



WORLD HEALTH ORGANIZATION

SEVENTY-FIRST WORLD HEALTH ASSEMBLY

GENEVA, 21–26 MAY 2018

**SUMMARY RECORDS OF COMMITTEES
REPORTS OF COMMITTEES**

**GENEVA
2018**

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

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

PREFACE

The Seventy-first World Health Assembly was held at the Palais des Nations, Geneva, from 21 to 26 May 2018, in accordance with the decision of the Executive Board at its 141st session.¹

¹ Decision EB141(7) (2017).

CONTENTS

	Page
Abbreviations	ii
Preface.....	iii
Agenda	xi
List of documents	xvii
Officers of the Health Assembly and membership of its committees	xxiii

PART I

SUMMARY RECORDS OF MEETINGS OF COMMITTEES

GENERAL COMMITTEE

First meeting.....	3
Second meeting	7

COMMITTEE A

First meeting

1. Opening of the Committee.....	9
2. Strategic priority matters	
Health, environment and climate change.....	10

Second meeting

Strategic priority matters (continued)	
Health, environment and climate change (continued)	22
Addressing the global shortage of, and access to, medicines and vaccines.....	24

Third meeting

Strategic priority matters (continued)	
Draft thirteenth general programme of work, 2019–2023	36

Fourth meeting

1. Strategic priority matters (continued)	
Draft thirteenth general programme of work, 2019–2023 (continued).....	52
2. Other technical matters	
Maternal, infant and young child nutrition	
• Comprehensive implementation plan on maternal, infant and young child	
nutrition: biennial report	55
• Safeguarding against possible conflicts of interest in nutrition programmes	55

3.	Strategic priority matters (resumed)	
	Public health preparedness and response	
	• Update on the Ebola virus disease outbreak in the Democratic Republic of the Congo	60
	• Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme	62
	• WHO's work in health emergencies.....	62

Fifth meeting

	Strategic priority matters (continued)	
	Addressing the global shortage of, and access to, medicines and vaccines (continued)	77
	Global strategy and plan of action on public health, innovation and intellectual property	83
	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.....	91

Sixth meeting

	Strategic priority matters (continued)	
	Public health preparedness and response (continued)	
	• Implementation of the International Health Regulations (2005).....	102
	• Polio transition and post-certification	112

Seventh meeting

1.	First report of Committee A	117
2.	Strategic priority matters (continued)	
	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 (continued)	117

Eighth meeting

	Strategic priority matters (continued)	
	Polio transition and post-certification (continued).....	137
	Preparation for a high-level meeting of the General Assembly on ending tuberculosis	140
	Public health preparedness and response (continued)	
	• WHO's work in health emergencies (continued)	154

Ninth meeting

	Other technical matters	
	Global snakebite burden.....	159
	Physical activity for health.....	164
	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development	170

Tenth meeting

1.	Second report of Committee A	176
2.	Other technical matters (continued)	
	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development (continued)	176
	mHealth	181

Eleventh meeting

1.	Other technical matters (continued)	
	Improving access to assistive technology	193
2.	Strategic priority matters (continued)	
	Public health preparedness and response (continued)	
	• Implementation of the International Health Regulations (continued).....	199
3.	Other technical matters (resumed)	
	Maternal, infant and young child nutrition (continued)	
	• Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report (continued)	201
	• Safeguarding against possible conflicts of interest in nutrition programmes (continued)	201

Twelfth meeting

1.	Third report of Committee A	213
2.	Other technical matters (continued)	
	Maternal, infant and young child nutrition (continued).....	213
3.	Fourth report of Committee A	213
4.	Closure of the meeting	214

COMMITTEE B**First meeting**

1.	Opening of the Committee	215
2.	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan	215

Second meeting

1.	First report of Committee B	228
2.	Programme budget and financial matters	
	WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017	228
	Financing of the Programme budget 2018–2019.....	231
	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	235
3.	Audit and oversight matters	
	Report of the External Auditor	235
	Report of the Internal Auditor	237

Third meeting

1.	Staff matters	
	Human resources: annual report	241
	Report of the International Civil Service Commission	249
	Amendments to the Staff Regulations and Staff Rules	250
	Appointment of representatives to the WHO Staff Pension Committee	250
2.	Collaboration within the United Nations system and with other intergovernmental organizations	250

Fourth meeting

1.	Draft second report of Committee B	255
2.	Matters for information	
	Global vaccine action plan	255
	Real estate: update on the Geneva buildings renovation strategy	259
3.	Other technical matters (continued)	
	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits	260
	Eradication of poliomyelitis	265

Fifth meeting

1.	Other technical matters (continued)	
	Rheumatic fever and rheumatic heart disease	266
	Eradication of poliomyelitis (continued)	271
	Multilingualism: implementation of action plan	279
2.	Matters for information (continued)	
	Progress reports	
	Communicable diseases	286
	Noncommunicable diseases	288
	Promoting health through the life course	292
	Health systems	293

Sixth meeting

1.	Third report of Committee B	297
2.	Matters for information (continued)	
	Progress reports (continued)	
	Health systems (continued)	297
	Health emergencies programme	299
3.	Other technical matters (continued)	
	Eradication of poliomyelitis (continued)	300
4.	Fourth report of Committee B	303
5.	Closure of the meeting	303

PART II

REPORTS OF COMMITTEES

Committee on Credentials.....	307
General Committee.....	308
Committee A.....	308
Committee B.....	310

AGENDA¹

PLENARY

1. Opening of the Health Assembly
 - 1.1 Appointment of the Committee on Credentials
 - 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
 - 1.4 Adoption of the agenda and allocation of items to the main committees
2. Report of the Executive Board on its 141st and 142nd sessions, and on its special session on the draft thirteenth general programme of work, 2019–2023
3. Address by Dr Tedros Adhanom Ghebreyesus, Director-General
4. [deleted]
5. [deleted]
6. Executive Board: election
7. Awards
8. Reports of the main committees
9. Closure of the Health Assembly

COMMITTEE A

10. Opening of the Committee²
11. Strategic priority matters
 - 11.1 Draft thirteenth general programme of work, 2019–2023

¹ Adopted at the second plenary meeting.

² Including election of Vice-Chairmen and the Rapporteur.

11.2 Public health preparedness and response

- Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- WHO's work in health emergencies¹
- Implementation of the International Health Regulations (2005)

11.3 Polio transition and post-certification

11.4 Health, environment and climate change

11.5 Addressing the global shortage of, and access to, medicines and vaccines

11.6 Global strategy and plan of action on public health, innovation and intellectual property

11.7 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

11.8 Preparation for a high-level meeting of the General Assembly on ending tuberculosis

12. Other technical matters

12.1 Global snakebite burden

12.2 Physical activity for health

12.3 Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development

12.4 mHealth

12.5 Improving access to assistive technology

12.6 Maternal, infant and young child nutrition

- Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
- Safeguarding against possible conflicts of interest in nutrition programmes

12.7 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits

12.8 Rheumatic fever and rheumatic heart disease

¹ The Director-General's report will also cover cholera prevention.

12.9 Eradication of poliomyelitis

12.10 Multilingualism: implementation of action plan

COMMITTEE B

13. Opening of the Committee¹

14. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan

15. Programme budget and financial matters

15.1 WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017

15.2 Financing of the Programme budget 2018–2019

15.3 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

15.4 [deleted]

15.5 [deleted]

15.6 [deleted]

16. Audit and oversight matters

16.1 Report of the External Auditor

16.2 Report of the Internal Auditor

- Annual report
- External and internal audit recommendations: progress on implementation

17. Staffing matters

17.1 Human resources: annual report

17.2 Report of the International Civil Service Commission

17.3 Amendments to the Staff Regulations and Staff Rules

¹ Including election of Vice-Chairmen and the Rapporteur.

17.4 Appointment of representatives to the WHO Staff Pension Committee

18. Management and legal matters

18.1 [deleted]

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

20. Matters for information

20.1 Global vaccine action plan

20.2 Real estate: update on the Geneva buildings renovation strategy

20.3 Progress reports

Communicable diseases

A. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (resolution WHA69.22 (2016))

B. Eradication of dracunculiasis (resolution WHA64.16 (2011))

C. Elimination of schistosomiasis (resolution WHA65.21 (2012))

Noncommunicable diseases

D. Public health dimension of the world drug problem (decision WHA70(18) (2017))

E. WHO 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 (resolution WHA69.5 (2016))

F. Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications (resolution WHA68.20 (2015))

G. Comprehensive mental health action plan 2013–2020 (resolution WHA66.8 (2013))

H. Comprehensive and coordinated efforts for the management of autism spectrum disorders (resolution WHA67.8 (2014))

Promoting health through the life course

I. Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life (resolution WHA69.3 (2016))

J. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))

Health systems

- K. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))
- L. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))
- M. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children (resolution WHA69.20 (2016))
- N. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))
- O. Availability, safety and quality of blood products (resolution WHA63.12 (2010))
- P. Human organ and tissue transplantation (resolution WHA63.22 (2010))
- Q. WHO strategy on research for health (resolution WHA63.21 (2010))
- R. Workers' health: global plan of action (resolution WHA60.26 (2007))

Health emergencies programme

- S. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

Corporate services/enabling functions

- T. [deleted]

LIST OF DOCUMENTS

A71/1 Rev.2	Agenda ¹
A71/2	Report of the Executive Board on its 141st and 142nd sessions, and on its special session on the draft thirteenth general programme of work, 2019–2023
A71/3	Address by Dr Tedros Adhanom Ghebreyesus, Director-General
A71/4	Draft thirteenth general programme of work, 2019–2023
A71/5	Public health preparedness and response Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
A71/6	Public health preparedness and response WHO's work in health emergencies
A71/7	Implementation of the International Health Regulations (2005) Annual report on the implementation of the International Health Regulations (2005)
A71/8	Public health preparedness and response Implementation of the International Health Regulations (2005) ²
A71/9	Polio transition and post-certification Draft strategic action plan on polio transition
A71/10	Health, environment and climate change
A71/10 Add.1	Health, environment and climate change Road map for an enhanced global response to the adverse health effects of air pollution
A71/11	Health, environment and climate change Human health and biodiversity
A71/12	Addressing the global shortage of, and access to, medicines and vaccines

¹ See page xi.

² See document WHA71/2018/REC/1, Annex 7.

A71/13	Global strategy and plan of action on public health, innovation and intellectual property ¹
A71/14	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 ²
A71/14 Add.1	Preliminary evaluation of the WHO global coordination mechanism on the prevention and control of noncommunicable diseases
A71/15	Preparation for a high-level meeting of the General Assembly on ending tuberculosis ³
A71/16	Preparation for a high-level meeting of the General Assembly on ending tuberculosis Development process for a draft multisectoral accountability framework to accelerate progress to end tuberculosis
A71/16 Add.1	Preparation for a high-level meeting of the General Assembly on ending tuberculosis Draft multisectoral accountability framework to accelerate progress to end tuberculosis
A71/17	Global snakebite burden
A71/18	Physical activity for health ⁴
A71/19 Rev.1	Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development
A71/20	mHealth Use of appropriate digital technologies for public health
A71/21	Improving access to assistive technology
A71/22	Maternal, infant and young child nutrition Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report
A71/23	Maternal, infant and young child nutrition Safeguarding against possible conflicts of interest in nutrition programmes

¹ See document WHA71/2018/REC/1, Annex 5.

² See document WHA71/2018/REC/1, Annex 1.

³ See document WHA71/2018/REC/1, Annex 2.

⁴ See document WHA71/2018/REC/1, Annex 3.

LIST OF DOCUMENTS

A71/24	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Progress in implementing decision WHA70(10) (2017) on Review of the Pandemic Influenza Preparedness Framework ¹
A71/24 Add.1	Financial and administrative implications for the Secretariat of decisions proposed for adoption by the Health Assembly ²
A71/25	Rheumatic fever and rheumatic heart disease
A71/25 Add.1 Rev.1	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly ²
A71/26	Eradication of poliomyelitis
A71/26 Add.1	Draft resolution: Poliomyelitis – containment of polioviruses
A71/26 Add.2	Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Health Assembly ²
A71/27	Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A71/28	WHO Results Report: Programme budget 2016–2017
A71/29	Audited Financial Statements for the year ended 31 December 2017
A71/30	Financing of the Programme budget 2018–2019
A71/31 Rev.1	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
A71/32	Report of the External Auditor
A71/33 and A71/33 Corr.1	Report of the Internal Auditor
A71/34	External and internal audit recommendations: progress on implementation
A71/35	Human resources: annual report
A71/36	Report of the International Civil Service Commission

¹ See document WHA71/2018/REC/1, Annex 6.

² See document WHA71/2018/REC/1, Annex 8.

A71/37	Amendments to the Staff Regulations and Staff Rules ¹
A71/38	Appointment of representatives to the WHO Staff Pension Committee
A71/39	Global vaccine action plan
A71/40	Real estate: update of the Geneva buildings renovation strategy
A71/41 Rev.2	Progress reports
A71/42	Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits Report on implementation Executive Summary
A71/43	Collaboration within the United Nations system and with other intergovernmental organizations
A71/44	Human resources: annual report Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-first World Health Assembly
A71/45	WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-first World Health Assembly
A71/46	Financing of the Programme budget 2018–2019 Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-first World Health Assembly
A71/47	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 Seventy-first World Health Assembly
A71/48	Report of the External Auditor Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-first World Health Assembly
A71/49	Report of the Internal Auditor Report of the Programme, Budget and Administration Committee of the Executive Board to the Seventy-first World Health Assembly
A71/50	Multilingualism: implementation of action plan

¹ See document WHA71/2018/REC/1, Annex 4.

LIST OF DOCUMENTS

A71/51	Committee on credentials
A71/52	First report of Committee A
A71/53	First report of Committee B
A71/54	Election of Members entitled to designate a person to serve on the Executive Board
A71/55	Second report of Committee B
A71/56	Second report of Committee A
A71/57	Third report of Committee A
A71/58	Third report of Committee B
A71/59	Fourth report Committee B
A71/60	Fourth report Committee A

Information documents

A71/INF./1	Awards
A71/INF./2	Voluntary contributions by fund and by contributor, 2017

Diverse documents

A71/DIV./1 Rev.2	List of delegates and other participants
A71/DIV./2	Guide for delegates to the World Health Assembly
A71/DIV./3	List of decisions and resolutions
A71/DIV./4	List of documents

OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES¹

President

Dr Pagwesese David PARIRENYATWA
(Zimbabwe)

Vice-Presidents

Dr Francisco DUQUE III (the Philippines)
Ms Khadeeja ABDUL SAMAD
ABDULLA (Maldives)
Dr Yelzhan BIRTANOV (Kazakhstan)
Dr Djama ELMİ OKIEH (Djibouti)
Dr Rafael SÁNCHEZ CÁRDENAS
(Dominican Republic)

Secretary

Dr Tedros Adhanom GHEBREYESUS,
Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Bahrain, El Salvador, Iceland, Jamaica, Lesotho, Mongolia, Nepal, Niger, Sao Tome and Principe, Serbia, Solomon Islands and Turkmenistan.

Chairman: Mr Sveinn MAGNÚSSON
(Iceland)

Vice-Chairman: Ms Ragchaa OYUNKHAND
(Mongolia)

Secretary: Ms Françoise MOURAIN-SCHUT, 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: Argentina, Barbados, Botswana, Bulgaria, China, Cuba,

Fiji, France, Gabon, Madagascar, Mauritania, Nigeria, Russian Federation, Somalia, Turkey, United Kingdom of Great Britain and Northern Ireland and United States of America.

Chairman: Dr Pagwesese David
PARIRENYATWA (Zimbabwe)

Secretary: Dr Tedros Adhanom
GHEBREYESUS, 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: Mr Arun SINGHAL (India)

Vice-Chairmen: Dr Søren BROSTRØM
(Denmark) and Mrs Mónica MARTÍNEZ
MENDUIÑO (Ecuador)

Rapporteur: Dr Alain ETOUNDI MBALLA
(Cameroon)

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

Committee B

Chairman: Dr Firozuddin FERAZ
(Afghanistan)

Vice-Chairmen: Dr Stewart JESSAMINE
(New Zealand) and Professor Nicolas
MÉDA

Rapporteur: Dr José Eliseo ORELLANA
(El Salvador)

Secretary: Dr Clive ONDARI, Coordinator,
Safety and Vigilance

REPRESENTATIVES OF THE EXECUTIVE BOARD

Dr Asaad HAFEEZ (Pakistan)
Mr Philip DAVIES (Fiji)
Dr Josiane NIJIMBERE (Burundi)
Ms Sarah LAWLEY (Canada)

¹ In addition, the list of delegates and other participants is contained in document A71/DIV./1 Rev.2.

PART I
SUMMARY RECORDS OF MEETINGS
OF COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Monday, 21 May 2018, at 12:15

Chairman: Dr D. PARIRENYATWA (Zimbabwe)
President of the World Health Assembly

1. ADOPTION OF THE AGENDA: Item 10 of the Agenda (document A71/1 Rev.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 General Committee made 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, six items on the provisional agenda would be deleted, namely item 4 (Invited speakers); item 5 (Admission of new Members and Associate Members); item 15.4 (Special arrangements for settlement of arrears); item 15.5 (Assessment of new Members and Associate Members); item 15.6 (Amendments to the Financial Regulations and Financial Rules); and item 18.1 (Agreements with intergovernmental organizations).

It was so agreed.

Proposed supplementary agenda item

The CHAIRMAN drew attention to a proposal, referred to in document A71/1 Rev.1 Add.1, for the inclusion of a supplementary item, “Inviting Taiwan¹ to participate in the World Health Assembly as an observer”, on the provisional agenda of the Health Assembly. The proposal had been received from 15 Member States. In line with the procedure followed in previous years, he suggested that two delegates should speak in favour of the proposal and two against, following which the Committee would agree on the way forward.

It was so agreed.

The representative of ESWATINI,² expressing full support for the inclusion of the proposed supplementary item on the provisional agenda, said that access to health care was a human right, not a privilege. If WHO was to adhere to its principle of leaving no one behind, it could not exclude the millions of citizens of the Republic of China on Taiwan. It should not interfere in political conflicts

¹ Regarding this and all further such references in the record of the First Meeting of the General Committee, World Health Organization terminology refers to “Taiwan, China”.

² Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

but should promote its health agenda from a neutral standpoint. Disease knew no boundaries and global health security would only be achieved with the involvement of all stakeholders. The heavy transit flow through the Republic of China on Taiwan could also pose a health threat if the territory was not involved in information exchange in the Health Assembly. Political divisions could not be allowed to create gaps in disease prevention, particularly in the event of a global pandemic, and the Organization could not be used as a political arena.

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, in accordance with United Nations General Assembly resolution 2758 (XXVI) and resolution WHA25.1 (1972). 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 in accordance with a special arrangement under the "one-China" principle, a decision made through cross-Straits consultation. However, the current authorities in Taiwan, China, denied the fact that both the mainland and Taiwan belonged to one and the same China. The political foundation enabling the participation of Taiwan, China, in the Health Assembly had therefore been shaken, and the past arrangement could not be re-established.

The proposal that had been put forward was an attempt to expand what the authorities in Taiwan, China, called "international space" to challenge the "one-China" principle, establish the existence of two Chinas in WHO, and claim sovereign status. In so doing, they and a handful of allied States were politicizing the Organization.

Under the "one-China" principle, the Chinese central Government had made appropriate arrangements for Taiwan, China, to be part of global health affairs. Within the framework jointly set up between China and the Organization, health care professionals from Taiwan, China, could freely participate in relevant WHO technical activities. The claims of the Taiwanese authorities that they faced challenges in that regard simply did not reflect the facts. The proposal was invalid, disrupted the proceedings of the Health Assembly and undermined unity among Member States. His Government urged the Chairman to rule not to include the proposed supplementary item on the provisional agenda of the Assembly.

The representative of the SOLOMON ISLANDS¹ fully supported the proposal to include the proposed supplementary item on the provisional agenda. The exclusion of Taiwan, China, in the Health Assembly ran counter to the international commitment to achieve the Sustainable Development Goals. Political differences should not interfere with the WHO principle of ensuring all peoples enjoyed the right to health. The fight against disease required the engagement of the entire international community. Laying down conditions for the participation of Taiwan, China, in the Health Assembly was unreasonable and political. The inclusion of Taiwan, China, was rather a matter of health. The Taiwanese authorities were responsible for the health of their people; it would be ironic to exclude 23 million people from the global health system while claiming to leave no one behind. No United Nations resolution or decision referred to the "one-China" principle or denied the Taiwanese people access to good health.

The representative of CUBA rejected the proposal to include the proposed 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

¹ Participating by virtue of Rule 30 of the Rules of Procedure of the World Health Assembly.

and the WHO Constitution, and as a province of China, Taiwan was not eligible for WHO membership or associate membership. The fundamental principles of the sovereignty and territorial integrity of States, enshrined in the UN Charter, must be respected. The Health Assembly had a heavy agenda before it 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. 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, he 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.

The CHAIRMAN also took it that the Committee wished to recommend the adoption of the agenda in document A71/1 Rev.1, as amended. The recommendation would be sent 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. Seeing no objections, he took it that the proposal was acceptable.

It was so agreed.

Further to a proposal from the representative of the RUSSIAN FEDERATION, the CHAIRMAN said that it was his understanding that progress report T, on multilingualism, would be moved from agenda item 20 (Matters for information) to form a new agenda item, 12.10.

It was so agreed.

The General Committee reviewed the programme of work for the Health Assembly until Wednesday, 23 May 2018.

The CHAIRMAN drew attention to decision EB142(10) (2018), whereby the Executive Board had decided that the Seventy-first World Health Assembly should close no later than Saturday, 26 May 2018. It was therefore proposed that the Health Assembly should close on that day.

It was so agreed.

3. LIST OF SPEAKERS

The CHAIRMAN, referring to the list of speakers for the general discussion under item 3 of the agenda, proposed that, as on previous occasions, the order 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. He further proposed that the list of speakers should be closed on Tuesday, 22 May 2018 at 10:00. In the absence of any objection, he would inform the Health Assembly of those arrangements at its second plenary meeting.

It was so agreed.

The meeting rose at 12:55.

SECOND MEETING

Wednesday, 23 May 2018, at 17:55

Chairman: Dr D. PARIRENYATWA (Zimbabwe)
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 A71/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 12 new Members for that purpose.

To assist the Committee in its task, two documents had been placed before it. The first indicated the present composition of the Executive Board by region; the names of the 12 Members whose term of office would expire at the end of the Seventy-first World Health Assembly and which had to be replaced were underlined. The second (document A71/GC/2) contained a list, by region, of the 12 Members that it was suggested should be entitled to designate a person to serve on the Executive Board. Vacancies by region were: African Region: 1; Region of the Americas: 2; South-East Asia Region: 1; European Region: 4; Eastern Mediterranean Region: 2; and Western Pacific Region: 2.

As no additional suggestions had been made by the Committee, the number of candidates was the same as the number of vacant seats on the Executive Board. He 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, he 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 12 candidates for the annual election of Members entitled to designate a person to serve on the Executive Board: Australia, Chile, China, Djibouti, Finland, Gabon, Germany, Indonesia, Israel, Romania, Sudan and the United States of America.

It was so agreed.

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

The representative of INDIA, speaking in his capacity as Chairman of Committee A, reported on that Committee's work. In view of the number of items on its agenda and of speakers on each, he suggested that consideration be given to systemic changes to the work of the Assembly, in particular Committee A.

The representative of AFGHANISTAN, speaking in his capacity as Chairman of Committee B, reported on progress in his Committee, which also had a heavy workload.

The CHAIRMAN proposed a programme of work for Thursday, 24 May, Friday, 25 May and the remainder of the Health Assembly. Noting the slow progress made in Committee A, he said that further adjustments to the allocation of items to the two committees might need to be considered. He suggested holding consultations with the two chairmen to discuss the issue.

It was so agreed.

The General Committee drew up the programme of work of the Health Assembly for Thursday, 24 May, Friday, 25 May and the remainder of the Health Assembly.

The meeting rose at 18:05.

COMMITTEE A

FIRST MEETING

Monday, 21 May 2018, at 15:55

Chairman: Mr A. SINGHAL (India)

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

The CHAIRMAN welcomed participants and introduced the representative of the Executive Board, its Chairman,¹ who would report on the Board's consideration of relevant items of the agenda. Any views expressed by representatives of the Board would be those of the Board, and not those of their respective governments.

Election of Vice-Chairmen and Rapporteur

Decision: Committee A elected Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduiño (Ecuador) as Vice-Chairmen and Dr Alain Etoundi Mballa (Cameroon) as Rapporteur.²

Organization of work

The representative of BULGARIA, 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. He 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.

¹ Participating by virtue of Rules 42 and 43 of the Rules of Procedure of the World Health Assembly.

² Decision WHA71(3).

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda

Health, environment and climate change: Item 11.4 of the agenda (documents A71/10, A71/10 Add.1 and A71/11)

The representative of MONACO said that the documents relating to item 11.4 reflected WHO's strengthened leadership in the area of health, environment and climate change. She welcomed the progress made in relation to the road map for an enhanced global response to the adverse health effects of air pollution, covering the period 2016–2019, which provided a solid basis from which to obtain further evidence on the links between pollution, climate change and health effects. Her Government accorded high importance to the issue and would continue to support WHO in its related work, including by making a contribution to the first WHO Global Conference on Air Pollution and Health, to be held in Geneva from 30 October to 1 November 2018. She welcomed WHO's work on the interlinkages between human health and biodiversity and encouraged further discussion on the matter, including in the context of antimicrobial resistance and zoonoses.

The representative of AZERBAIJAN said that the environment must be at the forefront of countries' health-related policies. In that connection, her Government had been cooperating with local and regional authorities and had implemented a number of national programmes, including regulations for clean air. It had also made efforts to promote healthy lifestyles and ensure access to safe and clean water and sanitation, which was a right, and had made significant progress in reducing water-borne diseases.

The representative of INDIA said that it was imperative to measure environment and climate change determinants in all impact assessments. Her Government had introduced a range of measures to tackle the health effects of climate change. She expressed support for the development of a flagship initiative to address the health effects of climate change in small island developing States and vulnerable settings, which should take account of country-specific needs. The Secretariat should prioritize and provide support to Member States in: mainstreaming environmental risk factors into existing policy frameworks, so as to catalyse multisectoral action; developing a research agenda on the linkages between environmental risk factors and health; ensuring that health was properly represented in the climate change agenda; and building the capacity of public health practitioners to reduce health vulnerabilities to climate change.

The representative of CANADA expressed support for a focus on small island developing States in the development of a draft action plan for the platform to address the health effects of climate change. The Secretariat should promote more effective upstream actions in such States in order to reduce indoor air pollution, using measures that complemented actions to reduce climate change, safeguarded the environment and promoted the health of the most vulnerable groups, including women and girls. Environment-minded education and advocacy must be included in the curriculums of health professionals. Her Government supported the development of a draft comprehensive global strategy on health, environment and climate change, and looked forward to participating in the consultative process.

The representative of BRAZIL said that the interlinkages between human health, environment, climate change and biodiversity must be addressed through an intersectoral and coordinated approach. It was essential to tackle the environmental and social determinants of health in order to reduce the negative health impacts of environmental risk factors. The 2030 Agenda for Sustainable Development provided an opportunity to coordinate action both nationally and internationally. The Secretariat should continuously inform Member States of the outcomes of collaboration with other agencies, through the governing bodies. Using an evidence-based approach, the Secretariat should provide support to Member States to ensure that national health sectors had adequate preparedness and response capacities. Implementation of the draft thirteenth general programme of work, specifically its

platform 5 (Addressing health effects of climate change in small island developing States and other vulnerable States), would be an important step in guiding WHO's work in that area. The relationship between human health and biodiversity must be addressed in accordance with the global action plan on antimicrobial resistance, using a risk assessment and risk management approach.

The representative of IRAQ said that health and environmental indicators should be incorporated into efforts related to universal health care and in strategic workplans for communicable and noncommunicable diseases, with a view to making progress towards achieving the Sustainable Development Goals. The issue of climate change and its adverse effects on health should be included in the draft thirteenth general programme of work. Intra- and interregional cooperation was also essential. In addition, intersectoral collaboration and community participation were vital within the context of primary health care, including primary environmental care.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Georgia, aligned themselves with his statement.

Climate change and environmental degradation had a significant impact on people's health and development, as well as socioeconomic consequences. Mitigating the effects of climate change would therefore not only improve people's health but also have a positive impact on the planet. To achieve the Sustainable Development Goals, intercountry, intersectoral and multistakeholder collaboration was required, including through cross-cutting and preventive approaches, and mutually reinforcing actions that enhanced the co-benefits of the Goals and targets related to improving the health of societies must be promoted. A Health in All Policies approach was therefore necessary, in addition to a more integrated "One United Nations" approach in which all relevant organizations of the United Nations system, in particular WHO and UNEP, worked together to tackle the related challenges at the national, regional and global levels.

He commended the Director-General and the Secretariat for their commitment to the issue of health, environment and climate change and welcomed both the update on the road map for an enhanced global response to the adverse health effects of air pollution and the information on the linkages between health and biodiversity. He looked forward to working with the Secretariat on the draft comprehensive global strategy on health, environment and climate change and to engaging constructively in the run-up to the WHO Global Conference on Air Pollution and Health.

The representative of the UNITED STATES OF AMERICA said that document A71/10 continued to misstate several key facts that should be corrected. Nevertheless, the proposed actions for health ministries were logical and well considered. Intersectoral action was crucial in order support the creation and dissemination of epidemiological evidence. The health sector should take steps to ensure that health facilities had safe water and adequate sanitation, and were resilient to natural disasters. Although the measures taken by the Secretariat to use monitoring and reporting mechanisms were welcome, better data were needed. Further information on how work on health, environment and climate change would interact with other WHO workstreams would also be welcome. In addition, it would be useful to know how WHO was cooperating with other international organizations to ensure that its efforts were complementary to ongoing work, while remaining within its own mandate. It was pleasing to see the numerous and complex linkages, both direct and indirect, between health and biodiversity, and the constructive collaboration between WHO and the Convention on Biological Diversity.

The provision of support for Member States proposed in paragraph 19 of document A71/11 was welcome. However, with regard to paragraph 16 on "no regrets" measures, the establishment of regulations for the protection of human, plant and animal health fell under the scope of the WTO Agreement on the Application of Sanitary and Phytosanitary Measures, along with the obligations to base such measures on science and risk. He therefore encouraged Member States to establish sanitary and phytosanitary measures in a manner consistent with WTO member obligations.

Further information on how the WHO Secretariat and the secretariat of the Convention on Biological Diversity would develop best practices would be appreciated. He also requested clarification of the phrase “opportunities to ... promote sustainable consumption and production and associated behavioural change”, contained in paragraph 19, and how the Secretariat would work with Member States to carry out such action.

The representative of the DOMINICAN REPUBLIC said that, to enable countries to effectively integrate the different sectors linked to biological diversity, climate change and health, the Secretariat must support national capacity-building. It should also provide support to countries in conducting follow-up and compiling data, and provide technical support for the development of studies on the linkages between health and biological diversity in environmental and health impact assessments, as well as in risk and strategic assessments. The Secretariat should provide support to Member States to promote the examination, surveillance and assessment of the adverse health effects of interventions relating to biological diversity, and identify ways to adopt healthy lifestyles. In addition, it should encourage and propose strategies or conceptual frameworks to develop and implement interdisciplinary programmes on the linkages between biological diversity and health, and promote the large-scale and high-level integration of health and biological diversity to address cross-cutting issues. It was important to comply with multilateral agreements aimed at reducing the effects of climate change, particularly on small island developing States.

The representative of GABON said that her Government had implemented a range of measures to combat climate change, including the conservation of 15% of its forest land as part of efforts to reconstitute the ozone layer. WHO should continue its follow-up work on the road map for an enhanced global response to the adverse health effects of air pollution, and provide regular updates on the progress achieved.

