to funding dementia research.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the fact that the draft global action plan supported strengthening human resources for health. However, action area 4 failed to include any targets on the quality of treatment, care or support. It was essential for the plan to contain such targets, alongside indicators on the quality of country strategies. She recalled that the *World report on ageing and health* had identified preventing abuse and violence towards individuals with dementia as a major priority for Member States, and that should be included in the draft global action plan with reference to strategies to safeguard patient safety and to prevent and address abuse and violence. She encouraged governments to include nurses in the development of policies and programmes for dementia treatment, care and support as they were often the first or only point of contact an individual had with the health care system.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the draft global action plan and commended the Secretariat for highlighting the close links between dementia and noncommunicable diseases. She noted the efforts to align the targets with those of the global action plan for the prevention and control of noncommunicable diseases 2013–2020. She urged Member States to involve people living with dementia in national planning and to take steps to develop integrated national plans with costed activities, adequate budgets and time-bound targets. She encouraged the Secretariat to provide the necessary technical assistance to support governments.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC. aligned itself with her statement. She welcomed the emphasis placed on palliative care in the draft global action plan. Palliative care helped to relieve the suffering and maintain the dignity of patients living with dementia and relieve the burden on their families. She expressed concern that action area 4 lacked any indicators or targets to monitor and measure progress on care and support, including palliative care, which should be a priority area.

**The meeting rose at 12:40.**

## **SIXTH MEETING**

**Monday, 29 May 2017, at 14:35**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

**later:** Mr M. MIKLOSI (Slovakia)

**NONCOMMUNICABLE DISEASES:** Item 15 of the agenda (continued) [transferred from Committee A]<sup>1</sup>

**Draft global action plan on the public health response to dementia:** Item 15.2 of the agenda (documents A70/28 and EB140/2017/REC/1, decision EB140(7)) (continued)

The representative of BANGLADESH said that it was essential to align the action plan on dementia with efforts to address noncommunicable diseases, in particular mental health and neurological disorders. Such coordination would ensure that shared issues of concern, including the promotion of the rights of persons with disabilities and the need to strengthen the health system response, were addressed effectively. Prioritization of mental health was urgently needed at all levels. Her Government welcomed the draft action plan.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that pharmacists should be integrated into the care of those affected by dementia, since they were in a prime position to assist with medication adherence and educate caregivers on indication, administration and side-effects of medication. Her federation was committed to joining the public health response to dementia, and urged societies, governments and organizations to take action to promote pharmacists as key providers of dementia care.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, commended the Secretariat for its vision and leadership in addressing dementia. She expressed support for the draft plan and its seven action areas, in particular the need to advance research and innovation. Drug development for dementia was challenging, due to lower success rates, longer development times and difficulties recruiting trial participants. WHO's push to increase research investment to help to incentivize research and to accelerate the development of new therapies and diagnostics was commendable.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for their comments on the draft global action plan on the public health response to dementia. The request made by China regarding the addition of a new paragraph after paragraph 14 had been duly noted and would be taken into account. The Secretariat would do its utmost to act on the suggestions made by the Committee rapidly, effectively and in a collaborative spirit. He agreed that more resources should be allocated to dementia through the programme budget in order strengthen WHO's capacity in that regard at the three levels of the Organization. While in the

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<sup>1</sup> See the summary records of the General Committee, second meeting, section 3.

past, the term “palliative care” had been synonymous with opioid therapy and acute pain relief, that understanding was expanding to encompass all aspects of hospice care and support. Dementia was a key example of the broad scope and importance of palliative care, beyond physical pain relief, to provide a support network to patients and their families when all other medical interventions had been exhausted. The CHAIRMAN invited the Committee to approve the draft decision recommended by the Executive Board in decision EB140(7).

**The draft decision was approved.<sup>1</sup>**

**Public health dimension of the world drug problem:** Item 15.3 of the agenda (document A70/29)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Argentina, Australia, Colombia, Costa Rica, Georgia, Montenegro, Netherlands, Norway, Panama, South Africa, Sweden, Switzerland, Uruguay and Zambia, which read:

The World Health Assembly, having considered the report of the Secretariat,<sup>2</sup>

- (1) Welcomed the progress to strengthen and expand existing cooperation on the public health-related aspects of the world drug problem, including the signing of the Memorandum of Understanding between the World Health Organization and the United Nations Office on Drugs and Crime in February 2017;
- (2) Recognized the need for intensified efforts to support Member States, upon request, in addressing and countering the world drug problem in accordance with a comprehensive, integrated and balanced approach;
- (3) Requested the Director-General to continue efforts to improve coordination and collaboration of the WHO with the UNODC and INCB, within their existing mandates, in addressing and countering the world drug problem;
- (4) Requested the Director-General to report on the implementation of this decision to the Seventy-first, Seventy-third and Seventy-fifth World Health Assemblies, and to continue to keep the Commission on Narcotics Drugs, considering its treaty based mandates, appropriately informed of relevant programmes and progress.

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

<b>Decision:</b>	Public health dimension of the world drug problem
<b>A.</b>	<b>Link to the general programme of work and programme budget</b>
<b>1.</b>	<b>Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>
	<b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b>
	– Increased access to key interventions for people living with HIV;

<sup>1</sup> Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA70(17).

<sup>2</sup> Document A70/29.

- Increased access to services for mental health and substance use disorders;
- Improved access to, and rational use of, safe, efficacious and quality medicines and health technologies.

**Programme budget 2016–2017 output(s):**

Output 1.1.1. Increased capacity of countries to deliver key HIV interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;

Output 1.1.2. Increased capacity of countries to deliver key hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support;

Output 2.2.3. Expansion and strengthening of country strategies, systems and interventions for disorders caused by alcohol and other psychoactive substance use enabled;

Output 4.3.1. Countries enabled to develop or update, implement, monitor and evaluate national policies on better access to medicines and other health technologies; and to strengthen their evidence-based selection and rational use.

**2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.**

Not applicable.

**3. Estimated time frame (in years or months) for implementation of any additional deliverables.**

June 2017–May 2022 (5 years).

**B. Budgetary implications**

**1. Estimated total cost to implement the decision if adopted, in US\$ millions: US\$ 12.85 million.**

Biennium 2016–2017: US\$ 1.35 million

Biennium 2018–2019: US\$ 5.75 million

Biennium 2020–2021: US\$ 5.75 million

Total: US\$ 12.85 million

**2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions: US\$ 1.35 million.**

With the following additional deliverables, scaling up WHO–UNODC–INCB collaboration responding to increased country needs with effective coordination and implementation mechanisms, US\$ 0.3 million can be accommodated within the existing ceiling budget.

**2.b. Resources available during the current biennium**

- **Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:**

US\$ 0.3 million.

- **Extent of any financing gap, in US\$ millions: US\$ 1.05 million.**

Cost: US\$ 1.35 million

Available resources: US\$ 0.30 million

Financing gap: US\$ 1.05 million.

- **Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:**

US\$ 1.05 million.

<p><b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b></p> <p>US\$ 5.75 million.</p> <p><b>Has this been included in the Proposed programme budget 2018–2019?</b></p> <p>Yes.</p>
<p><b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b></p> <p>US\$ 5.75 million.</p>

The representative of COLOMBIA said that she welcomed the increased public health focus on the world drug problem. People-centred, rights-based drug policies were essential. Cooperation among United Nations entities should continue to be strengthened. WHO had a technical and scientific role to play in prevention, early intervention, treatment and harm reduction, as well as in strengthening information systems and providing access to controlled medicines for medical and scientific purposes as part of a balanced national drug policy. She welcomed the signing of the Memorandum of Understanding between WHO and UNODC. The proposed draft decision was the result of a comprehensive consultative process between several Member States, and reflected a balance of the various views on the issue. Its primary objective was to improve coordination and collaboration between United Nations entities.

The representative of IRAQ highlighted the importance of the work of UNODC and the involvement of health ministries, and said that efforts to address the world drug problem should integrate governmental and nongovernmental groups alike. Centres to treat drugs users should be established. Tobacco use should also be examined in all its forms. Mental health should be included in primary health care policies.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that urgent action was needed to strengthen intersectoral collaboration and to strengthen financing and governance. Increasing drug use among adolescents in school settings in the Region was particularly worrying, and the strategies and structures currently in place were inadequate to address the situation. WHO should intensify its efforts in the areas of prevention, treatment, care, harm reduction, recovery, rehabilitation and social reintegration, and strengthen its multisectoral mechanisms. Particular focus should be given to prevention strategies aimed at children and adolescents, which involved the community, family and schools. WHO should continue its efforts in cooperation with UNODC to implement international standards on the treatment of drug use disorders, while strengthening health systems and building intersectoral collaboration. WHO, with UNODC and the International Narcotics Control Board, should work to improve the availability and surveillance of controlled medicines for medical and scientific purposes.

The representative of MALTA, speaking on behalf of the European Union and its Member States, said that the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and the Republic of Moldova aligned themselves with her statement. She welcomed the signing of the Memorandum of Understanding between WHO and UNODC on renewed collaboration, and looked forward to the leadership and commitment of the Director-General elect in that regard. Indicators were required for the recommendations emanating from the special session of the United Nations General Assembly on the world drug problem to track progress and promote objective information gathering and evidence-based discussions. Cooperation should be strengthened between UNODC, WHO, the International Narcotics Control Board and other relevant United Nations bodies and international organizations. She welcomed WHO's efforts to review substances for

international control and safeguard access to controlled medicines for medical and scientific purposes, and said that surveillance of new psychoactive substances should be enhanced to ensure that the most harmful, prevalent and persistent substances were prioritized for review. The United Nations Commission on Narcotic Drugs would convene a ministerial segment at the next United Nations high-level review in 2019, a milestone event for the future of international drug policy, to review the 2009 Political Declaration and Plan of Action. She urged WHO to contribute to the preparations for that meeting and promote the public health and human rights perspectives. She supported the draft decision.

The representative of BANGLADESH, welcoming the report by the Secretariat, said that Bangladesh was not only a transit country but also one where narcotic or illicit substances were used, and where there was a tradition of opium and cannabis use. New rules had been instituted to strengthen control over psychoactive drugs. Substance abuse among young people and the links with mental health issues were priority issues for her Government. Due to its proximity to heroin-producing areas in South-East Asia, Bangladesh had imposed restrictions on the import of drug precursors. She called upon Member States to enforce international measures to stop illegal drug trafficking.

The representative of the PHILIPPINES said that she welcomed the report by the Secretariat and echoed the need for a multisectoral, coordinated response. A public health approach to the world drug problem should include preventive education, treatment, rehabilitation, community interventions, social integration and outreach. Efforts to accelerate access to controlled medicines for medical and scientific purposes were appreciated. She looked forward to working with WHO on treatment for substance abuse victims and called on the Secretariat to assist her Government in enhancing the capacities of the health and social services to facilitate collaboration with the justice, law enforcement and education sectors, and establishing a monitoring mechanism for the collection and analysis of accurate data to help to guide the response to the world drug problem.

The representative of PORTUGAL said that a public health and human rights approach would be essential to address the world drug problem. Such an approach had yielded positive results in his country. He welcomed WHO's work in that area, as well as its strengthened cooperation with UNODC, in particular through the Memorandum of Understanding. He supported the draft decision and asked for Portugal to be added to the list of sponsors.

The representative of JAMAICA said that he welcomed the Memorandum of Understanding and acknowledged WHO's efforts to address the world drug problem as a public health issue. He welcomed WHO's planned review of the classification and regulation of cannabis under the United Nations Single Convention on Narcotic Drugs, through the Expert Committee on Drug Dependence. The review should assess the medical utility of cannabis, which should be determined by scientific, evidence-based analysis. The Secretariat should provide leadership on the public health approach to the development of new policies on cannabis in many countries, and update Member States on work being done by the Expert Committee on Drug Dependence.

The representative of CANADA expressed support for a comprehensive, collaborative, compassionate and evidence-based approach to drug policy that took into account the social determinants of health. The outcome document of the 2016 special session of the United Nations General Assembly on the world drug problem constituted a clear statement by the international community that human rights must be respected in national drug policies, and that those policies should respond to the needs of vulnerable communities, including women, children and youth. She recognized the need for culturally appropriate approaches to drug policy, developed with respect for the unique circumstances of communities, including indigenous populations. Implementation of the operational recommendations contained in the 2016 special session outcome document should be a



priority for the international community. She asked for Canada to be added to the list of sponsors of the draft decision.

The representative of VIET NAM said that she welcomed the emphasis on WHO's role in the follow-up to the special session of the United Nations General Assembly on the world drug problem. Her Government had enacted several legislative texts to implement the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and regularly cooperated with the International Narcotics Control Board. She welcomed WHO's commitment to developing normative guidance and providing technical support to improve access to controlled substances for medical and scientific purposes; her Government was prepared to collaborate with other Member States on the implementation of such guidance. The Secretariat should continue its capacity-building efforts through the organization of drug-related training courses, which helped Member States to strengthen mechanisms to regulate controlled substances for medical and scientific purposes.

The representative of the UNITED STATES OF AMERICA said that she welcomed the report, and commended in particular the collaboration between WHO and the United Nations Commission on Narcotic Drugs, the implementation of the operational recommendations of the special session, and the conclusion of the Memorandum of Understanding between WHO and UNODC. She expressed appreciation for the focus on the threats posed by new psychoactive substances; WHO should prioritize the examination of the related public health challenges and share information regularly with the Commission on Narcotic Drugs, UNODC and the International Narcotics Control Board. She urged WHO to expedite its review of synthetic substances in that category to accelerate classification under the United Nations Single Convention on Narcotic Drugs and Convention on Psychotropic Substances. There should be an immediate critical review of carfentanil, which was playing a lethal role in the opioid overdose crisis in North America. She requested an update in that regard at the 142nd session of the Executive Board, and asked for the United States of America to be included in the list of sponsors of the draft decision.

The representative of NORWAY, drawing attention to the importance accorded to health and well-being in the Nordic welfare state model, the Sustainable Development Goals and the three main international drug control conventions, said that the world drug problem should be viewed from a public health perspective. Although clear global leadership had been lacking, the report by the Secretariat showed that progress was being made. The Government of Norway would support the Secretariat in strengthening its leadership on the public health dimension of the world drug problem and provide guidance regarding evidence-based drugs policies ahead of the next United Nations high-level review in 2019. He expressed support for the draft decision.

The representative of the RUSSIAN FEDERATION said that she welcomed the draft decision, which, thanks to the efforts made by the cosponsors since the 140th session of the Executive Board, was a balanced text. The Secretariat should update Member States regularly on its work with the Commission on Narcotic Drugs. Equal attention should be given to reducing both supply and demand of drugs. WHO should promote a healthy lifestyle, with the aid of cross-cutting, evidence-based initiatives, in order to reduce demand for drugs. In addition to the economic, social and environmental determinants mentioned in the report, national legislation was an important factor that should be taken into account in drug control packages. She objected to the use of the term "harm reduction", which did not have a universally accepted definition, and therefore should not be included as priority actions in national strategies to reduce drug use. The main public health goal should be to reduce the use of drugs for non-medical purposes, rather than reduce the harm associated with drug use.

The representative of INDIA said that he welcomed the collaboration between WHO and UNODC, which he hoped would also extend to the organizations' field offices. His Government stood ready to work in partnership with WHO to field test the draft international standards for the treatment

of drug use disorders, as it had a range of delivery models for addiction treatment services in a variety of settings. Despite steps to strengthen harm reduction in India, technical support would be welcome given the increasing number of cases of HIV infection among people who injected drugs. Technical support to implement the recommendations of a forthcoming national survey on substance use would also be useful. He supported the draft decision.

The representative of BELGIUM, drawing attention to the importance of health and welfare in the Universal Declaration of Human Rights and the international drug control conventions, said that ensuring access to controlled substances for medical and scientific purposes was an essential strategy in promoting health and well-being, as recognized in other international legal instruments and Health Assembly resolutions. Lack of access to controlled substances for medical and scientific purposes led to unnecessary suffering. She commended the policy work and technical support provided by WHO, the International Narcotics Control Board, UNODC and non-State actors involved in pain management and palliative care. She reaffirmed her Government's commitment to support actions and policies on drugs to meet agreed goals and ensure respect for human rights.

The representative of GUATEMALA welcomed the report, noting in particular the Memorandum of Understanding between WHO and UNODC, and the outcome document of the special session of the United Nations General Assembly. He underscored the important role of WHO in fostering a balanced and evidence-based public health approach to the world drug problem. He expressed support for the draft decision, in particular the elements relating to collaboration, but regretted that, despite the broad and timely consultations with Member States, the draft did not contain an explicit reference to the special session of the United Nations General Assembly. The outcome document of the special session paved the way for substantial changes to be made at the next United Nations high-level review in 2019 in terms of human rights, the Sustainable Development Goals, access to controlled medicines for medical and scientific purposes and a coherent approach between WHO, UNODC, the Commission on Narcotic Drugs and the International Narcotics Control Board.

The representative of THAILAND said that she welcomed the commitment by WHO and UNODC to strengthen their collaboration. The emergence of new psychoactive substances could only be addressed through effective communication and cooperation between governments, the International Narcotics Control Board and the private sector. Demand-reduction programmes would be the most cost-effective measure in the long term. Drug control policy and practice should focus primarily on prevention, particularly among young people. Such an approach would also reduce the adverse health consequences associated with drug use, such as HIV transmission. Reliable data and information sharing were required to implement evidence-based policies and programmes to respond to drug-related public health challenges. The development of national database and analysis capacities would therefore be essential. She supported the draft decision.

The representative of SWITZERLAND said that she commended WHO's commitment to the public health dimension of the world drug problem, and supported the draft decision. Both the outcome document of the special session of the United Nations General Assembly and the 2030 Agenda for Sustainable Development drew attention to the importance of international cooperation. The Memorandum of Understanding recently concluded between WHO and UNODC was therefore particularly welcome, as was the adoption, by the Commission on Narcotic Drugs at its Sixtieth session, of resolution 60/6 (2017) on intensifying coordination and cooperation among United Nations entities and relevant domestic sectors, including the health, education and criminal justice sectors, to counter the world drug problem. The Secretariat should continue to work with all stakeholders, including civil society, to implement the recommendations contained in the outcome document of the special session of the United Nations General Assembly.

The representative of SINGAPORE said that drug abuse had a wide-ranging impact on society; taking a purely public health approach would not address the underlying social issues. Recreational drug use should not be normalized. There were no easy solutions to the world drug problem; each country must tailor its policies to suit its local context. She called on the international community to work together towards a drugs-free society.

The representative of MEXICO said that WHO's capacities and activities must be enhanced at all three levels of the Organization to address the world drug problem in a comprehensive and balanced manner. The Organization had a key role to play gathering information on the impact of drug control programmes and awareness raising, and on scientific research with regard to substances under international control. Technical guidance should be issued on ensuring that drug policies were consistent with WHO's work on noncommunicable diseases, mental health and the prevention of violence. WHO should also offer advice on treatment, prevention and promoting healthy lifestyles, and on standards for access to controlled substances. Data should be collected on substance use, and technical support provided for health systems strengthening. Implementation of the operational recommendations contained in the outcome document of the special session of the United Nations General Assembly required attention to cross-cutting social and economic factors, in particular public health, and the Secretariat should continue to foster open, transparent discussion on how it could work with governments in that regard.

The representative of AUSTRALIA reaffirmed Australia's support for WHO's role in addressing the public health-related aspects of the world drug problem in a collaborative effort across the United Nations system, and welcomed the signing of the Memorandum of Understanding between WHO and UNODC. Joint work to address the global disparity in access to controlled substances for medical purposes was particularly important, and cooperation with UNODC and the Union for International Cancer Control were particularly welcome in that regard. Coordination across all relevant United Nations entities would ensure a balanced approach to strengthening the response to the world drug problem.

The representative of the REPUBLIC OF KOREA said that in view of emerging challenges, such as the expansion of the online drug trade and the use of new psychoactive substances, cooperation between Member States and international organizations was increasingly important. She welcomed the Memorandum of Understanding concluded between WHO and UNODC and underscored the significant role of the Secretariat in promoting better and equal access to controlled substances for medical and scientific purposes by providing technical support to individual Member States. Her Government was building an advanced system to monitor the production, distribution and use of therapeutic narcotics, and was ready to share its experiences in that regard.

The representative of PANAMA said that it was essential to adopt a public health approach to the world drug problem, in order to tackle associated morbidity and mortality. Target 3.5 of the Sustainable Development Goals required Member States to enhance prevention and treatment of substance abuse, including by ensuring access to affordable medicines. Drugs posed a common threat that required an integrated, balanced, inclusive and consistent approach. The outcome document of the special session of the United Nations General Assembly called for joint action across sectors and United Nations entities. While UNODC was the leading United Nations body responsible for tackling the world drug problem, WHO must also intensify its efforts, in order to ensure consistency between policies on public health and those on drugs. She welcomed the Memorandum of Understanding signed between WHO and UNODC and encouraged further efforts to strengthen that partnership, and progress in that regard should be reported to the Executive Board at its 142nd session. Improved coordination was key to preventing duplication of work between United Nations entities and other organizations and ensuring a coherent approach. She asked for her country to be included on the list of sponsors of the draft decision.

The representative of CHILE said that it was vital to address the issue of new synthetic substances, the chemical composition and toxic effects of which had not yet been sufficiently studied. While recreational drug use in Chile had traditionally revolved around cocaine and heroin derivatives, there had been a rise in synthetic drug use, including revopoids and stimulants. The use of those new substances was spreading, and synthetic psychoactive drugs had become legal alternatives to controlled substances for medical and scientific purposes. They were easy and cheap to produce and market, and were not yet controlled by national or international authorities. Her Government encouraged enhanced cooperation between entities responsible for detecting and registering new drugs, and stressed that a more rapid response was required to keep up with emerging threats.

The representative of INDONESIA said that while in principle his Government welcomed the report by the Secretariat, improved synergies between the work of WHO and UNODC on the management of narcotic drugs and psychotropic and other addictive substances would allow for more systematic reporting of the health perspectives of the world drug problem. There should be cooperation to build a monitoring and surveillance system for substance use disorders, which could be implemented in Member States. People with substance abuse disorders should no longer be viewed as criminal offenders, in order to ensure that they received appropriate medical treatment.

The representative of BAHRAIN said that, to tackle the world drug problem, cooperation was required at the global and regional levels, among Member States, non-State actors and international organizations. WHO plans and strategies in that regard were welcome. In Bahrain, efforts to address the drug problem involved cooperation between the relevant ministries, civil society and non-State actors. He supported the draft decision, and emphasized the need for continued support from the Secretariat.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that she welcomed the report by the Secretariat and pointed out a correction to the terminology used in the Spanish language version. Her Government called for more intensive cooperation within the United Nations system to tackle the world drug problem, with a greater focus on prevention and health protection, including more work with grass-roots communities. The Bolivarian Republic of Venezuela had a State-run addiction treatment programme, and the Government worked together with other public bodies and the non-State sector to tackle the problem of drug use, address the links with mental health disorders and monitor data to obtain an overview of mortality and morbidity related to the use of psychotropic drugs.

The representative of CHINA said that she welcomed the report by the Secretariat and the Memorandum of Understanding concluded between WHO and UNODC. The world drug problem posed a threat to health, safety and well-being, and could only be successfully addressed through a multisectoral approach. The Secretariat played an important role, gathering data at the global and regional levels, regularly updating prevention, treatment and intervention measures, cooperating with UNODC and other United Nations entities, developing international standards for prevention and treatment, and providing guidance and technical support to Member States. She cautioned against using the term "harm reduction" and advised that WHO should only use language recognized and accepted in the field of drug prevention and control, in order to avoid misunderstandings and spurious interpretations.

The representative of URUGUAY said that WHO should intensify its efforts to fulfil its mandate with regard to addressing the health dimension of the world drug problem, including through regulatory measures to ensure evidence-based policies relating to drug prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration. It was also important to collect data and identify and record national efforts and best practices. Capacity-building was vital to ensure that the Secretariat had the requisite means and resources to achieve its objectives. National and

international policies on drugs should be people centred and all efforts to tackle the drug problem must uphold human rights, including the right to health.

The representative of the UNODC drew attention to its long-standing collaboration with WHO in various areas relating to drug control and Sustainable Development Goals 3 and 5, which constituted the core of the Memorandum of Understanding signed earlier in 2017. Together, UNODC and the Secretariat jointly supported Member States in implementing the operational recommendations contained in the outcome document of the special session of the United Nations General Assembly. Joint work was also being done to update the international standards on drug use prevention, and expand implementation of the joint programme for drug dependence treatment and care. Moreover, they would continue to advocate jointly for services, and develop guidance documents, relating to HIV/AIDS. Annual joint consultations on new psychoactive substances had had an impact on the international community's response, in particular prioritizing the most harmful substances for international control. WHO and UNODC would work together to expand the Joint Global Programme on access to controlled drugs for medical purposes, which addressed barriers to access and aimed to strengthen the capacity of the health care workforce, and would continue with joint data collection activities, and their joint chairmanship of the inter-agency technical working group on drug epidemiology. They would also work together to produce joint estimates on the number of people who injected drugs and those living with HIV.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, stressed the important role that pharmacists played, together with governments, in implementing strategies to mitigate drug-related harm, and drew attention to a report currently being drafted on pharmacists' roles and contribution to harm reduction strategies. Pharmacists were also engaged in prevention campaigns on the risks of drug abuse, and his Federation had published a report providing an overview of addiction, prevention and care services in which pharmacists were involved, under the overarching theme of mental health. Given pharmacists' expertise in the field of drug-related health issues, the International Pharmaceutical Federation would be pleased to contribute to the WHO mechanism for the surveillance of psychoactive substances, and to share its experience and knowledge.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, underscored the major impact of drug use and related disorders on public health and commended the efforts by WHO and UNODC to implement the health-related operational recommendations contained in the outcome document of the special session of the United Nations General Assembly. WHO guidelines on drug control should include prevention, early detection and intervention, harm reduction, treatment, care, recovery, rehabilitation and social reintegration. Governments could consider including evidence-based measures in their drug policies to minimize the adverse health and social impact of drug abuse, including through medication-assisted therapy, injection equipment and opioid substitution and overdose prevention programmes. WHO should endeavour to address misconceptions among policy-makers and health professionals, and should strive to uphold the commitment undertaken at the special session of the United Nations General Assembly to improve access to controlled substances for medical and scientific purposes. Ministries should consult with health professionals to ensure the development of drug policies that were people centred and promoted health, safety, well-being, dignity and human rights for all.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC. and THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, urged the Committee to adopt the draft decision on the public dimension of the world drug problem, and welcomed the United Nations system-wide approach, through the special session of the United Nations General Assembly on the world drug problem, to implement people-centred, public health-oriented drug policies.

The representative of the ISLAMIC REPUBLIC OF IRAN said that cooperation among United Nations entities should be strengthened to tackle the world drug problem, and WHO should continue its efforts to improve coordination and collaboration with UNODC and the International Narcotics Control Board. He welcomed the comprehensive actions contained in the report by the Secretariat, which set out WHO's planned contribution to implementing the outcome document of the special session of the United Nations General Assembly.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that he welcomed the Committee's comments and pledged the Secretariat's commitment to implement the decision, if approved.

**The Committee noted the report.**

The CHAIRMAN said that he took it that the Committee wished to approve the draft decision.

**The draft decision was approved.<sup>1</sup>**

**Mr Miklosi took the Chair.**

**Outcome of the Second International Conference on Nutrition:** Item 15.4 of the agenda (document A70/30)

The representative of IRAQ said that strategies on nutrition and food security should be aligned with work on noncommunicable diseases, and should include data on primary health care. The role of State and non-State actors in activities to address nutrition and food security should be strengthened. Furthermore, data on nutrition must be examined, taking into consideration the Sustainable Development Goals.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed her appreciation for the Secretariat's efforts to support Member States' development and implementation of national action plans on nutrition, in line with internationally agreed goals and targets, by enhancing multisectoral coordination and setting coherent policies. International organizations and donors should coordinate resource mobilization efforts to support low- and middle-income countries affected by the double burden of malnutrition (undernutrition and overweight/obesity). Technical support was needed to address the social determinants of health and nutrition, and to strengthen food systems, promote healthy diets, and improve micronutrient intake. National policies and strategies should be enforced to regulate the marketing of unhealthy foods and non-alcoholic beverages to children, and of breast-milk substitutes. National, regional and international strategies must be implemented to promote nutrition and tackle diabetes, obesity, heart disease and anaemia.

The representative of the REPUBLIC OF KOREA, welcoming the work of WHO and partners on nutrition, reaffirmed that mothers, infants and children were key pillars of future growth and said that appropriate nutrition was essential for their well-being. In that regard, her Government had implemented a wide range of programmes to promote nutrition. National long-term plans were aimed at upholding the Government's accountability, in line with the United Nations Decade of Action on Nutrition.

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA70(18).

The representative of ARGENTINA said that while she supported the proposed cross-cutting and connected action areas of the work programme of the Decade of Action on Nutrition, outlined in the biennial report (document A70/30), they should be more explicit with regard to measures to protect vulnerable groups against the advertising of food products. Her Government was working to improve the nutritional quality of industrially produced foods, and had conducted national surveys to monitor progress.

The representative of BANGLADESH welcomed the inclusion of a nutrition goal in the 2030 Agenda for Sustainable Development and said that with regard to nutrition and food security, her Government had introduced innovative and cost-effective interventions, increased the allocation of resources and strengthened the links between policies on nutrition and on food safety. She asked what the practical implications were of the second recommendation contained in the Rome Framework for Action, on aligned health systems. The Secretariat should develop a monitoring mechanism to measure progress towards reaching global nutrition goals.

The representative of TURKEY said that nutrition policies were central to her Government's strategic plans for health and development, which included increased investment, the elaboration of national dietary guidelines, the development of school programmes to promote nutrition, and the establishment of an intersectoral coordination mechanism.

The representative of ECUADOR, speaking on behalf of the Member States of the Region of the Americas, said that the Region had introduced effective measures to address malnutrition, which took into account the social determinants of health and which had increased awareness of and access to healthier nutrition options. Member States in the Region had successfully achieved target 1.c of the Millennium Development Goals, to halve the proportion of undernourished people by 2015 and were now committed to eradicating hunger and malnutrition by 2030. He expressed appreciation for WHO's and FAO's joint leadership of the Decade of Action on Nutrition and welcomed the framework endorsed by the Committee on World Food Security to increase its contribution in the fight against malnutrition. WHO should boost its collaboration with FAO to help governments to introduce policies and programmes to address undernutrition.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, said that food safety was a major public health issue and that pesticide and chemical contamination of the environment and food chain was a serious concern in the Region. More concerted multisectoral action to safeguard people's health was therefore necessary. Member States in the Region were working to improve nutrition quality and dietary requirements, taking a life course approach. Most countries faced the double burden of persistent undernutrition and coexisting overweight and obesity. Programmes on nutrition and diet-related noncommunicable diseases should be further aligned to ensure dual benefits. The engagement of non-State actors must be harnessed and intensified, and high-level political support and sustained resources were required to implement national policies and programmes under the Decade of Action on Nutrition.

The representative of THAILAND said that many countries still lagged behind in achieving exclusive breastfeeding, and that doing so required continuous political support and improved labour laws supporting maternity and paternity leave. She expressed appreciation for the ethical and scientific leadership provided by WHO and UNICEF, which had supported her Government in introducing legislation on the marketing of breast-milk substitutes, thereby safeguarding public health from conflicts of interest. The Secretariat and partners of the Organization should provide support to Member States in strengthening nutrition programmes at all levels and enhancing the capacities and the distribution of nutrition professionals.

The representative of INDIA outlined the measures taken by his Government regarding nutrition. Noting the challenges of malnutrition and undernutrition in his country, he said that capacity gaps persisted in the regulatory means to promote healthy diets, which stemmed from, among other issues, difficulties in mobilizing financial resources. The outcomes of the Second International Conference on Nutrition did not sufficiently address such challenges. Further consideration should therefore be given to how those issues should be handled, in order to tackle malnutrition and undernutrition.

The representative of SLOVAKIA said that her Government supported goal setting and joint activities in the context of intergovernmental cooperation, and in collaboration with the food industry and other stakeholders, to address the issue of poor nutrition. It was of utmost importance to combine approaches on food reformulation to improve the health of populations in the long term. Her Government had implemented a number of measures, including an action plan on food and nutrition for 2017–2025.

The representative of ZAMBIA said that his Government had taken multiple actions to address the increasing prevalence of undernutrition and overnutrition in the country, including the creation of a department of health promotion, and the establishment of a national food and nutrition commission, through which the national “Scaling up Nutrition project” was being implemented.

The representative of the UNITED STATES OF AMERICA said that the Decade of Action on Nutrition afforded an important opportunity to strengthen cross-sectoral action to address the nutrition challenges facing populations. While the progress highlighted in WHO’s second Global Nutrition Policy Review (2016–2017) was welcome, additional efforts were needed to meet the shared objectives on nutrition. The work programme for the Decade of Action on Nutrition should be systematically strengthened as new evidence became available. Member States should consider establishing public–private partnerships to develop and implement effective nutrition programmes, as part of a comprehensive policy approach to achieve nutrition goals. Ongoing technical cooperation and exchanges would be welcome as Member States pursued policy options to implement the Framework for Action.

The representative of GUINEA, speaking on behalf of the Member States of the African Region, welcomed the Rome Declaration on Nutrition and the Framework for Action, and called on other Member States to note the biennial report, contained in document A70/30.

The representative of JAPAN said that a multisectoral approach was needed to address the wide range of nutrition-related challenges, particularly cooperation between the health and agricultural sectors. His Government had coordinated several initiatives on nutrition, including the G7 International Symposium on Food Security and Nutrition. Food security and improved nutrition were key to enhancing the well-being of populations, and all stakeholders should strengthen their commitment to achieving the 2030 Agenda for Sustainable Development at the global level. WHO should play a central role in the health-related efforts to address nutrition-related issues.

The representative of NORWAY welcomed the inclusion of sustainable, resilient food systems for healthy diets as one of the six action areas of the Decade of Action on Nutrition. To move the nutrition agenda forward, shared knowledge and experience must be developed. Norway was a major contributor to seafood and marine research at the international level. His Government considered that the development of responsible fisheries and aquaculture was fundamental to achieving the Sustainable Development Goals and therefore wished to establish, in collaboration with other interested Member States, an action network on sustainable food from the oceans to ensure food security and appropriate nutrition.



The representative of COSTA RICA said that, in order to enhance food security capacity, there should be support from the Health Assembly and the FAO Conference for the proposal for the establishment of a world food safety day, which had been put forward at the thirty-ninth session of the Codex Alimentarius Commission in 2016.

The representative of FRANCE said that his Government had done much to address challenges relating to nutrition, including taking steps to implement the European Union Action Plan on Childhood Obesity 2014–2020 and the WHO European Food and Nutrition Action Plan 2015–2020, and developing a roadmap to improve nutrition among vulnerable populations. He encouraged other Member States to participate in the Scaling Up Nutrition project, in which France was playing an active part. The fight against all forms of malnutrition required a multisectoral approach, in which WHO's role was indispensable.

The representative of the RUSSIAN FEDERATION drew attention to various actions undertaken by her Government to address the issue of nutrition, including implementing interdisciplinary and intersectoral measures to ensure healthy nutrition for all population groups, developing a food security plan and a national policy on healthy nutrition, and standard setting for energy and nutritional requirements. It was important to prioritize scientific research on nutrition, and the practical implementation of such research, as a means of tackling noncommunicable diseases and increasing the effectiveness of medical treatment.

The representative of BRAZIL said that WHO, FAO and other stakeholders must step up activities to implement the recommendations contained in the Framework for Action, in order to achieve existing global targets by 2025, and the relevant goals of the 2030 Agenda for Sustainable Development. His Government had been the first to present its specific, measurable, achievable, relevant and time-bound commitments to WHO, and he encouraged other Member States to follow suit. He looked forward to the exchange of experiences and best practices on effective policies to address all forms of malnutrition and to accelerate global progress on implementing the Decade of Action on Nutrition.

The representative of AUSTRALIA said that Australia recognized the need for a holistic, interdisciplinary and inclusive approach to nutrition. Ensuring the right to adequate food transcended many sectors of society. Australia was pleased to see that the commitments and recommendations of the Second International Conference on Nutrition were being implemented globally, resulting in positive nutrition outcomes. Australia welcomed the continued progress on the work programme for the Decade of Action on Nutrition, and commended WHO and FAO on their ongoing collaboration.

The representative of the UNITED REPUBLIC OF TANZANIA said that while considerable progress had been made to address nutrition-related issues in his country, a high number of children under 5 years of age were still affected by stunting and malnutrition, and anaemia remained prevalent in many women and children. To overcome such challenges, his Government had undertaken several initiatives, such as the inclusion of nutrition as an integral component of a five-year development plan for 2016–2021, the development of a national multisectoral nutrition action plan, and the creation of a road map to engage the private sector in nutrition initiatives.

The representative of VIET NAM said that the double burden of malnutrition posed a major challenge for her country. In response, the Vietnamese Government had taken numerous measures, including the implementation of a national plan of action for nutrition and a national programme to reduce salt consumption. The Secretariat should enhance Member States' capacities to address malnutrition, develop legislation on food safety and quality, and provide consumer information, while avoiding inappropriate marketing of unhealthy foods and non-alcoholic beverages. Collaboration

between sectors such as agriculture and trade, to ensure sustainable, diversified and safe food systems, was also important.

The representative of INDONESIA outlined the various initiatives on nutrition undertaken by her Government, which included the improvement of evidence-based actions, and the launch of community-based electronic recording and reporting under the Rapid Response to Nutritional Crisis Project. The Secretariat should continue to support efforts to address all forms of malnutrition in Member States. Collaboration between Member States to share knowledge and best practices regarding nutrition was important.

The representative of BAHRAIN welcomed the outcome of the Second International Conference on Nutrition and the Framework for Action, which her Government had used as a basis to enhance interministerial cooperation. It was vital to strengthen the capacities of health care facilities, improve the quality of nutrition, and take the necessary measures to achieve nutrition-related goals, in accordance with national legislation. Her Government was committed to implementing the Rome Declaration on Nutrition.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that it was important to implement the institutional best practices for food safety and nutrition shared by the representatives of Iran, Norway, Indonesia and Thailand, and the Southern Common Market (MERCOSUR) regulations issued by the Food Commission. Interagency collaboration with PAHO and FAO on the Sustainable Development Goals relating to health and hunger was essential.

(For continuation of the discussion, see the summary records of the seventh meeting, section 2.)

**The meeting rose at 17:30.**

## SEVENTH MEETING

**Tuesday, 30 May 2017, at 09:00**

**Chairman:** Mr M. MIKLOSI (Slovakia)  
**later:** Dr M. JOSEPH (Antigua and Barbuda)

### **1. THIRD REPORT OF COMMITTEE B** (document A70/76)

The SECRETARY read out the draft third report of Committee B.

**The report was adopted.<sup>1</sup>**

### **2. NONCOMMUNICABLE DISEASES:** Item 15 of the agenda (continued) [transferred from Committee A]<sup>2</sup>

**Outcome of the Second International Conference on Nutrition:** Item 15.4 of the agenda (document A70/30) (continued from the sixth meeting)

The representative of FAO commended the partnership between his organization and WHO, which involved initiatives regarding food safety, antimicrobial resistance and nutrition. He expressed pride in the forthcoming publication, written by a number of international organizations, including WHO, entitled *The state of food insecurity and nutrition in the world*. He looked forward to deepening FAO's partnership with WHO, including through the Director-General elect, to address the impacts of poverty, hunger and malnutrition on human well-being. The Second International Conference on Nutrition in 2014, the 2030 Agenda for Sustainable Development and the United Nations Decade of Action on Nutrition all testified to the fact that nutrition was at the heart of the global development agenda. Malnutrition, which exacerbated the global disease burden and contributed to the intergenerational transfer of poverty and social exclusion, had reached epidemic proportions. Decisive and urgent action was needed, led by Member States but engaging actors from across societies. Action was being taken in many ways by governments committed to initiatives at the national level. His organization was working in close cooperation with WHO to support Member States effectively to end the scourge of malnutrition.

The representative of the UNITED NATIONS STANDING COMMITTEE ON NUTRITION said that his committee supported implementation of the Framework for Action of the Second International Conference on Nutrition, and the Decade of Action on Nutrition. The Decade of Action should facilitate nutrition policy-making, raise awareness of malnutrition, and bolster efforts to achieve its elimination by 2030. Despite progress towards that goal, challenges remained. Malnutrition and obesity had become a priority concern worldwide and efforts should be stepped up to achieve the

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<sup>1</sup> See page 386.

<sup>2</sup> See the summary records of the General Committee, second meeting, section 3.

global nutrition targets adopted by the Health Assembly, and implement the work programme for the Decade of Action on Nutrition. His committee stood ready to support governments in the development and implementation of programmes and policies with a view to achieving the goals of the Decade of Action on Nutrition, and was facilitating discussions on nutrition in relevant international forums, including the Committee on World Food Security. Nutrition was firmly back on the agenda of the United Nations General Assembly. His committee was committed to working through the United Nations system to promote the coherence of all efforts and initiatives to end malnutrition.