The representative of AUSTRALIA welcomed the Director-General's commitment to addressing the health impacts of climate change and the environment and the priority accorded by WHO to the issue. Strong, resilient health systems, equipped with the necessary skills and tools, would be critical to tackling the related challenges. Noting the particular challenges faced by the Asia-Pacific region, he welcomed the launch of the special initiative to address climate change impacts on health in small island developing States and the development of the draft comprehensive global strategy on health, environment and climate change. In recognition of the unique national circumstances of each Member State, the draft comprehensive global strategy should present a range of evidence-based approaches for Member States to implement as appropriate to their context. Both the draft comprehensive global strategy and the draft action plan for the platform to address the health effects of climate change must complement existing efforts to strengthen health security and health systems to avoid duplication and fragmentation. Such work should be undertaken in close collaboration with the secretariat of the United Nations Framework Convention on Climate Change. He welcomed the work undertaken on the linkages between human health and biodiversity.

The representative of NORWAY welcomed the attention afforded by WHO to health, environment and climate change and applauded WHO's leadership in highlighting the health impacts of air pollution. The first WHO Global Conference on Air Pollution and Health would provide an opportunity for the Organization to underline the increasing threats from air pollution and the connection with under-5 mortality and noncommunicable diseases. The special initiative to address climate change impacts on health in small island developing States and the draft comprehensive global strategy on health, environment and climate change should be fully integrated into the draft thirteenth general programme of work. The draft comprehensive global strategy must describe the major risks and co-benefits of climate, environment and health-related action at the international level, and outline the research and public health capacities required at the national level to define and drive cross-sectoral efforts. It must also provide details of the policy, programming and regulatory capacities needed to sustain effective action at the regional, national and municipal levels. Her Government

accorded high priority to work on health, environment and climate change and was considering increasing its financial support for WHO's work in that area.

The representative of SPAIN said that studying the impact of climate change on public health would enable countries to design and integrate adaptation measures into health management and planning policies, and to develop preventive and protective strategies. Action on the following was essential in order to address the challenges posed by climate change-related risks: providing greater leadership and governance by health ministries in the development of intersectoral policies; facilitating evidence-based policy options and awareness-raising activities; and supporting the implementation of the public health response to climate and environmental change.

The representative of AUSTRIA welcomed the broad and interdisciplinary perspective of the road map for an enhanced global response to the adverse health effects of air pollution. It was essential to strengthen cooperation and synergies across health and other sectors and emphasize their co-benefits in order to fight air pollution, reduce greenhouse gas emissions and promote health. The education and involvement of young people in the decision-making process to understand and promote the linkages between environment and health was paramount, as was bold political leadership. His Government was willing to support such efforts at all political levels.

The representative of BARBADOS said that investment in the appropriate infrastructure, response capabilities and human resource development was essential to enable small island developing States to tackle the challenges posed by health, environment and climate change. As Barbados was one of the most water-scarce countries in the world, she urged the Director-General to view wastewater as a valuable commodity rather than as a waste product, and to develop appropriate guidelines and protocols on the matter. The Director-General should also: commission rapid response teams in the most vulnerable geographical areas to provide logistics and support during post-disaster periods; develop protocols for the storage of safe drinking water; and promote the ecological protection of sites in accordance with the Convention on Wetlands of International Importance especially as Waterfowl Habitat. In addition, support was needed to combat the impacts of climate-driven vector-borne diseases. She requested the Director-General to ensure that no small island State was left behind in its quest for development and prosperity.

The representative of the PHILIPPINES agreed with the need for a more upstream approach to combating climate change and expressed support for the development of a draft action plan for the flagship initiative to address the health effects of climate change in small island developing States and other vulnerable settings, with clear timelines and outcomes. There should be specific measures to make countries more accountable for their actions in terms of their impact on the global climate and health of those disproportionately affected. Her Government fully supported the development of a draft comprehensive global strategy on health, environment and climate change. She invited colleagues from the Regional Office for the Western Pacific to attend a conference on healthy islands, to be held in the Philippines in July 2018, in order to discuss the development of a framework for action.

The representative of the NETHERLANDS said that all stakeholders around the world should join forces to address the climate change-related causes of ill health. She urged health ministries, health professionals, nongovernmental organizations, companies and health research institutes to be advocates for climate and environmental action among the public and influential stakeholders. Major health concerns should be reflected in the policies and practices of all sectors that affected the climate and environment, in line with the Health in All Policies approach.

The representative of MALAYSIA welcomed the actions undertaken by the Secretariat thus far, but noted that further efforts were required to provide support to Member States in mainstreaming the linkages between biodiversity and health.

The representative of PANAMA said that the issue of health, environment and climate change must be addressed using an intersectoral, inter-institutional and interdisciplinary approach. To ensure a more effective response, the health sector should join forces with all stakeholders and the community. In addition, targeted strategies to encourage the population to learn new behaviours in order to minimize risks and bad habits should be developed. Outreach and education were essential, and it was important to redesign the health promotion component using an environmental and whole-of-society approach, with the participation of all government sectors. Her Government was committed to tackling the issue.

The representative of NAMIBIA said that a lack of awareness, a shortage of reliable data on environmental health factors and outcomes, a lack of evidence demonstrating the social and economic benefits of prevention programmes, and the absence of a coordinated approach across all sectors had led to an underestimation of the true impact of environmental health risk factors. The Health in All Policies approach was a critical tool as part of efforts to adopt a cross-sectoral, integrated approach to deal with the determinants of health and, together with universal health coverage, was a prerequisite for achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). An annual update on progress made in the implementation of resolution WHA67.12 (2014) should be provided.

The representative of CHINA welcomed WHO's analysis of the linkages between human health and biodiversity, and of the disease burden caused by environmental risks, which disproportionately affected middle- and low-income countries, vulnerable populations and certain groups of workers. She welcomed the development of a draft action plan for the flagship initiative to address health effects of climate change in small island developing States and vulnerable settings. Cross-sectoral, interdisciplinary action was essential. Noting that the fifteenth meeting of the Conference of the Parties to the Convention on Biological Diversity was scheduled to be held in China in 2020, she encouraged WHO to continue its collaboration with the secretariat of the Convention on Biological Diversity, with a focus on biodiversity and health. Her Government would continue to work with the Secretariat to conduct relevant research.

The representative of SRI LANKA, noting the need for an integrated approach, welcomed the development of a draft comprehensive global strategy on health, environment and climate change, which in turn would help to achieve the Sustainable Development Goals. The draft comprehensive global strategy should cover the working environment and integrate the follow-up of the WHO global plan of action on workers' health.

A cross-sectoral, multistakeholder approach was required to tackle the adverse impacts of climate change and biodiversity loss. In addition, a greater understanding was needed of the linkages between biodiversity, ecosystem services and human health; the benefits of timely, integrated action must also be promoted.

The representative of the BAHAMAS said that the public health and economic impacts of environmental and climate change were greatest in small island developing States. However, the Paris Agreement under the United Nations Framework Convention on Climate Change was important for all nations, regardless of their size, given that the effects of climate change would be felt at the global level.

Thanking PAHO for the technical support provided in response to disasters, he noted the importance of sharing lessons learned. His Government had launched a number of initiatives to tackle the health effects of climate change. Progress had been made in improving the health of inner-city communities using an intersectoral approach encompassing environmental, social and economic incentives and enhanced connectivity within all community health clinics to better inform communities.

It was essential to continue research to inform evidence-based decisions in the field of climate change and biodiversity.

The representative of INDONESIA said that, as his country was particularly vulnerable to the adverse impacts of climate change, his Government had implemented a range of measures to tackle the related health effects, including a national action plan on climate change adaptation, in line with a strategic, multisectoral approach.

The Minamata Convention on Mercury and the Stockholm Convention on Persistent Organic Pollutants were critical to improving national capacity with respect to health and the environment. His Government was committed to working with all sectors and relevant stakeholders: to promote healthy lifestyles; to improve the quality of water and sanitation; and to develop guidelines on the health risks associated with chemical use, environmental pollution, radiation and climate change.

The representative of ISRAEL said that health, environment and climate were inextricably linked; failure to take action would hamper the achievement of unrelated goals, as well as the Sustainable Development Goals. Cross-sectoral, multistakeholder cooperation, with both the public and private sectors, was needed in order to achieve significant and durable results. In view of the large number of actors and components involved, WHO's leadership, normative work and efforts to strengthen regional and global monitoring and reporting mechanisms were critical to successful outcomes. It was imperative to take immediate action to prevent further irreversible environmental damage. Her Government accorded high priority to health, environment and climate change and looked forward to working with the Secretariat on the issue.

The representative of SAUDI ARABIA noted the reports and expressed his grave concern about the major contribution of environmental risk factors to the global disease burden, pointing out that failure to manage environmental risks and prevent environment-related diseases would ultimately increase the pressure on health services and national and household budgets. Studying the links between health, climate and environment was essential to the successful implementation of the 2030 Agenda for Sustainable Development and the draft thirteenth general programme of work. He supported the draft comprehensive global strategy, the Health in All Policies approach and the integration of multisectoral strategies. The health sector needed to lead the way and work with other sectors to achieve a sustainable future in which people were able to live healthy lives. He called on WHO and its partners to expand existing initiatives and support research on the health effects of dust storms and the measures needed to reduce dust emissions and the population's level of exposure during dust storms.

The representative of MEXICO recognized the need to address environmental risk factors, given the new and long-standing challenges faced by Member States and the fact that the increase in extreme environmental events was already having an impact on morbidity, mortality and disease transmission. She therefore welcomed the Director-General's initiative to develop a plan of action to address the effects on health of climate change. The initiative reaffirmed the Secretariat's commitment to supporting Member States in developing climate change adaptation plans and recognized the importance of multilateralism as a key element in addressing global challenges.

Climate change should remain on the agenda of WHO governing bodies, and a multisectoral and inter-agency approach should be taken in monitoring developments. Moreover, to address the challenges, human and financial resources should be allocated to environmental health at the national and international levels and a comprehensive approach adopted, taking into consideration a range of factors and the core functions of the health sector. With respect to air quality, the draft comprehensive global strategy and draft action plan should propose tangible short-, medium- and long-term actions to be taken jointly with the environment sector. It should also include a risk communication section, focusing on prevention, so that information on the major challenges encountered in monitoring activities could be disseminated based on the data provided by the air quality monitoring system.

The representative of the REPUBLIC OF KOREA said that the threat to public health posed by climate change required the active intervention of health ministries. In his country, the Ministry of Environment, in collaboration with nearly 20 other ministries, was implementing a national climate

change adaptation plan. Moreover, the Ministry of Health and Welfare, as the body responsible for issues relating to climate change, was working on reducing the impact of climate change on health. Global cooperation was needed to tackle climate change, for the benefit of current and future generations. His Government would continue to work with the Secretariat to develop global strategies on health, the environment and climate change.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the focus on climate change as a major global health threat. Her Government was in the process of finalizing its national health adaptation plan, using climate change data to inform public-health responses to climate-related risks. It was also implementing a project on using water and sanitation interventions to respond to climate change. Climate change data provided a valuable tool for early intervention; she called on the Secretariat to continue to provide technical support to Member States in delivering reliable forecasts. Moreover, it was important to better understand the links between biodiversity, ecosystems and human health, in order to plan effective interventions. In that regard, she welcomed the cooperation between the Secretariat and the secretariat of the Convention on Biological Diversity.

The representative of the RUSSIAN FEDERATION said that it was necessary to respond to climate change, especially given its impact on small island developing States and other vulnerable countries. The Sustainable Development Goals included targets relating to sustainability and health. It was therefore necessary to prioritize measures to prevent noncommunicable diseases related not only to climate change, but also to environmental degradation and unhealthy working conditions. Challenges relating to environmental pollution could only be overcome if the health sector played a leading role in coordination. In that regard, Member States looked to the Secretariat to provide scientifically backed proposals to design up-to-date responses and prevention measures. The monitoring and prevention of threats were key aspects of protection mechanisms; as well as medical, scientific and technical data, socioeconomic effects and objective evaluation and follow-up mechanisms should be taken into account in developing prevention and protection initiatives.

The representative of THAILAND said that the implementation of declarations, resolutions and frameworks relating to climate change resilience and adaptation, such as the Malé Declaration on Building Health Systems Resilience to Climate Change, required intersectoral action to ensure the full engagement of non-health sector stakeholders, as climate change affected the whole of society. Investment in primary prevention to mitigate environmental degradation and the impact of climate change was vital. Her Government supported the activities planned for 2018–2019, in particular health system capacity-building at the national level, including through existing initiatives such as the Asia-Pacific Regional Forum on Health and Environment. However, there were concerns that the resources available did not reflect the scale of the problem. Thus, there was a need to improve WHO access to key resources such as the Global Environment Fund and the Green Climate Fund.

The representative of the MALDIVES, speaking on behalf of the Member States of the South-East Asia Region, said that working environments were a significant yet neglected area in the environmental health framework. Ambient and household air pollution was also a key concern of his region because of its disproportionate share of the global burden of diseases attributable to air pollution. It was therefore important to implement effective prevention measures in light of increased urbanization in the Region.

All sectors must be aware of mitigation measures and the health sector should build its resilience to climate change, which affected children, young people, older people, women, informal workers and other vulnerable groups the most. Targeted support must therefore be provided to the most vulnerable nations and populations. There should be sufficient political will to address the challenges globally, including measures to cut carbon emissions. In addition, the upstream drivers of health hazards needed to be addressed for regular monitoring and review of progress towards the goals and targets of the 2030 Agenda for Sustainable Development. Moreover, there must be holistic and integrated strategies based on existing international agreements, which should leverage additional

support, mainstream health and biodiversity, be linked to national strategies and programmes and strengthen system resilience.

More research was needed on the links between biodiversity and health. The Secretariat should take advantage of the Green Climate Fund and collaborate with accredited agencies. His country appreciated efforts to launch the draft comprehensive global strategy on environment, health and climate change as well as the progress made in technical areas. WHO should support resource mobilization and deployment efforts to support country-level actions.

The representative of TRINIDAD AND TOBAGO said that, as a small island developing State, her country was especially vulnerable to climate change. In response, her Government had adopted a Health in All Policies approach, with various ministries and agencies sharing responsibilities for the components determining vulnerability to climate change. She noted the recommendation to support the implementation of the public-health response to climate and environmental change, and agreed on the importance of incorporating climate change into risk assessments and preparedness and response plans for health emergencies, integrating climate resilience into the building blocks of health systems, and promoting investment in the provision of energy, water and sanitation. WHO should provide guidance on implementing national programmes in those areas.

The representative of GRENADA, speaking on behalf of small island developing States, said that climate change was one of the greatest threats to global health. It was therefore necessary to have a well-defined strategy aimed at ensuring that mitigation and adaptation were the cornerstones of plans. The risk of increased disease burden caused by climate change had placed small island developing States at a severe disadvantage in achieving the Sustainable Development Goals. For example, epidemics of chikungunya and Zika virus disease in the region had negatively affected the economy and early learning institutions had begun to report learning disabilities among children whose mothers had contracted Zika virus during pregnancy. Welcoming the plan to hold regional consultations on creating a road map on mitigation and adaptation, he emphasized that small island developing States contributed the least to climate change, yet were the most affected; WHO must urgently consider their vulnerabilities.

The representative of PAKISTAN, emphasizing the central place of health in all of the Sustainable Development Goals, said that public health approaches to climate change and environmental degradation should involve wider society and be comprehensive, integrated, intersectoral, population based and cost-effective. It was important to generate evidence on the impact of environmental degradation and climate change on health to ensure informed policy-making. It was also important to integrate climate variation into risk assessments and emergency preparedness plans, and incorporate climate resilience into the building blocks of health systems. Investment in clean energy, water and sanitation for health facilities was also necessary to contribute towards universal health coverage.

The representative of SWITZERLAND said that intersectoral collaboration was important to tackle issues related to the environment, and encouraged greater WHO involvement with different sectors. WHO should continue to participate in environmental negotiations, including by creating, and holding regular discussions with, a network of States and negotiators devoted to the cause. Studies showed that ensuring a healthy environment would improve global health, and WHO had a role to play in promoting the Health in All Policies approach.

The representative of PAPUA NEW GUINEA said that his Government endorsed the three reports and their recommendations. It was encouraging that WHO had requested accreditation to the Green Climate Fund and would work with partners to increase health-sector access to climate financing, particularly in the most vulnerable countries. It was also encouraging that the Organization had acknowledged the need for significant initial investment to tackle environmental and climate risks and for new funding mechanisms both nationally and internationally.

The representative of ESWATINI, speaking on behalf on the Member States of the African Region, said that environmental risks were higher in the African Region compared with the rest of the world, which increased the burden of communicable and noncommunicable diseases, and vulnerable groups were most affected. Interventions must focus on universal access to safe drinking water, sanitation and hygiene, air pollution and clean energy, chemicals and waste, climate change, vector control and health in the workplace, including indoor air quality. The health sector must lead the process and work with other sectors to ensure a wider societal, intersectoral, Health in All Policies and population-based public health approach.

Significant initial investment was needed to address environmental and climatic risks, with the benefits being spread over several years. Failure to manage environmental risks would increase the strain on health services and on national and household budgets. The effects of human actions on the environment were an ethical and human rights issue. His Government agreed with the steps proposed in the reports. However, WHO should provide the health workforce with technical support and guidelines on climate change and on how to monitor progress.

The representative of COMOROS said that his country was particularly vulnerable to the effects of climate change. Not only was the country an island, but it also had a low level of economic development and a weak health system. The Government would focus on leadership and an intersectoral approach to tackling environmental risks. It would also implement the Libreville Declaration on Health and Environment in Africa, the Strategic Plan for Biodiversity 2011–2020, including the Aichi Biodiversity Targets. He supported WHO's request for accreditation to the Green Climate Fund.

The representative of MALAWI said that almost a quarter of the environmental disease burden in Africa was due to environmental risk factors. The Government of Malawi had adopted a raft of measures to address the issues and the health sector was taking the lead and working with other sectors. He expressed support for the report and the recommendations on the way forward.

The representative of BAHRAIN said that she supported the three reports and the strategies proposed therein. It was particularly important to fight climate change effects in small island developing States and other developing States. The Government of Bahrain had introduced its own national strategy to mitigate climate change effects, involving both the Ministry of Health and the Ministry of the Environment. The Government also hoped to increase private-sector participation and bolster regional and international cooperation.

The representative of ECUADOR said that there was a need for inter-institutional, intersectoral and interdisciplinary action at local and international levels on issues related to health and the environment. The health sector should take the lead but also work with other sectors. It was important to work on practical strategies to achieve the objectives. States must strengthen measures to improve primary health care, which should be community based and focused on prevention. They must reduce the burden of diseases caused by climate change and ensure adequate financing mechanisms to tackle the issue. In general, the problem was largely rooted in the fact that vulnerable populations lacked access to safe and healthy environments.

The representative of KENYA said that his country was committed to securing environmental sustainability at the local, regional and global levels; he welcomed the important contribution made by States, non-State partners and WHO leadership to that end. Given the close interaction between humans, animals and the environment, and its huge impact on health, quality of life and development, a One Health approach should be embraced to tackle the influence of climate change and the environment at the human and animal health interface. He expressed support for the proposed next steps outlined in the reports.

The representative of the ISLAMIC REPUBLIC OF IRAN said that climate change and air pollution were major issues in the Eastern Mediterranean Region. His Government was implementing measures at the national level, including environmental health impact assessments based on WHO technical recommendations. It was important to promote the Health in All Policies approach because much of the monitoring of the many environmental health determinants was undertaken outside the health sector. Industrialized countries should take on greater responsibility in tackling the impact of environmental risks, air pollution and climate change on health.

The representative of VIET NAM thanked the Secretariat for its work with the secretariat of the Convention on Biological Diversity, which was important in the light of the increased evidence on the complex impacts of biodiversity on human health. In order to help Member States to manage the health burden from biodiversity loss and integrate health and biodiversity into national strategies, further research was required on the links between biodiversity and human health, including health priorities and nature-based solutions linked to country context.

The representative of BHUTAN urged other Member States to consider the Malé Declaration in their actions on climate change, health and the environment. Climate change was having an adverse effect on efforts to improve the health of populations, particularly in the Himalayan region, and his country had therefore made a commitment to remaining carbon neutral. Environmental initiatives would only be sustainable if joint efforts were made through multisectoral collaboration, and he therefore called on the Secretariat and State and non-State actors to strengthen their partnership, which was the only way to achieve the “triple billion” goals and universal health coverage.

The representative of ZAMBIA welcomed the information provided on the links between biodiversity and health, which needed to be mainstreamed into national programmes through a Health in All Policies approach, and their importance to the 2030 Agenda for Sustainable Development and the achievement of the Sustainable Development Goals. It was important to remember the economic costs of environmental degradation; failure to manage environmental risks would cause a strain on health systems. Member States had to increase investment in primary prevention, while targeted support was required for the most vulnerable nations. Innovative national and international funding mechanisms were required, and she therefore welcomed WHO’s request for accreditation to the Green Climate Fund. She expressed support for the proposed next steps.

The representative of HAITI highlighted the importance of the environmental dimension of sustainable development, particularly in its own case as a small island developing State. Climate change was causing greater extremes of weather in the Caribbean region, and countries in the region needed to prepare for those risks. One solution could be to introduce financing mechanisms or improve existing ones, allowing affected countries to access reconstruction funds quickly through affordable, effective procedures, instead of having to wait for dubious support that was often too little, too late, or failed to materialize.

The representative of SOUTH AFRICA welcomed the road map, noting the expansion of the knowledge base on air pollution and the improvement in the quality and coverage of information about human exposure to urban ambient air pollution. He expressed appreciation for the Secretariat’s efforts to strengthen the capacities of Member States. It was also positive to see greater WHO leadership in global forums, the development of indicators for relevant Sustainable Development Goal targets and the expansion of the BreatheLife campaign. However, government financial allocations failed to match the magnitude of the impact of air pollution on human health; health ministries therefore needed to continue advocating for increased budgets to address issues relating to the environment and climate change. Multisectoral collaboration was also needed at all levels, particularly more societal involvement to address the social determinants of health. He agreed that the health sector had to strengthen its collaborative work to achieve the health-related Sustainable Development Goals, and

called for climate change to be incorporated into risk assessments and preparedness and response plans for health emergencies.

The representative of TUVALU, speaking on behalf of the Pacific island countries, highlighted the impact of climate change in his region, where uncertainties about the future also contributed to psychosocial risks. It was unfair that Pacific island countries were the first to experience the impact of climate change on health and health systems, while they were the last to contribute to the causes. Further consideration should be given to the links between biodiversity and health, and the Secretariat must provide support to Member States in that area; more funds should be allocated to climate change and health efforts within the general programmes of work in those countries. He requested simpler mechanisms for small island developing States to access climate change funds and expressed support for WHO's request for accreditation to the Green Climate Fund.

The representative of WMO said that 2015–2017 had been the warmest period on record, confirming a global warming trend, while the concentration of greenhouse gases in the atmosphere also continued to rise, with profound implications for societies and human health. However, much of the potential damage could be avoided through strategic action and preparedness measures. WMO had an important role to play in that regard, providing data on weather, climate and air quality to help the health sector to understand, monitor, forecast and address critical health risks. National meteorological and hydrological services were also starting to recognize the importance of working with national health authorities to improve public health, and the WHO/WMO Joint Office on Climate and Health provided strategic and technical support on climate services. WMO would continue to support WHO's strategic priorities on health, environment and climate change, notably through a joint programme of work to ensure that relevant and authoritative information was available to support the WHO Special Initiative for Climate Change and Health in Small Island Developing States and efforts to address the health risks of extreme weather and poor air quality. WMO also recognized the importance of greater coordination across the United Nations system, and to that end would participate in the Health, Environment and Climate Change Coalition.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the role of breastfeeding and human breast milk should be reflected in climate-smart development goals at the national and global levels. While breast milk substitutes left a significant ecological footprint, breastfeeding made an important contribution to mitigating environmental harm, especially in the context of growing food insecurity and extreme weather conditions faced by the most vulnerable women and children. Policies and practices relating to the International Code of Marketing of Breast-milk Substitutes and measures to promote breastfeeding supported climate change mitigation efforts and were key to global measures to achieve Sustainable Development Goal 13 (Take urgent action to combat climate change and its impacts).

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the progress made on the road map and the recognition of the interlinkages between the environment and priority health concerns. However, she urged Member States to implement the recommendations made regarding climate action and health. A wider, intersectoral and population-based public health approach was needed, and she supported interlinking the work of WHO with the 2030 Agenda for Sustainable Development and processes under the United Nations Framework Convention on Climate Change. The health sector had a specific responsibility to inform policy-makers and the public about the health impacts of climate and environmental change. Member States should use the momentum created by the first review of Nationally Determined Contributions under the Paris Agreement to make public health measures a central part of climate action. In the light of preparations for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, she drew attention to the fact that air pollution had a comparable effect to that of the four recognized risk factors but was largely overlooked.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, drew attention to the environmental harm caused by the poor management of pharmaceuticals, as reported by the Strategic Approach to International Chemicals Management in 2015. She urged WHO to prioritize efforts to mitigate the impact of pharmaceutical waste as an environmental contaminant, with emphasis on prevention through patient education and proper medication disposal practices.

The meeting rose at 18:25.

SECOND MEETING

Tuesday, 22 May 2018, at 09:15

Chairman: Mr A. SINGHAL (India)

later: Dr S. BROSTRØM (Denmark)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Health, environment and climate change: Item 11.4 of the agenda (documents A71/10, A71/10 Add.1 and A71/11) (continued)

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that, while her organization welcomed WHO's efforts to prioritize climate change, greater support should be provided to vulnerable small island developing States and further action taken to adopt a wider intersectoral and population-based approach to the issue. Member States, for their part, should uphold their commitments under the Paris Agreement and implement innovative national and international financing mechanisms aimed at building robust health systems.

The representative of MEDICUS MUNDI INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should play a leadership role in establishing regulations and standards that held to account the main producers of global emissions. While it was important to implement the provisions of the United Nations Framework Convention on Climate Change, further action should be taken to devise new frameworks, including on air pollution to tackle the impact of climate change on global health.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, welcomed the linkage made between the unsustainable management of biodiversity and the negative effects on human and animal health. WHO should bear that link in mind when developing health, environment and climate change strategies and policies. The effects of climate change and population ageing had increased the demand for well-educated health care professionals. Greater attention should therefore be paid to the size, composition and skill sets of the health care workforce. She urged WHO to include health care professionals in policy decisions at all levels and in the drafting of a comprehensive global strategy on health, environment and climate change.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the formulation of a road map for an enhanced global response to the adverse effects of air pollution. She called on Member States to establish national accountability frameworks aimed at addressing the impact of air pollution on public health and to consider the specific risks to children and other vulnerable groups when monitoring air pollution exposure and establishing thresholds in air quality. Multisectoral engagement would be crucial in preventing air pollution. WHO should raise awareness of the BreatheLife campaign and provide support for national and regional air pollution monitoring, reduction and awareness-raising activities.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, urged Member States to prioritize environmental health issues at the 2018 United Nations High-level Political Forum, promote access to

clean and safe household fuels and take a comprehensive approach to mitigating the impact of commercial determinants of noncommunicable diseases.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, welcomed WHO's recognition that water, sanitation and hygiene played a vital role in the promotion of healthy populations and the protection of the environment. While she commended the multisectoral approach taken to health, environment and climate change at the global level, greater progress must be made to improve water, sanitation and hygiene levels at the national level, particularly in health care facilities. She therefore urged WHO to coordinate and scale up its actions in that respect.

The representative of the SECRETARIAT OF THE CONVENTION ON BIOLOGICAL DIVERSITY welcomed WHO's focus on the link between biodiversity and health in its recent reports on health, environment and climate change, and human health and biodiversity. While the report on human health and biodiversity had acknowledged the need for evidence-based policy and comprehensive capacity-building at the national and regional levels, its ambitious targets would only be achieved by adopting a holistic, multisectoral approach. The current Health Assembly and the Convention's fourteenth meeting of the Conference of the Parties in November 2018 would serve as unique opportunities to reach sound scientific consensus and decide on the best way forward in that regard. The Convention Secretariat remained committed to working with WHO in addressing the challenges facing public health, and sustainability and development.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that tobacco growing and manufacturing negatively affected the environment through deforestation, depletion of soil nutrients, contamination of land and water, reduction in biodiversity and the emission of a significant amount of carbon dioxide into the atmosphere, while tobacco use contributed to the deaths of many of its consumers. She therefore welcomed WHO's focus on environmental and human health. The Convention Secretariat stood ready to contribute to the fourteenth meeting of the Conference of the Parties of the Convention on Biological Diversity in November 2018 and would include a high-level segment on tobacco control and global climate action at its own eighth Conference of the Parties in October 2018.

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health) expressed appreciation for the positive comments on plans: to develop a comprehensive strategy on health, environment and climate change; to develop an action plan for the special initiative on climate change and health in small island developing States; and to pursue collaboration with the Secretariat of the Convention on Biological Diversity in respect of health, environment and climate change. The WHO Secretariat would also tackle the very heavy burden of noncommunicable diseases by working to reduce air pollution and other environmental risks, and would leverage cross-cluster collaboration to prepare for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases later in the year. The Organization had also applied for accreditation with the Green Climate Fund, with a view to strengthening the cooperation between the two bodies and ensuring that health and climate change proposals made to the Fund benefitted from WHO's expertise and experience. Regarding Member States' comments on paragraph 16 of document A71/11, she stressed that Member States should uphold commitments made under other instruments. The Secretariat would monitor the situation closely and would address any unintended negative consequences, as and when they arose.

Concerning the report's references to sustainable consumption and production, she noted that the Secretariat had merely sought to highlight that large-scale economic and social trends could have profound effects on human health and to underline the importance of sustainable development and production in relation to Sustainable Development Goal 12. She however agreed that WHO should stay within its comparative advantage. The Organization would continue to work closely with its United Nations partners and had recently signed memoranda of understanding with the United Nations

Environment Programme, the United Nations Framework Convention on Climate Change and the Convention on Biological Diversity.

The Committee noted the reports.

Addressing the global shortage of, and access to, medicines and vaccines: Item 11.5 of the agenda (documents A71/12 and EB142/2018/REC/1, decision EB142(3))

The representative of QATAR said that his country supported the draft thirteenth general programme of work and remained committed to finding solutions to the global shortage of, and access to, medicines and vaccines. His Government had taken steps to guarantee the affordability and production of medicines by working closely with the private sector and investing in the pharmaceutical industry. It had thereby successfully maintained transparency in the national pharmaceutical production and supply chains.

The representative of BAHRAIN said that governance, local production, contingency planning, and technology transfer between organizations and stakeholders would play a vital role in ensuring access to affordable medicines and vaccines. She therefore urged the Secretariat to review the WHO Model List of Essential Medicines and to support Member States in their efforts to provide access to those medicines, particularly in emergencies. She supported the draft decision contained in decision EB142(3).

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, and the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, aligned themselves with her statement. She welcomed the WHO's analysis of the whole pharmaceutical value chain and its recognition of the vital role played by national medicines regulatory systems. Local pharmaceutical production and supply chains required good governance and adequate regulatory and workforce capacity in order to meet international standards and conform to quality assurance requirements. To overcome barriers to access, the Organization must respond to the ongoing rapid transformations in biomedical research, development and innovation. Action should be taken to address the prohibitive prices of some innovative medicines and tackle the high costs associated with research and development. Efforts to finance, promote and strengthen research were also needed, particularly in respect to the development of affordable and effective solutions for diseases predominantly affecting developing countries. The inclusion of an Executive Board agenda item to discuss the global shortage of, and access to, medicines and vaccines represented a positive step. The Organization had an essential role to play in leading multisectoral action and providing relevant technical guidance on the issue so that Member States could successfully tackle the obstacles restricting access to medicines. She expressed her support for the draft decision.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the definitions of shortages and the supply and demand of medicines and vaccines contained in the report. It was imperative to reach consensus on those definitions and collate information on supply and demand at the global level in order to minimize the risk of medicine and vaccine shortages. A number of Member States in the Region had expertise and experience in producing quality medicines and vaccines at affordable costs and could fill the gaps left by shortages at the global level if they received the appropriate support. Those countries with limited production facilities would require provision of WHO support to improve access to quality medicines and vaccines. He stressed that public funding of research and development would also be imperative to success. The full cost of research and development must not influence the end price since that could lead to high prices for consumers and create shortages. A reliance on value-based pricing would have a similar detrimental effect on access to medicines and vaccines. He therefore urged the Secretariat to promote the recommendations of the United Nations High-level Panel on Access to Medicines and

provide Member States with the technical support required to ensure transparency, good governance and accountability throughout the supply chain. Efforts must also be made to ensure coherence between the road map outlining the programming of WHO's work on access to medicines and vaccines for the period 2019–2023 and the implementation of the recommendations of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property.