The representative of WFP said that the WFP Strategic Plan (2017–2021) included a strategic objective on nutrition and prioritized nutrition in emergencies and the provision of support to governments with a view to ending all forms of malnutrition by 2030. To facilitate implementation of the recommendations of the Second International Conference on Nutrition, WFP was taking action, including through fortification and micronutrient supplementation programmes, to address both the immediate and underlying causes of malnutrition. Using methods such as the Fill the Nutrient Gap tool, WFP would assist governments in the design and implementation of evidence-based nutrition policies and programmes. By providing technical advice and supporting multistakeholder platforms, WFP was taking a proactive role to ensure that greater attention was given to nutrition in national policies. WFP's partnership with WHO enabled both entities to combine their expertise and strengths and expand their outreach to vulnerable groups. It was important to build on that success to improve nutrition at all levels.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that it was important to establish national mechanisms to promote sustainable food systems and enhance food security. National goals should be set on the basis of country-specific health priorities, in collaboration with all stakeholders, including from the private sector. Her association sought to ensure that physicians took the lead in promoting changes in societies that encouraged healthy food choices. Mandatory and clear food labelling was essential in that regard. Her association supported the development of improved assessment tools and databases that would provide for better targeted and evaluated interventions, and would continue to work with WHO and other stakeholders to reshape food systems to ensure that sustainably produced nutritious food was affordable for all.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Decade of Action on Nutrition was a key opportunity for Member States to accelerate progress towards achieving international goals on malnutrition. It was regrettable that the international community was not on track to achieving global nutrition and noncommunicable disease targets by 2025. Member States should increase investment in nutrition and align their health, agricultural, economic, educational and financial priorities with a view to ensuring effective action and strengthening coherence in all six areas of the Decade of Action work programme. Member States were also urged to make specific, measurable, achievable, relevant and time-bound commitments to develop and implement nutrition policies in line with that work programme.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that all activities undertaken as part of the Decade of Action on Nutrition must comply with international human rights obligations. In particular, women's rights should be taken into account in all areas of intervention, and trade and investment agreements must comply with human rights instruments and should not provide for recourse to investor-state dispute settlement mechanisms. Corporate accountability should be guaranteed through a binding international agreement on business enterprises and human rights, and the impact of the private sector on food systems and access to natural resources should be regulated. It was important to address the root causes of malnutrition and clarify the role of all stakeholders in that area, and those most affected by malnutrition, rather than private sector stakeholders, should play a central role in efforts to promote its

eradication. Strong and inclusive monitoring and accountability mechanisms must be established to ensure that Member States lived up to their commitments. Safeguards against conflicts of interest were also needed to protect public officials and institutions.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), responding to points raised, said that it was important to clarify whether WHO should play a leadership or complementary role in its partnerships to improve nutrition. In that regard, he believed that the Organization should play an active leadership role in efforts to achieve the global nutrition targets for 2025 and underscored that the Organization could also play a complementary role in other areas relating to nutrition. Progress had been made through coordinated initiatives among United Nations system entities to combat malnutrition, such as the Zero Hunger Challenge. The Organization would continue to strengthen its work with FAO, particularly in initiatives to achieve target 2.2 of the Sustainable Development Goals. It was particularly important to promote capacity-building in order to combat malnutrition. Certain activities within the context of the Decade of Action on Nutrition must be conducted at country level and his department would assist Member States in setting nutrition priorities. A road map should also be developed to guide activities conducted in the remaining part of the Decade of Action. Regrettably, there had been a sharp increase in the number of people in Yemen and several African countries facing food shortages, and WHO was taking action to address those crises. He appreciated the commitments from certain Member States, including Brazil and Ecuador, to support WHO's efforts in that regard.

WHO, in cooperation with FAO, had established the Codex Trust Fund in 2016 to strengthen engagement in the area of food safety with developing countries and countries in transition. WHO was seeking to raise awareness of that Fund and providing it with adequate resources. The Organization and FAO were supporting food safety projects in a number of countries, and developing national food control system assessment tools, which would be published in the second half of 2017. Controlling antimicrobial resistance in the food chain was also a priority for the Organization, and guidelines were being drawn up in that respect: those would also be disseminated in the second half of 2017.

**The Committee noted the report.**

**Dr Joseph took the Chair.**

**Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018:** Item 15.1 of the agenda (documents A70/27 and EB140/2017/REC/1, resolution EB140.R7) (continued from the fifth meeting, section 3)

The representative of IRAN said that noncommunicable diseases disproportionately affected low- and middle-income countries. Iran, itself a developing country, was fully committed to fulfilling its noncommunicable disease commitments in the context of the Sustainable Development Goals. The Iranian Government had recognized that noncommunicable diseases posed a significant challenge to the health system and the country's development, and was raising public awareness of those diseases and enhancing the provision of treatments for them at primary health care centres. The prevalence of those diseases was exacerbated by globalization, rapid urbanization and population ageing – factors over which the individual and the health sector had little control. A set of cost-effective and globally applicable interventions were required, with each country implementing them in its specific context, drawing on the best available evidence. The availability and affordability of relevant technologies and essential medicines was, moreover, a key factor that must be addressed if Member States were to successfully combat the noncommunicable disease epidemic; WHO and other relevant United Nations entities had a pivotal role to play in facilitating the transfer of those technologies to Member States.

The representative of NEPAL said that the prevalence of noncommunicable disease was rising in Nepal, which was taking steps to promote healthy lifestyles, prevent accidents and injuries, facilitate access to mental health services and curb tobacco use. The global action plan for the prevention and control of noncommunicable diseases 2013–2020 must be implemented effectively, with tangible input from non-health sectors. Furthermore, alternative healing practices, such as yoga, naturopathy and Ayurveda, which emphasized the importance of healthy lifestyles, should be integrated into primary health care systems.

The representative of the INTERNATIONAL DIABETES FEDERATION, speaking at the invitation of the CHAIRMAN, said that the draft updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020 was a significant improvement on the previous draft. She welcomed its emphasis on the potential of population-based interventions, including regulatory and fiscal policies, to reduce inequalities in the prevention and control of noncommunicable diseases, and its recognition of the limitations of cost-effectiveness analyses. National action to reduce noncommunicable disease risk factors and improve care had been inadequate, and she urged Member States to endorse the updated Appendix 3 to demonstrate strong commitment to evidence-based cost-effective actions for the prevention and control of noncommunicable diseases and preventing interference by industry in policy-making.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that the involvement of pharmacists in population-based screening could widen the reach of screening programmes and empower them to take certain measures to address risk factors. There was strong evidence that certain services provided by pharmacists to patients with noncommunicable diseases were cost-effective. The contribution that pharmacists were allowed to make to patient care depended on the established practices and regulations in force in each country. A review of those practices and regulations should be undertaken, to allow, as appropriate, for the full involvement of pharmacists in patient care as part of multidisciplinary teams.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that the involvement of physicians in the prevention and control of noncommunicable diseases was crucial if countries were to expand their national capacities to combat those diseases and achieve measureable results. He called on Member States to involve their physicians and other health professionals in setting and achieving national targets and implementing health promotion programmes. His association was committed to tackling noncommunicable diseases and stood ready to support WHO in the preparation process for the third High-level Meeting and other conferences.

The representative of the WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that oral diseases, such as periodontal disease and oral cancers, affected 3.9 billion people. Furthermore, the link between oral diseases and other noncommunicable diseases was well documented. It was therefore disappointing that oral health was not mentioned in the Programme budget 2018–2019. A global campaign to promote oral health under the leadership of WHO remained crucial to revitalizing integrated prevention measures and comprehensive patient-centred care strategies. The prevention of oral disease should be included on the agenda of the 2018 High-level Meeting and addressed in its outcome document. A global oral health action plan was also needed as part of efforts to combat noncommunicable diseases.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States, and the Director-General elect, to ensure adequate funding of WHO's work on noncommunicable diseases. In preparation for the third High-level Meeting, Member States were urged to attend the WHO Global Conference on Noncommunicable Diseases, to be held in Uruguay in October 2017. Stakeholders from sectors other than health, such as agriculture, commerce,

education, energy and transport, should participate in the High-level Meeting process with a view to identifying mutually beneficial and cost-effective solutions.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that she welcomed the draft updated Appendix 3 and, in particular, its emphasis on innovative interventions for the treatment of early-stage cervical, breast and colorectal cancer, and on palliative care. The update on the human papillomavirus vaccine, with its two-dose rather than three-dose recommendation, brought both cost savings and logistical simplifications to vaccination programmes. The updated recommendation on cervical cancer screening was also warmly welcome. She urged Member States to adopt an integrative approach to palliative care across noncommunicable diseases, HIV/AIDS and other health areas.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the recommendations contained in the draft updated Appendix 3 should be expanded to address more fully the underlying social determinants of health as well as ways to strengthen health systems. Appendix 3 should also include policy recommendations and specific tools to regulate transnational corporate actors within the alcohol, food and beverage industries. The proposed workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases should, moreover, seek to curb the practices by certain transnational corporations that undermined health. WHO could be protected from undue influence only if Member States provided the Organization with sufficient independent financing. The current 3% increase in assessed contributions should be seen as the first step towards reinvesting in WHO as the leading global public institution for health.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, and noting with regret that representatives of nongovernmental organizations had not been allowed to speak before the meeting of the informal drafting group, said that the global coordination mechanism on the prevention and control of noncommunicable diseases did not seem to be heeding the requirement, set out in WHO's Framework of Engagement with Non-State Actors, to exercise particular caution when engaging with private-sector entities whose activities were negatively affecting human health. The practice of encouraging non-State actors to submit actions through the mechanism should be discontinued, as WHO did not have the capacity to assure the quality of those actions or their conformity with WHO policy. She also called for consistent messaging, and stressed that too much emphasis on the importance of micronutrients could encourage corporations to make misleading nutritional claims to promote highly processed foods.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL said that WHO should take steps to ensure the affordability of basic and essential medicines to treat noncommunicable diseases. The WHO tools to promote affordability should be expanded to include such measures as monitoring drug prices, revenues and research and development costs at the Global Observatory on Health Research and Development, WHO work on fair pricing norms, creating mechanisms to expand access to the knowledge and technology needed to make affordable biological medicines, WHO prequalification of generic alternative drugs and vaccines, and finding new ways of delinking research and development costs from the prices of medicines.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that the draft updated Appendix 3 would be critical to empowering Member States to implement in-depth, strategic interventions to combat noncommunicable diseases, in line with the conditions in each country. He was keen to correct the impression that certain diseases, including oral diseases, were being neglected. Indeed, WHO was striving to combat and control all noncommunicable diseases. Noncommunicable diseases were widespread in both developing and developed countries; to reduce their prevalence, it was crucial to promote healthy lifestyles among populations. He acknowledged,

however, that national guidelines to promote healthy lifestyles were not always in line with WHO recommendations and that Member States were not compelled to follow WHO advice. He encouraged delegations to attend the WHO Global Conference on Noncommunicable Diseases, to be held in October 2017. Member States were also warmly invited to attend the Global Ministerial Conference on Tuberculosis, to be held in Moscow in November 2017, which would address tobacco control, nutrition and other factors that affected the prevalence of noncommunicable diseases.

**The Committee noted the report contained in document A70/27.**

The representative of NEW ZEALAND, speaking as the chairman of the informal drafting group, said after extensive discussion on the content of the draft updated Appendix 3, in which one country reserved its position, the consensus reached was to invite the Committee to approve the draft resolution contained in resolution EB140.R7 without amendment.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB140.R7.

**The draft resolution was approved.<sup>1</sup>**

The representative of the UNITED STATES OF AMERICA said that preventing and controlling noncommunicable diseases required a life course approach that used a combination of population-wide and individual interventions. That meant pursuing comprehensive, cost-effective and evidence-based strategies that, inter alia, made use of public-private and multisectoral partnerships. His Government could not endorse the updated Appendix 3 and dissociated itself from paragraph 1 of the resolution. Neither the global action plan nor its Appendix 3 created legal rights or obligations under international law, nor did they prejudice the sovereign rights of nations to determine their own national policies, including on taxation. His Government understood the updated Appendix 3 as a non-exhaustive menu of options, information and non-binding guidance for Member States to consider in developing strategies tailored to their national circumstances. His Government strongly supported many of the proposed interventions in the resolution but believed that the evidence underlying certain interventions was not yet sufficient to justify their inclusion. The proposed interventions should also reflect the fact that all foods could be part of an overall healthy diet.

The representative of ITALY, aligning herself with the statement delivered by the representative of the United States of America, said that prevention and control of noncommunicable diseases required multidisciplinary interventions targeting both the individual and the population as a whole. Interventions should be based on unambiguous scientific evidence and a voluntary approach taking into account national contexts, local traditions and the educational level of the population.

**Report of the Commission on Ending Childhood Obesity: implementation plan:** Item 15.5 of the agenda (document A70/31)

The CHAIRMAN drew attention to a draft decision proposed by the delegations of Ecuador, Ghana, Mexico and Monaco, which read:

The Seventieth World Health Assembly, having considered the report of the Commission on Ending Childhood Obesity: implementation plan,<sup>2</sup> decided:

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA70.11.

<sup>2</sup> Document A70/31.



- (1) to endorse the implementation plan<sup>1</sup> to guide further action on the recommendations included in the report of the Commission on Ending Childhood Obesity;
- (2) to recommend that Member States develop national responses to end childhood obesity and adolescent obesity, taking into account the implementation plan;
- (3) to request the Director-General to report to the Seventy-third World Health Assembly on progress made towards ending childhood obesity and adolescent obesity, as well as on progress made in implementing the plan.

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

<b>Decision:</b>	Report of the Commission on Ending Childhood Obesity: implementation plan
<b>A. Link to the general programme of work and programme budget</b>	
<b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b>	<p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> Outcomes of category 2, programme area noncommunicable diseases.</p> <p><b>Programme budget 2016–2017 output(s):</b> Output 2.1.1. Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated; Output 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants; Output 2.1.3. Countries enabled to improve health care coverage for the management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems; Output 2.1.4. Monitoring framework implemented to report on the progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and in the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020.</p>
<b>2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b>	Not applicable.
<b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b>	<p>It is proposed to implement the decision from January 2018 to December 2023.</p> <p>The Secretariat will lead coordination of the development of a monitoring and evaluation framework to enable periodic reporting on global progress on the implementation of recommendations of the Commission on Ending Childhood Obesity and to provide guidance to Member States on the development and strengthening of national-level monitoring, evaluation and accountability. These activities would be carried out during the biennium 2018–2019.</p> <p>A set of relevant policy briefs and implementation guides will be developed and disseminated to support</p>

<sup>1</sup> See document A70/31, Annex.

capacity-building at regional and country offices in 2018–2019. This will enhance support for Member States' implementation of existing and new innovative approaches to tackle childhood obesity. Technical work will be conducted to close the gaps in knowledge and practice on methods and monitoring systems to measure key behaviours and body weight in children aged under 5 years and those aged 5–17 years. Technical support and capacity-building through regional hubs and networks will be established in 2018–2019.

## **B. Budgetary implications**

### **1. Estimated total cost to implement the decision if adopted, in US\$ millions:**

US\$ 12.61 million.

### **2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:**

None.

### **2.b. Resources available during the current biennium**

#### **– Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:**

Zero.

#### **– Extent of any financing gap, in US\$ millions:**

Zero.

#### **– Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:**

Not applicable.

### **3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:**

Level	Staff	Activities	Total
Country offices	0.2	0.3	0.5
Regional offices	0.3	0.5	0.8
Headquarters	1.1	1.6	2.7
<b>Total</b>	<b>1.6</b>	<b>2.4</b>	<b>4.0</b>

#### **Has this been included in the Proposed programme budget 2018–2019?**

Yes.

### **4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:**

Estimated budget requirements for implementation of the recommendations of the Commission on Ending Childhood Obesity in biennium 2020–2021 are US\$ 4.2 million and in biennium 2022–2023 are US\$ 4.41 million, each with a 5% increase each biennium from that of 2018–2019. These estimated budget requirements will be taken into account during subsequent proposed programme budgets. Allocations would support continued assessment of global and national progress on implementation of the recommendations of the Commission on Ending Childhood Obesity and providing technical support and guidance to Member States.

The representative of GHANA said that interventions to combat childhood obesity must take into consideration both the obesogenic environment in which children lived, in terms of their diets and physical activity, as well as early-life influences on health. No single intervention could halt the rise in obesity; comprehensive packages of interventions were therefore required. Those interventions would improve the health and well-being of children and would also enhance maternal health and help to reduce the prevalence of noncommunicable diseases.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, said that higher taxes on sugar-sweetened beverages would reduce sugar consumption and generate revenue for health-related initiatives. Further efforts were needed to implement resolution WHA69.9 (2016) on ending inappropriate promotion of foods for infants and young children and ensure compliance with the International Code of Marketing of Breast-milk Substitutes. A system to monitor and evaluate the work of the Commission on Ending Childhood Obesity should be integrated into national frameworks on noncommunicable diseases. While supporting the draft implementation plan and the draft decision, she suggested that paragraph 3 should be amended; that amended paragraph should request the Director-General to align the timeline for regular reporting on the implementation plan with the global action plan for the prevention and control of noncommunicable diseases 2013–2020, the Indicators and Monitoring Framework for the Sustainable Development Goals, the comprehensive implementation plan on maternal, infant and young child nutrition, WHO's global nutrition targets for 2025, resolutions WHA69.9 (2016) and WHA66.10 (2013), and the Framework for Action of the Second International Conference on Nutrition.

The representative of MALTA, speaking on behalf of the European Union and its Member States, supported the draft decision, including the amendment proposed by the representative of Thailand.

The representative of the UNITED STATES OF AMERICA said that new tools, interventions, approaches and partnerships were needed to tackle childhood obesity. He supported the goals of preventing and tackling childhood obesity but was concerned by the report's use of prescriptive language in its framing of certain proposed actions. Framing recommendations as steps that Member States could consider rather than as steps to be taken by Member States would reflect better their voluntary nature and acknowledge variations in national policy-making. He proposed that paragraph 2 of the draft decision should be amended to read: "to recommend that Member States develop national strategies to end childhood obesity, taking into account recommendations in the implementation plan among other evidence-based policy measures and interventions." He also proposed that paragraph 3 should be amended to read: "to request the Director-General to report to the Seventy-third World Health Assembly on progress made towards ending childhood obesity and on national experiences with implementing strategies to end childhood obesity, including the recommendations of the plan as appropriate."

The representative of the RUSSIAN FEDERATION said that childhood obesity rates had not risen in the Russian Federation in recent years. Her country had adopted legislation on nutritional standards, provided medical and psychological support to children who were obese, supported scientific research on obesity and had launched a national programme to promote healthy diets and lifestyles.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that African Member States needed to draw up strategies to combat childhood obesity. To address the challenge posed by childhood obesity, a multisectoral approach was needed. Governments, nongovernmental organizations and the private sector had a responsibility to raise awareness of the importance of nutrition, promote high-quality physical education and combat sedentary lifestyles. He would submit proposed amendments to the draft decision to the informal working group.

The representative of LITHUANIA asked the Commission to provide governments with further guidance on cost-effective ways to reduce childhood obesity, particularly in view of the resistance displayed by certain food industry and media stakeholders to interventions to combat that scourge. Mandatory international limits on the fat, sugar and salt content of foods were needed, and the labelling and advertising of food products that were marketed, primarily, to children must also be strictly controlled. Guidelines on physical education in schools would also be welcome.

The representative of VIET NAM welcomed the fact that the report underscored the importance of taking into consideration the particular circumstances of countries, including their levels of development and policy-making and regulatory frameworks. The Secretariat should support Member States in the development of laws and policies to prevent the inappropriate marketing of unhealthy foods and non-alcoholic beverages. Member States must balance actions on undernutrition with those on overnutrition. The Secretariat should help Member States to develop sustainable financing mechanisms to fund promotive, preventive and curative interventions on childhood obesity.

The representative of TUVALU, speaking on behalf of the Member States of the Western Pacific Region, welcomed the draft implementation plan, which would help Member States to develop country-specific policies. The Member States of the Region wished to join the list of sponsors of the draft decision.

The representative of QATAR supported the draft implementation plan and underscored the importance of involving all relevant stakeholders, including ministries of youth and sport and local authorities, in efforts to combat childhood obesity. The private sector and nongovernmental organizations could also play a key role in that area. The Secretariat should provide further support to Member States' initiatives to end childhood obesity, including their efforts to engage with the food industry to encourage them to produce healthier foods.

The representative of the REPUBLIC OF KOREA said that all Member States must formulate and implement childhood obesity prevention and control measures at the earliest opportunity. Her Government had already taken a number of measures to combat obesity among children and adolescents, and was working with beverage manufacturers to reduce the sugar content of soft drinks. She supported the draft implementation plan and underscored that her country would comply fully with recommendations of the Commission.

The representative of INDIA supported the recommendations of the Commission and welcomed the draft implementation plan, but stressed that strategies to fight childhood obesity must not increase the risk of undernutrition. There had been little focus on the fact that private-industry stakeholders promoted unhealthy foods and encouraged harmful eating patterns among young children and adolescents, and action must be taken to combat those activities. Conflicts of interest must not be allowed to undermine the objectivity of food and nutrition-related decision-making bodies. The promotion of ready-to-use nutritionally fortified foods instead of locally available nutrient-rich foods in early childhood and at school could establish harmful consumption patterns among children. It was imperative that Member States took appropriate legislative and regulatory steps to promote the availability of healthy, nutritious food. He supported the draft decision, together with the amendment proposed by the representative of Thailand.

The representative of the PHILIPPINES fully supported the draft implementation plan and the adoption of a cross-cutting and life course approach to obesity that focused on improving health education and creating a healthy food environment. She commended efforts to align relevant programmes on mother and child health with programmes to combat noncommunicable diseases. Taking action to tackle childhood obesity would improve children's long-term health.

The representative of BAHRAIN said that her Government attached great importance to ending childhood obesity and was taking determined action to improve child nutrition and strengthen the country's legislation on food marketing. The increasing prevalence of childhood obesity was a matter of great concern, and additional preventive measures were needed to address that scourge. Furthermore, additional resources should be allocated at all three levels of the Organization to support efforts to combat obesity. Multisectoral plans, programmes and policies to address obesity involving the health, trade and industrial sectors were also crucial. She supported the draft implementation plan.