The representative of the FEDERATED STATES OF MICRONESIA welcomed WHO's efforts to draw attention to the acute shortage of medicines and vaccines. It was incumbent upon Member States to ensure that medicines and vaccines were safe and effective and to combat discourse implying that such medical products represented a threat to the existence of the global health community. His country greatly appreciated the assistance it had received from donor partners to access medicines and vaccines, and fully supported the efforts made by UNICEF to make human papillomavirus and bacille Calmette–Guérin birth dose vaccines readily available in Pacific Island Countries. He similarly welcomed the Australian Government's initiative to perform medicinal efficacy testing for those Pacific Island Countries that lacked the capacity to do so. He supported the draft decision.

The representative of MALAYSIA commended WHO efforts to ensure access to safe, effective, quality and affordable essential medicines and vaccines. The Secretariat should continue to support Member States in the promotion of price transparency, the establishment of platforms for sharing procurement price information and the development of joint procurement frameworks. It should also support capacity-building efforts with a view to establishing fairer pricing models and ensuring better price negotiations. Her Government supported the initiative to strengthen trilateral collaboration between WHO, WIPO and WTO to address the challenges of access to medicines and vaccines at the country level. It also agreed that the Medicines Patent Pool should be expanded to include all antimicrobial and patented medicines on the WHO Model List of Essential Medicines and called for the initiative to be extended to middle-income countries. She supported the draft decision.

The representative of MADAGASCAR said that strong political resolve would be required at all levels to guarantee access to medicines and vaccines, especially in terms of pricing policies and investment in universal coverage systems. Efforts to integrate anti-corruption strategies into medicine and vaccination policies would also be crucial in that respect. He requested WHO technical assistance so that his country could bolster its national immunization programme and strengthen access to medicines and vaccines.

The representative of JAMAICA said that her Government had recently launched an online vaccine management application, which had vastly improved the accuracy of vaccine orders and stock management. WHO should support such efforts to assess medicine and vaccine shortages and introduce a global medicine shortage notification system that would provide further information on the root causes of medicine shortages. Her Government supported the draft decision and supported the proposal to focus on the actions with the greatest potential impact.

The representative of ETHIOPIA said that his Government firmly believed that building capacity for local manufacturing was a viable solution to addressing the global shortage of medicines and vaccines. He therefore urged the Secretariat to provide technical and capacity-building assistance to Member States so that they could devise national vaccine manufacturing plans and adopt effective manufacturing practices.

The representative of ZAMBIA, speaking on behalf of the Member States of the African Region, supported the focus on areas that would lead to achievable and sustainable improvements in access to medicines and vaccines. She suggested that a pharmaceutical framework should be established that would allow for pooled procurement and would offer the benefits of economies of scale. Policies and regulations that encouraged fair pricing and domestic investment should be encouraged to that end. Political will would be essential to guaranteeing the affordability and

availability of medical products. She called upon the Secretariat to support the African Union's efforts to establish the African Medicines Agency as substandard and falsified medical products posed a serious risk to Member States of the Region, particularly those countries with regulatory systems that required strengthening. She welcomed the focus on capacity-building for the implementation of intellectual property laws in line with the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement). The African Region, however, had not yet been able to fully utilize the flexibilities offered by the TRIPS Agreement to facilitate access to medicines since most diagnostic and assistive technologies remained under patent and were expensive. While she welcomed the report's emphasis on the importance of research, she stressed that areas of research showing the most promise should be given priority. In future, balanced consideration should be given to both access to, and shortages of, medicines and vaccines since linking the two issues could skew discussions. She supported the draft decision.

The representative of ECUADOR said it was imperative that public health interests prevailed over economic and commercial considerations. WHO's work on access to medicines represented a powerful tool in addressing the barriers to the enjoyment of the right to health. In order to leverage the progress made in the different regions to guarantee that right, the content of resolution CD55.R12 (2016) of the 55th Directing Council of PAHO on access and rational use of strategic and high-cost medicines and other health technologies should be included in the proposed road map.

The representative of SENEGAL said that recent vaccine stock outs had hindered her country's eradication of polio and management of a yellow fever outbreak. She therefore called on WHO to support the production of quality generic medicines and vaccines at a subregional level and encourage manufacturers to produce sufficient stocks of all vaccines, especially those against yellow fever, polio and meningococcal meningitis.

The representative of PORTUGAL said that access to quality, safe and affordable medicines should be viewed through a human rights lens and the costs associated with the research and development of new medicines and vaccines should be fairly reflected in the price of the end product. He therefore supported WHO efforts to encourage collaborative processes for procurement and to devise policies that promoted transparency throughout the value chain. He was also pleased to note that the Organization had reviewed its activities in line with the recommendations contained in the report of the United Nations Secretary-General's High-level Panel on Access to Medicines.

The representative of CHINA, expressing support for the draft decision, said that political will, multilateral cooperation and capacity-building would be essential to improve access to medicines and vaccines. The issues concerning regulatory weaknesses, new drug development, pricing policies and inappropriate use of medicines indicated problems at the managerial and technological levels that must be addressed. In developing the road map, WHO should leverage its managerial and technical expertise, and his Government stood ready to assist in those efforts. He supported the expansion of the Medicines Patent Pool, the pooling of procurement at the national, regional and global levels, and the establishment of a global medicine shortage notification system.

The representative of the UNITED REPUBLIC OF TANZANIA said that, in order to ensure access to medicines and vaccines, WHO should prioritize and invest in areas in which it had a comparative advantage over other organizations. Noting the importance of the need for a robust regulatory framework, he outlined the action his Government had undertaken to ensure the availability of quality, effective and safe medicines, namely increasing the budget for essential vaccines and medicines from US\$ 13.5 million in 2015–2016 to US\$ 113 million in 2017–2018 and implementing a five-year plan to combat substandard and counterfeit medicines. His Government would welcome the support of the Secretariat in its efforts to strengthen local pharmaceutical production capacities and reduce the country's high dependency on imported products. He supported the draft decision.

The representative of AUSTRALIA supported the comprehensive health-systems approach contained in the report and the recognition that equitable and reliable access to safe, efficacious and quality medicines would be vital to achieving universal health coverage and the health-related Sustainable Development Goals. He noted that there were many factors that had an impact on access to medicines and that efforts to address access needed to account for the complexities of all contributing elements. He also welcomed the strong focus on improving access to medicines in the draft thirteenth general programme of work and called for continued collaboration with international agencies to support that work. He fully supported the draft decision and looked forward to engaging in the development of the road map report.

The representative of PANAMA said that an absence of local production, high prices caused by monopoly producers who refused to register their products and a lack of drug safety contributed to the shortage of, and lack of access to, medicines and vaccines in her country. Panama also lacked some of the medicines on the WHO Model List of Essential Medicines, making it difficult to comply with certain recommendations. She supported the list of priority actions contained in the report and recognized the importance of including patented and palliative care medicines in the WHO Model List of Essential Medicines. WHO should continue to strengthen and expand its prequalification programme to ensure a high-quality, safe and effective supply of medical products. Without guaranteed access to medicines and vaccines, the adoption of health care standards and allocation of national resources to universal health coverage programmes would be futile.

The representative of BELGIUM said that the lack of regulatory harmonization that had led to poor quality medicines bought with development aid funds circulating in the global market and entering countries with weaker regulatory systems posed a threat to patients and public health. To rectify that situation, the scope of the WHO prequalification programme should be extended to include many of the products on the WHO Model List of Essential Medicines. That approach should also be reflected in the proposed road map outlining the programming of WHO's work on access to medicines and vaccines for the period 2019–2023. Furthermore, Member States and private donors should establish their own quality assurance policies to reduce the risk of purchasing poor-quality medicines with development aid funds.

The representative of TURKEY said that international cooperation must be strengthened to guarantee access to essential medicines and vaccines. Her Government had launched a pharmaceutical track and trace system to guarantee quality and safety and manage demand and supply. It had also conducted training sessions on access to medicines and vaccines at the national and intercountry levels. She thanked the Organization for its normative and regulatory work to address the shortage of, and access to, medicines and vaccines, and for its efforts to tackle antimicrobial resistance. She supported the draft decision.

The representative of BARBADOS said that she supported the draft decision and commended the Organization's increased focus on the challenges resulting from shortages and stock outs of medicines and vaccines. The Secretariat must provide further support to Member States in their efforts to promote access to medicines, vaccines and other health technologies, especially vulnerable small island developing States. The flexibilities provided by the TRIPS Agreement should be used to strengthen competition and promote the transparency of prices and research and development costs. Given Barbados' limited production capacity and the global shift towards quality generics, she was concerned that her country's limited purchasing power would prevent it from sourcing quality pharmaceuticals in a timely manner. She therefore urged the Director-General to work with the Caribbean Community to explore more effective methods of pooled procurement.

The representative of INDONESIA said that political commitment and effective regulation at the national, regional and global levels would be essential to ensuring the affordability and availability of safe, effective and quality medical products. He supported the development of a global medicine

shortage notification system, but emphasized that it was crucial to solve the problem of the global shortage itself. Indonesia had recently been recognized as a centre of excellence for vaccines and biotechnology by the Organization of Islamic Cooperation and had been offering training on vaccine development to that organization and other interested States. He supported the draft decision.

The representative of ANTIGUA AND BARBUDA, recognizing the integral role of access to medicines and vaccines in the achievement of universal health coverage and the Sustainable Development Goals, fully supported the draft decision. The pooled procurement system of the Organisation of Eastern Caribbean States and the PAHO Revolving Fund had increased the affordability of medicines and vaccines. However, access to medicines outside those systems remained hampered by high prices, and the unreliability and uncertainty of generics had led to low-quality counterfeit medicines entering the market. Further support from WHO and PAHO to improve the Caribbean Regulatory System would therefore be greatly appreciated.

The representative of SAUDI ARABIA said that the draft decision failed to mention the shortage and unavailability of medicines and vaccines in emergencies, which was a very significant issue. Recognizing the importance of access to medicines and vaccines for the attainment of universal health coverage, he called on the Secretariat to advocate greater sharing of best practices in procurement and supply-chain management among Member States. The Organization should also review the WHO Model List of Essential Medicines in order to identify the products or active pharmaceutical ingredients at risk of shortage because of limited manufacturer interest, and should offer financial incentives to boost the production of medicines and vaccines in short supply. He recommended that WHO should establish a crisis management mechanism for medicine and vaccine shortages, involving all Member States, and supported the idea of a global medicine shortage notification system. He called for communication and cooperation with representatives of global industries and professional associations to draw up standards on best practices in that area.

The representative of COLOMBIA said that comprehensive actions should be taken to facilitate access to medicines and vaccines, including by making use of the flexibilities provided by the TRIPS Agreement, generating competition through biogenerics, and ensuring transparency in research costs. She welcomed the recognition contained in the report of the importance of implementing resolution WHA67.21 (2014), which required the Secretariat to update the 2009 directives on the evaluation of similar biotherapeutic products, specifically the requirements that hindered competition by obliging producers of biogenerics to repeat extensive and costly clinical tests in order to gain health registration. Updating the directives was an important step in promoting standards that enhanced competition, without compromising quality, safety and efficacy. She therefore supported the draft decision.

The representative of THAILAND said that improving access to medicines depended on prioritizing access to essential medicines and using strategic purchasing to ensure affordability, all of which relied on transparency, participation and the good governance of universal health coverage. Fast progress could be made, and at little cost, by improving access to medicines for rare diseases. Noting that Thailand had supplied Nigeria with botulinum antitoxin at WHO's request, she said that stockpiling of medicines for rare diseases was only possible under the universal health coverage strategic purchasing system and that Thailand was working with the Regional Office for South-East Asia to establish a sustainable regional depot. In that context, she urged the Organization to move swiftly to create a sustainable global depot for medicines for rare diseases. She supported the draft decision.

The representative of MEXICO said that, in addition to being a target of Sustainable Development Goal 3, ensuring access to quality, safe and efficacious medicines and vaccines was a cross-cutting strategic action essential to the other goals of the 2030 Agenda for Sustainable Development, including the attainment of universal health coverage. The shortage of medicines and

vaccines affected supply chains and threatened vulnerable populations and strategic achievements in public health. It was therefore imperative to develop public pharmaceutical policies and to guarantee access to quality, safe and efficacious medicines and vaccines by promoting the development of national industries that operated at the highest standards and reduced prices through competition. That approach would also help to combat the entry into the market of low-quality and counterfeit medical products. Calling for an intersectoral approach to be included in the road map, he expressed support for the draft decision and urged Member States to strengthen their efforts in that regard, particularly in terms of ensuring access to medicines and vaccines for the most vulnerable countries and populations.

The representative of the RUSSIAN FEDERATION, noting that effective resource management played a key role in ensuring access to medicines, said that a medicines strategy based on WHO recommendations had been operating successfully in his country since 2013. Such initiatives should be taken into account when drafting the road map requested in the draft decision. Given the importance of the development and local production of medicines for neglected diseases, a methodical approach was needed to manage mechanisms for registering and controlling such medicines at the national level, under the aegis of the Organization. The road map should include measures to ensure that the WHO global plan of action on antimicrobial resistance was effectively implemented, including through monitoring antibiotic use and furthering international cooperation in the area of access to medicines to fight priority pathogens. Support should be given to the Member State mechanism on substandard and falsified medical products to improve the effectiveness of its work at the national and global level. With the Committee of the Parties to the Council of Europe Convention on the Counterfeiting of Medical Products and Similar Crimes Involving Threats to Public Health (Medicrime Convention) soon to be set up, it was also important to consider cooperation with other international organizations in that regard.

The representative of the NETHERLANDS expressed concern at the worryingly slow progress made towards improving access to medicines and vaccines at the national, regional and global levels. It had become clear that bold steps would be needed to achieve target 3.8 of the Sustainable Development Goals. The obstacles to access were diverse and complex. The Secretariat must therefore provide comprehensive guidance and support to Member States, including in the areas of intellectual property and the appropriate use of medicines. The sharing of data and experiences between countries on relevant data, such as innovation pipelines, pricing, market forces and patents, would be vital to attaining target 3.8 of the Sustainable Development Goals. Compulsory licensing also had an important role to play. The first WHO Fair Pricing Forum had been very instructive in that regard and there had been calls for a follow-up meeting. His country would continue its efforts with low-income countries to mitigate the effects of “TRIPS-plus” provisions in free-trade agreements and remained committed to contributing to the development of the road map for access to medicines. His Government would continue to take firm action against high medicines prices and would collaborate with other Member States to ensure the global availability and affordability of medicines.

Dr Brostrøm took the Chair.

The representative of IRAQ said that WHO should prioritize the development of essential medicines and vaccines, such as those used in the treatment and prevention of tuberculosis, drug-resistant tuberculosis and cancer, and ensure their sustainability and affordability in all countries, irrespective of income-related factors. Doing so would involve ensuring that the manufacturers of medicines and vaccines did not form cartels. In addition, WHO should encourage the manufacture of medicines and vaccines at the national level, focusing on intra- and interregional collaboration and the attainment of the Sustainable Development Goals.

The representative of the BAHAMAS said that he was pleased to see that the important issue of the global shortage of, and access to, medicines and vaccines would be included on the agenda of the 144th session of the Executive Board. The impact of hurricanes, such as the hurricanes Irma and

Maria, and other weather-related phenomena on pharmaceutical supply chains, manufacture and storage was often omitted from discussions. In addition, recent publications highlighting pharmaceutical successes made clear use of biased evidence, which had been particularly evident in studies funded by the pharmaceutical industry. WHO should be vigilant and monitor the work of non-State actors as manipulated scientific studies posed a threat to all Member States.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that the development of medicines for certain diseases that affected his country, such as Chagas disease, dengue and Zika virus disease, was limited because their development was subject to market forces and the market for them remained small. His Government had taken several steps to overcome medicine and vaccine shortages, including through the adoption of legislation regulating the procurement, cost and purchase of essential medicines on the local market. National measures would be ineffective, however, if the international community failed to improve access to medicines at an affordable cost. The road map proposed in the draft decision, which his Government supported, should focus on transparent pricing and viable alternatives to the market-based pharmaceutical system, with a view to increasing access to medicines. The road map should incorporate the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines in that respect.

The representative of GERMANY said that, although the ability to patent pharmaceutical products and intellectual property helped to foster innovation, additional measures in the areas of health-system strengthening, quality control and supply-chain management would be required to address the issue of the global shortage of, and access to, medicines and vaccines. Member States should allocate the greatest amount of funds possible to quality health care and appropriate structures, and should adopt a holistic approach to the issue of insufficient access to medicines and vaccines, rather than focusing on individual factors. Her Government had done much in recent years to ensure access to medicines for all, including fostering research and development, promoting local pharmaceutical production and supporting procurement mechanisms, such as Gavi, the Vaccine Alliance. She supported the preparation of a road map, as set out in the draft decision.

The representative of INDIA said that his Government had taken account of the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines by hosting the first World Conference on Access to Medical Products and International Laws for Trade and Health, in the Context of the 2030 Agenda for Sustainable Development in November 2017 in New Delhi. The second world conference on access to medical products would be held in 2018. Global shortage and access were two separate issues: considering both issues under one agenda item drew attention away from the latter. In addition, when used in isolation, the term "fair pricing" cast the issue of access to medicines and vaccines in the light of profitability, which should be avoided. Greater global cooperation was necessary to establish mechanisms capable of delinking the cost of research and development from end prices, thus promoting access to good health for all. He urged WHO to set up a special fund to promote the research and development of medicines and vaccines for diseases that mainly affected developing and least developed countries.

The representative of BRAZIL said it was meaningful that the issue of the global shortage of, and access to, medicines and vaccines was one of the first substantive items considered by the Seventy-first World Health Assembly, in view of the importance of the availability and affordability of medicines, vaccines and other medical products to all other items on the agenda. Her Government supported the draft decision and hoped that the road map proposed therein would promote a broader discussion on access to medicines and vaccines, encompassing every aspect of the value chain and without losing sight of central themes, such as affordability, transparency, delinking of prices and the reduction of out-of-pocket payments.

The representative of PAKISTAN said that the extent of medicine and vaccine shortages and stock outs should be considered by experts, taking supply and demand into account. Baseline

assessments of the severity and nature of shortages at the local level should be conducted. Shortages should be addressed through the establishment of a global medicine shortage notification system, which would provide information on how to detect and understand the causes of national and global shortages. Member States would therefore be able to use that source of information to forecast and avert stock outs in a timely manner. In that regard, his Government urged Member States to implement effective notification systems and apply best practices in procurement, distribution and contract management. A reliable supply chain and further research into the development of medicines and vaccines for communicable and noncommunicable diseases were paramount to ensuring access to safe, effective and quality medicines and attaining universal health coverage. The challenges facing Member States were diverse and complex and were exacerbated by insufficient information and reporting on the safety, quality and availability of medicines and vaccines, which could be addressed only through the collaboration of all stakeholders, the application of best practices and human resource capacity-building at the national level. The Secretariat should continue to help Member States to implement good governance strategies, to strengthen their regulatory and workforce capacities and their monitoring systems, and to increase collaboration between stakeholders.

The representative of BOTSWANA said that his Government had been working to increase national immunization coverage and to secure vaccines at affordable prices. However, the country had been adversely affected by the shortage of some vaccines, such as inactivated poliovirus vaccine and human papillomavirus vaccine. Fostering political will was therefore essential to securing more resources to tackle such shortages. His Government had taken steps to implement the Addis Declaration on Immunization, extend the scope of its policy on immunization and medicines, and revise national legislation on medicines and related substances. It had sought, wherever possible, to strike a balance between ensuring availability, accessibility and affordability on the one hand and preventing overregulation that could represent a barrier to access on the other.

The representative of NAMIBIA said that inefficiencies in the supply chain hampered the timely and adequate supply of medicines and vaccines more than lack of resources. The Secretariat should therefore help Member States to improve the efficiency and effectiveness of their supply-chain management, for example, by supporting outsourcing through the establishment of good governance mechanisms and best practices. In addition, the Secretariat should provide technical support for the establishment of the African Medicines Agency. A good regulatory system was a powerful instrument with which to assure the high quality of medicines and vaccines. Although almost all Member States of the African Region had medicines regulatory authorities, most were unable to fulfil their mandate. The Secretariat should therefore strengthen its programmatic work in that area.

The representative of GHANA said that her Government had taken action to strengthen every step of the pharmaceutical value chain, including through the promotion of needs-based research, development and innovation, and the review of manufacturing pricing and policies. Fostering political will would be essential to ensuring adequate access to medicines at the national and regional levels. The implementation of effective regulation and policy would also be necessary, particularly pricing and financial policy that encouraged fair, domestic investment in universal coverage schemes that reduced out-of-pocket payments. The Medicines Patent Pool should be expanded to include all medicines on the WHO Model List of Essential Medicines. Framework contracts should be instituted for essential medicines and Member States' governments should reduce taxes on medicines. National pricing committees should be set up to regulate the price of medicines and vaccines, supported by national finance and trade ministries. Key data relating to medicines and vaccines should also be collected at the national level, including availability, price, expenditure and usage, which could be used in evidence-based policy-making.

The representative of VIET NAM said that his Government appreciated the benefits of the WHO prequalification programme for medicines and vaccines, which facilitated access to quality, safe and effective medicines and vaccines globally, especially in developing countries such as Viet Nam.

His Government stood ready to share its experiences and country information with WHO and the international community, with a view to establishing a shared database containing information on the supply of essential medicines and vaccines.

The representative of KENYA said that his Government had adopted measures to facilitate access to medicines and vaccines, including the adoption of new health legislation in 2017. However, challenges remained in the form of delays in procurement and the high cost of some medicines, especially medicines for noncommunicable diseases. WHO should increase its support for further regional and inter-organizational collaboration on best regulatory practices. Furthermore, the Secretariat should offer technical assistance on how to prioritize medical products via the Global Observatory on Health Research and Development; should continue to provide support on the development, regulation, pricing, distribution, selection and prescription of medicines and vaccines; and should make guidance available on the strategic procurement of highly priced vaccines and possible procurement channels for provision in local pharmacies.

The representative of JAPAN said that, in order to attain universal health coverage, it was important to establish robust health systems and invest in the research and development, manufacture and delivery of medicines and vaccines. She supported the draft decision. However, the set of actions listed in paragraphs 7, 9 and 11 of document A71/12 differed in terms of their resource requirements and feasibility. The Secretariat should therefore review the mandate and current resources of WHO to determine to what extent the actions proposed could be implemented, which could subsequently be reviewed when considering the proposed programme budget for 2020–2021.

The representative of JORDAN said that the influx of Syrian refugees into his country had affected the availability of medicines and vaccines at the national level. He therefore called on WHO and UNICEF to make affordable medicines and vaccines available so that his Government could offer the appropriate health services to refugees and Jordanian citizens.

The representative of HONDURAS said that his Government had made significant progress in strengthening the pharmaceutical supply chain and improving the distribution of medicines and vaccines by reviewing and updating the national list of essential medicines, increasing the portion of the national budget set aside for the purchase of medicines and using new procurement mechanisms, such as those proposed by PAHO and WHO. New vaccines had been introduced into the national immunization programme, including rotavirus, human papillomavirus and inactivated poliovirus vaccines, all of which had been produced locally. His Government was considering passing a new national medicines act by transposing the Medicines Policy of Central America and the Dominican Republic, of which it was already a signatory, into national law.

The representative of SWITZERLAND, supporting the draft decision, said that many factors hindered access to quality medicines, including financial and geographical accessibility and issues concerning market authorization. All aspects of supply and demand should therefore be addressed to ensure access to safe and effective medicines. The expansion of the Medicines Patent Pool to include other medicines from the WHO Model List of Essential Medicines should be studied further since it had the potential to improve access to a wider range of quality medical products for low- to middle-income countries. She encouraged WHO to maintain its broad vision in the formulation of the road map outlining the programming of work on access to medicines and vaccines for the period 2019–2023, which should include aspects of demand, such as improving public knowledge on health matters. Her country was willing to assist the Organization in that respect.

The representative of CANADA, expressing support for the draft decision, said that it remained unclear whether the activities and roles set out in the report formed part of WHO's ongoing work or whether they constituted an increase in the scale of the Organization's mandate. In the latter case, such actions might fall under the remit of other multilateral organizations or be better implemented through

inter-organizational collaboration with international bodies such as WTO or WIPO. She would like to know, ahead of consultations on the formulation of the road map, which activities identified in the report corresponded to which previous Health Assembly and/or Regional Committee decisions or resolutions.

The representative of the REPUBLIC OF KOREA said that the issue of the global shortage of, and access to, medicines and vaccines required a multidimensional approach taking into account areas such as procurement and supply-chain management. In view of the limited resources available, WHO's prioritization of activities to improve access to medicines and vaccines based on a cost-effective analysis was commendable. Since the globalization of the pharmaceutical industry made it difficult for Member States to respond effectively to the issue of access to medicines at the national level, increased cooperation and information exchange at the regional and global levels would be crucial to success. She therefore urged the Secretariat to share data on shortages and supplies of medicines and vaccines at the national, regional and global levels, and expand its role in strengthening partnerships among the relevant international organizations.

The representative of the DOMINICAN REPUBLIC said that, in order to further strengthen access to medicines and vaccines, action must be taken to address the issues surrounding pricing, the impact of new technologies, and the presence of substandard and falsified medical products. An evaluation of the impact of antimicrobial resistance should be conducted as part of that work. While the regulation of medicines and initiatives against falsified products had been strengthened at the national level, the Organization should make greater effort at the global level to encourage flexible, voluntary contributions aimed at countering the inappropriate use of medicines and corruption in the pharmaceutical sector. Strengthening cooperation with stakeholders such as WIPO and WTO would be vital in that regard. It was also imperative to encourage the use of national data on medicines and vaccines for better evidence-based decision-making and to devise collaborative approaches for strategic procurement, particularly in respect of national immunization programmes.

The representative of AUSTRIA, expressing support for the draft decision, said that, in order to develop effective solutions to shortages of medicines and vaccines, due consideration must be given to all stages of the pharmaceutical value chain. Public investment in research and development would be crucial to promoting innovation. National health authorities must play a greater role in setting priority areas for pharmaceutical research and governments should take a needs-based approach to funding research. The Secretariat, for its part, should take regional specificities into account when providing guidance on sustainable priority setting in publicly financed research and development projects.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the road map should focus on the importance of preventing antimicrobial resistance and promoting antimicrobial stewardship. Addressing antimicrobial resistance would require coordinated action across the Organization and strengthened trilateral collaboration between WHO, WIPO and WTO. She supported the draft decision.

The representative of the UNITED STATES OF AMERICA, while supporting the draft decision, expressed disappointment that the Director-General's report contained proposals relating to intellectual property and international trade that had not been agreed upon by Member States and which extended beyond the Organization's remit. Suggestions that the Secretariat should engage in political advocacy were outside the Organization's normative core mission. The report of the United Nations Secretary-General's High-level Panel on Access to Medicines did not represent an appropriate starting point for the formulation of the road map given that the panel had not been convened at the request of Member States and the report failed to address access to medicines in a holistic manner. The recommended courses of action in the panel's report would, in fact, have unintended harmful consequences on the global innovation system. She urged the Secretariat in the drafting of the road map report to take account of the disproportionate high burden of costs associated with medicine

development borne by a small number of countries, including her own. Efforts must be made to counter the threats to intellectual property and ensure that pricing policies reflected the true value of medicines and future development of new medical products. Compulsory licensing was unfair to those who had invested in innovation. The road map must reflect that fact.

The representative of TRINIDAD AND TOBAGO said that access to medicines and vaccines could be facilitated by strengthening medicine and vaccine procurement processes and improving stock management. Her country, for instance, had put in place accurate forecasting mechanisms designed to avoid shortages and stock outs. Additional funding would be vital to implement the broad scope of the actions identified in the report. Political will at the national level would therefore be essential for securing the resources required for sustainable access to safe, effective and quality medicines.

The representative of COMOROS, expressing support for the draft decision, said that access to safe, effective and quality medicines required a comprehensive health systems approach that addressed all stages of the pharmaceutical value chain. She outlined various measures that had been taken in her country in that regard, including the establishment of a national medicines regulatory authority and the amendment of the pharmaceutical code.

The representative of GREECE expressed support for the draft decision. WHO's work in developing standards and guidance for all stages of the pharmaceutical value chain was commendable. Structural measures, such as the adoption of a tendering process for off-patent medicines and the introduction of mandatory licensing for patented medicines, should form the basis of all policies concerning access to safe and effective medicines.

The representative of ALGERIA said that, in order to achieve universal health coverage, efforts must be made to promote development and innovation and delink medicine prices from research and development costs. It was essential to increase transparency throughout the value chain: by optimizing the WHO Vaccine Product, Price and Procurement Web Platform; by lifting barriers to intellectual property; by strengthening public awareness of new health products; and by implementing the priority recommendations of the report of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property. Certain upper middle-income countries did not introduce health products at the same rate as low- and middle-income countries, which ultimately hindered the implementation of the global vaccine action plan. WHO should take steps to address that situation, in cooperation with Gavi.

The representative of CHILE said that the road map should include provisions to strengthen mechanisms aimed at promoting transparency and facilitating access to information regarding medicines. He urged the Secretariat to provide Member States with support in terms of price negotiations. Action should be taken to encourage needs-based biomedical research and formulate mechanisms to build governments' negotiating capacities with industry that could subsequently be adapted to national regulatory frameworks. He supported the draft decision.

The representative of the ISLAMIC REPUBLIC OF IRAN said that strong political will would be required to resolve the challenges concerning access to medicines and vaccines. The road map would play a vital role in addressing the issues relating to shortages and stock outs of medicines and should focus on ensuring access to medicines and vaccines in emergencies and crises in particular. Efforts should also be made to ensure the supply of medicines to the general population by shielding the pharmaceutical industry from political pressures and unilaterally imposed sanctions. The monitoring and management of the supply of medicines and vaccines should also be improved. WHO efforts to strengthen national regulatory authorities and technical advisory groups would be imperative in that regard. Barriers to research and development for medicines and vaccines should be removed, particularly during disease outbreaks. The Organization should promote technology transfer among

Member States and make the necessary guidance and assistance on the WHO prequalification programme available, where appropriate. His country intended to launch a programme in the Eastern Mediterranean Region equivalent to the Association of Southeast Asian Nations vaccine security and self-reliance initiative for improving vaccine security.

The representative of BHUTAN, expressing support for the draft decision, said that his country remained vulnerable to medicine supply and quality issues given its lack of local production capacities. It also failed to benefit from larger economies of scale due to the small size of its population and the fact that it was not a signatory to the TRIPS Agreement. He therefore called on WHO to continue building the local production capacity of small countries in positions of vulnerability, with a view to addressing shortages and improving access to medicines. Pooled procurement mechanisms should also be promoted in an effort to improve access and affordability.

The representative of SOUTH AFRICA said that robust health systems required effective supply-chain management. Shortages and stock outs of medicines presented a threat to patient safety and hindered progress towards universal health coverage. His country had devised a national strategy to improve the availability of medicines and vaccines, which focused on strengthening all stages of the supply chain and involved partnerships with consumer goods industries to guarantee the availability of health products at the point of sale. That type of approach should be explored by the Organization at the global level. The use of mobile technology had proven to be an effective tool in the management of medicine supply chains, especially in low-income countries. He expressed concern at the prohibitively high costs of life-saving medicines and urged the Secretariat to engage in consultations with the pharmaceutical industry to introduce tiered pricing. In view of the fact that biological products remained unaffordable for most developing countries, the Organization should also consider the prequalification of key biosimilars with a view to reducing morbidity and mortality rates in those countries. He called on the Secretariat to publish a list of medicines that the pharmaceutical industry was no longer interested in producing so that other manufacturers could produce such medicines.

The representative of the PHILIPPINES said that her country had faced shortages and stock outs of certain medicines due to poor needs forecasting and disruptions in manufacturer supply. Action had been taken to address those shortcomings and establish a system for reporting medical shortages. She therefore welcomed the proposal to develop collaborative approaches for strategic procurement and fully supported the adoption of a global approach towards access to medicines and vaccines.

The representative of NIGER said that her Government had participated in subregional initiatives organized by the West African Health Organization to evaluate and upgrade national production facilities, with a view to building the country's capacity to produce safe, effective medicines. WHO's technical assistance would also be welcome in that regard.

(For continuation of the discussion and approval of a draft decision, see the summary records of the fifth meeting.)

The meeting rose at 12:35.

THIRD MEETING

Tuesday, 22 May 2018, at 14:35

Chairman: Dr S. BROSTRØM (Denmark)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Draft thirteenth general programme of work, 2019–2023: Item 11.1 of the agenda (documents A71/4 and EB142/2018/REC/1, resolution EB142.R2)

The CHAIRMAN drew attention to document A71/4 and invited the Committee to consider the draft resolution contained in resolution EB142.R2.

The representative of CANADA, speaking in her capacity as Vice-Chairman of the Executive Board, said that the Executive Board had considered the draft thirteenth general programme of work, 2019–2023 at its fourth special session in November 2017 and at its 142nd session, at which it had adopted resolution EB142.R2. Extensive consultations had been held with Member States to reach a consensus; the revised draft general programme of work reflected the delicate balance achieved. The wording of the draft general programme of work was closely aligned with the language of the Sustainable Development Goals. The Board was strongly supportive of the Director-General's initiative to develop the draft general programme of work one year ahead of schedule. On behalf of the Executive Board, she urged the Health Assembly to adopt the draft resolution.

The representative of LEBANON commended the reshaping of the planning process to support Member States in setting priorities and strengthening country office capacities. Regarding the five platforms and strategic priorities of the draft thirteenth general programme of work, it was important to consider country contexts when developing the associated targets and indicators. In addition, it was unclear how the multisectoral approach would feed into the creation of such targets and indicators, and how easily they could be measured without placing a burden on implementation of the 2030 Agenda for Sustainable Development at the country level. She welcomed the use of an accountability framework and the joint responsibility of the Secretariat, Member States and partners for the outcomes and associated impacts of the draft general programme of work. It was crucial for the outcomes of the proposed bottom-up approach to be clear and comprehensive in order to achieve the intended impact. Further, the Secretariat should brief Member States on the progress made so far in the intended transformation, particularly the transfer of resources to the country level. There was a risk that the optimistic, fast-tracked and multitask-oriented actions set out in the draft general programme of work would not be fully implemented, especially in countries in conflict or post-conflict situations. She supported the draft resolution recommended by the Executive Board.

The representative of CANADA said that the draft thirteenth general programme of work would require strong visionary leadership at the helm of the Organization; she therefore supported WHO's increased political leadership, including with regard to human rights, gender equality and social determinants of health. WHO should firmly uphold and actively promote health equity in terms of both access and outcomes for all individuals across the life course, without discrimination on any grounds. She supported the draft resolution.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, 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. She welcomed the draft thirteenth general programme of work, noting that the “triple billion” goals could only be achieved through collaborative efforts between the Secretariat, Member States, development partners and other organizations of the United Nations system. Further information on how WHO would measure its contribution to the attainment of those goals, particularly in countries transitioning from external to domestic funding for health, would be welcome. She requested a more elaborate road map on promoting healthier populations, with a focus on multisectoral work and on addressing the broader determinants of health.

The Director-General’s efforts to finalize the draft general programme of work one year ahead of schedule were commendable. However, it was regrettable that the vital supporting documents requested by the Executive Board had been issued late. The Secretariat must prioritize the further development of those documents following the Seventy-first World Health Assembly. She reaffirmed that approval of the draft general programme of work did not constitute a commitment to fund it. The Secretariat should provide an update on the establishment of an independent accountability and oversight mechanism to monitor the delivery of the draft general programme of work. In addition, the solutions found to ensure a strong regulatory role for WHO should build on the comparative advantages of in-country actors and take into account the efficiency of existing partner coordination mechanisms. Such reform should be accompanied by an evaluation and needs-based assessment of each country office, to be made available as soon as possible in order for an increase in the budget for country offices to be agreed. Collaboration between WHO headquarters and country offices must be strengthened. Lastly, WHO should provide a plan for managerial reform, with key performance indicators to monitor the impact on the quality and efficiency of its work across the three levels of the Organization.

The representative of ALGERIA, speaking on behalf of the Member States of the African Region, welcomed the Director-General’s approach to strengthening investment in health, including through innovative financing mechanisms and more flexible voluntary contributions. He called for the implementation of a WHO mechanism that was efficient and accessible to encourage the local production of medicines and enable Member States to draw greater benefits from the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights, while promoting the transfer of technology. It was important to focus on results at the country level. To that end, an emphasis should be placed on strengthening the resilience of national health systems; coordinating efforts as part of an integrated vision of health and in all policies; and tailoring health research, development and innovation to better respond to country needs. It was also important to: maintain adequate financing so as not to reverse the gains made in the fight against poliomyelitis; appropriately reallocate resources across the three levels of the Organization; and strengthen country offices. The objective of the three “triple billion” goals should be consolidated to ensure better follow-up and evaluation of the anticipated outcomes. WHO should continue to improve geographical representation, gender parity, the geographical mobility of staff and the internship programme. He supported the draft resolution.

The representative of GERMANY, while welcoming the focus on climate change in the draft thirteenth general programme of work, said that it was also necessary to address the enormous disease burden relating to environmental pollution, namely with regard to air, soil, water and chemicals, and the lack of proper sanitation and waste management. The draft general programme of work should contain a more explicit reference to and reflection of WHO’s role as a humanitarian actor, its central position as a humanitarian cluster lead, and the humanitarian principles to which it should adhere in conflict settings. Further reference to financial capacity, the reform of the United Nations development system and the quadrennial comprehensive policy review should also be made. Implementation of the draft general programme of work should begin immediately, and those important unresolved issues

should be addressed during the implementation of the relevant programme and budget processes. Focusing on WHO's advantage compared with other organizations was a key priority, particularly in terms of its norm- and standard-setting function and its role as the guiding and coordinating authority on health. Further work was needed to achieve the shared goals of Member States, and it was essential for all relevant stakeholders to rally behind Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages). To that end, the Heads of State of Germany, Norway and Ghana had requested the Director-General to develop, in partnership with all relevant actors and bodies, a single joint global action plan for healthy lives and well-being for all. He expressed strong support for the adoption of the draft general programme of work.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the alignment of the draft thirteenth general programme of work with the Sustainable Development Goals and its promotion of human rights within the context of global health. It was important for the draft general programme of work to reiterate WHO's role as a guiding, coordinating and standard-setting global authority. The correct implementation of the Framework of Engagement with Non-State Actors was vital and should include a clear and robust policy against conflicts of interest. The wording "fair pricing" contained in paragraph 43 of the draft general programme of work should be changed to "accessible pricing" to reflect the real cost of medicines and the need to ensure access to medicines. Further, the matters of resource allocation and prioritization of tasks needed to be further developed; WHO should be able to use voluntary contributions with greater flexibility so as to strengthen the regular budget. It was unacceptable for WHO's agenda to be driven by donors. In that connection, the public character of the Organization should be emphasized, as should the need for a regular, unearmarked and robust budget that reflected the priorities of all Member States. He supported the draft resolution.

The representative of MEXICO expressed support for the draft thirteenth general programme of work, noting the importance of steering actions towards specific outcomes through the adequate use of increasingly limited resources; of maintaining the institutional policies and standards that had arisen from the WHO reform process; and of strengthening the Organization's role as a global health leader. It was also necessary to bolster institutional processes to align efforts and best practices across the three levels of the Organization. Further, the indicators that were aligned with the 2030 Agenda for Sustainable Development should be revised, and a consultation process to facilitate their implementation in accordance with country contexts should be established. The use of a new approach to resource mobilization needed to be reinforced, particularly with regard to unearmarked voluntary contributions. WHO should develop regional and global priorities to allow for collaboration and the creation of synergies.

The representative of JAPAN, acknowledging that the general programme of work was separate from the programme budget process, wished to know how the programme budget would be developed after the Seventy-first World Health Assembly. Collaboration with other organizations was key to balancing the ambitious goals of the general programme of work and budgetary discipline. As the provision of direct services had significant financial implications, WHO should focus on the functions for which it had a relative advantage compared with other organizations and maximize its impact and efficiency. The draft impact framework's indicators should be consistent with existing WHO strategies and the Sustainable Development Goals.

The representative of the RUSSIAN FEDERATION said that adoption of the draft thirteenth general programme of work at the current Health Assembly would allow Member States and the Secretariat sufficient time to agree on a clear definition of global, regional and national priorities, and on an approach for the targeted mobilization of resources and the establishment of a monitoring system. By the start of the implementation of the draft general programme of work, the Secretariat would be expected to have made significant progress regarding its transformation agenda, the application of the Framework of Engagement with Non-State Actors, and the new approach to

resource mobilization, all of which were essential to achieving its ambitious goals. Her Government would continue to support WHO in its work and in implementing the draft general programme of work, including in tackling noncommunicable diseases, strengthening health systems and improving maternal and child health. She expressed support for the adoption of the draft general programme of work.

The representative of DENMARK expressed strong support for the alignment of the draft thirteenth general programme of work with the Sustainable Development Goals, as well as the cross-cutting focus on human rights, gender responsiveness, and sexual and reproductive health and rights. It was also pleasing to see the inclusion of healthy ageing and care for the elderly. With regard to the implementation of relevant policies to achieve the “triple billion” goals, the associated results should be effectively monitored, and resources should be used efficiently within a realistic financial framework. Recognizing the need for flexible funding, she urged donors to provide unearmarked contributions. The Secretariat should engage in cross-sectoral partnerships with other United Nations organizations and relevant partners to ensure successful implementation of the draft general programme of work.

The representative of the DOMINICAN REPUBLIC welcomed the emphasis placed on climate change in the draft thirteenth general programme of work and the commitment to establishing coordination mechanisms and providing regional support to ensure resilient health systems in small island developing States. To achieve the global technical leadership to which WHO aspired, it was vital for international cooperation to focus on the strengthening of public health systems, particularly those most vulnerable to the influence of the private sector, including the pharmaceutical industry. In that connection, WHO should respond to the criticism that institutional changes would continue to be difficult if the dependency on private donors was not eliminated or reduced. He expressed concern that approval of the draft general programme of work at the current Health Assembly would shorten the time needed to make significant changes to the associated interventions before its implementation in 2019. It was necessary to establish a results framework that allocated resources to priority issues for the achievement of global health objectives.

The representative of the FEDERATED STATES OF MICRONESIA welcomed the focus in the draft thirteenth general programme of work on strengthening country offices and its objectives regarding the internship programme. He expressed support for the business case made in the budget to extend services to vulnerable populations in the context of universal health coverage and welcomed the reference to health information systems. In that respect, adequate financing for the use of mHealth, telepathology, telemedicine and open learning, among others, must be provided for in the draft general programme of work. He supported the draft resolution.

The representative of FINLAND said that the key to achieving the Sustainable Development Goals lay in understanding their interconnected nature; the same principle applied to the “triple billion” goals in the draft thirteenth general programme of work. To achieve the goals of the draft general programme of work, WHO should adopt a cross-cutting approach, ensuring increased collaboration between programmes and among Member States. The Health in All Policies approach required the engagement of the whole of society, with the participation of a wide range of sectors and partners. She encouraged the adoption of a systematic approach to disease prevention and health promotion in the prioritization and financing of global health and the Organization’s work. Given the importance of essential public health functions, the technical support and policy advice provided by the Secretariat to Member States was extremely valuable. Investment in prevention also made economic sense. WHO’s norm- and standard-setting role gave it a unique part to play in the global health landscape, particularly through its defence of the right to health.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that implementation of the draft thirteenth general programme of work

required the full cooperation of Member States given its focus on targets to be achieved at the country level. The Member States of the Region were fully committed to working with the Secretariat to achieve those goals. The strategic shift towards a focus on public health impacts at the country level was predicated on enhancing country capacities. Further information on progress made in moving resources to the country level would therefore be useful. The draft general programme of work was ambitious and would require additional investment and resources, including to ensure the availability of reliable data and fund programmes to eradicate polio and integrate essential functions into national health structures. The Member States of the Region were already working with the Secretariat on ways of implementing the draft general programme of work at the regional level. It was time to move forward and proceed with implementation of the draft general programme of work.

The representative of THAILAND said that a stronger commitment on the part of Member States and a less bureaucratic and more highly performing Secretariat would be required in order to increase the level of ambition of the draft thirteenth general programme of work. It was essential to sustain the highest level of political commitment to universal health coverage; identify and support universal health coverage champions at all levels; build resilient primary health care systems with a competent, committed and highly motivated health workforce; and implement effective accountability mechanisms. He fully supported the draft general programme of work and the draft resolution.

The representative of INDIA expressed support for the proposals in the draft thirteenth general programme of work related to flexible financing and increased assessed contributions. Unearmarked voluntary contributions would help to address the current funding imbalance. However, greater clarity was needed regarding the extent and type of support that WHO would provide to countries to develop and strengthen their health emergency preparedness and response capabilities. With regard to the “triple billion” goals, he recommended setting country-specific targets, with a focus on health system strengthening to ensure the achievement of universal health coverage within a predetermined time frame. He welcomed the emphasis on WHO’s normative and standard-setting role as the leading global health public health body.

Lack of access to medicines and vaccines in developing and least developed countries constituted a major gap in the global health architecture. Given that the promotion of affordable and cost-effective health interventions was a core element of achieving universal health coverage within the framework of Sustainable Development Goal 3, it was important to avoid focusing on profit at the cost of access and affordability. There was a need to follow up on the Framework of Engagement with Non-State Actors, particularly in view of the need to develop a policy on conflicts of interest, covering both institutional and individual interests. His Government fully supported implementation of the draft general programme of work.

The representative of SWITZERLAND supported the draft thirteenth general programme of work and the related priorities, including the “triple billion” goals. She also welcomed the focus on WHO’s leadership in the field of global health. In that context, the Organization must strengthen synergies with the United Nations system, which in turn would contribute to achieving the Sustainable Development Goals. From 2026 onwards, WHO should align its general programme of work with the planning cycle of the wider United Nations family. In addition, registering each country cooperation strategy in the United Nations Resident Coordinator system would help to consolidate WHO’s support for health policies, strategies and plans at the country level, thereby strengthening the impact of its actions.

The representative of IRAQ, expressing support for the draft thirteenth general programme of work, said that it was imperative to: implement a results-based management system; take pragmatic steps to implement the programme of work at the country and regional levels; ensure intra- and interregional collaboration and the exchange of expertise; carry out an analysis of the strengths, weaknesses, opportunities and threats of the draft general programme of work prior to its implementation, focusing on priorities and community needs at the country level; strengthen primary

health care concepts; and strengthen WHO country offices, ensuring a bottom-up approach at the country level.

The representative of SWEDEN welcomed WHO's commitment to disaggregating data by sex and bringing a gender lens to needs analysis and programme design and looked forward to updates on those efforts. The incorporation of sexual and reproductive health and rights into the strategic priorities of the draft thirteenth general programme of work was a welcome step. In that connection, universal health coverage provided a unique opportunity to increase access to sexual and reproductive health services. She welcomed the strengthened references to antimicrobial resistance and the reaffirmation of the importance of taking action in line with existing frameworks and collaboration across sectors and with relevant United Nations agencies and partners, as per the One Health approach. Her Government supported the organizational and strategic shifts set out in the draft general programme of work, including the increased focus on WHO's impact at the country level. WHO must decentralize its support to countries and invest in management and performance assessment in order to be fit for purpose. Although not perfect, the draft general programme of work was an ambitious and visionary plan. Her Government stood ready to support both the draft general programme of work and the draft resolution.

The representative of SRI LANKA supported the draft resolution and welcomed the draft thirteenth general programme of work, in particular the Director-General's support to Member States through the governance structure. National efforts to eradicate poliomyelitis and malaria had been highly successful and his Government stood ready to share its experiences with other countries with resource-limited settings. With regard to disaster management, he highlighted the need for a collaborative early warning system and rehabilitation. He urged governments to implement legal frameworks and strong control mechanisms for pesticides and other chemicals, and to engage in collaborative scientific research. Health systems should be focused on country- and region-specific issues, and technical support from the Secretariat should be provided in that regard. His Government's plans for universal health coverage focused on primary health care strengthening, in line with the strategic priorities of the draft general programme of work. He welcomed the results-oriented approach of the draft general programme of work and the proposed reorganization of WHO's internship programme.

The representative of the REPUBLIC OF KOREA generally supported WHO's vision, mission and activities, as set forth in the draft thirteenth general programme of work. Her Government appreciated the efforts made by the Secretariat to incorporate the outcomes of the discussions on the previous version of the draft general programme of work into the revised document presented to the Seventy-first World Health Assembly and supported its adoption.

The representative of BELGIUM welcomed the ambitious draft thirteenth general programme of work, noting that it would require the joint efforts of the Secretariat and Member States. He hoped that the Director-General and his team would adopt a horizontal approach to implementation of the draft general programme of work and ensure that WHO spoke with a single voice. It was regrettable that the supporting documents requested by the Executive Board had not been issued, thereby preventing Member States from having a clear overview of the feasibility of the draft general programme of work. Flexible voluntary contributions, which his Government would continue to provide, were critical to successful implementation of the draft general programme of work. They must not be used to cover the administrative costs of specific programmes funded through earmarked voluntary contributions; any use of such contributions to cover programme support costs must be transparently justified. His Government would support WHO's efforts to achieve the "triple billion" goals and looked forward to their translation into future programme budgets.

The representative of NIGERIA commended the efforts of the Secretariat in coordinating the development of the draft thirteenth general programme of work, in particular the incorporation of an

accountability framework. Her Government would welcome closer collaboration with country teams and further information on how the draft general programme of work would take into account differing national circumstances and the changing dynamics of emergencies at the country level. WHO should prioritize large and diverse countries such as Nigeria in the implementation of the draft general programme of work. She called for flexible funding of WHO's work.

The representative of TURKEY welcomed the ambitious draft thirteenth general programme of work. Although certain concerns remained relating to its funding, she expressed the hope that they would ultimately be resolved during the implementation process. She welcomed the updated financial estimate for the draft general programme of work and the new approach to resource mobilization. Moreover, the acute appeals segment of the proposed programme budget for 2020–2021 would make the Organization more agile. WHO should review its data collection systems and platforms, with a view to ensuring more effective data collection. In that regard, she looked forward to the impact of the value-for-money strategy on the Organization. The functional reviews of WHO country offices, which would increase their capacity, should be conducted transparently and with minimal institutionalization. She supported the adoption of the draft resolution.

The representative of NORWAY said that a drastic change of pace was required to achieve the health-related Sustainable Development Goals by 2030. With that in mind, the Governments of Ghana, Norway and Germany had requested the Director-General to develop a joint global action plan with all relevant stakeholders to achieve Sustainable Development Goal 3 and all related targets by 2030. In the context of the reform of the United Nations development system and the "One United Nations" approach, WHO should ensure integrated delivery and intersectoral cooperation at the country level. To that end, WHO should fully implement the quadrennial comprehensive policy review and fully contribute to the United Nations Resident Coordinator system at the global level; WHO country representatives should be an integral part of United Nations country teams under the leadership of the resident coordinator. Moreover, WHO should align its planning cycle with the quadrennial comprehensive policy review, which should be assessed at the Seventy-fifth World Health Assembly. Further, it was important to maintain the essential capacities currently financed through the polio programme. Although the draft thirteenth general programme of work could be aspirational, the programme budget must be realistic. His Government supported the draft general programme of work and stressed that its funding was a collective responsibility.

The representative of COMOROS welcomed the emphasis on action at the country level and called on WHO to strengthen its role as the directing and coordinating authority on health at that level. Her Government had prioritized universal health coverage and had recently approved its first national funding strategy for health. However, further support from the Secretariat and other partners would be needed to enable her Government to implement its national health development plan. She fully supported the adoption of the draft thirteenth general programme of work and called on the Organization to redouble its efforts to mobilize the necessary resources to implement the programme.

The representative of SOUTH AFRICA said that the draft thirteenth general programme of work provided a real opportunity to achieve the objective of health for all. To realize the ambitious targets of the programme, it was vital to focus on strong and effective implementation at the country level and ensure adequate and sustainable financing. The accountability framework would facilitate the monitoring of progress. In addition, the draft general programme of work would help communities to feel safe and be healthy, particularly as a result of improved health emergency response. She supported the draft general programme of work and the adoption of the draft resolution.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the strategic priorities and shifts contained in the draft thirteenth general programme of work, as well as efforts to foster political commitment for universal health coverage. Public health emergencies continued to be an issue of critical importance; building preparedness and response capacities was therefore key to

resilient health systems. He welcomed the emphasis on the normative role of WHO in setting standards, norms and guidelines and appreciated the progress made with regard to resource mobilization, but called for the timely payment of assessed contributions and more flexible funding in the form of voluntary contributions in order to enable the Secretariat to fulfil its commitments to Member States. He looked forward to planning the programme budget for the period 2020–2021 and welcomed the decision to consider setting priorities for a period covering more than two years. Prioritization and planning at the country level should be developed on a consultative basis. Further, achieving the aspirational “triple billion” goals would require close cooperation among Member States, the Secretariat and other partners. He welcomed the draft general programme of work and supported the adoption of the draft resolution.

The representative of the UNITED STATES OF AMERICA welcomed the emphasis of the draft thirteenth general programme of work on measurable goals, outcomes and impacts. To make progress towards the achievement of the goals, WHO must forge partnerships across all sectors, including with civil society and the private sector. The Organization must recommit to overcoming global public health threats and address disease outbreaks as a priority. In addition, it must focus on its core mission and avoid allocating scarce resources other than to Goal 3 of the Sustainable Development Goals. It was important that the draft general programme of work acknowledged the right of each country to determine its own path towards achieving the Goals. WHO should only become involved in advocacy, particularly political advocacy, when it was within its mandate. He welcomed the focus of the draft general programme of work on expanding access to safe and effective medicines and fostering innovation, including through robust intellectual property systems. The ambition of the draft general programme of work must be combined with realistic budgeting and realistic expectations for resource mobilization.

The representative of ECUADOR welcomed the approach set out in the draft thirteenth general programme of work. However, the Secretariat should better engage Member States through a formal consultation process and road map in the development and approval of targets and indicators, which must take account of regional realities and work already undertaken. The Secretariat should also work with Member States to harmonize instruments already established across the three levels of the Organization. In addition, it was important to have a strategic and long-term vision regarding resource mobilization. Although external collaboration was important, WHO must adhere to the Framework of Engagement with Non-State Actors to ensure transparency.

The representative of the NETHERLANDS said that it would be difficult to measure the impact of the draft thirteenth general programme of work on the achievement of the Sustainable Development Goals. She welcomed the attention given in the draft general programme of work to access to medicines as well as the commitment made regarding sexual and reproductive health and rights. WHO should keep track of the impact of the draft general programme of work on targets 3.7 and 5.6 of the Sustainable Development Goals and make adjustments, as necessary, by 2030. It was also important to align the WHO transformation agenda with the reform of the United Nations development system, especially with regard to strengthening country work. She supported the idea of building platforms, especially for antimicrobial resistance and noncommunicable diseases. However, the Secretariat should clarify the status of the three flagship programmes, namely improving mental health, reducing cardiovascular diseases and eliminating cervical cancer, within the platform on noncommunicable diseases and mental health and how it had selected those topics. Her Government supported the adoption of the draft general programme of work and the draft resolution.

The representative of the BAHAMAS said that it was essential to strengthen partnerships, communications and critical systems and ensure sustained investment in health in order to meet global health challenges. The interconnected strategic priorities and goals of the draft thirteenth general programme of work would enable the collaboration of all stakeholders in efforts to achieve the health-related Sustainable Development Goals. Progress made by his Government with respect to universal

health coverage was being hampered by a reduction in the health workforce, particularly nurses, as a result of migration. The Secretariat must develop collaborative mechanisms among Member States to prevent such critical losses in small island developing States. He welcomed the continued focus on health emergencies and the recognition of vulnerable populations in small island developing States affected by climate change. His Government also supported efforts to prevent health system collapse, maintain critical services and rebuild infrastructure following crises. It was important to improve human capital across the life course; to accelerate action on the prevention of noncommunicable diseases; promote mental health; and to tackle communicable diseases and antimicrobial resistance.

The representative of ICELAND, speaking also on behalf of Australia, Denmark, Finland, France, Germany, the Netherlands, New Zealand, Norway, Sweden and the United Kingdom of Great Britain and Northern Ireland, noted with interest the emphasis that the draft thirteenth general programme of work placed on impact at the country level, including strengthening the role of country offices and making them fit for purpose. Indeed, WHO engagement and impact must be strengthened at the country level, with an emphasis on providing technical and policy guidance to national authorities, including on preparedness for outbreaks. However, a better understanding was needed of the roles of WHO at the country level, including with respect to its core functions, staffing, resources and collaboration with other United Nations organizations. The Secretariat should also clarify how the reform of the United Nations development system would be taken into account in WHO's future strategic directions at the country level, including with regard to its engagement with the United Nations Resident Coordinator system. She therefore requested the Secretariat to present a report identifying the roles and purpose of WHO at the country level, to be discussed at the 144th session of the Executive Board, so as to keep the governing bodies informed and enable Member States to provide strategic guidance.

The representative of AUSTRIA welcomed the alignment of the draft thirteenth general programme of work with the achievement of the Sustainable Development Goals and universal health coverage. Effective and harmonized health information systems were essential to monitoring progress in that regard. The experience of the European Region in establishing the European Health Information Initiative would be useful in promoting health literacy. WHO should clarify how it would address gender equality and decent working conditions for health workers and should also indicate how it would prioritize its work if it was unable to mobilize the necessary resources for implementation of the draft general programme of work. Her Government stood ready to support WHO in developing digital health approaches to strengthen health systems. She fully supported the draft general programme of work.

The representative of COLOMBIA welcomed the people-centred approach of the draft thirteenth general programme of work, which was consistent with the Sustainable Development Goals. WHO should focus in particular on improving its efficiency and effectiveness by clarifying the roles and contributions of all stakeholders, and should support regional offices in collecting reliable data for policy-making, exchanging experiences and mobilizing resources. Although she welcomed the emphasis on innovation, attention should also be given to access to medicines and technologies. Putting countries at the centre of efforts was extremely important, in addition to enhancing collaboration between regional and country offices and governments. Her Government supported the draft resolution.

The representative of CHINA supported the draft thirteenth general programme of work. However, the "triple billion" goals should have specific indicators to guide both the work of WHO and the programme budget. He commended the strategic shift of the draft general programme of work and its focus on country impact. The Secretariat should work with regional and country offices to develop country cooperation strategies, build country capacities and ensure the implementation of norms and guidelines at the country level. He urged the Secretariat to take action to improve the representation of developing countries in human resources, for instance through staff and internship programmes, and

asked whether the Secretariat would hold Member States and other partners accountable under the Impact Framework and the accountability framework.

The representative of BAHRAIN said that the Secretariat must support countries to make progress in improving health, in line with the Sustainable Development Goals. It was important to measure the impacts and expected outcomes of the draft thirteenth general programme of work, especially for areas such as noncommunicable diseases; children's, adolescents' and women's health; and the health effects of climate change. To realize the objectives of the draft general programme of work, WHO must ensure the availability of the necessary resources; strengthen collaboration between headquarters and regional and country offices, for instance through capacity-building; and conduct regular monitoring and evaluation of progress made, amending the objectives as appropriate. Her Government supported the adoption of the draft resolution.

The representative of SAUDI ARABIA supported the proposals set out in the draft thirteenth general programme of work to implement a comprehensive strategy to achieve universal health coverage as well as to ensure coordination between health programmes. He was also in favour of implementing a bottom-up planning process across the three levels of the Organization and supported the concept of joint responsibility. The draft general programme of work would not succeed without the efforts of Member States. He requested further information on progress made in transferring resources to the country level.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that his Government was ready to approve the draft thirteenth general programme of work and the draft resolution; however, that did not include approval of the related funding package. The impact framework, although welcome, should quantify the contribution of WHO. While welcoming the financial estimate, including the cost-saving target, he expressed concern regarding the 14% increase in the base segment of the budget; more work was needed in that area prior to discussion of the proposed programme budget for 2020–2021. His Government was disappointed that WHO had not yet provided an investment case, but would be interested in receiving it following the approval of the draft general programme of work. The much-needed ambitious plan for organizational transformation should be better articulated with clear, measurable milestones for improving organizational effectiveness. He called on WHO to urgently resolve those issues in order to ensure the effective implementation of the draft general programme of work.

The representative of the PHILIPPINES supported the draft thirteenth general programme of work and, in particular, the “triple billion” goals and welcomed its alignment with the proposed programme budget for 2020–2021. However, it was important that the implementation of country cooperation strategies should not be disrupted. Adoption of the draft resolution did not imply approval of the financing required to implement the draft general programme of work. In that context, WHO must urgently finalize the impact framework and identify sources of funding. She expressed support for the metrics and measurement cluster and reiterated the importance of holding relevant entities accountable for ensuring the impact of WHO support as well as for monitoring and assessing performance.

The representative of MONGOLIA said that her Government supported the draft thirteenth general programme of work and was committed to its implementation at the country level, in line with its national policies on health and sustainable development. Effective intersectoral cooperation at all levels was essential for successful implementation of the draft general programme of work.

The representative of PAKISTAN expressed support for the draft thirteenth general programme of work. Countries must be placed at the centre of WHO's work by increasing their technical capacity to implement the 2030 Agenda for Sustainable Development and achieve universal health coverage, including by strengthening primary health care systems. Adequate, predictable resources should be

provided at the country level to enable Member States to meet priorities, in particular for health emergencies, and to achieve the Sustainable Development Goals, especially in relation to noncommunicable diseases and mental health. Closer coordination and collaboration were also needed to avoid the duplication of work and waste resources. His Government looked forward to the development of specific measures based on the recommendations proposed by the Secretariat.

The representative of ZAMBIA welcomed the draft thirteenth general programme of work, noting the improvements made based on feedback from Member States, and the focus on planning, budget allocation and the deployment of human resources at the country level. She strongly supported the strategic priorities, which were closely aligned with those of her country, and the alignment of the draft general programme of work with the Sustainable Development Goals. She urged Member States to participate in the priority-setting process to ensure that country-specific needs were adequately reflected, and urged WHO to call on industry stakeholders to facilitate access to medicines and vaccines, thereby allowing governments to rationalize public funding. Her Government fully supported the adoption of the draft general programme of work.

The representative of MALAYSIA expressed support for the draft thirteenth general programme of work, which her country would use as a guide to strengthen its own health care system as part of efforts to achieve universal health coverage. The strategic priorities were interrelated and reaffirmed that the Secretariat and Member States should improve emergency response. Her country would continue to work effectively with the Secretariat, Member States and partners in addressing public health concerns and emergency response, in line with the Sustainable Development Goals.

The representative of INDONESIA encouraged the Director-General to work with relevant global stakeholders, especially within the United Nations system, to ensure the successful implementation of the draft thirteenth general programme of work. The 2030 Agenda for Sustainable Development contained many health-related issues that went beyond Sustainable Development Goal 3; a multidimensional approach was therefore key to achieving the highest standards of health for all. The successful implementation of the draft general programme of work depended on a “One United Nations” approach, through effective collaboration between Member States and country teams and better alignment of the programmes of country teams with the development agendas of Member States. He requested the Secretariat to adjust the Programme budget 2018–2019 to reflect the transition from the Twelfth General Programme of Work, 2014–2019, to the draft thirteenth general programme of work.