The representative of CANADA said that childhood obesity was a top public health priority, welcomed efforts to coordinate action at the global and national levels to address that phenomenon and her country wished to join the list of sponsors of the draft decision. In 2016, her Government had adopted a policy agenda to address many of the Commission's recommendations on nutrition, the food environment and physical activity, and would share information with Member States as policies were designed and implemented. In that regard, she called on other Member States to share their experiences of implementation and evaluation with a view to enhancing global knowledge of childhood obesity issues. Childhood obesity rates were stabilizing in Canada but the number of children who were overweight was still a matter of concern, and the success of initiatives to prevent weight gain varied among population subgroups. She therefore strongly supported the assertion made in the report that the recommendations were designed to allow countries to assess which of the proposed interventions were most useful in their particular settings. Population-based approaches tailored to local contexts were an important component of effective public health programming. She highlighted the role of the Codex Alimentarius Commission as the relevant standard-setting body for food safety and quality standards, and stressed that its guidelines, standards and recommendations could help Member States to implement many of the Commission's recommendations in areas such as food labelling and nutrition in a manner that was consistent with WTO agreements.

The representative of CHINA endorsed the report's assessment of childhood obesity worldwide and appreciated the Secretariat's efforts to end that global epidemic. He supported the guiding principles and action framework provided in the draft implementation plan and believed that the six recommendations would support countries' efforts to curb childhood obesity. Multiple stakeholders had to be involved in that endeavour, which presented challenges for cross-sectoral cooperation. To facilitate progress towards ending childhood obesity, WHO should strengthen its collaboration with relevant international organizations and provide financial and technical support for prevention and control initiatives, particularly in developing countries.

The representative of SLOVAKIA said that food reformulation was one of the most effective ways of reducing the consumption of saturated fats, sugar, salt and other food ingredients that could lead to weight gain. She also called on the international community to promote physical activity. Population-based obesity monitoring and national recommendations on physical activity and nutrition were vitally important. Her Government would support research that was free from commercial interests with a view to strengthening policy implementation. She supported the draft implementation plan.

The representative of BANGLADESH said that her Government was working to develop responses in line with the six recommendations of the Commission. To combat childhood obesity, the Director-General should work with Member States, other United Nations entities and non-State actors, which all had a critical role to play in ensuring that future generations lived healthy lives.

The representative of TURKEY welcomed the work of the Secretariat on childhood obesity, which was an important risk factor for noncommunicable diseases. Although her Government had been working for some years to tackle the problem, rates of childhood obesity were rising in Turkey. She strongly supported the draft implementation plan, which she believed would facilitate comprehensive, integrated and multisectoral action by governments.

The representative of MEXICO said that interventions on childhood obesity should address obesogenic environments and take a life course approach. Mexico had launched a national strategy to prevent and control obesity and diabetes that promoted healthy eating and physical activity. Her Government endorsed the draft implementation plan and supported the draft decision, including the amendment proposed by the representative of Thailand.

The representative of ZIMBABWE supported the draft implementation plan, which would give further impetus to the work already undertaken in her country to combat childhood and adolescent obesity. To that end, her Government had sought to educate children in primary and secondary schools, as well as their parents, about the importance of healthy lifestyles, good nutrition, regular medical check-ups and physical exercise.

The representative of ECUADOR, speaking on behalf of the Member States of the Region of the Americas, welcomed the draft implementation plan and the recommendations contained in the report. Childhood obesity was reaching epidemic proportions in the Region and it was impossible to exaggerate the importance of regional and global cooperation, including through technical support and capacity-building in low- and middle-income countries, to address that issue. It was, moreover, crucial to adopt comprehensive approaches for fighting obesity throughout the life course. Moving from policy to action to combat childhood obesity required a concerted effort and the active participation of all sectors of society at the local, national, regional and international levels, including private-sector stakeholders, with due attention to be given to conflicts of interest. There was no “one size fits all” set of interventions that were appropriate for all Member States. WHO should continue its work to identify best practices and evidence-based interventions, and seek to develop appropriate tools to monitor the implementation and impact of interventions. Better data on factors that led to obesity and potential interventions to combat that phenomenon were needed. WHO and other United Nations entities should, moreover, seek to avoid duplication of effort and enhance the coherence of their work in that area.

The representative of the DOMINICAN REPUBLIC said that his Government agreed with WHO’s approaches and recommendations for tackling obesity. Effective implementation of the recommendations would require political commitment and leadership as well as capacities to deliver the required interventions and the monitoring of stakeholders to ensure that they shouldered their responsibilities. As part of its multisectoral approach, his Government had set up intersectoral committees tasked with preventing childhood and adolescent obesity and reducing the intake of unhealthy foods; it had also entered into agreements with the Ministry of Sport and local councils to promote physical exercise and create exercise facilities, and brought nutritional regulations into line with the PAHO Nutrient Profile Model. His country had also drafted legislation to improve the regulation of sugar-sweetened and energy drinks.

The representative of the UNITED REPUBLIC OF TANZANIA said that obesity among children and women of reproductive age was a growing problem. He recognized that tackling childhood obesity required a multidimensional and multisectoral approach and a comprehensive package of interventions. The Tanzanian Ministry of Health had drawn up national action plans to address maternal and child nutrition and set up facilities in schools and public spaces to promote physical exercise and healthy eating, with physical education and nutrition forming part of the curriculum. Exclusive breastfeeding was being promoted as part of an integrated approach to maternal and child health care services. He looked forward to further recommendations on ways to strengthen current efforts to end childhood obesity.

The representative of INDONESIA said that the prevalence of childhood obesity, caused by sedentary lifestyles and a shift towards unhealthy diets, was a pressing issue in Indonesia. While a ministerial decree had recently been issued to limit salt, sugar and fat in processed and fast foods, a comprehensive multisectoral approach and collective actions were needed in order to tackle under- and overnutrition simultaneously. There were benefits to adopting a life course approach and preventing obesity early on, and even before conception. Given that many Member States were behind in achieving global nutrition targets, she expressed strong support for the draft implementation plan, which would help Member States to take action and develop policies and strategies based on their

country's context. More technical assistance from the Secretariat to help to strengthen countries' capacity to combat childhood obesity was also of utmost importance.

The representative of PARAGUAY said that the report would facilitate the implementation and monitoring of action to prevent and control obesity, and she agreed with the approaches and recommendations included in the draft implementation plan. Her Government had developed a national obesity prevention plan, with targets and actions in areas such as regulation, health and monitoring. The plan was based on a life course approach and aimed to tackle obesity by promoting healthy lifestyles from childhood. In order to improve public health and reduce inequalities, all levels of government needed to be involved, and public health issues should be incorporated into all policies at all levels. Strong intersectoral structures, government leadership and a sustainable funding plan were also essential.

The representative of TUNISIA said that obesity, particularly among children and adolescents, was a significant and growing public health concern in her country. The national strategy on obesity, implemented in 2010, would be evaluated by her Government later that year. She expressed support for all of the measures and interventions contained in the report; the draft implementation plan's integrated life course approach would be essential in tackling childhood obesity and improving quality of life. She nevertheless highlighted the importance of including social determinants in the plan.

The representative of the UNITED ARAB EMIRATES, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the report and the draft implementation plan, which would be helpful to all Member States. Childhood obesity had reached epidemic proportions in the Eastern Mediterranean Region and all the countries of the Region accorded great importance to addressing it. Her Government had put in place various measures to do so and adopted a national framework to combat childhood obesity. She called on the Organization to promote the adoption of legislation to regulate the marketing of breast-milk substitutes and to tackle misconduct in national food procurement and supply, and to give greater attention to ways to strengthen food systems and promote healthy diets throughout the life course, focusing, in particular, on strategies for reducing sugar consumption. More guidance was needed on how to mobilize non-health sector policy-makers to implement existing programmes and policy recommendations on promoting a healthy diet and physical activity.

The representative of BOTSWANA welcomed the report, the draft decision and the draft implementation plan, particularly its guiding principles. The plan would help Member States to accelerate and strengthen efforts to end childhood obesity. WHO, however, urgently needed to work with the identified stakeholder groups in order to meet the technical and financial needs of Member States. Her Government, which experienced problems of childhood obesity primarily in urban areas, was conducting a national demographic health survey to gather more data on children's weights. It had also initiated a series of broad-based interventions, including regulations on the marketing of food for infants and young children, a national nutrition strategy, a revision of the infant and young child feeding policy and domestic application of the International Code of Marketing of Breast-milk Substitutes. Her Government would continue to work towards achieving the global targets of the Sustainable Development Goals and the target of no increase in childhood overweight by 2025.

The representative of NEW ZEALAND expressed pride that her Government's chief science advisor was one of the co-chairs of the Commission on Ending Childhood Obesity. Commending the Secretariat for its work, she expressed appreciation that the draft implementation plan would allow countries to assess which package of interventions was most appropriate to their context. Her Government's childhood obesity plan brought together government agencies, the private sector, communities, school and families and included targeted interventions for obese children, support for those at risk of becoming obese and actions to facilitate healthy lifestyles.

The representative of MALAYSIA said that he endorsed the draft implementation plan and his country wished to join the list of sponsors of the draft decision. However, the plan's monitoring and accountability component needed to be developed further. A comprehensive national monitoring framework could be created based on existing indicators and frameworks, and the Secretariat should help Member States to develop an evaluation framework based on their needs and context as part of a second phase. Furthermore, while the focus on lifestyle interventions before conception and in early pregnancy was important, interventions in that area would be challenging to implement, particularly where resources were limited. His Government was currently evaluating a complex preconception intervention, the outcomes of which should contribute to the knowledge base in that area.

The representative of ESTONIA said that the increase in the proportion of overweight and obese children in Estonia and other countries was of particular concern. She welcomed the detailed recommendations in the implementation plan, particularly the need to promote physical activity and a healthy diet throughout the life course, including during pregnancy. While some of the recommendations had been or were being implemented in Estonia, more work needed to be done. A policy paper on nutrition and physical activity was being drafted, and a draft law that would impose taxes on sugar-sweetened beverages was under discussion in parliament and had triggered a debate of the issue in the media and among the public. A collaborative and comprehensive approach to tackling childhood obesity was needed throughout the United Nations system, and all regional offices should be involved in the implementation process. A robust global monitoring and evaluation framework would make it possible to monitor progress and identify any shortcomings. She expressed support for the draft decision and asked for her country to be added to the list of sponsors.

The representative of AUSTRALIA said that childhood obesity was an issue of serious concern for Australia and the wider region. Encouraging healthy behaviours to prevent obesity was a complex challenge that required a multisectoral, community-wide and evidence-based approach. Australia's action in that regard focused on promoting healthy lifestyles, physical activity and good nutrition. Australia expressed support for the draft implementation plan's flexible approach, which would allow Member States to assess which package of interventions was best suited to their particular country contexts, and noted that, in order to have a positive impact, the proposed policy options needed to be implemented as part of a broad package of measures. Australia endorsed the current draft decision but stood ready to work with other representatives in order to finalize the text, taking into account the proposed amendments.

The representative of IRAQ highlighted the measures adopted by his Government, which included encouraging breastfeeding, ensuring that hospitals were child- and mother-friendly, implementing programmes to promote the healthy development of children, implementing capacity-building and awareness-raising initiatives, encouraging the participation of civil society in efforts to combat childhood obesity, and making effective use of the assistance provided by WHO and other international organizations to achieve that objective.

The representative of MONACO said that as obesity had become a source of concern, her Government had taken measures aimed at providing pregnant women with information and advice on breastfeeding and promoting the benefits of healthy diets and of regular exercise in schools.

The representative of CHILE said that the draft implementation plan offered appropriate guidance for Member States. Her Government had made legislative changes to restrict the availability of unhealthy foods and make healthy foods more readily available. Actions included introducing food labelling, regulating food advertising, modifying preschool and school nutritional programmes and promoting breastfeeding. The PAHO Nutrient Profile Model facilitated implementation of such policies. Gender should be taken into consideration in the design, implementation and evaluation of public health measures to address children's everyday nutritional environment, in order to prevent



excessive responsibility being placed on women, and mothers in particular. Attention should, moreover, be given to the promotion of social equality when encouraging changes to the nutritional environment. Frameworks to help Member States to monitor and evaluate their policies to combat childhood obesity were also needed.

The representative of PANAMA said that the sedentary lifestyle prevalent among children was responsible for the growing childhood obesity problem. A recent report by the Inter-American Development Bank had stated that in some countries more than 30% of children and adolescents were obese. Poor nutrition, lack of physical exercise and large amounts of screen-time were challenges that needed to be addressed. The health-related consequences of childhood and adolescent obesity were multiple, and unhealthy lifestyles posed a complex public health challenge that required a comprehensive and intersectoral response. The regulatory and policy measures proposed in the draft implementation plan would facilitate healthy eating. She asked for her country to be added to the list of sponsors of the draft decision.

The representative of BRAZIL said that he endorsed the draft implementation plan and wished his country to be added to the list of sponsors of the draft decision. He supported the amendments proposed by the representative of Thailand. The plan was an essential tool for guiding Member States and other stakeholders in their actions to address the challenges of malnutrition. His Government was fully committed to: providing healthier school meals; educating children, teachers, health workers and the general public on nutrition; and increasing public procurement of food from family farmers. In March 2017, his Government had hosted a regional meeting to discuss public policies to tackle childhood obesity, and Brazil had been the first country to make specific commitments in the Decade of Action on Nutrition. Going forward, WHO should develop a monitoring and evaluation mechanism for the plan, including targets and indicators.

The representative of NIGER said that in keeping with his Government's international commitments, a national policy on nutritional security had been developed to promote a multisectoral approach in the fight against malnutrition, in all its forms. He expressed his support for the draft implementation plan and urged WHO and FAO to assist Member States in developing and implementing strategies to tackle all forms of malnutrition, in keeping with the goal of the Decade of Action on Nutrition.

The representative of COLOMBIA said that his Government had implemented a number of preventive measures to reduce obesity, particularly among children and adolescents, including in areas such as advertising and healthy eating in schools. Although a tax on sugar-sweetened beverages had not been approved by Colombia's legislative authorities, a forum should be established to consider that issue, and he urged Member States that had introduced such a tax to share their data and experiences in that regard. He expressed support for the draft implementation plan and interest in moving forward with the creation of a framework convention on obesity control. The plan, if taken together with other regional and international initiatives, would help to raise global awareness of childhood obesity and reduce its impact on quality of life and health, as well as on productivity. Social mobilization strategies also needed to be strengthened. Interventions to promote healthy eating should be broader in scope and encourage increased consumption of fresh, natural, locally sourced foods.

The representative of JAPAN emphasized that actions to address childhood obesity should be taken in collaboration with partners in a range of fields and in line with existing programmes on nutrition and noncommunicable diseases. Although she welcomed the recommendations contained in the draft implementation plan on monitoring and evaluation and the logic model for childhood obesity prevention interventions, the indicators for the evaluation of the outputs and the outcomes provided in the logic model were inadequate; better indicators were needed before monitoring was carried out on a global scale. In that connection, she emphasized that good indicators were essential to the success of

the implementation plan. She also asked for detailed clarification of recommendations 1.6 and 1.7. The Secretariat should lead efforts to engage relevant sectors and to develop an evaluation framework that could be used in multiple fields to promote the full implementation of the draft implementation plan.

The representative of ZAMBIA said that childhood obesity in his country had remained constant at 1% since 1992. It seemed likely, however, that, given Zambia's rapidly growing middle class, the situation would deteriorate: immediate action to address childhood obesity was therefore needed. There was a need for interventions that emphasized the child's right to health and were based on a whole-of-government, whole-of-society approach that promoted universal health coverage.

The representative of SAUDI ARABIA said that she deeply appreciated WHO's work to reduce childhood obesity and welcomed the report, especially since childhood obesity rates were increasing rapidly worldwide and would increase the prevalence of noncommunicable diseases in the future. It was essential to adopt regulations and standards on the marketing of food and beverages that contained high levels of sugar, salt and fat. She emphasized the importance of making children aware of the importance of a healthy diet and exercise in order to promote the health of future generations.

The representative of ARGENTINA said that she shared the concern about the increasing prevalence of obesity and took note of the Commission's recommendations, particularly about making the environment healthier. The recommendations were clear and specific but flexible enough to be adaptable to particular contexts. In that regard, she underscored that Member States, which bore the primary responsibility for ensuring the health of their populations, faced different problems in relation to the various forms of poor nutrition. Her Government was taking action to address childhood obesity in line with the Commission's recommendations and appreciated the draft implementation plan, which would help to strengthen the overall response to that challenge.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA stressed that Member States must adopt the International Code of Marketing of Breast-milk Substitutes to ensure that commercial interests did not undermine efforts to promote breastfeeding. Her government had strengthened the regulations of the labelling of sugar-sweetened beverages, was promoting physical activity and had adopted a national plan to combat obesity. Her country had also enacted legislation to promote breastfeeding and the consumption of healthy food.

The representative of KENYA said that, while there had been an overall improvement in the nutritional status of children aged under 5 years in his country, the proportion of obese children and young adults was rising rapidly. He called for a comprehensive approach to promote implementation of the Commission's recommendations and a life course approach that empowered individuals, families and communities to make the right choices on nutrition. WHO should continue to play a leading role in the provision of technical support and the dissemination of data and educational materials to counter myths and misconceptions about nutrition. He also called for technical support to facilitate knowledge transfer on legislation, tax measures and the regulation of sugar-sweetened beverages, trans-fats and other energy-dense foods. The private sector had made positive contributions to the prevention and treatment of obesity and noncommunicable diseases, but he called for more robust monitoring and accountability frameworks to guide Member States when implementing their public health policies on unhealthy foods and beverages, so as to protect those policies from commercial and other vested interests. He fully supported the draft implementation plan.

The representative of BARBADOS said that overweight and obesity affected both young children and adults across all economic groups in her country. She endorsed the draft implementation plan and highlighted the fact that many of the recommendations it contained had already been incorporated into her country's National Plan of Action for Childhood Obesity Prevention and

Control. She requested further technical and financial assistance to facilitate her country's efforts to update and implement the Plan of Action.

The representative of URUGUAY welcomed the Commission's report on what had become a global public health challenge. Her country was developing a series of policies to combat child obesity that were in line with the recommendations of the Commission, and was seeking, *inter alia*, to raise public awareness of the importance of healthy diets and physical exercise, promote breastfeeding, and improve the labelling of food and beverages. Uruguay had also adopted legislation on healthy school meals. She supported the draft decision.

The representative of BURKINA FASO said that tackling noncommunicable diseases required, first and foremost, the prevention of childhood obesity, which would become a significant problem in her country if no action was taken. Although undernutrition was prevalent in her country, 2% of children aged under 5 years were overweight. Her Government had therefore drawn up a multisectoral strategic plan to improve nutrition. It was also endeavouring to increase the proportion of exclusively breastfed babies and improve maternal nutrition. Her Government would require support to continue its activities to prevent all forms of malnutrition.

The observer of PALESTINE said that he supported the statement delivered by the representative of the United Arab Emirates on behalf of the Member States of the Eastern Mediterranean Region and welcomed the draft implementation plan. His Government had taken action against childhood obesity through awareness-raising campaigns that encouraged physical activity and healthier diets. He called for the provision of technical and financial assistance to help Member States to combat obesity.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that all countries, including those in which undernutrition was common, should prioritize the prevention and control of childhood obesity. Governments and societies had a moral and legal responsibility to prevent and control childhood obesity and promote child health. The Secretariat must provide support to Member States, especially those with growing economic and health inequities, to integrate interventions on childhood obesity into existing national policies. Her organization strongly supported the adoption of a life course approach, in that regard, and particularly welcomed Recommendation 3 of the Commission. Nurses could support the implementation of that recommendation, *inter alia*, by ensuring that future mothers maintained their health before and during pregnancy, encouraging mothers to breastfeed, advising parents on infant and child nutrition and helping children to acquire healthy lifestyle behaviours. Since nurses worked in a variety of settings outside the health care sector, they were well placed to support interventions in other sectors. Nurse leaders could also advocate for policies to combat childhood obesity at all levels of government and across government sectors.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that further multisectoral and collaborative action was needed to tackle childhood obesity. WHO must provide technical support and engage with civil society to achieve that objective. Member States should develop population-based approaches to combat obesity, impose a sugar tax and limit the accessibility of unhealthy foods and beverages in educational and health care facilities as well as the promotion of those foods and beverages in the media. The Association supported the adoption of a holistic approach that took account of common risk factors and social determinants of health. The Association supported the draft implementation plan.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that her organization was pleased that the Commission had taken on board many of her organization's suggestions, including the recognition of breastfeeding and

the introduction of appropriate complementary foods as important factors in obesity prevention. Member States had a responsibility to curb misleading marketing for breast-milk substitutes and ensure that mothers did not face obstacles that prevented them from breastfeeding. It was regrettable that Recommendation 4 of the Commission did not mention the obligation of Member States to provide mothers with accurate and unbiased information and counselling from the start of their pregnancy, including on the continuation of breastfeeding up to two years or beyond. States should also grant working mothers a minimum of six months' maternity leave after delivery. She was pleased that Recommendation 5 of the Commission warned against the risks of corporate sponsorship and the need for conflict of interest safeguards.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the proposed interventions, including those related to nutrient profiling, advertisement bans, sugar taxes and facilities for physical activity. A sugar tax, however, should be accompanied by measures that promoted alternative sources of affordable and nutritious foods, and the proceeds from a sugar tax should be ring-fenced and used to subsidize those foods. The draft implementation plan could only achieve its aims if it was recognized as a binding international treaty. Giving it treaty status would ensure that Member States had the necessary mandate to implement interventions effectively and help them to counter the opposition of certain corporations to some of the interventions. It was particularly important that nutrient profiling, food labelling and taxation of sugar-sweetened beverages were all addressed in such a treaty. Member States should support the draft implementation plan.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) said that it was paradoxical that the international community was, simultaneously, taking steps to address both undernutrition and obesity. A new approach that addressed all aspects of nutrition was needed and efforts should be taken to avoid any duplication effort in related policies on obesity. Within its available resources, the Secretariat would continue to provide assistance to countries to help them to combat childhood obesity, and particularly to developing countries, and would continue to pay special attention to Member States in which childhood obesity had reached critical levels, including some small island States in the Pacific and the Caribbean. It was, however, also important to help countries in which the prevalence of obesity was on the rise but had not yet reached critical levels. In addition to obesity caused by poor diet and lack of exercise, efforts were also needed to address obesity resulting from disorders of the endocrine system.