The representative of BRAZIL expressed support for the draft thirteenth general programme of work and its strategic priorities. In particular, she welcomed the focus on improving access to medicines, which would be supported by the forthcoming road map on access to medicines and the implementation of the global strategy and plan of action on public health, innovation and intellectual property. She also welcomed the references to WHO’s normative role, South–South cooperation in the context of research and innovation, and specific targets for gender parity and enhanced geographical diversity within the Secretariat. Successful implementation of the draft general programme of work would depend on strong support from Member States, which in turn would require continuous transparency and dialogue from the Secretariat.

The representative of QATAR welcomed the draft thirteenth general programme of work, particularly the prominence given to universal health coverage and noncommunicable diseases. He encouraged the Secretariat and Member States to ensure, when considering the proposed programme budget for 2020–2021, that sufficient human and financial resources were allocated to implement the priorities of the draft general programme of work. To improve the prevention and control of noncommunicable diseases, WHO should strengthen its actions on complex issues, such as the commercial determinants of health, and promote the Health in All Policies approach. He welcomed the emphasis on the “One WHO” approach, country cooperation strategies, and the appointment of highly

qualified country staff affiliated to WHO rather than to their own particular programme. Lastly, he encouraged WHO to ensure that country cooperation was focused on a few priorities with clear, time-bound and quantified objectives evaluated through valid and reliable indicators.

The representative of CHILE commended the inclusive process used to develop the draft thirteenth general programme of work, which provided a strong vision to promote health, keep the world safe and serve the most vulnerable populations and constituted an excellent starting point for collective work to establish the Organization's priorities. His Government supported the programme of work and the associated goals and targets and was prepared to take collaborative, specific action to help achieve those objectives.

The representative of NAMIBIA welcomed the draft thirteenth general programme of work, in particular its alignment with the 2030 Agenda for Sustainable Development. However, the targets for the "triple billion" goals should be aggregated, and a framework established for measuring progress. Although there was a positive emphasis on prevention as a way to achieve the targets of the Sustainable Development Goals, it was difficult to increase allocation to prevention programmes without compromising allocations to diagnostic and therapeutic services even though the political will existed; such challenges could hinder or reverse country progress. Technical support should therefore be provided to Member States in that area for implementation of the draft general programme of work. He welcomed the target of one billion more people benefiting from universal health coverage and the ongoing work to design the package of essential services and enhance measurement systems for tracking performance. It was particularly important to measure the quality of universal health coverage services, as low-quality services could encourage patients to bypass them and incur exorbitant expenses. He expressed support for the draft resolution.

The representative of AUSTRALIA supported the draft thirteenth general programme of work, which balanced a broad range of priorities and covered the critical health issues of the Sustainable Development Goals. Attention should now turn to implementation, in which the impact framework would play a key role. It was positive that the Secretariat's actions to achieve the targets would be developed and integrated into the proposed programme budget for 2020–2021; a realistic budget and clear prioritization process would be essential. She urged the Secretariat to continue with transparent and inclusive consultations to engage Member States in the implementation of the draft general programme of work, and asked for further clarification regarding the role and purpose of WHO at the country level.

The representative of UNFPA expressed strong support for the focus on universal health coverage and emergencies in the draft thirteenth general programme of work and welcomed WHO's clear position on sexual and reproductive health and rights. However, she suggested that paragraph 36, which referred to safe and effective surgery in the context of maternal and child health, should also contain a caution against unnecessary interventions, which did not always have positive outcomes for the health of women and newborns. In addition, the Programme of Action of the International Conference on Population and Development should be translated in greater detail into WHO programmes, plans and budgets at all levels to strengthen the Organization's impact. Close collaboration with United Nations organizations, through mechanisms such as the H6 Partnership, at the global, regional and country levels would contribute to the successful implementation of the draft general programme of work and help the United Nations system to deliver as one.

The observer of GAVI, THE VACCINE ALLIANCE welcomed the draft thirteenth general programme of work, notably the "triple billion" goals, the alignment with the Sustainable Development Goals, and the focus on the most vulnerable. She also welcomed the references to sustaining and enhancing vaccination coverage, the recognition of immunization as a strong platform for primary care and the prioritization of disease prevention, including for vaccine-preventable diseases. The strengthening of health governance, national health system resilience and health

financing were also key priorities. She welcomed the draft resolution and looked forward to contributing to full and effective implementation of the draft general programme of work.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, observed that in order to achieve the three interconnected strategic priorities, the draft thirteenth general programme of work must reflect the global health architecture within WHO and other global health institutions and partners. It was also necessary to manage polio transition effectively in order to avoid instability in health systems; further work was required in terms of country-level support and partner engagement plans to produce evidence-based, tailored targets in that area. She encouraged the Secretariat to emphasize the importance of data and monitoring and improve transparency through the reform process and implementation of the draft general programme of work.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, praised WHO for addressing ageing in the draft thirteenth general programme of work and welcomed the alignment with existing strategic objectives on healthy ageing. With regard to the impact framework, she welcomed the specific target on older people in need of care, but called for a greater level of ambition in other parts of the framework, for example by not restricting the targets in relation to noncommunicable diseases and violence against women and girls to certain age groups. She expressed concern at the continued emphasis on premature mortality in efforts to combat noncommunicable diseases, which risked diverting services from those most affected, and the failure to mention ageing in the financial estimate for the draft general programme of work. WHO should provide support for capacity-building as part of efforts to ensure healthy ageing, in particular at the country level, and allocate funding to provide the necessary technical support.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, expressed support for the draft thirteenth general programme of work, in particular its assistance for vulnerable populations; its acknowledgement that patients with life-limiting illnesses and their families required more support; and its recognition of palliative care as an essential service within universal health coverage. Member States should commit themselves to creating or strengthening health systems that integrated palliative care into primary care. Her association was committed to working with the Secretariat to help countries implement the draft general programme of work and resolution WHA67.19 (2014) on strengthening palliative care.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that her network placed great value on WHO's core constitutional normative functions, independence, integrity and trustworthiness. She was pleased that the draft thirteenth general programme of work addressed some her network's concerns, including the need to support breastfeeding and protect WHO's work from conflicts of interest and undue influence. Nevertheless, it failed to address the risks of public-private partnerships. Caution must be exercised with regard to the terminology used to describe WHO's interactions with the private sector; for example, using the term "partnerships" threatened its leading role in developing the international rule of law. Furthermore, the draft general programme of work relied on a faulty notion of conflicts of interest as set out in the Framework of Engagement with Non-State Actors. At WHO, there was an internal conflict between its mandate and core functions and its secondary interest in ensuring adequate funding. She hoped that the concept of conflicts of interest would be corrected during the evaluation of the Framework of Engagement with Non-State Actors in 2019.

The representative of the INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH, speaking at the invitation of the CHAIRMAN, emphasized that, despite the large number of fatalities and non-fatal health outcomes from work-related diseases and occupational accidents, 85% of the global workforce lacked access to occupational health services. He encouraged the extension of the WHO global plan of action on workers' health to 2023 and the inclusion therein of

specialized or basic occupational health services covering all types of workers; the establishment of a WHO programme for the prevention of occupational cancer and the elimination of asbestos-related diseases; and the enhancement of the ILO/WHO Global Programme for the Elimination of Silicosis, specifically with regard to tuberculosis prevention.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that input from nurses was essential for the development and implementation of the strategic priorities of the draft thirteenth general programme of work. She was pleased that the role of Chief Nursing Officer at WHO had been reinstated; all countries should have a chief nursing officer and nurses in senior leadership positions in all health institutions. Highlighting the importance of access to essential life-saving health services, she said that more work was needed to maintain services for immunization, maternal and child health, mental health and chronic conditions. WHO should support health system strengthening in those areas in order to ensure appropriate emergency response. Lastly, she urged WHO to clearly define how it would apply the new Framework of Engagement with Non-State Actors.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that the draft thirteenth general programme of work did not adequately highlight the impact of medical devices and technology on health care. Measures related to non-medical technologies should be included in the draft general programme of work to strengthen health systems and emergency response capacities. He appreciated the importance attached to the collection, processing and diffusion of health care data and supported WHO's intention to remain the global authority in that area. However, reporting, emergency data collection and tasks related to eHealth, mHealth and medical technologies were dispersed throughout the Organization, resulting in a duplication of work and fewer opportunities to provide data for evidence-based decision-making. Collaboration with the Scientific Committee of the International Council for Science World Data System and the Committee on Data of the International Council for Science would be beneficial in that regard.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the draft thirteenth general programme of work and highlighted the need for intersectoral action by multiple stakeholders, in particular young people. He appreciated WHO's increasing efforts to engage young people meaningfully in global health and urged all stakeholders to follow suit. To foster the participation of youth-led and youth-serving organizations, he called on the Secretariat and Member States to: establish youth delegate programmes and ensure that youth representatives were part of Member States' delegations at WHO meetings; support the participation of young people in the WHO internship programme, which should be accessible and affordable for all, regardless of socioeconomic background; and include more young people in the initiatives, events and working groups associated with the draft general programme of work.

The representative of the INTERNATIONAL FEDERATION ON AGEING, speaking at the invitation of the CHAIRMAN, appreciated the inclusion in the draft thirteenth general programme of work of ageing and older persons and an indicator on improved access to universal health care. WHO should adopt a life course approach, especially with regard to noncommunicable diseases, with a view to promoting and maintaining intrinsic capacity and functional ability at all ages. Improved functioning and healthy ageing should be measures of success in the application of assistive technology. She looked forward to contributing to a global report on effective access to assistive technology and to including older people in its measures. She applauded the Secretariat's progress in implementing the Global strategy and action plan on ageing and health, specifically in building commitment and capacity at the regional and country levels, and welcomed the efforts to combat ageism and create age-friendly environments.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, expressed support for the adoption of the draft thirteenth general programme of work. Governments must focus on the health workforce, decent working conditions and the provision of well-equipped health care settings in order to achieve the innovation and country-specific adaptation required for new delivery models for integrated, people-centred services. Interprofessional collaboration was also necessary for people-centred services, as it would prevent duplication and gaps in patient care. He welcomed the timely reference to patient safety in the draft general programme of work. Engagement with health professionals would strongly influence the success of the implementation of the draft general programme of work.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the acknowledgment in the draft thirteenth general programme of work of the health workforce as a major component in efforts to achieve the health-related Sustainable Development Goals and universal health coverage. There was a growing urgency to align health workers' education and training with individual health systems, labour markets and population needs. Persistent under-investment in education, capacity-building and skills development was resulting in shortages in the health workforce. Reaching the "triple billion" goals would require concerted action by all parties. WHO and all stakeholders should recognize the role of young people as the foundation of the future health and social workforce, and provide them with opportunities for collaboration and engagement.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, welcomed the transparent and inclusive consultation process for the draft thirteenth general programme of work. Successful implementation of the programme of work would be contingent on the joint efforts of WHO and its partners, including civil society. Universal health coverage would only be achieved through universal access to sexual and reproductive health services and the fulfilment of sexual and reproductive rights for all, including the most vulnerable and marginalized; she therefore welcomed the strong links between sexual and reproductive health and rights and universal health coverage in the draft general programme of work and called for Member States to be held accountable for the level of progress made. She endorsed WHO's commitment to implement targets 3.7 and 5.6 of the Sustainable Development Goals, end all forms of discrimination and violence against women and girls and eliminate harmful practices, and she called on WHO and all relevant actors to prioritize the achievement of those targets. She welcomed the non-discriminatory and rights-based approaches to health, as well as WHO's commitment to bringing a gender lens to data collection and disaggregation, and programme design.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, appreciated the strong focus of the draft thirteenth general programme of work on universal health coverage. However, she regretted that the platform on noncommunicable diseases failed to recognize kidney disease. WHO should implement an integrated approach to noncommunicable diseases that recognized the burden of kidney disease and its frequent co-morbidities. That approach must be integrated into national strategies and should focus on prevention, management and treatment. Addressing noncommunicable diseases also required increased resources, which could be obtained through innovative financing and price negotiations.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, praised WHO's transformative approach to health equity and resource mobilization and its work to close the gaps in access to health workers. However, the draft thirteenth general programme of work failed to address the need to strengthen the health workforce, which was critical to achieving the Sustainable Development Goals and the "triple billion" goals. Access to health workers must be embedded in all three strategic areas of the draft general programme of work. He suggested that the paragraphs of the draft general programme of work on the health workforce should be amended to emphasize the significant return on investments from health employment.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed support for the adoption of the draft thirteenth general programme of work and welcomed the inclusive consultation process that had led to its development. She supported the draft general programme of work's three strategic priorities, as well as its overall approach to promote healthy, long lives and the platform for prevention of noncommunicable diseases and promotion of mental health. It was crucial to tackle alcohol-related harm under all three strategic priorities and prioritize alcohol-related "best buy" interventions. Furthermore, it was essential to safeguard against incompatible partnerships with private sector entities, including the alcohol industry, that could give rise to conflicts of interest.

The representative of the INTERNATIONAL WOMEN'S HEALTH COALITION, speaking at the invitation of the CHAIRMAN, supported the adoption of the draft thirteenth general programme of work and appreciated WHO's commitment to achieving targets 3.7 and 5.6 of the Sustainable Development Goals. She called on WHO to show bold leadership to ensure that all people could fully exercise their sexual and reproductive rights, and looked forward to working with the Organization to ensure that a comprehensive package of sexual and reproductive health services was integrated into all universal health coverage programmes, with a focus on women and girls. WHO's continued leadership to ensure that young people had access to scientifically accurate and human rights-based sexuality education was crucial in that regard. Implementation of the draft general programme of work should focus on evidence-based strategies targeting legal and policy barriers, and ensure appropriate monitoring and the allocation of necessary resources.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, endorsed WHO's commitment to universal health coverage in the draft thirteenth general programme of work, which would only be achieved by reducing reliance upon and eventually abandoning the use of high prices and patent monopolies as an incentive to invest in research and development. Delinkage was essential, and the draft general programme of work should include the evaluation and implementation of alternative business models that supported universal access to products. WHO should explore norms and mechanisms to enhance the transparency of research and development costs, disaggregated by the stage of development, and data on prices, access and revenues. The draft general programme of work showed a lack of ambition in relation to access to cancer medicines; WHO should be more proactive in that regard, including by organizing regional workshops to share expertise on, among others, the technical and practical aspects of compulsory licences.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, commended the recognition in the draft thirteenth general programme of work of the role of women and civil society organizations in strengthening health systems. However, other aspects had not been adequately addressed, including the excessive influence of donors on the Organization's normative work and finances. She urged Member States to lift the freeze on assessed contributions and unearmark their voluntary contributions.

Further, WHO should address the fact that many private entities, especially transnational corporations, negatively influenced health, and that the ability of the Framework of Engagement with Non-State Actors to manage conflicts of interest remained untested. It was disappointing that the draft general programme of work did not adequately address the barrier of intellectual property rights on access to medicines. Lastly, the Secretariat and Member States should create binding mechanisms for ethical forms of health worker recruitment in order to tackle the health workforce crisis.

The meeting rose at 17:35.

FOURTH MEETING

Wednesday, 23 May 2018, at 09:40

Chairman: Mr A. SINGHAL (India)

later: Dr S. BROSTRØM (Denmark)

1. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Draft thirteenth general programme of work, 2019–2023: Item 11.1 of the agenda (documents A71/4 and EB 142/2018/REC/1) (continued)

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that her organization looked forward to collaborating further with WHO. Intersectoral partnerships were needed to achieve WHO's objectives, including universal health coverage. She supported the call for collective action and multistakeholder engagement to meet global health challenges.

The representative of the PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that her organization was willing to further engage with WHO, Member States and other partners in its areas of expertise to promote and achieve the objectives contained in the draft thirteenth general programme of work, 2019–2023. Members of her organization were relevant partners for WHO, particularly in the areas of epidemic preparedness and response, antibiotic resistance, and research and development, as they had the capacity to deliver scientific and medical evidence to inform the development of health policies and guidelines.

The representative of RAD-AID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, while inadequate and inequitable health care was being addressed, it was important to ensure that medical imaging parameters were also taken into consideration with regard to women's health, HIV-related diseases, cancer, cardiovascular and cerebrovascular disease, chronic respiratory disease, diabetes complications and trauma.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, encouraged Member States and other stakeholders, including pharmaceutical companies and research institutions, to promote and improve transparency at all levels of public health. Transparency on issues such as medicine pricing, research and development costs and clinical trial data was particularly important. Given that the high price of medicines was untenable for many governments and patients, he called on Member States to ask the Secretariat to explore and support the design and development of feasibility studies for alternative innovation models based on de-linking the cost of research and development and the price of products. Finally, he welcomed efforts to strengthen health systems towards achieving universal health coverage and combat antimicrobial resistance.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that a strong commitment to ending preventable child deaths should be reflected in the draft general programme of work. Member States must accelerate implementation of the Every Newborn Action Plan and put in place pneumonia and nutrition action plans as part of comprehensive national strategies for delivering health to all. The Secretariat should work with donors and Member

States to develop and implement health financing systems and be bold in holding governments to account. The global development financing structure should be aligned with current needs and those spearheading innovative approaches, such as the Global Financing Facility, should be supported. He urged all Member States to make their pledges to achieve universal health coverage meaningful and measurable and encouraged WHO to hold leaders to account at the Seventy-second World Health Assembly.

The representative of the WELLCOME TRUST, speaking at the invitation of the CHAIRMAN, commended the “triple billion” goals set out in the draft general programme of work. The Wellcome Trust would collaborate with WHO in the areas of: emergency preparedness and response; antimicrobial resistance; research coordination; and WHO reform.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN and on behalf of the Council for International Organizations of Medical Sciences, called upon Member States to ensure adequate non-earmarked funding for the implementation of the draft thirteenth general programme of work, 2019–2023. Its objectives, in particular the “triple billion” goals, would require a strengthened global health workforce and the engagement of health care workers. Highly qualified health professionals were needed to staff specialized government agencies, such as health protection agencies and medicines regulatory authorities. He called for WHO to involve organizations of health professionals in policy development at all levels when implementing the draft general programme of work. Given that a lack of, and a failure to retain, health professionals would hamper the achievement of the “triple billion” goals, WHO should continue its work to strengthen human resources for health care systems, and his organization would collaborate with WHO in that regard.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, said that robust financing and higher quality investment were needed to prevent noncommunicable diseases. She urged Member States to fund WHO’s work in that area, including through non-earmarked contributions. The draft impact framework should be adopted, and data should be disaggregated by socioeconomic group to ensure that no one was left behind. The targets contained in the draft thirteenth general programme of work on noncommunicable disease prevention should be treated as checkpoints towards longer term outcomes, rather than endpoints. She encouraged the Health Assembly to adopt the draft general programme of work.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, said that, in order to achieve universal health coverage, the strengthening of surgical systems must be a priority at all levels. Consequently, she urged the Health Assembly to include the strengthening of surgical systems in the draft general programme of work.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged the Secretariat and Member States not to overlook access to safe and affordable treatments for noncommunicable diseases. He noted that targets on coverage of essential medicines and treatments for noncommunicable diseases were not included in the draft general programme of work. Moreover, the root causes of inadequate access to essential medicines should be addressed. Financial risk protection should be guaranteed for people living with noncommunicable diseases. He called on governments to ensure that people living with noncommunicable diseases could access all the necessary treatment.

The representative of the WORLD HEPATITIS ALLIANCE, speaking at the invitation of the CHAIRMAN, applauded the ambitious framework contained in the draft general programme of work. He called on Member States to put a greater focus on viral hepatitis and ensure the inclusion of relevant services in efforts towards attaining universal health coverage. Many Member States had

committed themselves to the global health sector strategy on viral hepatitis, 2016–2021, but only nine countries were on track to eliminate viral hepatitis as a public health threat by 2030. WHO should ensure that viral hepatitis was given the political and financial priority it deserved.

The representative of the WORLD SELF-MEDICATION INDUSTRY, speaking at the invitation of the CHAIRMAN, supported the draft resolution. Self-care was important as it enabled individuals to manage their own health and would therefore help Member States to achieve universal health coverage targets and reduce the burden on health systems. WHO's support of the local production of health products would hamper the availability of non-prescription medicines, to the detriment of people's health.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, said that he supported the Executive Board's request for a comprehensive strategy to be drafted on health, environment and climate change in preparation for the Seventy-second World Health Assembly. The environmental conditions that allowed infectious diseases to flourish must be addressed. He therefore urged Member States to coordinate and align health measures with efforts to prioritize water, sanitation and hygiene in health facilities; and to leverage sustainable domestic and international financing to that end. His organization was committed to working with WHO and other partners to deliver the draft general programme of work.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged WHO to focus on violence and nutrition when implementing the draft general programme of work. Member States must commit themselves to ending all forms of violence against children and to providing the required leadership and investment to address that issue. WHO should also address the issue of malnutrition, particularly in children under the age of five years.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, urged Member States to provide adequate financial resources to implement the draft general programme of work and achieve the "triple billion" goals. Long-term investment in public health systems and the health workforce was required. Research and development must be dictated by public health needs rather than commercial interests and medicines must be affordable if universal health coverage was to be attained.

The DIRECTOR-GENERAL said that the draft thirteenth general programme of work, 2019–2023 had been one of his priorities since the start of his mandate. The draft general programme of work had been prepared quickly with input from regional consultations and the Executive Board. The speed with which it had been drafted demonstrated WHO's ability to work swiftly when necessary. The programme of work was vital for all the work carried out by the Organization, which would not be effective without a clear direction and priorities.

He thanked all Member States and Secretariat staff for their innovative contributions in creating a draft general programme of work that was country-focused and was focused on impact and outcomes, and for their confidence, support and comments on the bold and visionary nature of the document. Noting the requests for the elaboration of the new country model and the concerns regarding the development of indicators, he committed himself to continue working closely and regularly with Member States on the attainment of the indicators. Expressing pleasure that all Member States wished to proceed with implementation, he encouraged everyone to continue working together to promote health, keep the world safe and serve the vulnerable.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R2.

The draft resolution was approved.¹

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda

Maternal, infant and young child nutrition: Item 12.6 of the agenda

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (document A71/22)
- **Safeguarding against possible conflicts of interest in nutrition programmes** (document A71/23)

The CHAIRMAN drew attention to the following draft resolution on infant and young child feeding proposed by Botswana, Canada, Gambia, Ghana, Mozambique, Nepal, Pakistan, Panama, Russian Federation, Senegal, Sierra Leone, Thailand and Zambia, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered the reports on maternal, infant and young child nutrition;²

(PP2) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008), WHA63.23 (2010), WHA65.6 (2012) and WHA69.9 (2016) on infant and young child nutrition, appropriate feeding practices and related questions, as well as resolutions WHA68.19 (2015), WHA69.8 (2016) and United Nations General Assembly resolution 70/1 (2015);

(PP3) Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;

(PP4) Reaffirming the commitments to implement relevant international targets and action plans, including WHO's global maternal, infant and young child nutrition targets for 2025 and WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Rome Declaration on Nutrition resulting from the Second International Conference on Nutrition;

(PP5) Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;

(PP6) Affirming that the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of quality health care;

(PP7) Recognizing that appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families;

(PP8) Expressing concern that nearly two in every three infants under 6 months of age are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as resolution WHA71.1.

² Documents A71/22 and A71/23.

income countries; and that only two in every three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries;

(PP9) Acknowledging that achievement of the WHO global target to increase to at least 50% the proportion of infants under 6 months of age who are exclusively breastfed by 2025 requires sustainable and adequate technical and financial resources, and supportive and protective policy and regulatory interventions as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

(PP10) Welcoming the inclusion of support for exclusive breastfeeding in the Thirteenth General Programme of Work, 2019–2023;

(PP11) Welcoming the annual celebration of World Breastfeeding Week as an opportunity to communicate the importance of breastfeeding and advocate for the protection, promotion and support of breastfeeding;¹

(PP12) Recognizing recent efforts made by WHO to provide guidance and strengthen technical support to Member States to improve infant and young child feeding, and protect, promote and support breastfeeding in particular, including through new guidelines and implementation guidance on the Baby-friendly Hospital Initiative;^{2,3} an implementation manual on ending the inappropriate promotion of foods for infants and young children;^{4,5} a tool kit on strengthening monitoring and enforcement of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions;⁶ operational guidance on infant feeding in emergencies;⁷ updated guidelines on HIV and infant feeding;⁸ and breastfeeding advocacy materials,^{9,10,11} as well as noting the ongoing process to develop tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes;¹²

(PP13) Also recognizing the ongoing implementation by WHO of the Framework of Engagement with Non-State Actors to effectively manage, including by, where possible, avoiding conflict of interest and other forms of risks to WHO in nutrition programmes,

OP1. URGES Member States^{13,14,1} in accordance with national context and international obligations:

¹ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

² <http://www.who.int/nutrition/publications/guidelines/breastfeeding-facilities-maternity-newborn/en/>, accessed 21 May 2018

³ <http://www.who.int/nutrition/publications/infantfeeding/bfhi-implementation/>, accessed 21 May 2018.

⁴ Document A69/7 Add.1.

⁵ <http://www.who.int/nutrition/publications/infantfeeding/guidance-ending-inappropriate-promotion-food-manual/en/>, accessed 21 May 2018.

⁶ <http://www.who.int/nutrition/netcode/toolkit/en/>, accessed 21 May 2018.

⁷ IFE Core Group. Infant and young child feeding in Emergencies. Version 3.0 – October 2017 (<http://www.enonline.net/operationalguidance-v3-2017>, accessed 18 May 2018)

⁸ http://www.who.int/nutrition/publications/hivaids/guideline_hiv_infantfeeding_2016/en/, accessed 21 May 2018.

⁹ https://www.unicef.org/nutrition/index_98477.html, accessed 21 May 2018.

¹⁰ <http://www.who.int/nutrition/publications/infantfeeding/global-bf-collective-investmentcase/en/>, accessed 21 May 2018.

¹¹ <http://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2017/en/>, accessed 21 May 2018.

¹² <http://www.who.int/nutrition/consultation-doi/comments/en/>, accessed 21 May 2018.

¹³ And where applicable, regional economic integration organizations.

¹⁴ Taking into account the context of federated states.

- (1) to increase investment in development, implementation and monitoring of laws, policies and programmes aimed at protection, promotion and support of breastfeeding, including through multisectoral approaches and awareness raising;
- (2) to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;
- (3) to implement and/or strengthen national monitoring and enforcement mechanisms for effective implementation of national measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions;
- (4) to promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child,² as well as guiding principles for the feeding of the non-breastfed child 6–24 months of age;³
- (5) to continue taking all necessary measures in the interest of public health to end the inappropriate promotion of foods for infants and young children, including, in particular, implementation of the guidance on ending the inappropriate promotion of foods for infants and young children, while taking into account existing legislation and policies, as well as international obligations;
- (6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations;
- (7) to celebrate World Breastfeeding Week⁴ as a valuable means to promote breastfeeding;

OP2. REQUESTS the Director-General:

- (1) to provide, upon request, technical support to Member States in implementation, mobilization of financial resources, monitoring and assessment of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant Health Assembly resolutions, the guidance on ending the inappropriate promotion of foods for infants and young children, and the Baby-friendly Hospital Initiative and to review national experiences with monitoring and enforcing relevant national legal, regulatory and/or other measures;
- (2) to continue developing tools for training, monitoring and advocacy on the Ten steps to successful breastfeeding and the Baby-friendly Hospital Initiative, to provide support to Member States with implementation;
- (3) to support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document Food and Agriculture Organization's and World Health Organization's Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2016–2025);
- (4) to continue providing adequate technical support to Member States in assessing policies and programmes, including good-quality data collection and analyses;

¹ Member States could take additional action to end inappropriate promotion of food for infants and young children.

² Guiding principles for complementary feeding of the breastfed child. Washington (DC): PAHO; 2003 (http://www.who.int/maternal_child_adolescent/documents/a85622/en/, accessed 21 May 2018).

³ Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005 (http://www.who.int/maternal_child_adolescent/documents/9241593431/en/, accessed 18 May 2018).

⁴ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

- (5) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;
- (6) to report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

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

Resolution: Infant and young child feeding	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	
Programme area: 2.5. Nutrition	
Outcome: 2.5. Reduced nutritional risk for improved health and well-being	
Output(s): 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Four years.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 5.1 million.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 1.7 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Zero.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	US\$ 3.4 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	Zero.

- 5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions**
- **Resources available to fund the resolution in the current biennium:**
US\$ 1.3 million.
 - **Remaining financing gap in the current biennium:**
US\$ 0.4 million.
 - **Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:**
US\$ 0.1 million.

Table. Breakdown of estimated resource requirements (in US\$)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	315 500	58 400	52 800	46 000	52 300	59 700	56 400	641 100
	Activities	640 000	100 000	70 000	50 000	50 000	80 000	80 000	1 070 000
	Total	955 500	158 400	122 800	96 000	102 300	139 700	136 400	1 711 100
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	526 500	142 200	129 600	110 000	127 700	126 700	128 800	1 291 500
	Activities	640 000	250 000	250 000	250 000	250 000	250 000	250 000	2 140 000
	Total	1 166 500	392 200	379 600	360 000	377 700	376 700	378 800	3 431 500

He also drew attention to the following draft decision on maternal, infant and young child nutrition proposed by the United States of America, which read:

The Seventy-first World Health Assembly, having considered the Secretariat report on maternal, infant and young child nutrition, decided:¹

OP1. to acknowledge the importance of exclusive breastfeeding for the first six months of life, continued breastfeeding, and nutrient-rich, age-appropriate complementary foods for older infants and young children, as critical for child survival, health, nutrition and development, as well as for maternal health;

OP2. to reaffirm the need to promote exclusive breastfeeding practices in the first six months of life, and the continuation of breastfeeding up to 2 years of age and beyond, and recognizing the need to promote optimal complementary feeding practices for children from ages 6–36 months of age based on WHO² and FAO dietary guidelines and in accordance with national dietary guidelines, which contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of health care;

¹ Document A71/22.

² Pan American Health Organization, World Health Organization. Guiding principles for complementary feeding of the breastfed child. Washington (DC): Pan American Health Organization; 2003; Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005.

OP3. to urge the development of evidence-based national dietary guidelines, responses, strategies or plans to improve infant and young child nutrition, including breastfeeding, in routine and in emergency settings;

OP4. to celebrate World Breastfeeding Week as an official public health event, according to national context;

OP5. to request the Director-General:

- (a) to provide, upon request, technical support to Member States in implementation, monitoring, and the assessment of recommendations, such as the Baby-Friendly Hospital Initiative, to support infant and young child feeding, including in emergencies, and to review national experiences with implementing such recommendations and the mobilization of resources to build the evidence base on their effectiveness, and consider changes, if needed;
- (b) to support Member States in establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the timeframe of the Sustainable Development Goals (2030);
- (c) to continue providing adequate technical support to Member States, upon request, in assessing and evaluating their maternal, infant and young child nutrition policies and programmes, including capacity for high-quality data collection and analyses;
- (d) to report periodically to the Health Assembly, through the Executive Board, on progress made in protection, promotion, and support of breastfeeding, as part of existing reporting on maternal, infant and young child nutrition.

The representative of ITALY suggested that a drafting group should be formed to consider the two texts.

It was so agreed.

(For continuation of the discussion and approval of a draft decision, see the summary records of the eleventh meeting, section 3.)

Mr Brostrøm took the Chair.

3. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (resumed)

Public health preparedness and response: Item 11.2 of the agenda

• Update on the Ebola virus disease outbreak in the Democratic Republic of the Congo

The CHAIRMAN said that, prior to opening discussion of the three items under item 11.2, an update would be provided on the latest Ebola virus disease outbreak in Equateur province in the Democratic Republic of the Congo.

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO said that there were currently 58 cases of Ebola virus disease in the country, including 28 that had been confirmed and 21 that were probable. On 21 May 2018, a response campaign had been launched, which was focused on community care, hygiene and vaccination in preventing the spread of the disease. The Minister of Health had also emphasized that members of communities had a duty to raise awareness of the disease, and that monitoring contacts with confirmed cases was central to the Government's response. A voluntary vaccination programme had begun, and would be rolled out to health professionals and

vulnerable citizens in the coming days and the Director of the Expanded Programme on Immunization in the Democratic Republic of the Congo had been the first to be vaccinated, sending out a clear and strong message to the population that the vaccine was safe. On 22 May 2018, the World Bank Group had announced the activation of the Pandemic Emergency Financing Facility, which aimed to reduce the impact of pandemics on the development of the countries affected.