(For continuation of the discussion and approval of the draft decision, see the summary records of the eighth meeting.)

**The meeting rose at 12:55.**

## **EIGHTH MEETING**

**Tuesday, 30 May 2017, at 14:40**

**Chairman:** Dr SLAMET (Indonesia)  
**later:** Dr M. JOSEPH (Antigua and Barbuda)

**NONCOMMUNICABLE DISEASES:** Item 15 of the agenda (continued) [transferred from Committee A]<sup>1</sup>

**Cancer prevention and control in the context of an integrated approach:** Item 15.6 of the agenda (document A70/32)

The CHAIRMAN drew attention to a draft resolution on cancer prevention and control in the context of an integrated approach proposed by the delegations of Brazil, Canada, Colombia, Costa Rica, France, Netherlands, Nigeria, Panama, Peru, Russian Federation, Thailand and Zambia, which read:

The Seventieth World Health Assembly,

**PP1** Having considered the report on cancer prevention and control in the context of an integrated approach;<sup>2</sup>

**PP2** Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

**PP3** Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

**PP4** Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

**PP5** Noting that risk reduction has the potential to prevent around half of all cancers;

**PP6** Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

**PP7** Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

**PP8** Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment including surgery by strengthening national health systems and international cooperation, including human resources, with the

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<sup>1</sup> See the summary records of the General Committee, second meeting, section 3.

<sup>2</sup> Document A70/32.

ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

**PP9** Recalling resolution WHA58.22 (2005) on cancer prevention and control;

**PP10** Recalling also United Nations General Assembly resolution 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which includes a road map of national commitments from Heads of State and Government to address cancer and other noncommunicable diseases;

**PP11** Recalling further resolution WHA66.10 (2013) endorsing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, which provides guidance on how Member States can realize the commitments they made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including those related to addressing cancer;

**PP12** Recalling in addition United Nations General Assembly resolution 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which sets out the continued and increased commitments that are essential in order to realize the road map of commitments to address cancer and other noncommunicable diseases included in the of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including four time-bound national commitments for 2015 and 2016;

**PP13** Mindful of the existing monitoring tool that WHO is using to track the extent to which its 194 Member States are implementing these four time-bound commitments to address cancer and other noncommunicable diseases, in accordance with the technical note<sup>1</sup> published by WHO on 1 May 2015 pursuant to decision EB136(13) (2015);

**PP14** Mindful also of the WHO Framework Convention on Tobacco Control;

**PP15** Also mindful of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third, and target 3.8 on achieving universal health coverage;

**PP16** Appreciating the efforts made by Member States<sup>2</sup> and international partners in recent years to prevent and control cancer, but mindful of the need for further action;

**PP17** Reaffirming the global strategy and plan of action on public health, innovation and intellectual property;

**PP18** Reaffirming the rights of Member States to the full use of the flexibilities in the WTO Agreement on Trade-related Aspects of the Intellectual Property Rights (TRIPS) to increase access to affordable, safe, effective and quality medicines, noting that, inter alia, intellectual property rights are an important incentive in the development of new health products;

**OP1** URGES Member States,<sup>2</sup> taking into account their context, institutional and legal frameworks, as well as national priorities:

- (1) to continue to implement the road map of national commitments for the prevention and control of cancer and other noncommunicable diseases included in United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and 68/300 (2014) on the Outcome document of the high-level meeting of the

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<sup>1</sup> Available at <http://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1> (accessed 19 May 2017).

<sup>2</sup> And, where applicable, regional economic integration organizations.

General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases;

(2) to also implement the four time-bound national commitments for 2015 and 2016 set out in the Outcome document, in preparation for a third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018, taking into account the technical note published by WHO on 1 May 2015, which sets out the progress indicators that the Director-General will use to report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments, including those related to addressing cancer, taking into account cancer-specific risk factors;

(3) to integrate and scale up national cancer prevention and control as part of national responses to noncommunicable diseases, in line with the 2030 Agenda for Sustainable Development;

(4) to develop, as appropriate, and implement national cancer control plans that are inclusive of all age groups; that have adequate resources, monitoring and accountability; and that seek synergies and cost-efficiencies with other health interventions;

(5) to collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer type, including measurements of inequalities, through population-based cancer registries, household surveys and other health information systems in order to guide policies and plans;

(6) to accelerate the implementation by States Parties of the WHO Framework Convention on Tobacco Control; and, for those Member States that have not yet done so, to consider acceding to the Convention at the earliest opportunity, given that the substantial reduction of tobacco use is an important contribution to the prevention and control of cancer; and to act to prevent the tobacco industry's interference in public health policy for the success of reducing the risk factors of noncommunicable diseases;

(7) to promote the primary prevention of cancers;

(8) to promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules, based on country epidemiological profiles and health systems capacities, and in line with the immunization targets of the global vaccine action plan;

(9) to develop, implement and monitor programmes, based on national epidemiological profiles, for the early diagnosis of common cancers, and for screening of cancers, according to assessed feasibility and cost-effectiveness of screening, and with adequate capacity to avoid delays in diagnosis and treatment;

(10) to develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care;

(11) to collaborate by strengthening, where appropriate, regional and subregional partnerships and networks in order to create centres of excellence for the management of certain cancers;

(12) to promote recommendations that support clinical decision-making and referral based on the effective, safe and cost-effective use of cancer diagnostic and therapeutic services, such as cancer surgery, radiation and chemotherapy, and facilitate cross-sectoral cooperation between health professionals, as well as the training of personnel at all levels of health systems;

(13) to mobilize sustainable domestic human and financial resources and consider voluntary and innovative financing approaches to support cancer control in order to promote equitable and affordable access to cancer care;

(14) to promote cancer research to improve the evidence base for cancer prevention and control, including on health outcomes, quality of life and cost-effectiveness;

- (15) to provide pain relief and palliative care in line with resolution WHA67.19 (2014) on the strengthening of palliative care as a component of comprehensive care throughout the life course;
- (16) to anticipate and promote cancer survivor follow-up, late effect management and tertiary prevention, with the active involvement of survivors and their relatives;
- (17) to promote early detection of patients' needs and access to rehabilitation, including in relation to work, psychosocial and palliative care services;
- (18) to promote and facilitate psychosocial counselling and after-care for cancer patients and their families, taking into account the increasingly chronic nature of cancer;
- (19) to continue fostering partnerships between government and civil society, building on the contribution of health-related nongovernmental organizations and patient organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care of cancer, including palliative care;
- (20) to work towards the attainment of Sustainable Development Goal 3, target 3.4, reiterating the commitment to reduce, by 2030, premature mortality from cancer and other noncommunicable diseases by one third;
- (21) to promote the availability and affordability of quality, safe and effective medicines (in particular, but not limited to, those on the WHO Model List of Essential Medicines), vaccines and diagnostics for cancer;
- (22) promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of cancers including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

**OP2 REQUESTS the Director-General:**

- (1) to develop or adapt stepwise and resource-stratified guidance and tool kits in order to establish and implement comprehensive cancer prevention and control programmes, including for childhood and adolescence cancer management, leveraging the work of other organizations;
- (2) to collect, synthesize and disseminate evidence on the most cost-effective interventions for all age groups, and support Member States<sup>1</sup> in the implementation of these interventions; and to make an investment case for cancer prevention and control;
- (3) to strengthen the capacity of the Secretariat both to support the implementation of cost-effective interventions and country-adapted models of care and to work with international partners, including IAEA, to harmonize the technical assistance provided to countries for cancer prevention and control;
- (4) to work with Member States,<sup>1</sup> and collaborate with nongovernmental organizations, private sector, academic institutions and philanthropic foundations as defined in the Framework of Engagement with Non-State Actors in order to develop partnerships to scale up cancer prevention and control, and to improve the quality of life of cancer patients, in line with Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development);
- (5) to strengthen the collaboration with nongovernmental organizations, private sector, academic institutions and philanthropic foundations, as defined in WHO's Framework for Engagement with Non-State Actors, with a view to fostering the development of effective and affordable new cancer medicines;

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<sup>1</sup> And, where applicable, regional economic integration organizations.



- (6) to provide technical assistance, upon request, to regional and subregional partnerships and networks, including, where appropriate, support for the establishment of centres of excellence to strengthen cancer management;
- (7) to develop, before the end of 2019, the first periodic public health- and policy-oriented world report on cancer, in the context of an integrated approach, based on the latest available evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of the Secretariat, including IARC, and in collaboration with all other relevant stakeholders, including cancer survivors;
- (8) to enhance the coordination between IARC and other parts of WHO on assessments of hazards and risks, and on the communication of those assessments;
- (9) to prepare a comprehensive technical report to the Executive Board at its 144th session that examines pricing approaches, including transparency, and their impact on availability and affordability of medicines for the prevention and treatment of cancer, including any evidence of the benefits or unintended negative consequences, as well as incentives for investment in research and development on cancer and innovation of these measures, as well as the relationship between inputs throughout the value chain and price setting, financing gaps for research and development on cancer, and options that might enhance the affordability and accessibility of these medicines;
- (10) to periodically report on progress made in implementing this resolution to the Health Assembly, through the Executive Board.

The financial and administrative implications for the Secretariat of the adoption of the draft resolution were as follows:

<b>Resolution:</b>	Cancer prevention and control in the context of an integrated approach
<b>A.</b>	<b>Link to the general programme of work and programme budget</b>
<b>1.</b>	<b>Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this resolution would contribute if adopted.</b>
	<p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b></p> <p>Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors;</p> <p>Additionally related to:</p> <ul style="list-style-type: none"> <li>– Increased vaccination coverage for hard-to-reach populations and communities;</li> <li>– Increased access to interventions for improving health of women, newborns, children and adolescents;</li> <li>– Gender, equity and human rights integrated into the Secretariat's and countries' policies and programmes;</li> <li>– Reduced environmental threats to health;</li> <li>– All countries have comprehensive national health policies, strategies and plans updated within the last five years;</li> <li>– Policies, financing and human resources are in place to increase access to people-centred, integrated health services;</li> <li>– Improved access to, and rational use of, safe, efficacious and quality medicines and health technologies;</li> <li>– All countries have properly functioning civil registration and vital statistics systems.</li> </ul> <p><b>Programme budget 2016–2017 output(s):</b></p> <p>Output 2.1.3. Countries enabled to improve health care coverage for management of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases and their risk factors through strengthening health systems.</p>

Additionally related to:

Output 1.5.1. Implementation and monitoring of the global vaccine action plan, with emphasis on strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines;

Output 3.1.2. Countries enabled to implement and monitor integrated strategic plans for newborn and child health, with a focus on expanding access to high-quality interventions to improve early childhood development and end preventable newborn and child deaths from pneumonia, diarrhoea and other conditions;

Output 3.1.3. Countries enabled to implement and monitor effective interventions to cover unmet needs in sexual and reproductive health;

Output 3.3.1. Gender, equity and human rights integrated in WHO's institutional mechanisms and programme deliverables;

Output 3.5.1. Countries enabled to assess health risks and develop and implement policies, strategies or regulations for the prevention, mitigation and management of the health impacts of environmental and occupational risks;

Output 4.1.1. Improved country governance capacity to formulate, implement and review comprehensive national health policies, strategies and plans (including multisectoral action, and "health in all policies" and equity policies);

Output 4.2.1. Equitable integrated, people-centred service delivery systems in place in countries and public-health approaches strengthened;

Output 4.2.2. Health workforce strategies oriented towards universal health coverage implemented in countries;

Output 4.3.3. Improved quality and safety of medicines and other health technologies through norms, standards and guidelines, strengthening of regulatory systems, and prequalification.

**2. Brief justification for considering the draft resolution, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.**

Not applicable.

**3. Estimated time frame (in years or months) for implementation of any additional deliverables.**

It is proposed to implement the resolution from June 2017 to December 2023.

**B. Budgetary implications**

**1. Estimated total cost to implement the resolution if adopted, in US\$ millions:**

US\$ 63.0 million.

**2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:**

No additional costs to be accommodated within the approved programme budget for the current biennium.

**2.b. Resources available during the current biennium**

– Resources available in the current biennium to fund the implementation of the resolution if adopted, in US\$ millions:

Level	Staff	Activities	Total
Country offices	0.4	0.9	1.3
Regional offices	1.9	3.0	4.9
Headquarters	1.2	1.9	3.1
<b>Total</b>	<b>3.5</b>	<b>5.8</b>	<b>9.3</b>

– Extent of any financing gap, in US\$ millions:

There is no financing gap for the current biennium.

- **Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:**  
Not applicable.

**3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:**

Level	Staff	Activities	Total
Country offices	1.0	3.3	4.3
Regional offices	3.3	4.8	8.1
Headquarters	2.7	4.0	6.7
<b>Total</b>	<b>7.0</b>	<b>12.1</b>	<b>19.1</b>

**Has this been included in the Proposed programme budget 2018–2019?**

Yes.

**4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:**

Estimated budget requirements for cancer control in biennium 2020–2021 are US\$ 20.1 million and in biennium 2022–2023 are US\$ 21.1 million, each with a 5% increase each biennium from 2018–2019. These estimated budget requirements will be taken into account during subsequent proposed programme budgets.

The representative of COLOMBIA highlighted the importance of providing support to Member States in preparing budgets for national cancer control plans. It was crucial to improve cancer registries, establish a monitoring and evaluation framework for related public policies, and develop a set of global objectives and innovative measures to prevent and control cancer. Furthermore, efforts must be made to: continue strengthening research on the socioeconomic and environmental determinants of health; ensure a multisectoral approach to cancer prevention and control; redress uneven health care provision; and pay special attention to vulnerable groups. The draft resolution was a compromise text that had been agreed upon following open consultations with Member States, and represented a chance to improve the response to cancer at all levels, with a particular focus on equal access to services, technology and medicines.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that cancer was the cause of many premature deaths in the Region, and that the rise in the number of childhood cancers was a cause for concern. However, progress had been made through regional and national measures, including by: integrating cancer control into the action plan for the prevention and control of noncommunicable diseases in South-East Asia, 2013–2020; placing cancer risk reduction and screening at the heart of the regional response in line with the Colombo Declaration; developing and revising national cancer prevention and control plans; expanding cancer registries; and providing cancer detection and management services at the primary health care level. He welcomed the integration of cancer prevention and control in programmes to prevent and control noncommunicable diseases and the positioning of cancer control within the broader 2030 Agenda for Sustainable Development. Given that insufficient resources impeded the implementation of national cancer control programmes and hampered access to care for individuals, WHO and other partners should promote the availability of and access to affordable, safe and effective quality medicines, vaccines and diagnostic tools, including through the use of flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights. He welcomed the draft resolution, but highlighted the need to promote research and development and delink the related costs from the cost of medicines and diagnostics; without such efforts, global commitments on prevention and control of noncommunicable diseases would not be met. He proposed that paragraph 2(10) of the draft resolution should be amended by replacing the existing text with the words “to synchronize and integrate the periodic report on progress made in implementing this resolution into the monitoring and report timeline of the NCD prevention and control, set out in the resolution WHA 66.10”.

The representative of IRAQ provided an overview of cancer control measures in his country, highlighting the coordination between governmental and nongovernmental sectors to: control carcinogens; introduce early screening measures; limit tobacco consumption; conduct research; and increase awareness. He endorsed the comments made by the representative of Colombia, and expressed the hope that the draft resolution would be further developed in the future.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, highlighted the challenges facing her Region, including: the increasing incidence of cancer; a lack of accurate data; and low awareness regarding risk factors, prevention methods and management options. The Member States of the Region were at different stages of developing and implementing cancer prevention and control measures; she therefore supported the call to integrate that work into other health programmes and relevant sectors, particularly those relating to noncommunicable diseases. Effective cancer control in her Region would require accurate data and well resourced programmes, and action should prioritize disadvantaged populations with the greatest exposure to risk factors. Although there was a range of cost-effective cancer control interventions, resource mobilization remained the biggest challenge for the Member States of the Region. She therefore called for sustained external support for cancer control programmes, while recognizing the need for increased domestic financing. The Secretariat should continue to support Member States in mobilizing resources, including through regional collaboration, and by negotiating lower prices for cancer management and control commodities. It should also provide support for skills development. Further research was required, which should include the implementation and dissemination research required to formulate policies, and studies on cultural beliefs that could hinder early presentation of cancer symptoms. The Member States of the Region also faced difficulties in epidemiological documentation of cancers and accessing online resources and support platforms; the Secretariat should explore other mechanisms to help to build capacity in that regard. She endorsed the draft resolution and looked forward to implementation of the resolution in the Region once adopted.

The representative of the CONGO said that, although progress had been made in the fight against cancer at the global level, numerous challenges remained in Africa, including difficulties in gathering epidemiological data; lack of access to medicines; insufficient equipment and infrastructure; poor vaccination coverage; lack of qualified personnel; lack of awareness of risk factors; and lack of radiotherapy equipment. He suggested that paragraph 1(22) of the draft resolution should be amended by inserting words to the following effect after the words “other technologies”: “including by strengthening subregional cooperation with a view to setting up or developing centres of excellence”. His Government wished to be added to the list of sponsors of the draft resolution.

The representative of MONACO described the measures taken in his country to reduce the number of premature deaths caused by cancer, such as: policies to reduce risk factors; early detection and treatment; effective coordination of interventions, support and palliative care services; and research. His Government supported the IAEA Programme of Action for Cancer Therapy. In preparation for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, he encouraged the Secretariat to strengthen its support to countries in the area of cancer prevention and control.

The representative of JAPAN described the wide range of measures implemented in his country to control cancer, including a national cancer control plan and related legislation, and a focus on patients and their needs. His Government was willing to share its experience with the Secretariat and Member States in that regard. He expressed concern regarding coordination between IARC and other parts of WHO, particularly in relation to the IARC monographs on the evaluation of carcinogenic risks to humans. For example, IARC had classified glyphosate in Group 2A (probably carcinogenic to humans), while the Joint FAO/WHO Meeting on Pesticide Residues had assessed its risk as negligible, thereby giving the impression that two organizations within WHO had released contradictory

information, undermining WHO's credibility and image. He therefore asked the Secretariat how it would enhance coordination between IARC and the other parts of WHO. Coordination should be monitored in future governing bodies meetings of both organizations, which should have the same goal of global cancer prevention and control. He expressed support for the draft resolution.

The representative of LEBANON highlighted the need for a comprehensive public health approach to tackle noncommunicable diseases in general, and cancer in particular. She outlined the efforts made by her country to prevent and control cancer, such as the creation of a population-based cancer registry and a breast cancer screening programme. However, many components were still lacking, including lack of health professionals and additional support to provide updated cancer registry data and strengthen the health information system in order to develop indicators on causes of death. As part of efforts to prevent cancer, the Secretariat should support Member States in the development and implementation of appropriate policies related to the risk factors of noncommunicable diseases, in addition to targeted research. She also requested support to further strengthen palliative care services in her country. Her Government supported the draft resolution.

The representative of BANGLADESH highlighted the slow progress made in cancer control among low- and middle-income countries. His Government had implemented a range of measures to control cancer, such as implementing national cancer control plans; improving the data used to inform policy-making; completing a pilot human papillomavirus vaccination programme; implementing tobacco control activities; and integrating noncommunicable diseases, including cancer prevention, into all levels of health care.

The representative of BAHRAIN noted that efforts to tackle cancer required collaboration at the national, regional and international levels. He described the range of measures adopted in his country, including the establishment of a national cancer registry and a national cancer control plan. It was important to provide technical support to countries in accordance with national needs.

The representative of CHINA, welcoming an integrated approach to cancer prevention and control, described some of the measures taken by his country, including development of a cancer prevention plan, establishment of a national cancer centre, and implementation of projects to promote early diagnosis and treatment. In relation to the draft resolution, he requested that the national context should be taken into account when considering the introduction of routine immunization programmes in view of the cost of some interventions such as human papillomavirus vaccination. He also requested the Secretariat to identify and assess early diagnosis and treatment measures with a view to promoting them among Member States.

The representative of the NETHERLANDS welcomed the integrated approach to cancer prevention and control described in the report, which highlighted the importance of effective prevention programmes, timely diagnosis and treatment, and accurate data. He expressed support for the draft resolution: adoption of the resolution would provide an incentive to strengthen and enhance collective efforts against cancer. He looked forward to the forthcoming world cancer report and technical report examining pricing approaches in relation to medicines for the prevention and treatment of cancer. Member States and stakeholders should contribute according to their capacity.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, noted the importance of cancer prevention and control as part of strategies to tackle noncommunicable diseases and expressed support for the draft resolution. The Member States of the Region, particularly those with resource constraints, needed support in prioritizing their approaches to cancer prevention and control in order to reduce mortality effectively. Regional efforts, including the recently drafted regional framework for cancer control, would complement ongoing work at the global level and support implementation of the resolution once adopted.

She outlined the efforts made in Qatar regarding cancer prevention and control, including the implementation of a national cancer strategy, the launch of a national screening programme and the provision of quality palliative care.

The representative of the RUSSIAN FEDERATION said that the global cancer burden was rising, with a particular impact on low- and middle-income countries. It was vital to continue along the path set out in the 2011 Political Declaration on the Prevention and Control of Non-communicable Diseases. The Government of the Russian Federation was actively engaged in primary prevention, early diagnosis and prevention, and had implemented measures to prevent recurrence of cancer. The national cancer programme, which was in line with WHO guidance, involved coordination between governmental and nongovernmental bodies, and had led to an improvement in early diagnosis and life expectancy and a reduction in premature mortality among cancer patients. His Government stood ready to share its experience in the field of cancer prevention and control and provide practical support. He expressed support for the measures outlined by the Secretariat, noting that his Government would welcome the opportunity to participate in preparations for the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases in 2018.

The representative of CANADA was pleased to note that the draft resolution, which her Government had sponsored, highlighted the need to publish periodic world reports on cancer and enhance the dissemination of the findings of IARC to the public, which would raise awareness of research outcomes. She also praised the draft resolution's emphasis on primary prevention.

The Canadian Government's multistakeholder Strategy for Cancer Control involved fostering cooperation among governmental bodies, indigenous communities and other nongovernmental stakeholders, as well as engaging patients, care providers and the general public in promoting innovative approaches to reducing the national cancer burden.

The representative of GERMANY said that her Government acknowledged the importance of a comprehensive and integrated approach to cancer control. Areas for action must include primary and secondary prevention, the care pathway – including palliative care – and cancer registration and research. Moreover, improving health literacy constituted a key aspect of cancer prevention activities. Noting that cancer was a growing problem, particularly in low- and middle-income countries, she welcomed IARC's support in that regard. The availability of accurate data was important to inform health policy-making; the IARC Global Initiative for Cancer Registry Development was therefore a welcome development.

The representative of ZIMBABWE said that cancer had the biggest impact on low- and middle-income countries, where challenges included inadequate health infrastructure, lack of medicines and technology, and limited training in and knowledge of pain management. Further efforts were required to tackle cervical and breast cancer, and childhood cancers also remained a major challenge. Her Government was currently piloting a human papillomavirus immunization programme for girls, with plans to offer immunization to boys. National action focused on strengthening and improving primary prevention and control, diagnosis and treatment, palliative care and services, surveillance and research, and raising awareness of risk factors through a multistakeholder approach. Her Government was making efforts to improve the quality assurance system and national cancer registry, and to develop an inclusive cancer care policy and strategy. She thanked the Secretariat for the technical support provided and endorsed the five recommended actions for Member States outlined in the report. Her Government supported the draft resolution and requested periodic progress reports.

The representative of NAMIBIA said that cancer-related morbidity and mortality continued to increase: in Namibia, there had been a rise in the number of cases of skin, prostate, cervical and breast cancers. A national cancer control technical advisory committee had been established with the support

of IAEA, and cancer prevention and control had been integrated into the draft national multisectoral strategic plan for the control of noncommunicable diseases. Her Government was planning to introduce a human papillomavirus vaccination programme for girls and develop a national cancer registry, and to continue raising awareness at the community and health facility levels. Capacity-building measures included training for oncologists and other health professionals.

Palliative care and pain management were an integral but often neglected aspect of cancer care. Her Government called on all Member States and the Secretariat to facilitate and strengthen pain management and palliative care services for cancer patients. She expressed support for the draft resolution.

The representative of SWAZILAND said that it was essential to strengthen national capacities for cancer prevention and control. His Government was working with IAEA to develop a plan of action to address cancer prevention and control in order to curb the increasing burden of cancer, and had adopted an integrated approach to address cancer and other noncommunicable diseases. Prevention and early detection, together with appropriate and cost-effective management, should be prioritized in order to safeguard gains made in economic development. A national cancer prevention and control unit should be established wherever the burden of cancer was high.

The development of a population-based cancer registry would provide a more accurate overview of cancer prevalence at the national level and help to reduce the delayed referral of cases to institutions abroad and the associated costs. Allocating the resources necessary to achieve those measures would ensure a coherent and integrated response, in line with WHO guidelines.

The representative of SRI LANKA said that further research and development was needed on areca nut consumption, which was an important risk factor for oral cancer, particularly in the South-East Asia Region. Although Sri Lanka had integrated cancer screening into its screening clinics for noncommunicable diseases, the high cost of equipment and drugs and low palliative care capacity posed a challenge. He requested the Secretariat to continue providing technical support to Member States to improve palliative care, and to take action to reduce the price of cancer drugs.

The representative of SENEGAL said that inequities in access to cancer care services resulting from the high cost of diagnostic tools and treatment could be mitigated by the introduction of a global funding mechanism, focusing in particular on access to chemotherapy and radiotherapy treatment, especially in low- and middle-income countries. National cancer registries should be developed and integrated into existing national disease surveillance systems, in order to provide an accurate assessment of domestic needs in terms of equipment and medicines, and of the effectiveness of interventions. His Government supported the draft resolution.

The representative of THAILAND said that an increasing number of patients with cancer lacked access to affordable and effective care. The draft resolution, which his Government had sponsored, highlighted the importance of primary prevention and the use of epidemiological data to inform policy decisions, as well as the need for access to affordable cancer medicines as an essential component of action to improve cancer care and prevention.

The representative of AUSTRALIA, expressing support for the draft resolution, welcomed action to improve cancer prevention and control, including the recommended actions for Member States at the country level. Australia urged Member States to integrate and scale up national cancer prevention and control measures as part of their response to noncommunicable diseases, including by strengthening implementation of the WHO Framework Convention on Tobacco Control and introducing vaccination programmes. In Australia, the introduction of national human papillomavirus and hepatitis B vaccination programmes had led to a decrease in the prevalence of those diseases. The Government of Australia supported the development and maintenance of national cancer registries,

which were a cost-effective investment and provided accurate data as the basis for policy decisions. Australia was pleased to contribute to the IARC work on cancer registries in the Pacific islands States.

The representative of MEXICO said that it was vital to ensure closer collaboration between WHO and other United Nations bodies, in order to create synergies to develop multisectoral, integrated strategies on cancer prevention and control. In November 2017 her Government would be hosting the 2017 World Cancer Leaders' Summit, at which the C/Can 2025: City Cancer Challenge would be launched, with a view to assessing the needs of cities in the field of cancer services, and developing strategies to tackle gaps in cancer care.

The representative of BRAZIL said that cancer was a growing health challenge in terms of prevention, public health coverage, diagnosis, treatment and palliative care. His Government had established a national cancer surveillance network and had integrated cancer care into the Brazilian universal health care system, leading to measurable progress in diagnosis and treatment. It was essential to raise the profile of cancer as part of the response to noncommunicable diseases, in accordance with the public health mandates of United Nations entities. Considering the extremely high cost of cancer medicines and treatment, it was imperative to include cancer in discussions on access and affordability, universal health coverage and innovation, and to align such efforts with the achievement of the health-related Sustainable Development Goals. Noting that prevention was key, he requested the WHO Secretariat to provide increased support for the work of the secretariat of the WHO Framework Convention on Tobacco Control, and called for enhanced coordination between IARC and WHO on hazards and risk assessment and the dissemination of that information to the public. He welcomed the draft resolution, which provided a clear mandate for WHO to continue its work in the field of cancer prevention and control.

The representative of the UNITED STATES OF AMERICA said that it was vital to build on existing investments in order to accelerate global progress and reduce the burden of cancer for patients, families and communities. He highlighted the need for an updated WHO mandate and framework, as well as support and targeted efforts to advance global cancer prevention and control. His Government welcomed the call for further research to build and strengthen the evidence base for effective interventions to prevent, diagnose and treat cancers.

The resolution once adopted would be vital in order for WHO to develop technical guidance and tools to plan, cost, finance, implement and evaluate effective national cancer control plans, thereby enabling Member States to meet national targets and commitments. He also welcomed its recognition of the need to enhance coordination between IARC and WHO on communication of hazards and risk.

His Government supported the draft resolution and wished to be added to the list of sponsors. In that connection, he had no objection to the amendment proposed by the representative of India.

The representative of MALAYSIA said that progress in reducing the burden of cancer might be impeded by anti-vaccination bodies, which must be tackled not only in the context of vaccine-preventable diseases in childhood, but also in terms of cancer prevention. In addition, the use of unproven cancer treatments had resulted in delays in patients seeking treatment despite early detection, leading to low survival rates and poor end-of-life quality; more research was needed to understand such behaviour. He asked for his country to be added to the list of sponsors of the draft resolution.

The representative of GEORGIA said that her Government attached great importance to the issue of cancer prevention and control. The recommended actions for cancer prevention and control were reflected in the Georgian national strategy. In addition, a number of cancer prevention activities were included in the national strategy for prevention and control of noncommunicable diseases. Her country wished to be added to the list of sponsors of the draft resolution.



The representative of LUXEMBOURG asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of MOROCCO asked the Secretariat to provide support to strengthen countries' capacities with regard to palliative care. Certain techniques, such as thermocoagulation, had proven to be effective in the treatment of precancerous lesions, and WHO should support the adoption of such techniques by countries. He expressed support for the draft resolution.

The representative of TURKEY said that her Government attached high priority to cancer prevention and control and had implemented a national cancer programme, which included an extensive cancer registry, prevention, screening and treatment activities, and a palliative care system. Her Government had implemented all suggestions on cancer screening nationwide, and had developed considerable experience in early diagnosis and treatment, which it would be willing to share with other Member States. Guidance from WHO on cancer screening was crucial.

The representative of the REPUBLIC OF KOREA, supporting the draft resolution, said that her Government had introduced various policies and a comprehensive plan to control cancer. Her Government had been sharing its outcomes and experiences in that regard with countries in the Western Pacific Region, including on the collection and analysis of data from its cancer registry. As a member of IARC, her Government requested that collaboration between the Secretariat and IARC should be strengthened.

The representative of the DOMINICAN REPUBLIC welcomed the recommended actions for Member States described in the report, which would serve as a basis for strengthening primary and community care through the promotion of healthy lifestyles and the enhancement of registries and information systems. In the light of the report, his Government had reviewed its national guidelines for managing cervical and uterine cancer. Progress had been made in terms of including human papillomavirus vaccine in the national immunization schedule. He also highlighted the need to include home-based palliative care in universal health coverage schemes.

The representative of INDONESIA supported the recommended actions for Member States at the country level, all of which had been implemented in Indonesia. In view of the rising burden of cancer and its economic impact, it was important for Member States to develop national cancer control plans supported by adequate resources and effective health systems. Social health insurance schemes should cover not only the curative and rehabilitative aspects of cancer care, but also aspects of promotion and prevention. Cancer control plans should be developed in an evidence-based manner, and interventions to reduce risk factors should take into account local cultures and traditions. The implementation of such plans should be supported by all government sectors and the community, including popular public figures.

The representative of TUNISIA said that many improvements were needed in terms of access to diagnostic services and care, specifically palliative care, and with respect to their integration into primary care. Interventions to prevent all risk factors were also necessary. Her Government had implemented its third cancer control plan and would seek to align actions at the national level with WHO guidelines. Expressing support for the draft resolution, she affirmed her Government's commitment to implementing the recommended actions for Member States.

The representative of ANGOLA outlined the range of initiatives taken by her Government to prevent and control cancer and to share best practices with other global actors. The national cancer plan took into account the stepwise approach developed by WHO and addressed primary prevention, screening, early diagnosis and treatment, palliative care, research and epidemiological surveillance. In addition, the national cancer plan would place an emphasis on cost-effective approaches that were

scientifically proven to reduce the incidence of cancer and premature mortality from cancer, and would include actions to raise awareness of risk factors and introduce human papillomavirus and hepatitis B and C vaccines. Implementation of the recommended actions for Member States was problematic in African countries, which were experiencing a rising burden of cancer. More action and technical support should be provided by WHO to African Member States, specifically in the mobilization of resources, to enable those countries to develop and implement their national strategic plans.

The representative of VIET NAM commended IARC for its work in developing cancer registries and conducting research on new diagnostic technologies, and encouraged the Secretariat to work towards increasing access to affordable medicines and technologies. The Secretariat should also help countries to find sustainable ways to finance medicines used for treatment and vaccines used for cancer prevention, in particular hepatitis C medicines and hepatitis B and human papillomavirus vaccines.

The representative of ARGENTINA said that implementing a national cancer control plan required adequate resources, monitoring and accountability together with an effective health system, founded on the principles of universal health coverage and strong primary health care, in order to achieve the goals of the 2030 Agenda for Sustainable Development. Reliable population-based cancer registries were also essential. She supported the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA said that his Government's cancer control strategy was focused on equity and access. To reduce the risk factors of noncommunicable diseases and the incidence of cancer, his country had introduced a number of initiatives, for example the promotion of physical activity, the expansion of human papillomavirus vaccination and cervical cancer screening. Efforts had also been made to improve access to timely diagnosis and treatment and to improve data used for policy-making. One of the country's challenges was the late presentation of individuals at hospitals, which resulted from a variety of factors, including beliefs and attitudes towards cancer; anthropological studies should be conducted to help to address that issue. His Government supported the draft resolution.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that despite national efforts to prevent and control cancer, there was still more work to be done, which required support from WHO. National initiatives included a campaign for human papillomavirus vaccination and the establishment of centres to provide cancer care to children. Her Government fully supported the draft resolution.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA emphasized the need for an ongoing strategic plan to improve prevention, early detection and treatment of cancer. Cancer prevention and control in her country was based on promoting health and reducing exposure to risk factors. It was therefore crucial to develop strategies to raise awareness and encourage the active participation of the population in avoiding risk factors, including exposure to carcinogenic agents.

The representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, thanked those Member States that had shown flexibility in accepting the proposed amendment to paragraph 2(10) of the draft resolution. Speaking as the representative of India, he said that his Government wished to be added to the list of sponsors of the draft resolution. He thanked the delegation of Colombia for its leadership in the intersessional work on the informal consultations.

The representative of TOGO said that his country was facing a burden of rising morbidity and mortality linked to cancer and insufficient means for prevention, diagnosis and treatment, including

palliative care. Vaccination against human papillomavirus had been introduced for adolescents. He supported the draft resolution.

The representative of ECUADOR outlined the range of measures taken by his Government to prevent and control cancer, including the development of guidelines to ensure an integrated approach with a focus on health promotion, and interventions to raise awareness of risk factors. Furthermore, his Government was implementing the recommendations related to primary prevention and efforts were under way to improve early detection of several cancers. However, a lack of resources could hinder achievement of the goals of the global action plan for the prevention and control of noncommunicable diseases 2013–2020. WHO should further promote training policies and programmes for health professionals and should provide support to Member States in the creation of national registries. He called on WHO to strengthen the engagement of regional offices in the global fight against cancer and other noncommunicable diseases, in order to seek funding sources to enhance technical, diagnostic and control capacities at the national level.

The representative of IARC said that the spiralling costs of cancer care and treatment, combined with the predicted surge in the number of new patients, presented a major challenge, not least to the achievement of the Sustainable Development Goals. The Agency was therefore encouraged by the interest shown by Member States with regard to cancer control. IARC was committed to working in close cooperation with WHO to identify cancer hazards and conduct cancer risk assessments in order to provide clear and consistent evidence-based advice to Member States. It was vital to step up research on cancer prevention, and to study the factors that helped or hindered the implementation of preventive strategies in national cancer control programmes, particularly in low- and middle-income countries. Cancer research must not cease with “proof of principle”, but should address all relevant questions in order to enable its application.

The representative of the INTERNATIONAL SOCIETY OF RADIOLOGY, speaking at the invitation of the CHAIRMAN and also on behalf of the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, emphasized the need to develop and implement a plan to avoid the use of obsolete medical imaging and radiotherapy equipment and ensure the best possible diagnosis and care. In addition, Member States should develop a plan detailing the technologies required and ensuring comprehensive data integration, including data on diagnostic and therapeutic imaging. Comprehensive data management was necessary to benefit cancer patient care directly, by ensuring full integration with clinical data and cancer registries.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, urged governments to prioritize cost-effective policies and programmes to prevent cancer and other noncommunicable diseases. It was important to increase domestic budgets to finance national cancer responses that supported evidence-based risk reduction strategies. The Council endorsed robust and stable funding to improve nursing participation in cancer prevention and control activities and research. WHO should support low- and middle-income countries to develop cancer registries for successful planning of cancer prevention and control. In addition, governments should invest in cancer nursing education to address the critical shortage of nurses for the delivery of safe and effective cancer care. She echoed the request made in the draft resolution for the Director-General to develop a public health- and policy-oriented world report on cancer, based on the latest available evidence and international experience.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution and drew attention to a number of the Society’s resources that might be useful for implementation of the resolution once adopted, including: over 70 guidelines on cancer care standards; a survey on the availability of cancer medicines; a set of recommendations on avoiding shortages and managing the supply of inexpensive

essential cancer medicines in Europe; and the European Society for Medical Oncology Magnitude of Clinical Benefit Scale, which provided decision-makers with a tool to prioritize the uptake of cancer medicines, based on the magnitude of their benefit.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that it was of concern that an overall decrease in mortality from cancer had not been achieved, despite the prioritization of premature mortality from noncommunicable diseases in the Sustainable Development Goals, and the existing knowledge of effective interventions. The international community should recognize and act to address the major inequities in cancer prevention and control resources. Health care systems needed to be strengthened as a matter of urgency to enable them to cope effectively with the burden of cancer, including through assessments to identify successful investments. The Federation was willing to work with relevant stakeholders to improve medical curriculums by including prevention and social determinants of health as integral components worldwide. To prevent and control noncommunicable diseases effectively, it was vital to include young people in the development of cancer prevention programmes.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that palliative care, which was an essential component of universal health coverage, should be included in all national cancer control plans. The report should make reference to the importance of psychological, social and spiritual care, and the unique and critical palliative care needs of children with cancer.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, welcomed the emphasis placed on several key issues in the draft resolution, including vaccination against infection-related cancers, the integration of efforts to tackle cancer with those for other noncommunicable diseases and in national health plans, and the development of partnerships, referral networks and centres of excellence for improving the quality of cancer diagnosis, treatment and care, and the training of health professionals. Action was urgently needed at the national level. The Union stood ready to support governments in implementing the resolution once adopted.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the report made no substantive references to integrated care, or to WHO's role in addressing the prices of vaccines, medicines and other tools for cancer prevention, diagnosis and treatment. The request made in the draft resolution for the Secretariat to prepare a comprehensive technical report on pricing approaches was welcome, but a clearer mandate that included the exploration of a collaborative research and development mechanism to delink the cost of new medicine development from final prices would have been preferable. Although WHO had been involved in efforts to harmonize regulatory standards for biosimilar products, it was of concern that there was a reluctance to promote their use proactively. She urged the Secretariat to commission a comprehensive report to address that issue, which was absent from both the draft resolution and the Secretariat's report.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the high prices of cancer medicines hindered successful cancer treatment. Delinking the price of medicines from research and development costs had been successful in the area of neglected diseases, and should now be applied to cancer. It was essential that the comprehensive technical report requested in the draft resolution should provide a specific and detailed evaluation of the application of delinkage to cancer medicines, and should not simply repeat

the findings of other international reports on delinkage. Immediate action was vital in order to avoid the unnecessary suffering of millions of people.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that increasing taxes on unhealthy commodities, and not just on tobacco and alcohol, was a key policy intervention that should be made as part of a comprehensive approach. Member States should take decisive action to address unhealthy diets by implementing the interventions recommended in Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020. She welcomed the call for the Director-General to develop a public health- and policy-oriented world report on cancer, which should be updated regularly, based on the latest evidence and in collaboration with key stakeholders, including her organization.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that prices of new cancer medicines were increasing at an alarming rate, and access was unequal. Knowledge Ecology International had asked WHO to place the HER2-positive breast cancer medicine trastuzumab emtansine (also known as T-DM1) on its Model List of Essential Medicines, as a study conducted by the European Society for Medical Oncology had shown that there was extremely limited or no access to T-DM1 in many countries, despite the fact that it was highly effective. Upon adoption of the resolution, WHO's immediate task should be to focus on the terms of reference for the technical report on the examination of pricing approaches.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that all sectors must come together to ensure that high-quality cancer care was considered a vital investment for health and economic well-being. It was pleasing to note that the draft resolution recognized intellectual property rights as an important incentive in the development of new health products. The Federation was working with Member States and other actors to address the affordability of cancer care. She echoed the draft resolution's call for action to build health systems to ensure that patients around the world were diagnosed sufficiently early to benefit from a full set of treatment options.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked speakers for their comments and for the work undertaken by Member States on the draft resolution. A total of 12 years had passed since a draft resolution on cancer had been considered by the Health Assembly; in view of the growing number of cases worldwide, the time was right to consolidate and advance action to tackle cancer. However, much work remained to be done. The draft resolution would provide the necessary impetus to Member States and the Secretariat to strengthen efforts at the national, regional and international levels. He assured Member States that a dialogue had been initiated to enhance coordination between IARC and WHO, including with regard to the preparation of the world report on cancer requested in the draft resolution. Implementation of the resolution once adopted must proceed immediately in order to improve cancer prevention and treatment, including palliative care, which would in turn facilitate attainment of targets 3.4 and 3.8 of the Sustainable Development Goals.

The CHAIRMAN took it that the Committee wished to note the report contained in document A70/32.