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE, giving a slide presentation on the Ebola virus disease outbreak, noted that the country was facing additional challenges such as massive population displacement, food insecurity and malnutrition, and multiple simultaneous outbreaks of cholera, measles and vaccine-derived poliovirus. There had been 27 deaths from Ebola virus disease, and the Organization was working with the Government to monitor over 600 contacts. Although Equateur province was extremely remote, there was concern that the outbreak could spread. Five health care workers had been infected and there was a risk of the outbreak spreading from the town of Mbandaka on the Congo river into Kinshasa and the surrounding countries. Furthermore, there were three or four epicentres, making the response logistically challenging. Under the Government's leadership, WHO and various partners were supporting the standard pillars of the Ebola response and chains of transmission were being investigated to help control transmission. To overcome the challenge of the region's geography, climate and lack of electricity, the portable Arktek vaccine carrier was being used to transport vaccines at the required temperature to implement the ring vaccination programme. He stressed that the ring vaccination programme, which had started on 22 May 2018, did not involve mass immunization; rather, it was a highly targeted programme whereby the contacts, and contacts' contacts, of confirmed or probable cases were traced and vaccinated to prevent transmission within the wider community.

The strategic response plan for the current outbreak required US\$ 25.9 million, although that figure was being revised in light of new data. He thanked those that had already donated and noted that additional pledges had been received. Lessons had been learned from the 2014 Ebola virus disease outbreak in West Africa and as such the response to the current outbreak had been quick, robust and agile, with resource mobilization taking place immediately and vaccination beginning less than two weeks after the outbreak was declared on 8 May 2018. Commending the Government's quick and decisive action, he thanked all those involved in the response, especially the communities affected, which were the first line of defence. The coming weeks would tell if the outbreak would spread to urban areas or if it could be sufficiently contained.

The REGIONAL DIRECTOR FOR AFRICA said that, following the declaration of the outbreak, a rapid risk assessment had determined that the risk was very high at the national level, high at the regional level, and low at the global level. Thus, the scaling up of readiness and preparedness capacities had been prioritized in the neighbouring countries of the Central African Republic and Congo, then in Angola, Burundi, Rwanda, South Sudan, Tanzania, and Zambia, and finally in Uganda, as the Ugandan Government had demonstrated its response capacity during recent Ebola virus disease outbreaks, and was a key source of technical expertise in the African Region. Those countries had already initiated their readiness activities, including regular national multisectoral coordination meetings with the support of WHO and other partners.

Preparedness support teams had been deployed to six of the priority countries to assess preparedness capacities and those countries were now finalizing and testing their national contingency plans for Ebola virus disease. In collaboration with Member States and partners, surveillance, detection and case management at border crossings were being scaled up, and multisectoral teams in those six countries were supporting screening at major points of entry. Immediate next steps in the priority countries would include continued capacity-building, training multidisciplinary teams on the management of Ebola virus disease, and helping countries to mobilize resources to improve their preparedness. Praising the enthusiastic and determined contribution to the preparedness of identified countries, she thanked the leadership of the Government of the Democratic Republic of the Congo and all WHO partners involved.

The DIRECTOR-GENERAL said that he had been deeply moved by the commitment of frontline staff on a visit to the epicentre of the Ebola virus disease outbreak in the Democratic Republic of the Congo. The staff on the ground, whether from WHO or partners, must be supported because their dedication and sacrifice were vital in the fight against Ebola virus disease. The Government's leadership and transparency had been key, with the Minister of Health sharing information daily. WHO had been coordinating activities at all three levels and with partners, to ensure that there was a single united response. Importantly, communities were also taking ownership of the response through the community committees triggered by the Government, contributing on the ground by identifying cases and contacts. The seriousness of the outbreak was compounded by the inaccessibility of the epicentre and the potential for urban cases to spread rapidly, including into neighbouring countries. In addition, the cold chain requirement for the vaccines depended on a reliable energy source, which was a challenge in the difficult geographic terrain.

Expressing his sincere thanks for all the support received and the support expected based on the projected financing, he said that through a collaborative effort, with a shared sense of urgency and partnership, the outbreak could be contained.

- **Report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme** (document A71/5)
- **WHO's work in health emergencies** (document A71/6)

The CHAIRMAN invited the Committee to consider the documents under agenda item 11.2 separately, beginning with the report of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the report on WHO's work in health emergencies.

The CHAIRMAN drew attention to a draft resolution on the prevention and control of cholera proposed by Brazil, Dominican Republic, Ghana, Haiti, Kenya, Mozambique, Peru, the United Republic of Tanzania, the United States of America and Zambia, which read:

The Seventy-first World Health Assembly,

(PP1) Recalling resolution WHA64.15 (2011) on cholera: mechanism for control and prevention, which led to the revitalization of the Global Task Force on Cholera Control to support Member States to reduce the public health, social and economic consequences of cholera by strengthening WHO's work in this area, and improving collaboration and coordination among stakeholders;

(PP2) Recognizing the report by the Director-General on WHO's work in health emergencies¹ and the Global Task Force on Cholera Control's recently launched strategy, Ending Cholera: A Global Roadmap to 2030,² large-scale outbreaks of cholera continue to cause significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. With an estimated disease burden of 2.9 million cases and 95 000 deaths every year worldwide, the disease still affects at least 47 countries across the globe, with a potential to spread where water, sanitation and hygiene conditions are inadequate;

(PP3) Acknowledging that the prevention and control of cholera require a coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours, with adjunct use of oral cholera vaccines, strengthened surveillance and information

¹ Document A71/6.

² Ending cholera: a global roadmap to 2030 (<http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1>, accessed 21 May 2018).

sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health;

(PP4) Acknowledging also that cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people;

(PP5) Affirming that progress towards the 2030 Agenda for Sustainable Development including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); and Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), would reduce the prevalence and spread of cholera, along with other diarrhoeal diseases and enteric infections;

(PP6) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP7) Acknowledging that cholera, as a disease of epidemic potential, has to be recognized in itself and reported separately from other diarrhoeal diseases, within national surveillance systems, as not doing so hampers effective control measures,

OP1 URGES Member States:¹

- (1) to foster the identification by governments of cholera epidemics and to elevate cholera as a State priority in affected countries through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader diarrhoeal disease control initiatives, or within national health, health security, water, sanitation and hygiene, development and Sustainable Development Goal implementation plans, where relevant, and national disaster and/or emergency management agencies;
- (2) to develop and implement, in affected countries, a multisectoral package of selected effective prevention and control measures, including long-term water, sanitation and hygiene services, access to appropriate health care, access to safe water, sanitation and improved hygiene behaviours, as well as infrastructure development along with associated capacity-building activities for operations, maintenance and repairs and sustainable financing models adapted to the local transmission pattern for long-term control or elimination;
- (3) to ensure that national policies and plans regarding the prevention and management of cholera comprise all areas with high-risk of cholera transmission;
- (4) to establish national multisectoral cholera and acute diarrhoea prevention and surveillance mechanisms in affected countries to coordinate the implementation of the control or elimination plan, ensuring representation of the different ministries, agencies, partners and communities involved in cholera control efforts;
- (5) to strengthen capacity for preparedness in compliance with International Health Regulations (2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact;
- (6) to strengthen surveillance and early reporting of cholera in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including information on critical determinants including water and sanitation coverage;
- (7) to strengthen community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;

¹ And, where applicable, regional economic integration organizations.

(8) to support, including through international cooperation, research for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment;

(9) to refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(10) to establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans;

OP2 REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of cholera in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Global Task Force on Cholera Control secretariat and working groups, including by providing technical support and operational guidance to countries for cholera prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multisectoral, integrated interventions for long-term cholera prevention, control and elimination; interventions for preparedness and response to cholera epidemics in accordance with the global initiatives of Ending Cholera: A Global Roadmap to 2030 and aligned with national plans to encourage reporting, monitor progress and disease burden in order to inform country and global strategies; and interventions for control or elimination;

(3) to support countries, upon request, in the assessment of cholera risk factors and capacity for multisectoral engagement within existing technical resources;

(4) to continue leading the management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI Alliance;

(5) to monitor and support long-term cholera prevention and control and elimination programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research agenda covering all aspects of cholera control;

(7) to raise the profile of cholera at the highest levels on the global public health agenda and to strengthen coordination and engagement of multiple sectors, particularly water, sanitation and hygiene, and other non-health sectors such as finance and infrastructure development;

(8) to report to the Seventy-third World Health Assembly, through the Executive Board at its 146th session, on the global cholera situation and evaluate efforts made in cholera prevention and control.

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

Resolution: Cholera prevention and control	
A. Link to the programme budget	
1.	Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted
	Programme area: E.1. Infectious hazard management
	Outcome: E.1. All countries are equipped to mitigate risks from high-threat infectious hazards.

Output: E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens.
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019: Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019: In line with the proposed resolution, additional activities for the biennium 2018–2019 include the reinforcement of the Global Task force on Cholera Control secretariat at WHO through the recruitment of additional staff, and increased capacity to support countries to scale up their ability to implement and monitor multisectoral cholera control plans through the organization of in-country workshops and recruitment of technical experts to be based in at least four cholera-affected countries.
4. Estimated implementation time frame (in years or months) to achieve the resolution: The resolution is aligned with the time frame of the Ending cholera: a global roadmap to 2030, with objectives set to reduce cholera deaths by 90% by 2030.
B. Resource implications for the Secretariat for implementation of the resolution
1. Total resource requirements to implement the resolution, in US\$ millions: Estimated at US\$ 121 million from 2018 to 2030, with an expected increase in staffing and activities in countries to provide support for the implementation of the entire road map in countries.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions: US\$ 7.93 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions: Zero.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions: US\$ 19.69 million for the biennium 2020–2021.
4. Estimated resource requirements in future programme budgets, in US\$ millions: US\$ 10.43 annually, which reflects a 20% increase in staffing and activities requirements in the African Region, South-East Asia Region and Eastern Mediterranean Region, up to 2030.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions – Resources available to fund the resolution in the current biennium: US\$ 4.10 million available under the cholera workplan 2018–2019 of the programme budget of the WHO Health Emergencies Programme. – Remaining financing gap in the current biennium: US\$ 3.83 million. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Zero.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	3.87	1.00	0.25	0.20	NA	0.40	NA	5.72
	Activities	1.06	0.79	0.00	0.18	NA	0.18	NA	2.21
	Total	4.93	1.79	0.25	0.38	NA	0.58	NA	7.93
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	5.09	4.00	0.50	0.80	NA	1.20	NA	11.60
	Activities	1.70	3.56	0.53	0.57	NA	1.70	NA	8.09
	Total	6.79	7.56	1.03	1.37	NA	2.90	NA	19.69
Future bienniums resources to be planned	Staff	5.09	6.00	0.50	0.96	NA	1.44	NA	13.99
	Activities	1.93	2.68	0.39	0.68	NA	1.19	NA	6.87
	Total	7.02	8.68	0.89	1.64	NA	2.63	NA	20.86

NA: not applicable.

The representative of SOUTH AFRICA, speaking in her capacity as Chair of the Independent Oversight and Advisory Committee, introduced the report of that Committee on the WHO Health Emergencies Programme. She provided an overview of the contents of the report and said that findings from the Committee's field visits, particularly its visit to Viet Nam, had confirmed that developing the capacity to implement the International Health Regulations (2005) was a long-term process. Given the depth and duration of the investment needed to implement the Regulations, WHO should come up with a strategy to support countries in the implementation process and tailor its support to suit the specific needs of each country. The next iteration of the Committee would conduct further work in that regard. In its first report, the Committee had predicted that funding gaps would persist until the WHO Health Emergencies Programme had demonstrated its value and its capacity to respond effectively to emergencies. It had now done so, by way of its response to the Ebola virus disease outbreak in the Democratic Republic of the Congo in May 2018. Financial data indicated that donor confidence in the Programme had been steadily increasing. However, the WHO Contingency Fund for Emergencies needed to be replenished and sufficient funding had not yet been provided. The Committee had repeatedly raised concerns regarding insufficient funding, which posed a risk to the reform of the Organization's emergency activities. Cultural barriers also needed to be addressed, as did issues with procurement, security, the delegation of authority and human-resource processes. However, those issues could not be resolved solely within the scope of the WHO Health Emergencies Programme, and should be tackled through an Organization-wide reform of WHO administrative and business processes. Member States should step up their support for the fulfilment of the ambitious goal to protect one billion more people during health emergencies. Lastly, to echo the repeated calls of the Director-General and in the light of the fact that numerous front-line health workers had been attacked or killed in the previous three years, she reiterated that those working to contain health emergencies on the ground must be protected, supported and cherished.

The representative of BAHRAIN stressed the importance of the WHO Health Emergencies Programme in facilitating informed decision-making at the national level, implementing effective training to prevent public health emergencies and develop health response leadership. She commended the implementation of a "one programme" approach and structure to ensure strengthened leadership in outbreak management and performance during emergencies; preparation of technical guidance for epidemic-prone diseases; institutionalization of an incident management system for graded crises; and field application of the Early Warning, Alert and Response System. A monitoring framework would help to track progress. A dedicated communications team should be set up to improve transparency and communication regarding the implementation of the programme. The core capacities of all

countries should be assessed under the International Health Regulations (2005) and national action plans should be financed to fill capacity gaps so that the Regulations could be fully implemented.

The representative of BANGLADESH, speaking on behalf of the Member States of the South-East Asia Region, said that countries in the Region were prone to natural hazards, disease outbreaks and complex emergencies, the health consequences of which were often devastating. Of note was the grade 3 emergency caused by the influx of members of the Rohingya community into Bangladesh, which had begun in August 2017. Members of the Independent Oversight and Advisory Committee had visited Bangladesh to evaluate the response to the emergency in the city of Cox's Bazar and had been impressed by the progress made by the Secretariat and the Governments of the countries of the South-East Asia Region in implementing the WHO Health Emergencies Programme. He thanked the Secretariat and other partners for their support and continued assistance in that regard.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that there was systemic under-investment in global health security preparedness and health system strengthening. However, the response of WHO to the Ebola virus disease outbreak in the Democratic Republic of the Congo represented a marked improvement in the Organization's approach to health emergencies, and as such her Government's confidence in WHO leadership had grown. Noting the contribution of the Government of the United Kingdom to emergency rapid response teams and to the WHO Contingency Fund for Emergencies, she said that the Secretary of State for International Development had that morning announced that the Government would immediately provide an additional £5 million in response to the appeal for additional funding to respond to the current Ebola virus disease outbreak. Other Member States should support WHO and the Government of the Democratic Republic of the Congo in that regard. She asked the Secretariat to provide assurances that the Independent Oversight and Advisory Committee would be strongly linked to the Global Preparedness Monitoring Board, as it was vital that those two bodies worked together. Furthermore, in light of the Independent Oversight and Advisory Committee's recognition that WHO systems were a constraint on emergency operations, she asked what the Secretariat was doing to remove any bureaucratic obstacles impeding the implementation of the WHO Health Emergencies Programme.

The representative of the BAHAMAS thanked PAHO for the support that it had provided during and after the strike of hurricane Irma in 2017. The support had made it possible to protect public health by mobilizing resources and response teams quickly. However, vector-borne diseases continued to pose a threat to the health of the population of the Bahamas, as did the re-emergence of vaccine-preventable diseases. The Government of the Bahamas was therefore committed to and had made progress in implementing the International Health Regulations (2005).

The representative of BELGIUM said that his Government looked forward to receiving updates from the Secretariat on the implementation of the Independent Oversight and Advisory Committee's recommendations. With regard to health emergencies, the Secretariat should play a key role in monitoring and evaluating threats, elaborating adequate response measures and fostering national response capacities. Furthermore, it should work closely with national authorities and coordinate response activities, only acting as a provider when necessary. Lastly, WHO should encourage the development of sustainable health systems, because resilient health systems were the best instrument for guaranteeing a comprehensive response to emergencies.

The representative of TOGO, speaking on behalf of the Member States of the African Region, said that an effort should be made to improve internal and external communication regarding the WHO Health Emergencies Programme and to harmonize progress and evaluation reports across all levels of the Organization. Staff at all levels should be encouraged to correctly apply the Emergency Response Framework, and programme leaders and senior management should facilitate recruitment to ensure that the WHO Health Emergencies Programme was effective. He supported the Independent

Oversight and Advisory Committee's recommendation that WHO should proactively share success stories regarding the WHO Contingency Fund for Emergencies as a way to reach out to potential donors for replenishment and called on other Member States to mobilize more resources at the country level. In the area of procurement, WHO should seek further integration and better coordination to minimize delays and thus increase partners' confidence. Although WHO was already cooperating more with its partners through networks such as the Global Outbreak Alert and Response Network, it should also capitalize on its role as a leading figure in the Inter-Agency Standing Committee in the area of humanitarian assistance.

The representative of SAUDI ARABIA said that emergency response actions were hindered by a lack of security, staff shortages, limited capacities of national health systems, bureaucracy and insufficient funding. It was important to strengthen national health systems, move from humanitarian programmes to development programmes, and focus more on developing the skills and ability of health care workers to respond to outbreaks. He called on Member States to set up emergency operation centres and to have a shared platform for exchanging information and coordinating responses.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that his Government had established a Department of Emergency and Disaster Epidemiology within the Ministry of People's Power for Public Health to increase the country's early response capacity and to design educational content on the threat of disease for schools and universities. That would mitigate existing health risks and bring all areas of society together to prevent deaths during emergencies and facilitate decision-making processes. It was important that the recommendations of the Independent Oversight and Advisory Committee should be followed in order to ensure the continuation of the WHO Health Emergencies Programme. Furthermore, WHO should keep the international community informed of the work it carried out whenever an emergency occurred.

The representative of BRAZIL said that, because health emergencies often occurred in humanitarian situations and remote areas, where most people were vulnerable, adherence to the WHO policy on prevention of harassment, sexual exploitation and abuse should be monitored. Although he agreed that bureaucratic redundancy and excess were a hindrance to the agility of the supply chain of the WHO Health Emergencies Programme, it should be borne in mind that controls and procedures were there to guard against corruption and mismanagement. The importance of standard risk assessments and the list of priority pathogens was clearly evidenced by the number of emergency warnings that WHO had to vet. The list of priority pathogens was also important when directing research and development activities.

The representative of INDONESIA said that his country hosted the WHO Collaborating Centre for Training and Research in Disaster Risk Reduction, which afforded it extensive experience in the health-related aspects of disaster risk reduction, and the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management, which had helped to increase collaboration between stakeholders in the region on measures such as the implementation of the Sendai Framework for Disaster Risk Reduction. His Government was willing to help other Member States to reduce the risks posed by disasters and was committed to further cooperation with the international community as a means of developing community resilience and governments' capacity to cope with and reduce the risks posed by public health emergencies. Member States should be encouraged to fully integrate the draft five-year global strategic plan to improve public health preparedness and response, 2018–2023 into their national health systems.

The representative of CHINA said that his Government appreciated the work of the Independent Oversight and Advisory Committee. WHO had made great progress in reforming its work on outbreaks and emergencies and public health security. Good results had been achieved in improving the Organization's responsiveness to humanitarian crises. In view of the recommendations made in

the Committee's report, an evaluation should be organized promptly so that targeted guidance and feasible policies and measures could be established to maintain the positive results achieved.

The representative of LEBANON, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the prioritization and progress of the WHO Health Emergencies Programme, particularly the response to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo. She supported the recommendations of the Independent Oversight and Advisory Committee, in particular to ensure that the Emergency Response Framework was consistently followed by staff at all levels of the Organization. There was an unprecedented need to implement the WHO Health Emergencies Programme, particularly given the increasing attacks in her Region and WHO's support in that regard was appreciated. She urged WHO to reach out to potential donors and to encourage Member States to increase their assessed contributions to the WHO Contingency Fund for Emergencies so as not to compromise the success of the Programme.

The representative of INDIA said that the joint external evaluation should remain voluntary. Her Government would like further information on progress made to develop a research and development framework under the Blueprint Global Coordination Mechanism. The draft five-year global strategic plan to improve public health preparedness and response did not address preventive or mitigation strategies, or some key aspects of preparedness strategies. The shortcomings in emergency response, such as insufficient funding and capacities, should be addressed to ensure that the Organization could effectively deal with emergencies. Country and regional offices should be afforded adequate resources relating to contingency decision making.

The representative of ETHIOPIA, speaking on behalf of the Member States of the African Region, noted improvements in WHO work since the reform of the WHO Health Emergencies Programme. Africa had been the continent hardest hit by public health emergencies resulting from natural and human-made disasters in the previous year. Additionally, other factors, such as weak health care systems, shortages of medicines and poor implementation of the core capacities under the International Health Regulations (2005) relating to emergency prevention and response contributed to a deterioration of the situation in countries affected. WHO should intensify its support to Member States to strengthen their emergency prevention, preparedness and response capacities. She recommended building resilient health systems; providing sustained technical and financial support to enhance emergency preparedness and address findings of the Joint External Evaluation; facilitating the disbursement of the WHO Contingency Fund for Emergencies; strengthening Member States' laboratory diagnostic capacities; reinforcing coordination of the African Public Health Emergency Fund with the work of the Secretariat; and enhancing the Secretariat's role in cross-border and interregional collaboration for health security and information exchange. The Secretariat should work closely with other agencies to ensure implementation of the strategy entitled Ending Cholera: A Global Roadmap to 2030. She thanked WHO for its timely response to the Ebola virus disease outbreak in the Democratic Republic of Congo and expressed solidarity with the Congolese people.

Speaking in her national capacity, she said that bodies established to address health emergencies in her country had coordinated responses to outbreaks and the widespread malnutrition, which resulted from prolonged drought brought about by climate change, by allocating national resources and mobilizing resources from humanitarian partners, and outbreaks were currently contained. The grade given to the public health emergency in her country in the report on public health preparedness and response did not accurately reflect reality, nor was it a "protracted emergency". She therefore requested that further review and consultation on that matter should be carried out to ensure an accurate depiction of the situation.

The representative of IRAQ said that the Secretariat should continue to work with Member States, international organizations and non-State actors to ensure a single unified response to all types of emergencies. Regular monitoring and evaluation should also be carried out. Contingency workplans should be based on an analysis of strengths, weaknesses, opportunities, and threats. The

implementation of an early warning alert and response system was crucial to all emergency preparedness and response mechanisms, and alternatives should also be taken into account.

The representative of the FEDERATED STATES OF MICRONESIA said that preparedness, including forecasting, helped to mitigate the consequences of natural disasters which threatened his country. WHO's work with national authorities to strengthen the core capacities required by the International Health Regulations (2005) was welcome. His Government was currently preparing for the joint external evaluation with a view to improving its preparedness and response systems. He supported the recommendations of the Independent Oversight and Advisory Committee.

The representative of PARAGUAY called for further coordination in the management of provisions in an emergency. Increased coordination among regional and international bodies would facilitate actions in emergencies to ensure a timely response. WHO support was critical for capacity-building and funds were needed to support countries in implementing the International Health Regulations (2005). She called on WHO to sustainably strengthen local government capacities and national public health systems through the implementation of the WHO Health Emergencies Programme, in consultation with the authorities concerned. She called on WHO to continue to provide support to those countries that actively participated in the emergency response system.

The representative of the UNITED STATES OF AMERICA asked how revisions to self-assessment processes had reduced duplication and enhanced coordination at all levels of the Organization. She echoed the concerns of the Independent Oversight and Advisory Committee, in particular the compromised performance of the Emergency Response Framework owing to ambiguity over roles and responsibilities and the lack of a unified supply chain system and procurement monitoring system, to which a centralized solution must not further encumber the already slow process of supply and logistics in emergency response. It was imperative that WHO release the results of the external review of the implementation of the WHO Health Emergencies Programme in Madagascar in response to the outbreak of the pneumonic plague so as to apply the lessons learned in the future. She urged WHO to maintain the issue of pandemic influenza as a budgetary and programmatic priority for which collaboration with the private sector was indispensable.

The representative of MEXICO expressed the hope that the Ebola virus disease outbreak in the Democratic Republic of the Congo would quickly be brought under control. Member States and the Secretariat should build on progress made under the WHO Health Emergencies Programme, including by strengthening ties with donors and partners. Capacity-building work must continue to ensure early detection of and response to emergencies and to limit risks to public health in such situations. With an eye to guaranteeing health security and promoting universal health coverage, Member States should continue to contribute to the WHO Health Emergencies Programme and implement it in their countries. He supported the draft resolution on cholera prevention and control.

The representative of TRINIDAD AND TOBAGO supported the activation of the incident management system and delegation of authority and accountability for graded events, and welcomed the Independent Oversight and Advisory Committee's recommendations in that connection. Noting that funding for emergency response activities had increased, he welcomed resource mobilization at country level and efforts to conduct a benchmarking analysis for the supply chain process. WHO's continuous event-based surveillance of public health events and verification and assessment of detected events were welcome. Efforts should continue to strengthen national regulatory and ethics bodies to improve public health emergency responses.

The representative of VIET NAM expressed appreciation for WHO's leadership and coordination role under the WHO Health Emergencies Programme during outbreaks in recent years. Progress had been made in the implementation of the Programme, particularly in risk assessment, speed of event verification, communication, adaptation of the incident management system to various

contexts, and implementation of the International Health Regulations (2005). Her Government was committed to strengthening public health preparedness and response, in close cooperation with the Organization, international partners and other States.

The representative of JAPAN, expressing sympathy for the victims of the Ebola virus disease outbreak in the Democratic Republic of the Congo, said that the WHO Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility contributed significantly to combat that crisis. His Government promoted universal health coverage as the basis of emergency prevention and response, and had advocated for the reinforcement of global health architecture at the G7 summit in 2016 and supported funding mechanisms such as the Contingency Fund for Emergencies and Pandemic Emergency Financing Facility. His Government was willing to provide expertise and support where needed. He supported the draft resolution.

The representative of AUSTRALIA, commending improvements made to the WHO Health Emergencies Programme, said that the financial sustainability of the Programme and the lack of human resources remained matters of concern. Noting the increase in the number of joint external evaluations conducted, she said national action plans for health security should be developed as the next step. She strongly supported the detailed review of the Programme provided by the Independent Oversight and Advisory Committee, and requested that future reporting on the Programme should cover: efforts towards attaining gender equality and inclusiveness of persons with disabilities, and the impact on health of climate change. She appreciated the additional information regarding cholera prevention and research and development in the area of emergency preparedness and response. Her Government was proud to provide sustainable and flexible funding to the WHO Health Emergencies Programme and would provide Aus\$ 8 million in 2018 as part of a Aus\$ 26 million investment over five years.

The representative of SWITZERLAND said that the report of the Independent Oversight and Advisory Committee constituted a valuable instrument to ensure WHO's readiness to respond to emergencies. While the 2014 Ebola virus disease outbreak had highlighted the need to reform the WHO Health Emergencies Programme, the current outbreak in the Democratic Republic of the Congo demonstrated the urgency of implementing the lessons learned. Major challenges remained, such as armed conflicts that weakened public health systems and increasing attacks on health personnel. In cooperation with the Government of Afghanistan, her Government had suggested a process for developing a concrete call for action for universal health coverage in emergencies and conflict situations. Other Member States were invited to join the call for its approval by the United Nations General Assembly in September 2018.

The representative of PANAMA said that a strong WHO Health Emergencies Programme was required, which supported the smallest and slowest developing countries. The support provided by WHO and PAHO in countries in her Region was appreciated. The report on WHO's work in health emergencies demonstrated that, despite the work done, it remained necessary to strengthen response mechanisms at all levels to address public health challenges, in close cooperation with other agencies and States.

The representative of GERMANY said that voluntary joint external evaluations and national action plans would contribute to strengthening health systems. It was crucial that WHO should adhere to humanitarian principles in its provision of humanitarian assistance. Human resources planning remained a key challenge and she asked the Secretariat to provide more information on the proposed allocation of staff across the three levels of WHO. The WHO Contingency Fund for Emergencies was an effective tool, by which the response to the current Ebola virus disease outbreak in the Democratic Republic of the Congo was being funded initially. However, she remained deeply concerned about the funding situation, as identifying continuous financial resources for the Fund was crucial to the operation of WHO's early response mechanism. Her Government was currently the biggest donor to

the Fund and had announced an additional €5 million for efforts to combat the current Ebola virus disease outbreak in Democratic Republic of the Congo. She encouraged the international community and Member States to increase resources to the Fund.

The representative of SENEGAL said that challenges still remained in emergency health management in the Africa Region, despite some successes in that regard, including the response to the current Ebola virus disease outbreak. WHO should prioritize building national human resources capacities, and the number and skills of staff in WHO country offices should be strengthened. Financial resource mobilization should be increased. Country offices should also be encouraged to mobilize resources, including national funds from private sources, which would help Member States to fund responses to health emergencies in their own countries.

The representative of FIJI, speaking on behalf of the Pacific island countries, commended the work of the Independent Oversight and Advisory Committee and the progress made to improve the WHO Health Emergencies Programme. Sustainable financing of national action plans to fill capacity gaps under the International Health Regulations (2005) was crucial. The small size of the Pacific island States made them vulnerable to outbreaks, and prevention, early response and health systems strengthening were therefore critical. He called on development partners to provide multiyear funding to enable national authorities to implement capacities for health security. Health security capacities were also needed at the regional level for economies of scale to avoid duplication of infrastructure development.

The representative of NIGERIA, commending the WHO Health Emergencies Programme, said that his country had received WHO support to combat various diseases, including Lassa fever. His Government was formulating a national action plan based on the joint external evaluation and was involved in the development of the research and development blueprint for action to prevent epidemics. WHO should continue to provide support under the WHO Health Emergencies Programme, supporting countries in strengthening their own capacities; large countries with trade-related migratory activities, such as Nigeria, should be a priority, owing to the associated risk of travel during disease outbreaks.

The representative of TIMOR-LESTE outlined steps taken in her country to build the core capacities required by the International Health Regulations (2005), for which WHO support was appreciated. Such measures included the development of a national health security plan, which covered training on outbreak management and laboratory techniques; the establishment of a rapid response team at national and municipal levels; and joining the Codex Alimentary Commission to enhance food safety standards.

The representative of BOTSWANA commended WHO's emergency response framework and incident management system. The decision to allocate additional core flexible funding to the WHO Health Emergencies Programme to cover such measures was also welcome. He appealed to Member States to allocate further resources to that end.

The representative of GHANA said that the system for continuous event-based surveillance of public health events and verification and assessment of detected events would help to reinforce global health security. The increase in the number of Member States, including his own country, conducting a Joint External Evaluation should be applauded. His Government had taken other measures to improve emergency preparedness and response mechanisms, including the development of a national action plan for health security. Support from WHO and other partners during the influenza pandemic in 2017 had been appreciated and his Government continued to strengthen disease surveillance capacities.

The representative of ZAMBIA supported the strategy Ending Cholera: A Global Roadmap to 2030 and said that a national legacy goal of eliminating cholera in the country by 2025 had been set.

Ensuring early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours required dedicated financial and material infrastructure and human resources and he urged the Secretariat and Member States to accelerate actions against cholera at the national, regional and global levels. He called on all Member States to support the draft resolution on cholera prevention and control.

The representative of the UNITED REPUBLIC OF TANZANIA commended the progress made in strengthening public health preparedness and response and institutionalizing an incident management system. She noted that efforts to accelerate research had borne fruit in the development of diagnostic tools and a vaccine for Ebola virus disease. In that regard, she welcomed financial contributions to tackling the 2018 Ebola virus disease outbreak, expressing particular thanks to the United Kingdom of Great Britain and Northern Ireland, Australia and Germany for honouring their commitments to donate to the WHO Contingency Fund for Emergencies – commitments that all should honour. Controlling the cholera epidemic still posed a challenge in her country due to reasons that went beyond the health sector.