**It was so agreed.**

At the invitation of the CHAIRMAN, the LEGAL COUNSEL read out an editorial amendment to paragraph 2(7) of the draft resolution: the words "the Secretariat" should be replaced by "WHO".

At the invitation of the CHAIRMAN, the SECRETARY read out the proposed amendment to the draft resolution: paragraph 2(10) would read: “to synchronize and integrate the periodic report on progress made in implementing this resolution into the monitoring and report timeline of the NCD prevention and control set out in resolution WHA66.10”.

**The draft resolution, as amended, was approved.<sup>1</sup>**

**Dr Joseph took the chair.**

**Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control:** Item 15.7 of the agenda (document A70/33)

The CHAIRMAN drew attention to a draft decision on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control proposed by the delegations of Australia, Brazil, Ecuador, India, Kenya, Norway, Oman, Panama, Philippines, Thailand and Uruguay, which read:

The Seventieth World Health Assembly,

PP1 Having considered the report by the Secretariat on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control,<sup>2</sup> and having noted decision FCTC/COP7(18) by the Conference of the Parties to the WHO Framework Convention on Tobacco Control, decided:

- to welcome the report presented by the President of the Conference of the Parties of the Framework Convention on Tobacco Control;
- to invite the Conference of the Parties of the Framework Convention on Tobacco Control to direct the secretariat of the Framework Convention to provide a report on the outcomes of each future session of the Conference to the following session of the Health Assembly, for information purposes and as part of the documentation provided to the Health Assembly under the agenda item on the prevention and control of noncommunicable diseases;
- to request the WHO Director-General, pursuant to decision WHA69(13) (2016), to continue to regularly provide reports for information purposes to the Conference of the Parties of the Framework Convention on Tobacco Control on resolutions and decisions of the Health Assembly relevant to the implementation of the Framework Convention.

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

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<sup>1</sup> Transmitted to the Health Assembly in the Committee’s fourth report and adopted as resolution WHA70.12.

<sup>2</sup> Document A70/33.

<b>Decision:</b> Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control
<b>A. Link to the general programme of work and programme budget</b>
<p><b>1. Outcome(s) in the Twelfth General Programme of Work, 2014–2019 and output(s) in the Programme budget 2016–2017 to which this decision would contribute if adopted.</b></p> <p><b>Twelfth General Programme of Work, 2014–2019 outcome(s):</b> Outcomes of category 2, programme area noncommunicable diseases.</p> <p><b>Programme budget 2016–2017 output(s):</b> Output 2.1.1. Development and/or implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated; Output 2.1.2. Countries enabled to implement strategies to reduce modifiable risk factors for noncommunicable diseases (tobacco use, diet, physical inactivity and harmful use of alcohol), including the underlying social determinants.</p>
<p><b>2. Brief justification for considering the draft decision, if there is no link to the results as indicated in the Twelfth General Programme of Work, 2014–2019 and the Programme budget 2016–2017.</b></p> <p>Not applicable.</p>
<p><b>3. Estimated time frame (in years or months) for implementation of any additional deliverables.</b></p> <p>Indefinite.</p>
<b>B. Budgetary implications</b>
<p><b>1. Estimated total cost to implement the decision if adopted, in US\$ millions:</b></p> <p>Zero</p>
<p><b>2.a. Estimated additional budgetary requirements in the current biennium, in US\$ millions:</b></p> <p>None.</p>
<p><b>2.b. Resources available during the current biennium</b></p> <ul style="list-style-type: none"> <li>– <b>Resources available in the current biennium to fund the implementation of the decision if adopted, in US\$ millions:</b> Zero.</li> <li>– <b>Extent of any financing gap, in US\$ millions:</b> Zero.</li> <li>– <b>Estimated resources, not yet available, which would help to close any financing gap, in US\$ millions:</b> Not applicable.</li> </ul>
<p><b>3. Estimated additional budgetary requirements in 2018–2019 (if relevant), in US\$ millions:</b></p> <p>Zero</p> <p><b>Has this been included in the Proposed programme budget 2018–2019?</b></p> <p>Not applicable.</p>
<p><b>4. Estimated additional budgetary requirements in future bienniums (if relevant), in US\$ millions:</b></p> <p>Zero.</p>

The representative of INDIA, speaking in his capacity as the President of the Conference of the Parties to the WHO Framework Convention on Tobacco Control, introduced the report and said that, despite progress, the tobacco epidemic remained a major global health priority. He recalled that tobacco use was a threat to development, and that target 3.a of the Sustainable Development Goals required strengthened implementation of the WHO Framework Convention on Tobacco Control in all countries.

The impact assessment report showed that, where most fully implemented, the Framework Convention was an effective tool that had reinforced existing strategies, contributed to the denormalization of smoking, and accelerated reductions in smoking prevalence. Improved synergies between the Health Assembly and the Framework Convention would lead to rich dividends.

The Conference of the Parties had invited the Health Assembly to consider requesting a report on the outcomes of each future session of the Conference of the Parties as part of the agenda item on noncommunicable diseases. He asked for the Health Assembly's support to create new links between the Conference of the Parties and the Health Assembly.

He called on the Parties to the Framework Convention to accelerate its implementation, urged States non-party to accede to the Convention, and encouraged non-State actors to promote observance of the Convention's norms. An additional 14 parties were needed for the Protocol to Eliminate Illicit Trade in Tobacco Products to enter into force. All WHO Member States were invited to attend the forthcoming session of the Conference of the Parties in Geneva.

The representative of BAHRAIN outlined some of the steps taken by his Government to advance tobacco control and strengthen implementation of the Convention. He called on all Parties to adopt national tobacco legislation and voiced his country's commitment to supporting WHO and strengthening international coordination and implementation of the Convention.

The representative of NORWAY welcomed the report and said that work to prevent industry interference in tobacco control policies remained a high priority. Parties should take advantage of the legal protection provided by the Convention to advance domestic tobacco control agendas. Tobacco control efforts needed to be increased to achieve WHO's targets on noncommunicable diseases and the health-related Sustainable Development Goals. The draft decision would formalize the agreement already reached during previous discussions at the Health Assembly and at the seventh session of the Conference of the Parties, and ensure that mutual reporting would take place under the agenda item on noncommunicable diseases every two years. Since not every Member State was a Party to the Convention, he proposed an amendment to the first paragraph of the draft decision. The words "to welcome" should be replaced with "to take note with appreciation of" in the first paragraph, to read: "to take note with appreciation of the report presented by the President of the Conference of the Parties of the Framework Convention on Tobacco Control".

The representative of PANAMA welcomed the first report to the Health Assembly on the outcomes of the Conference of the Parties. Synergy between the Health Assembly and the Conference of the Parties was a global health responsibility. Collaborative work and political will was needed to implement effectively the decisions of the Conference of the Parties.

The representative of QATAR expressed her appreciation for the Convention and the decisions adopted at the seventh session of the Conference of the Parties, in particular decision FCTC/COP7(29), known as the Delhi Declaration. She described the measures taken by her Government to apply the Convention, including by working with stakeholders across all levels, and noted that her Government had signed the Protocol to Eliminate Illicit Trade in Tobacco Products. The Secretariat should strengthen cooperation between WHO and other international organizations.

The representative of the PHILIPPINES welcomed the report and highlighted several tobacco control initiatives in her country. Despite progress among young people, the decrease in smoking



prevalence among adults was unacceptably slow. Her Government welcomed ongoing technical support from the Secretariat and Member State collaboration on how to advocate and lobby for strategies to prevent initiation of smoking, and how to adopt successful models and best practices in tobacco control.

The representative of ERITREA, speaking on behalf of the Member States of the African Region, welcomed the report and noted the global strides made in tobacco control. Progress on implementation of the Convention was modest at best in the Region; no country had fully implemented legislation compliant with the Convention. Only nine States had ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. The pace of implementation needed to be accelerated and new approaches were required to motivate Parties to act and support those in need of assistance. The Conference of the Parties' country assistance framework should be further tailored so that Parties could better benefit from the integration of various country assistance mechanisms. Strengthened synergies between the Health Assembly and the Conference of the Parties would be critical to advancing implementation of the Convention, and the two groups should optimize cooperation, better coordinate their activities and strengthen their response to governments.

The representative of SURINAME welcomed the report and highlighted the progress made by her Government in tobacco control. Regular review of the implementation of the Convention and strengthening synergies between WHO and the Conference of the Parties were key. It was important to develop specific policies for young people, and to increase awareness of the negative effects of interference by the tobacco industry, in line with the Delhi Declaration. She urged WHO to continue contributing to tobacco control policy development and implementation and to strengthen its existing strategies.

The representative of KENYA emphasized that her Government had signed and ratified the Convention. Synergy between the Health Assembly and the Conference of the Parties was critical to meeting the targets of the Sustainable Development Goals. She welcomed the report and supported the draft decision.

The representative of SENEGAL underscored his Government's commitment to tobacco control and highlighted Convention-compliant initiatives and laws in his country. To strengthen the Convention, the Secretariat should establish an innovative and durable funding system for tobacco control and help to develop guidelines for the implementation of articles 9 and 10 of the Convention to help developing countries to gain the expertise required to regulate the tobacco industry, in particular with respect to its desire to increase the attractiveness and introduce new forms of tobacco products. The Secretariat should establish a committee of international experts charged with coordinating common strategies to block the interference of tobacco lobbies and confront the health and economic problems linked to tobacco use.

The representative of the RUSSIAN FEDERATION said that her Government had been among the first to raise the issue of synergies, which had also been discussed at the Conference of the Parties held in Moscow. Synergies between the Health Assembly and the Convention represented an important step in combating tobacco use. She expressed support for the practice of reporting to the Health Assembly on the outcomes of the Conference of the Parties, and for WHO reporting in turn to the Conference of the Parties.

The representative of TUNISIA said that the Convention and the introduction of MPOWER measures had helped many Parties to strengthen their policies to reduce tobacco use. She expressed support for the decisions contained in the report, noting the importance of political commitment to their implementation.

The representative of GEORGIA welcomed the information contained in the report on the main outcomes of the seventh session of the Conference of the Parties. She underscored the importance of the existing synergies between the Health Assembly and the Conference of the Parties. Her country wished to be added to the list of sponsors of the draft decision.

The representative of the UNITED REPUBLIC OF TANZANIA said that the Convention provided an opportunity for Member States to reaffirm their political and technical commitment to controlling tobacco use. He highlighted the importance of translating national laws and strategies into action. Expressing concern about the increasing production and use of tobacco products, particularly in developing countries, he reaffirmed his Government's commitment to working with the international community to reduce tobacco use. He expressed support for the draft decision.

The representative of ZIMBABWE said that she welcomed the decision by the Conference of the Parties to share information on the outcomes of its seventh session, and expressed support for the draft decision. Describing her Government's progress in implementing the Convention, she said that further progress was needed in a number of areas and that the issues raised at the Conference of the Parties had provided further guidance in that regard.

The representative of ZAMBIA said that the forces of globalization and urbanization were contributing to the rise of tobacco use in her country. She described the work of her Government to bring national policies and legislation into line with the Convention, which had been achieved with support from various partners. Given the need to accelerate implementation of the Convention, she wished her country to be added to the list of sponsors of the draft decision.

The representative of THAILAND expressed support for the draft decision, which would foster effective implementation through regular reporting. Aggressive action by the tobacco industry was the most important external barrier to implementation of the Convention, while the biggest internal barrier was the lack of human and financial resources. He urged the Secretariat of WHO to use the synergies created to strengthen cooperation with the secretariat of the Convention and intergovernmental organizations, in order to coordinate more effectively support for Member States, especially regarding articles 5.3 and 19 of the Convention.

The representative of ARGENTINA said that synergies between the Health Assembly and the Conference of the Parties should be encouraged as a way of strengthening implementation of the Convention. He therefore supported the draft decision. He reaffirmed his Government's commitment to ratifying the Convention and recognized the importance of pooling international efforts in order to reduce the health, economic and social impacts of tobacco use. His Government had already made progress on tobacco control.

The representative of AUSTRALIA encouraged the strengthening of synergies between the Health Assembly and the Conference of the Parties. Effective implementation of the Convention was needed to protect present and future generations, as recognized in the 2030 Agenda for Sustainable Development. The impact assessment of the Convention had shown that proper implementation resulted in greater reductions in tobacco smoking and was therefore a vital investment in the long-term health of populations. The Australian Government was committed to implementation of the Convention, despite action by the global tobacco industry to oppose tobacco control measures, which remained an obstacle to the implementation of the Convention. Australia remained committed to resisting tobacco industry interference with public health policies with respect to tobacco control, consistent with Article 5.3 of the Convention.

The representative of BANGLADESH said that stronger collaboration between the Health Assembly and the Conference of the Parties would contribute to overcoming the challenges to

implementation identified by the impact assessment of the Convention – such as the lack of alternative sustainable livelihoods. He recommended that the Health Assembly should play a stronger role in the implementation of decision FCTC/COP7(26) on international cooperation for implementation of the Convention, including on human rights.

The representative of JAPAN described her Government's efforts to ensure smoke-free environments during the Tokyo Olympic and Paralympic Games 2020. She supported the draft decision, which would contribute to the advancement of the Convention.

The representative of MEXICO said that WHO must follow up on the outcomes of the seventh session of the Conference of the Parties to strengthen coordination between the Secretariat of WHO and the secretariat of the Convention and identify areas requiring the support of other international organizations. With a view to fostering international cooperation to enhance implementation of the Convention, he urged the Organization to prioritize multisectoral action, promote South–South cooperation, strengthen regional initiatives, establish cooperation agreements and ensure exchange of best practices. The secretariat of the Convention should incorporate further details and breakdowns of the budget and finances and workplan expenditure in their reports. She looked forward to receiving information on a memorandum of understanding regarding collaboration between the Secretariat of WHO and the secretariat of the Convention.

The representative of ANGOLA encouraged States non-party to the Convention to consider ratification. Parties to the Convention should step up implementation, with a particular focus on articles 5, 15 and 19. Achievement of the Sustainable Development Goals required further efforts to ensure effective application of the Convention. She supported the draft decision.

The representative of CHINA expressed support for further coordination between the Secretariat of WHO and the secretariat of the Convention. WHO should continue to support countries in the implementation of the Convention, including the exchange of best practices and technical support. Her Government stood ready to increase its participation in policy-making on tobacco control. She supported the draft decision, including the amendments proposed by the representative of Norway.

The representative of BRAZIL said that the Conference of the Parties, as the principle forum for tobacco control, should coordinate closely with the Health Assembly, whose mandate covered policy-making in that area. Guidance from the secretariat of the Convention was essential to enabling the Secretariat of WHO to provide adequate and relevant support. Strengthening synergies would also help to prevent the duplication of efforts and ensure effective allocation of resources. Given the impact of the Convention in Brazil, his Government remained committed to implementing it, and the corresponding policies and guidelines. The Director-General elect should reinforce cooperation between the Secretariat of WHO and the secretariat of the Convention.

The representative of ETHIOPIA, describing the measures for tobacco control taken in his country, said that synergies between the Conference of the Parties and the Health Assembly should be strengthened in order to support and ensure the comprehensive implementation of the Convention by Member States.

The representative of VIET NAM drew attention to national achievements on tobacco control, which had been achieved thanks to the Convention, global support and the political will of her Government. She expressed support for the report, highlighting the success of the seventh session of the Conference of the Parties.

The representative of ECUADOR highlighted tobacco control measures taken in her country and the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products. It was important to

create synergies between the Health Assembly and the Conference of the Parties. Major obstacles prevented the Convention from achieving its fullest impact, such as frequent interference from the tobacco industry, a lack of multisectoral coordination and insufficient financial support for low- and middle-income countries. She therefore called upon WHO to strengthen international cooperation on the illicit trade in tobacco products and develop evidence-based research to ensure national and global strategies could be achieved; Member States should support one another in preventing tobacco industry interference at all levels. She reiterated her Government's commitment to defending public health interests against commercial interests.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA welcomed the report. She described the measures taken in her country to implement the Convention, which included legislative measures, research, and training on tobacco use prevention.

The representative of the UNITED STATES OF AMERICA said that her Government supported effective tobacco control interventions and appreciated the inclusion of tobacco use prevention in the 2030 Agenda for Sustainable Development. She welcomed the inclusion of the report by the Conference of the Parties as a recurring item on the agenda of the Health Assembly.

The observer of PALESTINE expressed his commitment to implementing the Convention and drew attention to actions taken in that regard. Government ministries, civil society, nongovernmental organizations and universities all had an important role to play.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN and also on behalf of the International Federation of Medical Students' Associations, said that the tobacco epidemic was not only a health issue but also an economic, human rights, environmental and development issue. Health ministries were urged to work with other government ministries on tobacco control. Protecting and promoting human health was irreconcilable with protecting and promoting the interests of the tobacco industry. Two areas of tobacco control were poorly implemented around the world: increasing tobacco taxes and holding the industry to account. She called on Member States to endorse the draft decision.

The representative of the FRAMEWORK CONVENTION ALLIANCE ON TOBACCO CONTROL, speaking at the invitation of the CHAIRMAN, said that mortality related to tobacco consumption had continued to rise throughout the world. The Convention and detailed policy recommendations would not resolve the problem of tobacco use on their own; funding was needed to implement it and political commitment was required to overcome industry resistance. The Convention offered a model for dealing with other risk factors for noncommunicable diseases, including alcohol use and unhealthy food systems. The Convention and the Protocol thereto provided a road map for action to tackle commercially driven epidemics.

The CHAIRMAN said that he took it that the Committee wished to note the report contained in document A70/33.

**The Committee noted the report.**

The CHAIRMAN invited the Committee to approve, as amended by the representative of Norway, the draft decision on strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

**The draft decision, as amended, was approved.<sup>1</sup>**

**Prevention of deafness and hearing loss:** Item 15.8 of the agenda (documents A70/34 and EB139/2016/REC/1, resolution EB139.R1)

The CHAIRMAN drew attention to the draft resolution contained in resolution EB139.R1.

The representative of SLOVAKIA said that congenital hearing loss in newborns was a particularly challenging problem. She stressed the need for improved strategies for managing and monitoring screening programmes, such as the universal neonatal hearing screening that had been mandatory in her country since 2006. It was important to identify newborns who could be helped by modern techniques, undertake genetic testing of children and families with congenital hearing disorders and introduce hearing screening for preschool-age children. Treatments and rehabilitation services must be made available to people affected by inflammatory ear diseases and injuries, and to the ageing population. Awareness of modern techniques, the country's economic situation and the level of interest from the authorities in addressing the problem affected the use of modern techniques to manage hearing impairment. Her Government wished to sponsor the draft resolution.

The representative of JAPAN said that hearing loss could be largely prevented through cost-effective measures such as national screening programmes and workplace noise regulation. The Secretariat should continue providing technical support to help Member States to focus on preventing hearing loss and providing appropriate care to people with early signs of impaired hearing.

To care for hearing loss, his Government had developed a consultation system to provide advice on hearing aids and offer financial assistance and sign language interpreting; an approach that other countries might wish to consider. He welcomed the reference in the draft resolution to dementia and depression associated with hearing loss. An International Symposium on Hearing Loss, Dementia and Depression, hosted in Japan in 2017, had reached consensus on raising universal awareness of the issue and discussing further action. His Government planned to carry out research into the relationship between age-related hearing loss and decline in cognitive function, and called on other partners to join in that endeavour. The activities to raise awareness of hearing loss implemented in Japan could provide a model for advocacy. Given the importance of measures to prevent and treat hearing loss, he expressed support for the draft resolution and urged Member States and the Secretariat to take appropriate action.

The representative of NEPAL expressed support for the draft resolution.

The representative of the CONGO said that he regretted the lack of reference in the report to hearing impairments caused by incidents relating to balance problems, auditory problems stemming from birth complications and the toxic effects of alcohol on the fetus, and the contribution of measures to combat noncommunicable diseases to reducing the prevalence of auditory damage in adults and the ageing population.

The representative of ZIMBABWE said that deafness and hearing loss represented an unacceptably heavy disease burden, especially for children and elderly people, and was a particular problem in low- and middle-income countries. Young people were also affected, owing to their exposure to entertainment-related noise. In Zimbabwe, efforts to attain the Sustainable Development Goals and achieve universal health coverage focused on early identification and treatment of deafness, raising awareness of deafness prevention and training health care professionals. Her Government

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA70(20).

looked forward to the development of WHO technical data collection tools and their implementation, programme monitoring and evaluation, the training and development of specialized human resources and the provision of related assistive technologies. She stressed the importance of annual advocacy events relating to ear care and deafness prevention. The cost of hearing devices remained high. More must be done to make use of existing technology by joining together to benefit from economies of scale. Her Government supported the proposal to commission a world report on ear and hearing care, and expressed support for the draft resolution.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, expressed concern about the extent of disabling hearing loss and said that prevention was paramount. He commended cooperation between WHO and ITU to develop standards for personal audio devices to make them consistent with recommendations for safe listening. He supported the actions needed at country level outlined in the report, which would help achieve Sustainable Development Goals 3 and 4. Technical and financial support should be increased to strengthen the capacities and national strategies of low- and middle-income countries, and thereby improve vulnerable populations' access to early detection of hearing loss and to hearing health care services and technologies. Further international cooperation to train professionals and health specialists, and the contributions of non-State actors could also facilitate such access. Multisectoral action was encouraged in the areas of prevention, patient management and data collection. A regional meeting on the topic should be organized in collaboration with the Regional Office for Africa. He supported the draft resolution.