The representative of the REPUBLIC OF KOREA said that she appreciated WHO's leadership in dealing with large-scale public health emergencies. The WHO Health Emergencies Programme had played a major role in stopping the spread of infectious diseases and controlling global health crises. The new standard packages for combating high-priority high-impact pathogens and diseases, as outlined in the updated Emergency Response Framework would be extremely useful in improving response capacities for public health emergencies at the national level. Her Government had contributed to the WHO Contingency Fund for Emergencies in addition to assessed contributions and her country stood ready to collaborate with WHO in building emergency response capacities in countries with limited resources. She commended the Secretariat's coordinating work on the research and development blueprint for action to prevent epidemics for potentially epidemic diseases and she asked WHO to develop a more systematic and comprehensive mechanism for revising the list of priority diseases and developing road maps for research and development, and for facilitating information sharing among stakeholders.

The representative of the RUSSIAN FEDERATION said that his country was supporting the Secretariat and the Democratic Republic of the Congo and its neighbouring countries in efforts to combat the Ebola virus disease outbreak and noted that the improvements made to the Organization's preparedness and response activities had proven effective. He commended WHO's efforts in the fight against cholera and underscored the importance of strengthening compliance with the International Health Regulations (2005) with regard to outbreak preparedness, early detection and response. He recognized the importance of a multisectoral approach and the need to support long-term national and regional cholera prevention and control programmes. His Government stood ready to offer technical expertise to the Secretariat and Member States in combating Ebola virus disease and cholera. He supported the draft resolution on cholera prevention and control.

The representative of MALTA said that the WHO Health Emergencies Programme was particularly valuable for small and island countries such as Malta. She commended the Organization's leadership in response to the 2018 Ebola virus disease outbreak in the Democratic Republic of the Congo. Recalling the lessons learned from the response to the 2014 Ebola virus disease outbreak and noting the public health gains that had resulted from the use of financing from the WHO Contingency Fund for Emergencies, she recognized that timely response to public health emergencies required adequate financing and capacity-building. Considering the lack of treatment for some diseases, she called for further acceleration of research and development on vaccines, which should be accessible and affordable. Her Government had pledged to contribute to the WHO Contingency Fund for Emergencies and she underscored that the administration of that Fund should remain transparent. She encouraged Member States to contribute to the Fund and to work to strengthen national public health preparedness and response capacities.

The representative of NEPAL expressed his appreciation for the decision to create a minimum corpus of funds for preparedness activities under the South-East Asia Regional Health Emergency Fund. He called on all development partners to provide sustainable financing to low-income Member States for national action plans for health security. A more efficient and decentralized public health emergency response required enhanced stockpiles of emergency medicines, and risk assessments and emergency medical deployment teams should be strengthened. WHO should identify which hospitals were adequately equipped to deal with public emergencies, develop an enhanced epidemic forecasting method, and support Member States in strengthening preparedness and readiness capacities.

The representative of THAILAND commended WHO's efforts in responding to public health emergencies, with particular regard to the recent Ebola virus disease outbreak in the Democratic Republic of the Congo. While she expressed broad support for the draft resolution on cholera prevention and control, she proposed amending it by adding the words "and monitoring of AMR" to the end of paragraph 1(8).

The representative of PAKISTAN said that despite a significant improvement in the security situation in his country and recent collaboration with WHO and partners to improve public health care services in Pakistan, significant funding and human resource gaps persisted and basic health care services such as immunization and emergency outbreak control were inadequately supported.

The representative of KENYA said that his country continued to experience public health emergencies, which were being addressed by the creation of coordinated emergency response plans, risk assessments and capacity-building. He welcomed the Independent Oversight and Advisory Committee's recommendations and its achievements in monitoring public health emergencies, and the inclusion of public health emergencies as one of the three strategic priorities in the draft thirteenth general programme of work, 2019–2023.

The representative of BARBADOS said that valuable lessons had been learned from the 2014 Ebola virus disease outbreak, which must influence current and future outbreak responses. He urged WHO to invest in developing an early warning alert and response system, using PAHO as a focal point and involving the Caribbean Disaster Emergency Management Agency and local emergency agencies and coordination teams. Moreover, it was important to understand that public health threats could have a significant negative impact on the health agendas of small island developing States, owing to the limited financial and human resources available in those countries.

The representative of HAITI said that WHO and its partners played an essential role in helping Member States to prepare, respond and recover from health emergencies, as had been illustrated by the response to the hurricane in Haiti in 2016. He thanked all those who had contributed to the WHO Contingency Fund for Emergencies, which provided the international community, and particularly developing countries, with resources to respond to health emergencies. Recalling the 2010 cholera epidemic in Haiti, he called on Member States and the Secretariat to implement the two-track approach to combating cholera in his country, as adopted by the United Nations General Assembly in December 2016. He noted that the draft resolution on cholera prevention and control, which was the result of several rounds of informal consultations, sought to attain the goal of reducing the number of deaths from cholera by 90% by 2030 in line with the strategy entitled "Ending Cholera – A Global Roadmap to 2030".

The representative of SWEDEN supported the draft resolution.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, proposed amending paragraph 2(6) of the draft resolution on cholera prevention and control so that the whole subparagraph read: "to develop and promote an outcome-oriented research and evaluation agenda for cholera, targeted to address important knowledge gaps, to the improvement of

implementation of existing interventions, including WASH, and to the development of improved vaccines for better and more durable prevention and outbreak control, covering all aspects of cholera control”.

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE said that the first two years of the WHO Health Emergencies Programme had been a formative and testing period, which had included: outbreaks of the Zika virus disease in the Region of the Americas and beyond, the Marburg virus disease in Uganda, the pneumonic plague in Madagascar, Ebola virus disease in the Democratic Republic of the Congo, and cholera and diphtheria in Yemen, the latter having been compounded by the collapse of the country’s health system; several natural disasters; the Rohingya refugee crisis in Myanmar; war-related injuries in Iraq; and 10 grade three emergencies across the world.

The WHO Health Emergencies Programme was detecting approximately 7000 signals of public health threats every month; of which 30 required a field investigation. The systems and processes in the Emergency Response Framework had contributed to critical responses that were saving lives and in some cases protecting economies. However, WHO should not only respond to newly occurring events, and thus the WHO Health Emergencies Programme supported five major long-term strategies focused on prevention and preparedness. The first long-term strategy was to support long-term disease control, of which the draft resolution on cholera prevention and control provided an excellent example. It was unacceptable that cholera claimed the lives of over 95 000 people each year, and conflict, climate change, urbanization and population growth would increase the risk of the spread of cholera, unless prevention and response efforts were scaled up; every infection of and death due to cholera was preventable. The Global Task Force on Cholera Control and other organizations were intensifying efforts to control the disease at all levels, aiming to reduce the number of deaths from cholera by 90% by 2030. Efforts were focused in three areas: a multisectoral approach, early detection response, and an effective coordination mechanism at all levels. The other long-term strategies sought to strengthen: the core capacities required by the International Health Regulations (2005); preparedness and health systems; and partnerships, in order to build a major emergency workforce at the regional and country levels. With regard to the latter, 85 emergency medical teams were being classified and WHO led the Global Health Cluster and had convened the Global Outbreak Alert and Response Network, with capacities contributed from over 200 partners from around the world. Furthermore, WHO ensured that research and development were part of outbreak response, prioritizing research for those diseases identified under the WHO research and development blueprint for action to prevent epidemics.

The Independent Oversight and Advisory Committee had outlined the issues that the WHO Health Emergencies Programme would face in the coming years, which included strengthening WHO’s work and building country-level capacities and the need to ensure fit-for-purpose business processes. Standard operating procedures in human resources, procurement and the delegation of authority had been fully drafted and incorporated into the WHO e-Manual, and fast-track procedures were being developed for the Framework of Engagement with Non-State Actors. In that regard, briefings were being conducted for all relevant staff members. In 2018, the WHO Health Emergencies programme management and administration network was conducting a monthly review of established standard operating procedures and a new repository of standard operating procedures would be launched soon. As many Member States had noted, however, the development of parallel processes by the WHO Health Emergencies Programme was not desirable, particularly when issues such as security, staff welfare, supply chain management and recruitment required Organization-wide solutions. Those, therefore, were top priorities within the Organization’s transformation agenda.

The WHO Contingency Fund for Emergencies had provided funds in response to more than 40 events in more than 30 countries and in 80% of cases the money had been transferred to WHO country offices within 24 hours. Addressing the current outbreak of Ebola virus disease would require approximately US\$ 60 million, a relatively small amount compared with the US\$ 3 billion that had been required to address the 2014 outbreak of that disease. The WHO Contingency Fund for Emergencies was a global public good and WHO must ensure that it was underwritten by long-term investment.

The DIRECTOR-GENERAL thanked the Independent Oversight and Advisory Committee for its report and highlighted his commitment to addressing the issues raised therein as part of the transformation agenda. He thanked the outgoing Chair of the Independent Oversight and Advisory Committee and its members for their service and invaluable contribution. He said that four of the current members of the Committee had been invited to serve a second term, and that two new members and a new Chair had been appointed. He thanked the Committee for its advice which had helped to provide a rapid response to the current Ebola virus disease outbreak in the Democratic Republic of the Congo and which had helped to improve the WHO Health Emergencies Programme. However, he urged the Secretariat and Member States not to become complacent as there was much work still to be done.

The Committee noted the report contained in document A71/6.

The CHAIRMAN asked whether the Committee was ready to approve the draft resolution on cholera prevention and control, as amended by the representatives of Thailand and Bulgaria.

The representative of BRAZIL requested more time to consider the amendments.

The CHAIRMAN said that a revised draft resolution would be prepared, taking the proposed amendments into account.

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

The meeting rose at 13:05.

FIFTH MEETING

Wednesday, 23 May 2018, at 14:40

Chairman: DR MARTÍNEZ MENDUIÑO (Ecuador)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Addressing the global shortage of, and access to, medicines and vaccines: Item 11.5 of the agenda (documents A71/12 and EB142/2018/REC/1, decision EB142(3)) (continued from the second meeting)

The representative of CARITAS INTERNATIONALIS, speaking at the invitation of the CHAIRMAN, urged WHO to prioritize actions to increase transparency throughout the value chain; strengthen mechanisms to delink research and development costs from final medicine prices; strengthen guidance and provide further support to Member States to promote transparency throughout the value chain; and promote regulatory frameworks to ensure access to quality and affordable biotherapeutic products in line with current scientific advancements. Furthermore, WHO should include a clear monitoring mechanism in its road map. His organization's recent collaboration with the Holy See, WHO and other key stakeholders to co-organize a dialogue among leaders of major pharmaceutical and medical technology companies had resulted in agreement on an action plan for collaboration on the development, registration, introduction and roll-out of the most optimal paediatric formulations and diagnostics for children living with HIV. It was an example of collaboration that could inspire action to improve access to medicines and vaccines for all.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, said that the main barriers to access to cancer medicines were shortages of inexpensive essential cancer medicines and high out-of-pocket costs for innovative, expensive cancer medicines. She therefore welcomed the development of a global reporting system to monitor the supply of essential medicines and generics on the WHO Model List of Essential Medicines. Her organization, together with the Economist Intelligence Unit, had issued policy recommendations on managing and preventing shortages in Europe, and she called on WHO to consider including those recommendations in its technical report on access to cancer medicines. She agreed that investments in access to cancer medicines should be made when they offered the greatest value for money. To that end, her association had developed a tool to grade cancer medicines according to their potential to improve patient outcomes, which could be valuable to WHO.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, encouraged WHO to support a comprehensive approach to tackling barriers to access to essential health products and to implement strong regulatory systems and harmonized processes to support access. The challenge of inadequate supply was particularly acute for children, who had unique physiological and pharmacokinetic needs and required equitable access to health care, including paediatric formulations of essential medicines. WHO could leverage the expertise of innovative structures, including product development partnerships and other novel mechanisms, to secure sustainable access commitments and accelerate the development of essential health technologies for all conditions.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIRMAN, welcomed WHO's preliminary work on the morphine palliative care indicator. Safe, effective and quality medicines and vaccines for all included opioids such as oral morphine. He welcomed collaboration to ensure that the morphine indicator was achieved by a trained workforce through a balanced regulatory framework. Moreover, supply chains for internationally controlled essential medicines should be strengthened through training and capacity-building for all health professionals. One barrier to access was that morphine, a long-established generic medicine, yielded no profit for pharmaceutical companies in registering and marketing it to patients with life-limiting conditions. Highlighting that several governments had succeeded in making morphine available free of charge, he recommended that governments should use mechanisms such as the PAHO Revolving Fund for Strategic Public Health Supplies and other cooperative buying strategies for essential generic medicines such as morphine. He urged all Member States to consider adopting the low-cost palliative care package recommended by the Lancet Commission report.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that WHO played a pivotal role in ensuring access to safe, effective, quality and affordable medicines and vaccines for all, a goal closely linked to that of achieving universal health coverage. Thus, all actions must focus on leaving no one behind. Such an approach required a needs-based focus in research and development and coverage interventions. Member States were also encouraged to implement equitable pricing schemes, including pricing control mechanisms, to ensure fair access to essential medicines. Subsidizing essential medicines and offering further discounts to people living in poverty were essential to ensure that everyone had access to the health products and services they needed.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed WHO's progress in delivering a framework to avert shortages caused by a wide range of factors, and encouraged partners to address the main challenges of national stock outs. It was important to: establish dialogue and collaboration between manufacturers and public health authorities to prevent shortages; anticipate the evolution of 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. The road map should take into account all aspects of access to medicines, a highly complex issue. The importance of strong intellectual property protection to the development and diffusion of medicines must also be recognized. He expressed regret at the attention given to the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines, which had failed to address the genuine barriers to access that were critical to meet the targets of the Sustainable Development Goals. Therefore, neither the report nor its recommendations could be a sound basis for the road map.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that health systems should plan for the needs of children and young people, including ensuring equitable access to affordable and quality essential medicines and life-saving technologies. Children had unique physiological and pharmacokinetic needs, thus all applications for inclusion in, change to, or deletion from the WHO Model List of Essential Medicines should also be evaluated for the WHO Model List of Essential Medicines for Children. Children and adolescents suffered from noncommunicable diseases not limited to cancer, heart disease, asthma and diabetes; they deserved better access to existing products, including vaccines for human papillomavirus and hepatitis B.

He recommended that WHO should: restructure the WHO Model List of Essential Medicines for Children with a human focus to address children's and young people's special health-care needs; include equipment enhancing children's and young people's health and well-being and ensuring affordable options; and facilitate collaborative purchasing partnerships with neighbouring regions. He

urged Member States to incentivize universal health care to include free access to essential medicines for children, and to support the establishment of guidelines and systems on access, prescribing and prevention and treatment standards.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that access to safe, effective and quality medicines and vaccines could not be achieved without supply chain integrity and efficiency, which required a competent workforce of pharmacists at every stage of the chain. The Federation was working with WHO to ensure that pharmacists were competent, sufficient in number and equitably distributed, and it supported a systematic approach to ensure that the pharmaceutical workforce corresponded to local needs. With a growing number of initiatives to address the global shortages of and inadequate access to medicines and vaccines, WHO's leadership was essential.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, said that equitable and sustainable access to medicines could not be achieved without well-trained and competent pharmacists. She therefore re-emphasized the importance of providing high standards of training and technical support to improve professional skills. Another area of concern was access to vaccines during epidemics and outbreaks, and the priority given by WHO to research and development was welcome in that regard. Pharmacists were able to mitigate the potential harm to patients caused by gaps in the supply chain through medication substitution, cost-effective procurement and equitable medicine allocation. The Secretariat and Member States should recognize the role of pharmacists in ensuring access to medicines and medical products as, being at the forefront of patient care, their first-hand experience provided valuable insight into emerging challenges to access to medicines and vaccines in the health-care system.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, to evaluate the impact of the current system and any proposed reforms to the set of incentives and funding mechanisms for research and development to simulate the development of new medical products, better quality, disaggregated data were needed on research and development costs of specific products and services. Better and more transparent information was also needed on resource flows by research target, data on access disaggregated by country, annual and cumulative sales revenues, pricing, patents and registration, exceptions and limitations to intellectual property rights, the texts of proposed trade agreements relevant to innovation, and access to medical technologies. The current failure to ensure healthy competition for biological medicines must also be addressed. Moreover, effectively regulating monopolies remained a problem; efforts to delink research and development funding from the price of medical products and services should therefore be stepped up.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged the Secretariat and Member States to prioritize the promotion of alternative research and development approaches and an agenda driven by health needs that fostered sustainable innovation and access, ended reliance on high prices and monopolies and addressed innovation and access concerns relating to all diseases, health technologies and countries.

WHO was also urged to: overcome intellectual property barriers to access to medicines and vaccines by strengthening its leadership role and the technical support provided to Member States working to address the barriers, and adopt and implement public health safeguards in intellectual property laws and policies; strengthen its mandate to improve data and cost and price transparency in research and development, manufacturing and marketing; provide the additional resources required to support and strengthen quality assurance for safe, effective medicines, vaccines and diagnostics to meet public health needs, specifically through additional investment in the WHO Prequalification of Medicines Programme; ensure policy coherence between the road map and WHO and United Nations health programmes and interventions, while also promoting leadership and accountability among

organizations of the United Nations system to safeguard public health; and fund the development of a road map based on the global strategy and plan of action on public health, innovation and intellectual property and the recommendations of the United Nations Secretary-General's High-Level Panel on Access to Medicines.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, said that one of the actions considered by the Secretariat as having the greatest potential impact on access to safe, effective and quality medicines was the expansion of the remit of the Medicines Patent Pool to include all antimicrobial medicines and patented medicines from the WHO Model List of Essential Medicines. In the past, its mandate had been limited to medicines to treat HIV, hepatitis C and tuberculosis. The potential for expansion of its remit had recently been the subject of a feasibility study; the results would be made public on 24 May 2018.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged Member States to endorse the priority actions contained in document A71/12 and provide WHO with a strong mandate to: establish a needs-based innovative system for medicines and health technologies, endorsing the principle of delinkage; prioritize actions based on impact; and commit themselves to fully funding WHO's work on access to medicines, especially in implementing the resolutions in Appendix 1 of document A71/12. She also urged Member States to promote publicly funded research that was mindful of public-health needs, based on epidemiological factors and social determinants of health. The Secretariat should help Member States to promote transparency in clinical trials, research and development and production costs, procurement prices and supply chain mark-ups. The Secretariat should provide technical advice to Member States on making the most effective use of the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement).

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, said that the road map would provide the cornerstone for global and national policies and strategies on access to medicines and vaccines. The recent Ebola virus outbreak in the Democratic Republic of the Congo was a reminder of the importance of innovation to produce vaccines and medicines dictated by public health needs, not market incentives. The report on the preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases was also reminder that, even when available, medicines were often priced beyond the reach of those in need. Inequality of access was a global problem; there were glaring differences between developing and developed countries, for example with regard to access to breast cancer treatment. She urged WHO to include strategies in the road map to curb high medicine prices and create innovative models that led to affordable products. WHO should also lead efforts to delink research and development costs from product prices. Lastly, the road map must be fully funded if Member States were serious about ensuring access to medicines.

The representative of PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, emphasized the need to improve quality in the local production of medicines, vaccines and diagnostics, human skills and infrastructure, so as to meet future needs. She called for significant and sustainable support to organizations at the country level, in order to maintain and optimize their capacity to produce safe, effective, quality and affordable medicines, vaccines and diagnostics. She encouraged Member States and organizations to support qualitative research and development to facilitate the testing of innovations at the country level, especially in countries where new products were needed. She highlighted progress made through the research and development blueprint mechanism to help to prepare for and combat emerging epidemics, especially by developing effective health products that would be accessible to all those in need.

The representative of the PATH, speaking at the invitation of the CHAIRMAN, agreed on the need for stronger regulatory systems and harmonized processes. Member States should build on the progress made by platforms such as the African Vaccine Regulatory Forum in strengthening local capacity and streamlining regulatory reviews, and support other regulatory strengthening efforts such as the WHO Prequalification of Medicines Programme. Establishing a globally coordinated approach to research and development was critical; she therefore supported the Global Observatory on Health Research and Development, but emphasized the need for funding and support from Member States. WHO should better leverage the expertise and experience of product development partnerships in negotiating and securing sustainable access commitments from partners.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that WHO should engage with a wide range of stakeholders in its efforts to improve access to medicines. In doing so, it was important to respect rules governing conflicts of interest. The road map required greater transparency in key areas such as research and development, pricing and patents, and should include recommendations from other entities, including the Consultative Expert Working Group on Research and Development and the United Nations Secretary-General's High-Level Panel on Access to Medicines. Intellectual property management tools and the TRIPS Agreement flexibilities should also be a core part of the road map. His organization opposed all attempts to erode the legitimacy of TRIPS flexibilities as a public health tool. Access to medicines should not be addressed through short-sighted unilateral actions aimed at defending private interests.

The representative of the SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, said that affordability was key to increasing vaccine coverage, particularly in the poorest countries and among the poorest children. WHO should claim its critical convening role in coordinating fund replenishments and transitions, and Member States should work together to demand more affordable vaccines, push for greater price transparency and oppose patents that obstructed market entry by new suppliers. They should also invest in innovative financing mechanisms to increase competition to ensure healthy markets, drive down vaccine prices and accelerate access. All national immunization programmes should include the pneumococcal conjugate vaccine.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN, called on the Health Assembly to highlight the anaesthetic medicines that were essential to safe anaesthesia and therefore to safe surgery. Any plan to ensure the manufacture and supply of essential medicines must include essential anaesthetic medicines; of particular note were ketamine and potent opioids, whose availability was threatened by legislation ignoring their medical value. She commended the recent work of the WHO Expert Committee on Drug Dependence in helping to inform high-level debates on the issue. The Health Assembly should ensure that decision-makers understood the global health arguments for essential medicines and the negative effects of legislation on their manufacture, supply and availability.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that access to safe, effective and quality medicines and vaccines helped to mitigate health inequities and promoted universal health coverage. WHO should help to address gaps in research and development and facilitate the introduction of new systems to tackle global challenges such as antimicrobial resistance. She urged Member States to seize the TRIPS Agreement opportunities and flexibilities and take action against high medicine prices. They should also collaborate with the private sector to find innovative, effective solutions to the pricing, quality and safety of essential medicines and vaccines and supply-chain management. National medicine policies should be developed, implemented and monitored, including strengthening regulatory systems and tackling inappropriate pricing and use of medicines.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, urged Member States to prioritize access to essential cancer medicines and technologies in national plans on noncommunicable diseases and universal health coverage. They should include data-collection systems to track costs and the effective use of essential medicines and vaccines nationally. It was also important to leverage support available through WHO to make the most of cost-effective investments, using national essential medicine lists as a critical tool to analyse and prioritize the purchasing of medicines and vaccines for cancer and other noncommunicable diseases. Partnerships across sectors were essential to delivering sustainable access to medicines and vaccines. Essential technologies played an important role in reducing premature mortality from cancer and noncommunicable diseases. He welcomed the announcement of an initiative on cervical cancer elimination, and expressed his organization's interest in working closely with WHO on the project.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that it was essential to find adequate financing for research and development into tuberculosis. She urged Member States convening at the United Nations High-level Meeting of the General Assembly on ending tuberculosis in September 2018 to accelerate development of effective essential tuberculosis medicines, diagnostics and vaccines. They should create an enabling environment for research and uptake of new tools, including open-data sharing, strategies on intellectual property and treating final products as common goods to ensure their affordability, availability, accessibility and quality. She expressed the hope that the road map would take into consideration the norms and principles underpinning initiatives such as the Life Prize for research and development on tuberculosis medicines, which supported broader research and development and access to medicines.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) said that there was a broad consensus on some issues. For example, many delegations had drawn attention to the need for regulatory mechanisms at global and regional level to prevent shortages of medicines and vaccines. WHO would work bilaterally with the delegation of Madagascar to address vaccine shortages. She also noted strong support for increased efficiency in the supply chain, including through joint procurement and price negotiation. WHO would organize a second fair pricing forum in 2019.

There were also several issues on which there was no consensus. Those issues included funding for research and development, and the linkages between costs for development and final prices. Speakers had also expressed conflicting views regarding the protection of innovation versus the management of intellectual property. It was important that innovation was both accessible and affordable. WHO would discuss those issues at future assemblies.

The road map must be a collective effort by all stakeholders. It would address universal health coverage as well as the three missions of the draft thirteenth general programme of work 2019–2023. The Secretariat expected to have an estimate of the costs by the next session of the Executive Board. Some development partners had already shown an interest in providing funding. Given that the Health Assembly had approved about 50 access-related resolutions in the previous 10 years, WHO had both the mandate and scope to go ahead with the road map. The only new issue was the expansion of the Medicines Patent Pool. WHO would soon hold consultations with partners and discussions in the regional committees with a view to preparing an advanced draft of the road map by November 2018.

The DIRECTOR-GENERAL said that universal health coverage, and therefore access to medicines, was key to the Sustainable Development Goals and the general programme of work. WHO would do everything possible to enhance access to medicines, for instance, by addressing affordability and quality. However, political commitment from Member States was vital to achieving the goal. It must start with the development and implementation of national policies. Interorganizational collaboration at national and global level was also very important. All actions would be categorized into immediate, medium- and long-term efforts.

The draft decision was approved.¹

Global strategy and plan of action on public health, innovation and intellectual property:

Item 11.6 of the agenda (documents A71/13 and EB142/2018/REC/1, decision EB142(4))

The CHAIRMAN invited the Committee to consider document A71/13 and the draft decision contained in decision EB142(4).

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, Montenegro, said that the candidate countries Montenegro and Serbia, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with his statement. Innovation was important in finding medical and public-health solutions for type I, II and III diseases, including noncommunicable diseases, which disproportionately affected developing countries. The Secretariat and Member States must prioritize actions to implement the global strategy and plan of action on public health, innovation and intellectual property, since limited progress had been made thus far. He supported the draft decision.

The representative of SAUDI ARABIA said that his Government supported the draft decision. Member States and other stakeholders must hold consultations and take action on the global strategy and plan of action. He highlighted the need for research and development on medicines, especially for emerging diseases. It was also important to facilitate the transfer of technology.

The representative of ARGENTINA expressed concern that the estimated budget for implementing the review panel's recommended actions would not be fully covered by existing resources. At the 142nd session of the Executive Board, the Secretariat had been asked to provide details on the estimated budget and shortfall for each priority action, while in decision EB140(8) there had been a request to indicate possible sources of funding to meet the implementation costs of the recommendations of the programme review and to present those to the Seventy-first World Health Assembly. However, the present report only referred to mobilizing additional resources from assessed or voluntary contributions. It would be useful to have an analysis of alternative, innovative financing methods versus traditional resources. Too great a reliance on voluntary contributions could restrict the capacity of least developed countries to participate in the research prioritization process. She therefore asked the Secretariat to prepare a report on alternative financing sources that would provide full funding of the 33 priority actions.

The representative of JAPAN supported the draft decision, which would move the global strategy and plan of action forward. Improving access to medicines and vaccines required a comprehensive approach, encompassing intellectual property rights, medicine prices, national health administration, human resources, access to medical facilities and the medicine and vaccine supply chain; the decision's focus on country ownership was therefore welcome. In order to implement the global strategy and plan of action, securing financial resources and considering budget priorities and value for money were paramount. WHO should remain within its mandate and focus on areas in which it had a comparative advantage.

The representative of MALAYSIA expressed appreciation for the recommendations calling for the Secretariat to provide support to strengthen the capacity of national regulatory functions and systems; to develop and share good practices on evidence-based selection and health technology assessment; and to promote best practices in countries and regional institutions to improve

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA71(8).

procurement and supply chain efficiency. In addition, Member States with transitioning health systems would benefit from the recommendation regarding guidance on promoting and monitoring transparency in medicine prices. She urged the Secretariat to coordinate initiatives to improve human capital and skills at the regional level and mobilize resources to upgrade physical infrastructure in least developed countries.

The representative of INDIA said that the recommendations of the review panel would provide greater, more specific focus for implementing the global strategy and plan of action through measurable indicators. He expressed appreciation for the recommendations on promoting sustainable financial mechanisms, particularly on delinking product prices from research and development costs, which resonated well with the report of the United Nations Secretary-General's High-Level Panel on Access to Medicines. A lack of funding was the primary hurdle in implementation, which could be addressed with an increase in assessed contributions and unearmarked voluntary contributions.

The representative of the RUSSIAN FEDERATION welcomed the Organization's work on innovation and the recommendations made in the global strategy and plan of action, which sought to strike a balance between the interests of the pharmaceutical sector and public health. He also expressed support for its efforts to ensure that full use was made of the provisions of the 2001 Doha Declaration on the TRIPS Agreement and Public Health, including compulsory licensing. Having ratified the Protocol adding Article 31*bis* to the TRIPS Agreement, the Russian Federation supported the expansion of the Medicines Patent Pool to include basic medicines, and suggested that consideration be given to creating a permanent information platform, under the auspices of WHO, for countries to exchange experience in using TRIPS mechanisms.

Data collected from the Organization's monitoring of basic medicine prices around the world were extremely useful to regulators in agreeing fair prices with manufacturers. Cooperation among organizations of the United Nations system, regional and national regulators and expert bodies in developing new medicines and setting prices and standards would help to rationalize the use of resources and make treatment more effective for patients.

The representative of the UNITED STATES OF AMERICA, supporting the draft decision, said that there were many of the review panel's recommendations that all Member States should feel able to support, and on which the Secretariat and regional offices could make a meaningful impact, notably regarding the strengthening of regulations and research capacity. However, other recommendations had not been drawn from the global strategy and plan of action, and did not reflect Member State consensus. Policies requiring companies to disclose research and development costs were impractical, unlikely to be effective and might encourage companies to abandon high-risk research that could ultimately be of most benefit to patients.

Her Government opposed calls for senior WHO officials and the Secretariat to engage in advocacy in areas outside the Organization's remit, and strongly urged it to refrain from political advocacy targeting the lawful protection of intellectual property rights. WHO had no mandate to intervene in attempts to interpret Member State's legally binding obligations under the TRIPS Agreement; such highly sensitive issues fell within the domain of WIPO and WTO.

She urged Member States and the Secretariat to focus on areas of consensus and prioritize policies that would promote access to medicines while strengthening the global innovation system.

The representative of CANADA supported the draft decision, but requested further clarification regarding the associated resources and operational implications. Implementation of the 33 recommendations would require the Secretariat to take on many new responsibilities without any new resources; Member States should have received an operational plan and information on the full cost implications before being asked to endorse additional costs outside the core budget and organizational priorities that could fall outside the general programme of work.

The representative of COLOMBIA expressed appreciation for the priority actions identified to respond to current needs in terms of research and development and access to medicines, and for the recommendation on delinking product prices from research and development costs. However, specific measures were needed to ensure the effective implementation and follow-up of the global strategy and plan of action, hence the importance of a review to inform future actions and policies. She asked the Secretariat to strengthen efforts to mobilize the resources needed for implementation and follow-up; to that end, a specific budget line for the global strategy and plan of action should be included in the proposed programme budget for 2020–2021. She supported the draft decision.

The representative of COSTA RICA welcomed the global strategy and plan of action, which would stimulate innovation and the exchange of good practices between countries. It was important to promote the transfer of technology between countries while respecting intellectual property rights under the TRIPS Agreement, particularly in an increasingly globalized world.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that health ministries should be urged to promote the health of humans and animals through the use of patent exclusions and/or flexibilities under the TRIPS Agreement, notably Article 27, with a view to ensuring the unimpeded development of new and effective health products, particularly for Type I, II and III diseases. They should also ensure consistent implementation of the global strategy and plan of action, and identify new mechanisms for stakeholders involved in the commercial, customs and health aspects of patents in the pharmaceutical field. Other important provisions included the “Bolar” provision, the harmonization of licence authorizations under Article 31 of the TRIPS Agreement and measures such as databases on patents and non-confidential licence agreements and the Medicine Patent Pool. He supported the draft decision.