The representative of the PHILIPPINES supported the draft resolution and welcomed the focus on prevention at the primary health care level. She outlined the measures that her Government planned to take to prevent deafness and noted that infant hearing loss screening had been introduced in her country, alongside an expanded insurance benefit package for children with hearing disability.

The representative of the RUSSIAN FEDERATION emphasized the scale of hearing loss and noted significant progress in the development of technologies for hearing impairment and deafness across all age groups. His Government provided assistive devices to children with severe hearing loss and had financed over 1000 cochlear implants in the past five years. The majority of people with hearing impairments lived in low- and middle-income countries and many did not receive the necessary assistance. There was a deficit of qualified personnel in many countries and a need for integrated rehabilitation strategies to be incorporated in national health care systems. The problems faced by developed countries were linked to ageing populations and the use of audio devices. He supported the draft resolution and encouraged further cooperation to step up activities to address the problem.

The representative of AUSTRALIA said that the Australian Government had addressed hearing impairment through access to primary health care, high-quality services for vulnerable people with hearing loss, and community education. Australia supported the draft resolution and welcomed the commissioning of a world report on ear and hearing care.

The representative of THAILAND emphasized the role of audiologists and health care professionals with audiological training in the diagnosis and management of hearing loss. Countries with large numbers of audiologists should help to kick-start audiological training in countries with shortages of such professionals. Similarly, developed countries had ample expertise in treating chronic suppurative otitis media through surgery but a decreasing number of cases, whereas the reverse was true in developing countries. Surgeons from developed countries should therefore train those from developing countries. She supported the draft resolution.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region, drew attention to the extent and impact of hearing loss. The main challenges in the Region were insufficient data and human resources, an ageing population, growing use of personal audio systems and inadequate access to services. Efforts had been made at the regional level to establish sustainable systems for ear and hearing care and to focus on awareness-raising among policy-makers, communities and professionals. Prevention, early diagnosis and management of hearing loss must be incorporated into health systems throughout the Region. The Secretariat and partners should support Member States in conducting epidemiological surveys, managing human resources, establishing training programmes and integrating national strategies into primary health care systems. He welcomed the draft resolution and highlighted the need for more research and development and better, cost-effective technologies.

The representative of MEXICO said that his Government had implemented a programme for neonatal hearing screening and early intervention in 2010, which had experienced technical, financial and structural challenges, including a lack of experienced personnel. It was important to move forward with the development of an action plan, and for the Secretariat to provide Member States with the necessary support for its implementation.

The representative of the CZECH REPUBLIC said that her Government wished to be added to the list of sponsors of the draft resolution.

The representative of POLAND said that health strategies and programmes could not be effective unless they were based on evidence, high-quality data and thorough analysis of verifiable resources. It would be useful to know more about the link between hearing loss and dementia in elderly people. The task of selecting a group of individuals for screening of recreational noise-induced hearing loss, and determining how often and to what extent a person could be exposed to recreational noise, seemed impossible, given that exposure was so widespread. Greater emphasis should be placed on preventive actions, such as raising public awareness of recreational noise-induced hearing loss and introducing relevant legislation. He drew attention to the use of insert earphones, which studies had shown to be more harmful than traditional headphones. Member States should take further action to prevent hearing loss, and develop and monitor screening programmes for its early identification. He supported the draft resolution.

The representative of CHINA outlined the measures taken by her Government to improve the rehabilitation of children with deafness and hearing loss, including the implementation of a hearing-loss prevention and rehabilitation programme and the development of a national services network for hearing-impaired children. The creation of International Ear Care Day was welcome. The report should have advised countries with the necessary resources to transfer diagnosis and rehabilitation technology for ear and hearing care to local facilities. Further prioritization of interventions for children and ageing people with hearing loss was needed. It was important to establish early diagnosis, screening and referral models that were adapted to institutions at the local level, and to improve newborn hearing screening and the early diagnosis of congenital hearing loss and auditory malformations.

The representative of FRANCE noted with appreciation the approach to hearing loss in elderly people taken in the report by the Secretariat. On the prevention of hearing loss in children, the report failed to mention acute acoustic trauma, which was caused by exposure to excessive noise for a short period of time. Exposure to recreational noise did not begin in adolescence, and children, including very young children, could also be affected. It was regrettable that the report referred to sign language only in the context of interpretation as an assistive technology, and contained no recommendations on teaching the language, which was essential for people with hearing loss and their families. She endorsed the draft resolution.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that her Government had taken a number of steps to address health inequities relating to deafness and hearing loss, including the provision of speech therapy and audiology services at the national level, the strengthening of rehabilitation and treatment programmes for persons with disabilities, and the creation of specialized services for the indigenous population to prevent congenital hearing loss.

The representative of INDONESIA welcomed the report and provided an overview of her country's initiatives to eliminate avoidable deafness and hearing impairment and raise community awareness of deafness and hearing loss. Her Government was committed to addressing the problem of disabling hearing loss, with support from the Secretariat, other Member States and other agencies.

The representative of the INTERNATIONAL SOCIETY OF AUDIOLOGY, speaking at the invitation of the CHAIRMAN, said that he was encouraged by WHO's focus on hearing. He welcomed the draft resolution: once adopted it would be a turning point for those who lived with hearing loss. He expressed appreciation for the inclusion in that draft resolution of the growing risk of occupational and recreational noise-induced hearing loss. It would be a challenge to address the needs of large ageing populations, especially in high-income countries. Adult screening and improved access to hearing aids was needed. The International Society of Audiology stood ready to help to implement the resolution once adopted.

The representative of CBM, speaking at the invitation of the CHAIRMAN, said that the resolution once adopted would improve the quality of life of those living with or at risk of hearing loss. The CBM strategic framework 2016–2020 was aligned with the actions needed at the country level, as identified by WHO. He welcomed the draft resolution and remained committed to further collaborative work with WHO.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), said that hearing loss, though widespread, was a neglected and underestimated issue, and expressed his appreciation to the Russian Federation for placing it on the agenda, and to the Member States who had cosponsored the draft resolution. The points raised had been noted and would be taken into account. WHO had scaled up its work on hearing loss in recent years, with the "Make Listening Safe" initiative, World Hearing Day advocacy campaign, and technical documents and meetings. He looked forward to ongoing, intensified work following the adoption of the resolution.

**The Committee noted the report contained in document A70/34.**

The CHAIRMAN took it that the Committee agreed to approve the draft resolution contained in resolution EB139.R1.

**The draft resolution was approved.<sup>1</sup>**

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<sup>1</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA70.13.



**Report of the Commission on Ending Childhood Obesity: implementation plan:** Item 15.5 of the agenda (document A70/31) (continued from the seventh meeting, section 2)

The CHAIRMAN said that the informal drafting group had agreed, by consensus, a revised text for the draft decision, which read:

The Seventieth World Health Assembly,  
recalling, inter alia, the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition, resolution WHA69.9 (Ending inappropriate promotion of foods for infants and young children), resolution WHA66.10 (Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases) which includes the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020, and the accountability and monitoring framework of ICN2;

having considered the report of the Commission on Ending Childhood Obesity: implementation plan,<sup>1</sup> decided:

- (1) to welcome the implementation plan<sup>2</sup> to guide further action on the recommendations included in the report of the Commission on Ending Childhood Obesity;
- (2) to urge Member States to develop national responses, strategies, and plans to end infant, child and adolescent obesity,<sup>3</sup> taking into account the implementation plan;<sup>2</sup>
- (3) to request the Director-General to report to the World Health Assembly periodically on progress made towards ending childhood obesity, including on the implementation plan,<sup>2</sup> as part of existing nutrition and NCD-related reporting;

The representative of BARBADOS, speaking in her capacity as chair of the informal drafting group established to discuss the agenda item, said that the draft decision had been agreed in a spirit of consensus following intense discussion. She expressed satisfaction with the thoroughness of the discussion and the support provided by the Secretariat.

**The draft decision, as amended, was approved.<sup>4</sup>**

The representative of the UNITED STATES OF AMERICA said that efforts to end childhood obesity were a top priority for his Government. Strategies to address childhood obesity should be appropriate to each national and local context, and consistent with the domestic and international obligations of Member States, including trade obligations. It should be made clear that the report did not create legal rights or obligations under international law, and did not prejudice the sovereign rights of nations to determine their own policies, including on taxation. The prescriptive language used in the plan was inappropriate in light of the voluntary nature of the proposed interventions. Parts of the rights-related language were also of concern, and the evidence underlying certain interventions was inadequate to recommend them at that time. Recommendations for addressing childhood obesity

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<sup>1</sup> Document A70/31.

<sup>2</sup> See document A70/31, Annex.

<sup>3</sup> As defined in footnote 4 on page 3 of document A70/31.

<sup>4</sup> Transmitted to the Health Assembly in the Committee's fourth report and adopted as decision WHA70(19).

should reflect the fact that all foods, including beverages, could be part of an overall diversified, balanced, and healthy diet. He expected that the implementation of any of the recommendations by countries would be consistent with their international trade obligations. He looked forward to continuing to work with the Secretariat and Member States to end childhood obesity.

**The meeting rose at 19:30.**

## **NINTH MEETING**

**Wednesday, 31 May 2017, at 09:25**

**Chairman:** Dr M. JOSEPH (Antigua and Barbuda)

### **1. FOURTH REPORT OF COMMITTEE B (document A70/78)**

The SECRETARY of Committee B read out the draft fourth report of Committee B.

**The report was adopted.<sup>1</sup>**

### **2. CLOSURE OF THE MEETING**

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee B completed.

**The meeting rose at 09:35.**

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<sup>1</sup> See page 387.



## **PART II**

### **REPORTS OF COMMITTEES**



In the following sections, information has been drawn from the relevant Health Assembly report. That report is identified by its document number and publication date, which are provided in square brackets under each subheading. Square brackets have also been used in the reports of Committee A and Committee B to indicate where the text of resolutions and decisions recommended and subsequently adopted by the Health Assembly has been replaced by the respective resolution or decision number. The verbatim records of the plenary meetings at which these reports were approved are available on the WHO website, official records page (<http://apps.who.int/gb/or/>).

## COMMITTEE ON CREDENTIALS

### Report<sup>1</sup>

[A70/66 – 22 May 2017]

The Committee on Credentials met on 22 May 2017. Delegates of the following Member States were present: Angola; Belarus; Italy; Japan; Lithuania; Mali; Myanmar; Panama; Paraguay; South Sudan; Yemen.<sup>2</sup>

The Committee elected the following officers: Mr Hiroyuki Yamaya (Japan) – Chairman; and Mr Augusto Rosa Neto (Angola) – Vice-Chairman. The Committee examined the credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the World Health Assembly. It noted that the Secretariat had found these credentials to be in conformity with the Rules of Procedure.

The credentials of the delegates of the Member States shown in the following paragraph were found to be in conformity with the Rules of Procedure as constituting formal credentials; the Committee therefore proposed that the Seventieth World Health Assembly should recognize their validity.

**States whose credentials the Committee considered should be recognized as valid** (see the previous paragraph and decision WHA70(7)):

Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Benin; Bhutan; Bolivia (Plurinational State of); Bosnia and Herzegovina; Botswana; Brazil; Brunei Darussalam; Bulgaria; Burkina Faso; Burundi; Cabo Verde; Cambodia; Cameroon; Canada; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Cook Islands; Costa Rica; Côte d'Ivoire; Croatia; Cuba; Cyprus; Czech Republic; Democratic People's Republic of Korea; Democratic Republic of the Congo; Denmark; Djibouti; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Ethiopia; Fiji; Finland; France; Gabon; Gambia; Georgia; Germany; Ghana; Greece; Grenada; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran (Islamic Republic of); Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; Kiribati; Kuwait; Kyrgyzstan; Lao People's

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<sup>1</sup> Approved by the Health Assembly at its third plenary meeting. Formal credentials of Saint Kitts and Nevis were examined by the President and accepted by the Health Assembly at its seventh plenary meeting.

<sup>2</sup> See decision WHA70(1).

Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Vincent and the Grenadines; Samoa; San Marino; Sao Tome and Principe; Saudi Arabia; Senegal; Serbia; Seychelles; Sierra Leone; Singapore; Slovakia; Slovenia; Solomon Islands; Somalia; South Africa; South Sudan; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Tajikistan; Thailand; The former Yugoslav Republic of Macedonia; Timor-Leste; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Tuvalu; Uganda; Ukraine; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Tanzania; United States of America; Uruguay; Uzbekistan; Vanuatu; Venezuela (Bolivarian Republic of); Viet Nam; Yemen; Zambia; Zimbabwe.

## **GENERAL COMMITTEE<sup>1</sup>**

### **Report<sup>2</sup>**

[A70/70 – 26 May 2017]

#### **Election of Members entitled to designate a person to serve on the Executive Board**

At its meeting on 25 May 2017, the General Committee, in accordance with Rule 100 of the Rules of Procedure of the World Health Assembly, drew up the following list of 10 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 10 Members to be entitled to designate a person to serve on the Executive Board: Benin, Brazil, Georgia, Iraq, Italy, Japan, Sri Lanka, Swaziland, United Republic of Tanzania, Zambia.

In the General Committee's opinion these 10 Members would provide, if elected,<sup>3</sup> a balanced distribution of the Board as a whole.

## **COMMITTEE A**

### **First report<sup>4</sup>**

[A70/68 – 24 May 2017]

Committee A held its first and second meetings on 22 May 2017 and 23 May 2017, respectively, under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar).

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<sup>1</sup> See decision WHA70(4) for the establishment of the Committee.

<sup>2</sup> Approved by the Health Assembly at its ninth plenary meeting.

<sup>3</sup> The Health Assembly considered the list at its ninth plenary meeting and elected the 10 Members (see decision WHA70(8)).

<sup>4</sup> Approved by the Health Assembly at its fourth plenary meeting.



In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Mohammad Anwar Husnood (Mauritius) and Mr Philip Davies (Fiji) as Vice-Chairmen and Mr Ioannis Baskozos (Greece) as Rapporteur.

It was decided to recommend to the Seventieth World Health Assembly the adoption of one resolution relating to the following agenda item:

- 20. Financial matters
  - 20.3 Special arrangements for settlement of arrears – Somalia
    - Arrears in payment of contributions: Somalia [WHA70.1].

### **Second report<sup>1</sup>**

[A70/69 – 25 May 2017]

Committee A held its third meeting on 24 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar).

It was decided to recommend to the Seventieth World Health Assembly the adoption of one resolution relating to the following agenda item:

- 11. Programme and budget matters
  - 11.2. Proposed programme budget 2018–2019
    - Programme budget 2018–2019 [WHA70.5].

### **Third report<sup>2</sup>**

[A70/72 – 26 May 2017]

Committee A held its sixth meeting on 25 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar), Mr Philip Davies (Fiji) and Mr Anandrao Hurree (Mauritius).

It was decided to recommend to the Seventieth World Health Assembly the adoption of two decisions and one resolution relating to the following agenda items:

- 12. Preparedness, surveillance and response
  - 12.3 Poliomyelitis
    - Poliomyelitis: polio transition planning [WHA70(9)]
  - 12.5 Review of the Pandemic Influenza Preparedness Framework [WHA70(10)]
- 13. Health systems
  - 13.1 Human resources for health and implementation of the outcomes of the United Nations' High-Level Commission on Health Employment and Economic Growth [WHA70.6].

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<sup>1</sup> Approved by the Health Assembly at its eighth plenary meeting.

<sup>2</sup> Approved by the Health Assembly at its ninth plenary meeting.

**Fourth report<sup>1</sup>**

[A70/73 – 27 May 2017]

Committee A held its seventh meeting on 26 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar).

It was decided to recommend to the Seventieth World Health Assembly the adoption of one resolution and one decision relating to the following agenda items:

- 12. Preparedness, surveillance and response
  - 12.2 Antimicrobial resistance
    - Improving the prevention, diagnosis and clinical management of sepsis [WHA70.7]
  - 12.4 Implementation of the International Health Regulations (2005) [WHA70(11)].

**Fifth report<sup>2</sup>**

[A70/75 – 30 May 2017]

Committee A held its tenth and eleventh meetings on 29 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar), Mr Philip Davies (Fiji) and Mr Anandrao Hurree (Mauritius).

It was decided to recommend to the Seventieth World Health Assembly the adoption of one decision and two resolutions relating to the following agenda items:

- 13. Health systems
  - 13.6 Member State mechanism on substandard/spurious/falsely-labelled/falsified/counterfeit medical products
    - Member State mechanism on substandard and falsified medical products [WHA70(21)]
- 14. Communicable diseases
  - 14.1 Global vaccine action plan
    - Strengthening immunization to achieve the goals of the global vaccine action plan [WHA70.14]
- 13. Health systems
  - 13.7 Promoting the health of refugees and migrants [WHA70.15].

**Sixth report<sup>2</sup>**

[A70/77 – 31 May 2017]

Committee A held its twelfth and thirteenth meetings on 30 May 2017 under the chairmanship of Dr Hanan Mohamed Al-Kuwari (Qatar), Mr Philip Davies (Fiji) and Mr Anandrao Hurree (Mauritius).

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

<sup>2</sup> Approved by the Health Assembly at its tenth plenary meeting.

It was decided to recommend to the Seventieth World Health Assembly the adoption of two decisions and one resolution relating to the following agenda items:

- 16. Promoting health through the life course
  - 16.1 Progress in the implementation of the 2030 Agenda for Sustainable Development [WHA70(22)]
  - 16.2 The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond [WHA70(23)]
- 14. Communicable diseases
  - 14.2 Global vector control response
    - Global vector control response: an integrated approach for the control of vector-borne diseases [WHA70.16].

## COMMITTEE B

### First report<sup>1</sup>

[A70/71 – 26 May 2017]

Committee B held its first and second meetings on 25 May 2017 under the chairmanship of Dr Molwyn Joseph (Antigua and Barbuda).

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Mario Miklosi (Slovakia) and Dr Slamet (Indonesia) as Vice-Chairmen, and Dr Nguyen Manh Cuong (Viet Nam) as Rapporteur.

It was decided to recommend to the Seventieth World Health Assembly the adoption of three decisions and two resolutions relating to the following agenda items:

- 9. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA70(12)]
- 20. Financial matters
  - 20.1 WHO mid-term programmatic and financial report for 2016–2017, including audited financial statements for 2016 [WHA70(13)]
  - 20.2 Status of collection of assessed contributions, including Member States in arrears in the payment of their contributions to an extent that would justify invoking Article 7 of the Constitution [WHA70.8]
  - 20.4 Scale of assessments for 2018–2019 [WHA70.9]
- 21. Audit and oversight matters
  - 21.1 Report of the External Auditor [WHA70(14)].

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<sup>1</sup> Approved by the Health Assembly at its ninth plenary meeting.

### **Second report<sup>1</sup>**

[A70/74 – 27 May 2017]

Committee B held its third and fourth meetings on 26 May 2017 under the chairmanship of Dr Molwyn Joseph (Antigua and Barbuda).

It was decided to recommend to the Seventieth World Health Assembly the adoption of two decisions and one resolution relating to the following agenda items:

- 22. Staffing matters
  - 22.3 Amendments to the Staff Regulations and Staff Rules
    - Salaries of staff in ungraded posts and of the Director-General [WHA70.10]
  - 22.5 Appointment of representatives to the WHO Staff Pension Committee [WHA70(15)]
- 23. Management, legal and governance matters
  - 23.4 Proposed Infrastructure Fund (consolidating the Real Estate Fund and IT Fund)  
Infrastructure Fund [WHA70(16)].

### **Third report<sup>1</sup>**

[A70/76 – 30 May 2017]

Committee B held its fifth and sixth meetings on 29 May 2017 under the chairmanship of Dr Molwyn Joseph (Antigua and Barbuda) and Dr Mario Miklosi (Slovakia).

It was agreed to recommend to the Seventieth World Health Assembly that its current agenda item 23.2 “Governance reform: follow-up to decision WHA69(8) (2016)” should be included on the agenda of the Executive Board at its 142nd session in January 2018 in order to permit, inter alia, further consideration of the two options contained in document A70/51 under the heading “Explanatory memorandum for items proposed under Rule 5 of the Rules of Procedure of the World Health Assembly”.

It was also decided to recommend to the Seventieth World Health Assembly the adoption of two decisions relating to the following agenda items:

- 15. Noncommunicable diseases
  - 15.2 Draft global action plan on the public health response to dementia
    - Global action plan on the public health response to dementia [WHA70(17)]
  - 15.3 Public health dimension of the world drug problem [WHA70(18)].

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<sup>1</sup> Approved by the Health Assembly at its tenth plenary meeting.

**Fourth report<sup>1</sup>**

[A70/78 – 31 May 2017]

Committee B held its seventh and eighth meetings on 30 May 2017 under the chairmanship of Dr Molwyn Joseph (Antigua and Barbuda), Dr Mario Miklosi (Slovakia) and Dr Slamet (Indonesia).

It was decided to recommend to the Seventieth World Health Assembly the adoption of two decisions and three resolutions relating to the following agenda items:

- 15. Communicable diseases
  - 15.1 Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018 [WHA70.11]
  - 15.5 Report of the Commission on Ending Childhood Obesity: implementation plan [WHA70(19)]
  - 15.6 Cancer prevention and control in the context of an integrated approach [WHA70.12]
  - 15.7 Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control [WHA70(20)]
  - 15.8 Prevention of deafness and hearing loss [WHA70.13].

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<sup>1</sup> Approved by the Health Assembly at its tenth plenary meeting.