The representative of PANAMA requested further information on the process to evaluate implementation of the global strategy and plan of action and identify areas for improvement. Extending the implementation timeline to 2018–2022 was a positive step, and would help low- and middle-income countries to prioritize research and development needs, improve innovation capacity, promote technology transfer and effectively manage intellectual property rights, with a view to greater innovation in public health and a reduction in medicine prices. She called on Member States, the Secretariat and other relevant international organizations to continue supporting countries in the implementation of the global strategy and plan of action, and on Member States to appoint liaison officials to ensure work was harmonized. Regarding intellectual property, there was no need to further develop the existing provisions in the TRIPS Agreement; there should be a balance between the interests of intellectual property rights and public health. Efforts should be made to ensure that those rights did not hinder people’s access to medicines, adequate nutrition or technology transfer.

The representative of the REPUBLIC OF KOREA supported the recommended actions, noting the need for improved management of critical areas such as research and development capacity, sustainable financing and the flexibility of intellectual property rights. The Secretariat and Member States therefore needed to cooperate to ensure that the global strategy and plan of action on public health, innovation and intellectual property had an impact on the ground.

The representative of ALGERIA expressed concern at the numerous obstacles identified in the report, which would have to be overcome to achieve a sustainable framework and create an environment conducive to innovative research and development. It was crucial for the Secretariat, Member States and relevant stakeholders to set up sustainable financial mechanisms to accelerate implementation of the recommended actions. Particular emphasis should be given to the recommendations on joint work by the WHO and WTO secretariats to identify how the TRIPS Agreement could be implemented more effectively in relation to health technology transfer, and on the development of databases of patents and non-confidential licence agreements for health products, which would improve access to those products. He supported the draft decision.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the report and detailed work undertaken by his country to implement the global strategy and plan of action, notably through the promotion of local pharmaceutical production with a view to exploiting flexibilities under the TRIPS Agreement. He therefore welcomed the recommendation calling on the Secretariat to work with other international organizations to advocate for the development of national legislation to fully reflect those flexibilities; awareness needed to be raised in that area. Given the weak links between research organizations, the market and pharmaceutical manufacturers, steps to promote collaboration among research organizations and strengthen public–private partnerships were also welcome.

The representative of the DOMINICAN REPUBLIC requested the Secretariat to link the indicators for the recommendations made by the review panel to the indicators provided under each element of the global strategy and plan of action. She suggested that the first recommendation, which asked Member States to establish sustainable financing for the Global Observatory on Health Research and Development and the Expert Committee on Health Research and Development, be moved from the heading “Prioritize research and development needs” to “Promote sustainable financing mechanisms”, as that financing would be part of the 0.01% of gross domestic product that Member States should allocate to the evaluation of the implementation of the eight elements in the global strategy and plan of action. With those reservations, she supported the draft decision.

The representative of PARAGUAY said that the Secretariat should support the strengthening of national and regional regulatory function and system capacities, and promote the exchange of information between both countries and internationally recognized centres for research and development. Those steps would improve decision-making capacities, including in relation to clinical trials and resource preservation in traditional medicine. Other welcome recommendations included those calling for the Secretariat to promote technology transfer between Member States; to advocate for the development of national legislation to fully reflect the flexibilities under the TRIPS Agreement; and to promote the development of databases of patents and non-confidential licence agreements. She agreed that Member States and funders should support the WHO Prequalification of Medicines Programme. The strengthening of good practices on evidence-based selection and health technology assessment would improve transparency on medicine prices, which would have a direct impact on patients’ capacity to defray the cost of medical products. Lastly, she agreed on the importance of the appropriate use of medicines, and procurement and supply chain efficiency.

The representative of CÔTE D’IVOIRE acknowledged WHO’s prioritization of research and development needs and capacity-building among national bodies, research institutes and universities. Although her Government had taken measures to further contribute to research and development, resource mobilization was still a challenge. WHO should develop strategies for additional financial resource mobilization to ensure the implementation of the global strategy and plan of action.

The representative of the ISLAMIC REPUBLIC OF IRAN said that access to essential medicines at affordable prices was a key element of the fundamental human right of access to health care. Since there was no other international forum in which countries shared experiences on health-related patent flexibilities, WHO’s work in that regard was vital. The recommendations on the use of TRIPS flexibilities, promotion of research and development, and bolstering of health-related innovations were imperative for addressing the public-health needs of developing countries. Research and development should be needs-driven rather than market-driven. WHO should provide an opportunity to analyse potential obstacles in accessing medicines, including legal, structural and capacity-related constraints, and how to overcome them. The report of United Nations Secretary-General’s High-level Panel on Access to Medicines was useful in that connection.

The representative of GERMANY stressed the importance of intellectual property rights and patents as incentives for the private sector to invest in research and development, and supported the possible expansion of the Medicines Patent Pool. There was also a need to ensure the availability of

medicines in pharmacies and hospitals. A balance should be maintained between WHO's shared goals and reporting burden. She also called for a review of existing structures, initiatives and synergies prior to developing new information platforms, database systems or open-access regulations. She supported the draft decision.

The representative of INDONESIA supported the review panel's recommended actions, but considered that they should be directed to all relevant stakeholders, including the Secretariat, Member States, the private sector and think tanks, and specify stakeholders' roles. The Director-General should also ensure that Member States could discuss the review panel's suggested indicators from a technical perspective prior to their finalization.

The representative of SWITZERLAND welcomed the draft decision, specifically because Member States were urged to implement the recommendations of the review panel that were consistent with those of the global strategy and plan of action. In implementing the review panel's recommendations, the Secretariat must adhere to the consensus reached on the adoption of the global strategy and plan of action. He supported the recommendations to prioritize research and development needs for Type II and Type III diseases and the specific research and development needs of low- and middle-income countries for Type I diseases. Member States must maintain a sense of a shared responsibility and acknowledge their important role in the implementation of priority actions.

The representative of the PHILIPPINES reiterated his country's position on the exclusion of TRIPS-plus provisions in free trade agreements, given that they conflicted with national patent laws. He supported capacity-building in countries for the implementation of intellectual property regimes in line with the TRIPS Agreement, enabling those countries to use TRIPS flexibilities. Furthermore, the Medicines Patent Pool should be expanded to cover all medicines in the WHO Model List of Essential Medicines so as to address emerging challenges such as HIV/AIDS, noncommunicable diseases, hepatitis C and tuberculosis. He supported the promotion of transparency in medicine prices, reimbursement policies and the cost of research and development, as well as the global sharing of medicine price databases and best practices in reducing out-of-pocket expenses. He also supported the establishment of sustainable financing mechanisms for the Global Observatory on Health Research and Development.

The representative of BRAZIL supported the draft decision and called for further efforts on the review panel's recommendations, specifically on price transparency, shortages and minimum investment in research and development. For the global strategy and plan of action to be implemented, Member States and the Secretariat should provide adequate funding and mobilize resources. He recalled that Brazil would make a voluntary contribution to finance the work on access to medicines.

The representative of PAKISTAN said that, pursuant to target 3.b of the Sustainable Development Goals, research and development must be aimed at health products and access to medicines for diseases primarily affecting developing countries. It was important to establish sustainable financing mechanisms, ensure greater transparency in costs, patenting and licensing and to expand patent pooling to promote the safe access to and delivery of health care and health products. He agreed that Member States could commit themselves to dedicating at least 0.01% of their gross domestic product to government-funded research and development. Coordination in research and development could also be improved through an information-sharing mechanism. Research and development experts from the public and private sectors should be involved in certified training courses, technology transfer should be promoted, and new opportunities for collaboration should be identified.

The representative of ZAMBIA fully supported the global strategy and action plan, but expressed concern about the ongoing and new challenges related to public health, innovation and intellectual property, primarily because of lack of implementation by Member States. She agreed with

the recommendation that priority actions should be country-specific and feasible. She also agreed with the recommendations to prioritize research and development needs; to develop strategies and strengthen capacity for policy formulation, regulation, research methodology and ethics, and resource preservation in traditional medicine; and to improve research capacity, especially in low-income and middle-income countries, to ensure that policy formulation and regulation were evidence-based.

The representative of THAILAND, noting the slow progress and uneven outcomes of the global strategy and plan of action, said that more focused and realistic priority actions with measurable indicators were required. Improved access to health products was essential in attaining universal health coverage and target 3.b of the Sustainable Development Goals. She welcomed the review panel's recommendations and indicators, and urged the Secretariat, Member States and stakeholders to implement the priority actions. Regular monitoring by the Secretariat and resource mobilization from assessed or voluntary contributions were also needed. She supported the draft decision.

The representative of MEXICO said that the review panel should specify how WHO would collaborate with other sectors to reach its objectives over the coming years. Regarding traditional medicine, the recommendations should take into account the institutions, objectives and research projects being implemented in all countries in order to achieve harmonization between legal frameworks, policies and implementation programmes and strategies. As for research conducted in indigenous regions and communities, safeguards must be established to protect traditional knowledge and respect the social and cultural rights of their populations, and consultations held with the communities involved. The research should adhere to intercultural principles and methodologies and involve the participation of community authorities and representatives, following their procedures. Finally, patent issues in the area of health should always be treated from an ethical point of view that respected human rights.

The representative of CHINA welcomed the creation of a methodology to prioritize research and development needs. WHO should consider how best to display leadership and help Member States to consider global needs when establishing their own research and development priorities. That would prevent Member States with advanced research and development capacities from focusing solely on their needs, while diseases affecting developing countries were being neglected due to the lack of research and development capacities in those countries. He expressed concern that the proposed budget was not within existing resources and expenses; the Director-General should assess the potential human and financial resource challenges that might arise during implementation and draw up a plan based on allocated resources to implement substantive action as quickly as possible. He supported the draft decision.

The representative of SOUTH AFRICA, speaking on behalf of the Member States of the African Region, said implementing the global strategy and plan of action would be a key enabler towards achievement of the Sustainable Development Goals. He urged the Secretariat and stakeholders to take the necessary steps to meet the estimated budget requirement for implementation of the recommendations, and specifically the high-priority actions. Barriers to access to medicines included high prices, weak health-delivery systems, inadequate sustainable and equitable financing, and insufficient innovation and use of TRIPS flexibilities. Medicine shortages affected health-care delivery for communicable and noncommunicable diseases and impeded access to medicines and vaccines during health emergencies and epidemics. To address antimicrobial resistance and communicable and noncommunicable diseases, research and the strengthening of health systems and regulatory authorities were critical. He supported the draft decision.

The representative of QATAR said that the One Health approach should be a priority since human health, animal health and the environment were interconnected, as evidenced by emerging and re-emerging diseases such as Middle East respiratory syndrome, coronavirus, Ebola and Zika. Animal health and vaccination efforts and initiatives to combat vector-borne diseases should serve as

protective measures for human health, given that they could save considerable effort and money owing to their relatively easy implementation. He looked forward to receiving the WHO guide on zoonotic diseases and thanked it for its efforts.

The representative of ZIMBABWE said that access to medicines could only be sustainable if countries led efforts with the support of WHO. She therefore welcomed the recommendation to develop and share good practices on evidence-based selection and health technology assessment for health products for national use. Bilateral and regional collaboration would allow countries to leverage each other's strengths to improve the availability of quality, affordable medicines that met their individual needs. It was essential to support innovation and strengthen procurement and supply chain management, which were critical in ensuring that quality, affordable medicines were available at the facilities closest to those in need. She supported the draft decision.

The representative of CARITAS INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that implementation of the review panel's recommendations would be part of a global paradigm shift aimed at upholding the dignity of all people. He called on the Health Assembly to adopt the decision and to implement all of the recommendations. He urged Member States to expedite implementation of the recommendations to promote transparency in, and understanding of, research and development costs, and to dedicate at least 0.01% of gross domestic product to basic and applied research relevant to the health needs of developing countries.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that more efforts were needed to address the inequalities in universal health coverage. A global plan would promote new thinking on innovation and access to medicines, and encourage needs-driven research to target diseases affecting poor or vulnerable people. To achieve equitable access, it was essential to ensure that new products and technologies were not subject to unfair patent pricings and that the TRIPS Agreement was fully upheld. WHO should continue to play a strategic and central role in the relationship between public health, innovation and intellectual property. He highlighted the potential of technology and innovation in revolutionizing health-care delivery.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that, while the global strategy and plan of action included notable objectives, there were some omissions. The modest goals on transparency were welcome. However, it was appalling that one country had opposed the transparency of research and development costs. Reliable data on research and development costs were essential to prevent the endless manipulation of large pharmaceuticals. Given the income disparities between and within countries, universal access was only feasible if prices were allowed to fall to generic levels and new incentives to reward successful research and development efforts were not linked to prices. Feasibility studies were necessary. Governments should end provisions in trade agreements that made it more difficult to obtain access to affordable products. He expressed concern that one country had recently announced a policy on raising medicine prices around the world, and he urged that country to revise its thinking.

The representative of the MEDICINES PATENT POOL, speaking at the invitation of the CHAIRMAN, said that the global strategy and plan of action had provided an important road map over the past 10 years on strategies to promote innovation, access and technology transfer. Indeed, the Medicines Patent Pool was a good example of strategy implementation, growing to become a vital component of the international response to HIV, hepatitis and tuberculosis. She welcomed the recommendation to expand the Medicines Patent Pool to other diseases and technologies, and the focus on essential medicines. She also welcomed the recommendation to promote further development of databases and patents and licence agreements for health products; transparency of the patent and licence status of medicines was critical to expanding access.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed regret at the failure to turn the momentum created when the global strategy and plan of action had been agreed into a tool for change. Member States should fund implementation of the remaining activities in the global strategy and plan of action, and renew their commitment to fixing a broken research and development system that still did not respond to the public health needs of large population groups. He supported collaboration with other organizations to move towards more effective implementation of Article 66.2 on technology transfer of the TRIPS Agreement. WHO should support the drafting of national legislation to make full use of the TRIPS flexibilities, and continue its work with the Medicines Patent Pool. Member States and other international bodies must consider the public health implications of provisions that went beyond the requirements of the TRIPS Agreement when negotiating trade agreements. It was critical not to forget, or leave unfulfilled, previous commitments on access to medical innovation.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that the inclusion of newer essential health products required harmonized and accurate intellectual property regulations, as well as sustainable and transparent sources of funding that responded to public health needs. It was regrettable that adequate prioritization of action on research and development and the development of innovative funding mechanisms had still not been included. In a globalized economy, national and international intellectual property regulations should always serve the people and not put some at a disadvantage compared with others.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the Secretariat and Member States had not done enough to deliver on the global strategy and plan of action since its adoption 10 years previously. Urgent efforts were needed to promote new thinking on innovation and access to medicines. He urged Member States to take action and endorse the review panel's recommendations. They should ensure that the Secretariat had a clear mandate to draft an implementation plan for roll-out in 2018, including a monitoring mechanism and an annual accountability report. Member States should also ensure that there were clear funding commitments in the draft thirteenth general programme of work, 2019–2023.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the review panel had not fully recognized all progress made in research and development, and that it was moving into areas not previously agreed on by Member States. Over half of the panel's recommendations were, to some degree, inconsistent with the original global strategy and plan of action. Therefore, to encourage innovation and create a spirit of partnership and consensus, Member States should only consider recommendations that were in line with the original mandate. The Secretariat should not implement the remaining recommendations until it had held close and regular consultations with Member States. A combination of several incentive models could unlock further research and development potential, including proposals relating to product development partnerships, orphan medicines legislation and advance market commitments.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, supported the review panel's recommendations to prioritize research and development needs for Type III diseases and to support collaboration between internationally recognized centres for research and development and relevant institutions in developing countries. Multisectoral global partnerships were essential not only for developing and scaling up the use of health innovations, but also for strengthening health capacities in developing countries. She strongly supported the recommendation to implement delinkage mechanisms for the sales of certain products from developer returns on investment, as well as the call for Member States to provide dedicated research and development funding relevant to the health needs of developing countries.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, expressed disappointment at the poor record of implementation of the global strategy and plan of action, for which funding remained obstructed. She urged Member States to take decisive steps towards implementation and to commit themselves to the financial contribution of at least 0.01% of their gross domestic product for basic and applied research relevant to the health needs of developing countries. She also urged Member States to establish a clear time frame so that concrete time-bound targets could be set and progress monitored. The classification of diseases by type was irrational, as it ignored the actual health needs of developing countries; she called on Member States and the Secretariat to move beyond such a narrative. WHO should immediately begin negotiating a binding research and development agreement.

The representative of the WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that research and development capacities should include clinical trials and disease-oriented activities, particularly those with a focus on health and well-being. It was necessary to be aware of how public health practitioners and institutions applied technology across different models of society. Public trust must be built and maintained by ensuring the preservation of individual rights and privileges. Ethical considerations concerning the responsible use of “big data” in research must be addressed in the interests of public health. All public health professionals should be fully aware of the impact of the use of digital technology, and examine the sources of pressure that could indirectly influence their basic values.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals) noted the concerns raised by Member States with regard to funding. Public health, innovation and intellectual property were, more than ever, part of a global agenda on access to health. Quoting the Director-General of the WTO who had spoken at the seventh technical symposium organized by WHO, WIPO and WTO held earlier in 2018, she said that innovation without access did not help address the problems being discussed by the Committee.

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in decision EB142(4).

The draft decision was approved.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: Item 11.7 of the agenda (documents A71/14 and A71/14 Add.1)

The CHAIRMAN drew attention to the following draft resolution 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, proposed by Argentina, Australia, Brazil, Canada, Chile, China, Colombia, the Dominican Republic, Ecuador, Finland, Norway, Pakistan, Panama, Peru, the Russian Federation, South Africa, Switzerland and Uruguay.

The Seventy-first World Health Assembly,
(PP1) Having considered the reports on the 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;²

¹ Transmitted to the Health Assembly in the Committee’s first report and adopted as decision WHA71(9).

² Documents A71/14 and A71/14 Add.1.

(PP2) Having recognized that the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases¹ has catalysed action and retains great potential for engendering progress towards Sustainable Development Goal target 3.4 (by 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being);²

(PP3) Noting with concern that, according to WHO, each year, 15 million people between the ages of 30 and 69 years die from a noncommunicable disease and that the current levels of decline in the risk of dying prematurely from noncommunicable diseases are insufficient to attain Sustainable Development Goal target 3.4 by 2030;

(PP4) Welcoming the convening of the WHO Global Conference on Non-communicable Diseases,³ which was organized by Uruguay and WHO, co-chaired by Finland, the Russian Federation and Uruguay, from 18 to 20 October 2017 in Montevideo;

(PP5) Welcoming also the convening of the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease (NCD) Prevention and Control hosted by the Government of Denmark and WHO, from 9 to 11 April 2018 in Copenhagen, recognizing the need to prioritize tackling noncommunicable diseases as an essential pillar of sustainable development and an integral part of countries' efforts towards universal health coverage;

(PP6) Recalling the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, adopted at the 9th Global Conference on Health Promotion, held in China, from 21 to 24 November 2016;

(PP7) Taking note that the Director-General has established a WHO Independent High-level Commission on Noncommunicable Diseases⁴ and a WHO Civil Society Working Group on the third High-level Meeting of the General Assembly on NCDs;⁵

(PP8) Recalling United Nations General Assembly resolution 72/274 (2018) on the scope, modalities, format and organization of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases,

OP1. WELCOMES the outcome document of the WHO Global Conference on the Prevention and Control of Non-communicable Diseases entitled "Montevideo roadmap (2018-2030) on the prevention and control of Noncommunicable Diseases as a sustainable development priority",^{6,7} as a contribution to the preparatory process leading to the third High-level Meeting;

OP2. URGES Member States:⁸

(1) to continue to step up efforts on the prevention and control of noncommunicable diseases in order to attain Sustainable Development Goal target 3.4 by 2030;

¹ United Nations General Assembly resolution 66/2.

² United Nations General Assembly resolution 70/1.

³ WHO Global Conference on Noncommunicable Diseases: Enhancing policy coherence between different spheres of policy making that have a bearing on attaining SDG target 3.4 on NCDs by 2030 [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/nmh/events/2017/montevideo/about/en/>, accessed 18 May 2018).

⁴ WHO Independent High-level Commission on NCDs [website] Geneva: World Health Organization; 2018 (<http://www.who.int/ncds/governance/high-level-commission/en/>, accessed 18 May 2018).

⁵ WHO Civil Society Working Group on the third High-level Meeting of the UN General Assembly on NCDs [website] Geneva: World Health Organization; 2018 (<http://www.who.int/ncds/governance/high-level-meetings/working-group-third-high-level-meeting/en/>, accessed 18 May 2018).

⁶ See Annex 1.

⁷ Clarification Statement: http://www.who.int/conferences/global-ncd-conference/USA_statement_EOP_montevideo_roadmap.pdf?ua=1, accessed 18 May 2018.

⁸ And, where applicable, regional economic integration organizations.

- (2) to actively engage in the preparations at national, regional and global levels for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;
- (3) to be represented at the level of Heads of State and Government at the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and to call for action through a concise, action-oriented outcome document;

OP3. REQUESTS the Director-General:

- (1) to continue to support Member States, in coordination with United Nations specialized agencies, funds and programmes as well as other stakeholders, in their efforts to reduce by one third premature mortality from noncommunicable diseases through prevention and control and promote mental health and well-being, including by applying evidence-based multisectoral and multistakeholder approaches;
- (2) to report to the Seventy-second World Health Assembly, through the Executive Board, on the outcomes of the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and its follow-up.

WHO Global Conference on NCDs

Pursuing policy coherence to achieve SDG target 3.4 on NCDs
(Montevideo, Uruguay, 18-20 October 2017)

MONTEVIDEO ROADMAP 2018-2030 ON NCDs AS A SUSTAINABLE DEVELOPMENT PRIORITY

1. We, Heads of State and Government, Ministers and representatives of State and Government participating in this Conference, have come together to restate our commitment to take bold action and accelerate progress to, by 2030, reduce by one third the premature mortality from non-communicable diseases (NCDs) in line with the 2030 Agenda for Sustainable Development. We continue to be inspired by the action catalysed by the 2011 Political Declaration of the UN General Assembly on NCDs, and the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020. We reaffirm our commitment to their implementation, according to national context.
2. We acknowledge that premature mortality from NCDs¹ continues to constitute one of the major challenges for development in the 21st century, driven by economic, environmental and social determinants of health. Despite the remarkable progress achieved in some countries or regions, this has been highly uneven and insufficient to reach the global target on NCDs. Each year, 15 million people between the ages of 30 and 69 years die from an NCD; over 80% of these premature deaths occur in developing countries, disproportionately affecting the poorest and those furthest behind. Implementing coherent policies and ensuring that cost-effective, affordable and evidenced-based NCD interventions are available to all countries, according to national context and priorities, can reduce inequities and premature deaths from NCDs.
3. We recognize the importance of SDG 3 and ensuring that people not just survive, but live long and healthy lives, as well as the importance of preventing NCDs as specified in SDG target 3.4 on NCDs in achieving this overall goal. We also recognize that there are obstacles that countries must overcome to achieving SDG target 3.4². Addressing the complexity of the main risk factors, namely:

¹ Mainly four types of noncommunicable diseases (NCDs): cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

² By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.

tobacco use, physical inactivity, harmful use of alcohol and unhealthy diets, as well as air pollution, and the determinants of NCDs, including health literacy, requires multisectoral responses which are challenging to develop and implement, particularly when robust monitoring of NCD risk factors is absent at country level. Consequently, successful action requires enhanced political leadership to advance strategic, outcome-oriented action across sectors and policy coherence for the prevention and control of NCDs, in line with whole-of-government and health-in-all-policies approaches.

4. One obstacle at country level is the lack of capacity to effectively address public health goals when they are in conflict with private sector interests, in order to effectively leverage the roles and contributions of the diverse range of stakeholders in combatting NCDs. Policies to prevent and control NCDs, including effective regulatory and fiscal measures, may be negatively influenced by private sector and other non-State actors' interests, and may be subject to legal disputes or other means to delay, curtail or prevent their effective use to reach public health goals. Health systems need to improve NCD prevention, diagnosis and management and to strengthen effective health promotion over the life course, as part of efforts to achieve universal health coverage and reduce health inequities, including in the context of population ageing. Reducing NCDs should be a higher priority across the relevant UN Agencies, NGOs, philanthropic foundations and academic institutions. The increasing disease burden from NCDs should be taken fully into account in international cooperation and development policies with a view to address the unmet demand for technical cooperation to strengthen national capacities.

5. Unless coherent political action to address these obstacles is accelerated, engaging across sectors and across stakeholders, the current rate of decline in premature mortality from NCDs is insufficient to meet SDG 3.4 by 2030. In order to address the premature mortality and excess morbidity caused by NCDs, we commit to pursue these actions:

Reinvigorate political action

6. We will continue to address the complexity and challenging nature of developing and implementing coherent multisectoral policies across government through a health-in-all-policies approach in order to achieve improved outcomes from the perspectives of health, health equity and health system functioning.

7. We will prioritize the most cost-effective, affordable, equitable and evidence-based interventions that will bring the highest public health return on investment, in accordance with national context and priorities. We will emphasize health as a political priority, with measures that address the impact of the major NCD risk factors, including regulation, standard setting and fiscal policies and other measures that are consistent with countries' domestic legal frameworks and international obligations.

8. We will act across relevant government sectors to create health-conducive environments and identify opportunities to establish concrete cross-sectoral commitments in order to promote co-benefits and to reduce negative impacts on health, including through health impact assessments. We will encourage NCDs implementation research to enhance the operationalization of national strategies and integrate them, where possible, within wider health sector strategic planning. We will work collaboratively to share and improve the implementation of best practices towards implementing innovative approaches to ensure improved surveillance and monitoring systems to support these actions.

Enable health systems to respond more effectively to NCDs

9. We will strengthen, as necessary, essential population level, people-centred public health functions and institutions for effective prevention and control of NCDs, including palliative care, and to promote mental health and wellbeing.

10. We will continue investing in health workers as an essential part of strengthening health systems and social protection. We will work to ensure a highly skilled, well-trained and well-resourced health workforce to lead and implement actions to promote health and prevent and control NCDs.

11. We commit to improve implementation of cost-effective measures of health promotion, including health literacy, and disease prevention throughout the lifecycle, early detection, health surveillance, and reduction of risk factors, including exposure to environmental risk factors, and sustained efforts to address people at risk, as well as the treatment and care for people with NCDs.

12. Recognizing that mental disorders and other mental health conditions contribute to the global NCD burden and that people with mental disorders and other mental health conditions have an increased risk of other NCDs and higher rates of morbidity and mortality, we commit to implementing measures to improve mental health and well-being, address their social determinants and other health needs and human rights of people with mental disorders and other mental health conditions and prevent suicides as part of a comprehensive response to NCDs.

13. We will work towards enhancing synergies in preventing and controlling communicable diseases and NCDs at the national, regional, and global levels, where appropriate, recognizing the opportunity to achieve gains through integrated approaches.

14. We will work to ensure the availability of resources and strengthen the capacity to respond more effectively and equitably to NCDs as part of Universal Health Coverage, including through strengthened community-level prevention and health services delivery and access to essential NCD medicines and technologies for all. In our health systems, we will strive to secure access to quality basic and specialised health services, including with financial risk protection in order to avoid social and economic hardship.

15. Recalling previous commitments, we will better measure and respond to the critical differences in specific risk factors and determinants affecting morbidity and mortality from NCDs for children, adolescents, women and men across the life course, and pursue and promote gender-based approaches for the prevention and control of NCDs to address these critical differences. We invite WHO to provide guidance on how to accelerate the implementation of national efforts to address the critical differences in the risks of morbidity and mortality from NCDs for men and women, boys and girls.

Increase significantly the financing of national NCD responses and international cooperation

16. We acknowledge that national NCDs responses – supported through domestic, bilateral and multilateral channels – require adequate, predictable and sustained financing, commensurate with the global health and socioeconomic burden they impose. We will start by prioritizing domestic budgetary allocations for addressing NCDs, where possible.

17. Where needed, we will work on national investments cases for the prevention and control of NCDs, their risk factors and determinants, to create the fiscal space for action. We will consider applying policy options that, in addition to having a positive effect on reducing the occurrence of NCDs throughout the life course, also have the capacity to generate complementary revenues to finance national NCD responses, as appropriate. These options may include, consistent with national policies and international obligations, taxation, including of tobacco as well as other products. We will continue to explore other complementary financing options, including voluntary innovative financing mechanisms, as appropriate.

18. We call upon UN agencies and other global health actors to scale up support to governments in developing and implementing the national responses for the prevention and control of NCDs, including palliative care aligned with national priorities. We look to WHO to continue to exercise its global leadership and coordination role and to explore how existing mechanisms could best be leveraged to identify and share information on existing and potential sources of finance and development cooperation mechanisms for the prevention and control of NCDs at the local, national, regional and global levels to support action to reach SDG 3.4 on NCDs and better integrate NCDs into development funding mechanisms.

19. NCDs can perpetuate poverty. For the poor and near poor, chronic illness and disability can be an economic catastrophe. Hard fought economic gains can be quickly wiped out, especially when diagnosis, treatment, and palliative care services are not available or accessible. Women face a double NCD burden, often assuming gender-based roles as unpaid caregivers for the sick. We will take action on the impacts of NCDs on poverty and development using gender-based approaches. We strongly encourage including the prevention and control of NCDs in Official Development Assistance to complement domestic resources and catalyse additional resources for action, including research.

Increase efforts to engage sectors beyond health

20. We acknowledge that working constructively with public sectors beyond health is essential in reducing NCD risk factors and achieving health gains to reduce premature deaths from NCDs. In addition, we recognize the interconnectedness between the prevention and control of NCDs and the achievement of the SDGs beyond target 3.4, including targets related to poverty, substance abuse, nutrition, hazardous environmental exposure, sustainable cities and others. Coordinated upstream action across sectors, including agriculture, environment, industry, trade and finance, education and urban planning, as well as research, will help to create a healthy and enabling environment that promotes effective, coherent policies and supports healthy behaviours and lifestyles. The health sector has a role to play in advocating for these actions, presenting evidence-based information, supporting health impact assessments and providing policy reviews and analyses on how decisions impact health, including implementation research with a view to increase and scale up implementation of best practices. We therefore commit to strong leadership and to fostering collaboration among sectors to implement policies to achieve shared goals.

21. We will enhance policy and legal expertise to develop NCDs responses in order to achieve the SDGs. We call upon the UN Inter-Agency Task Force on the Prevention and Control of NCDs and its Members, within their mandates, to scale up and broaden intersectoral work integrating expertise relevant to public health-related legal issues into NCD country support, including by providing evidence, technical advice, and case studies relevant to legal challenges. We encourage the UN Inter-Agency Task Force on the Prevention and Control of NCDs to explore the relationship between NCDs

and the law to improve support to Member States in this area and to raise the priority it gives to this work.

22. We recognize that access to education that promotes health literacy at all levels of society and contexts is a key determinant of health. In particular, the school environment will be enabled to provide evidence-based education, including information and skills. We will improve awareness-raising on health and well-being throughout society, including the prevention and control of NCDs supported through public awareness campaigns and health-conducive environments that make the healthy choice the easier choice and facilitate behavioral changes. Besides the general responsibility of relevant sectors to promote health, it is in particular the task of the health sector to develop and provide appropriate information to increase health literacy.

23. We will scale up efforts to use information and communication technologies, including e-health and m-health, and other non-traditional and innovative solutions, to accelerate action towards achieving SDG target 3.4 by 2030.

24. We are concerned that the increased production and consumption of energy-dense, nutrient poor foods has contributed to diets that are high in saturated fats, sugars and salts. We will work towards advancing the implementation of global strategies and recommendations that aim at strengthening national food and nutrition policies, and their monitoring. This would include, inter alia, developing guidelines and recommendations that support and encourage healthy diets throughout the life course of our citizens, increasing the availability and affordability of healthy, safe nutritious food, including fruits and vegetables, while enabling healthier food choices as part of a balanced diet, and ensuring access to clean and safe drinking water. We call on WHO and FAO and other relevant international organizations to fully leverage the UN Decade of Action on Nutrition to promote health-conducive food production and supply systems reduce diet-related NCDs and contribute to ensure healthy diets for all.

25. We call on WHO to fast-track its review of national and regional experience of intersectoral policies to achieve SDG 3, and particularly target 3.4 on NCDs, to update its guidance on multisectoral and multi-stakeholder action for the prevention and control of NCDs and disseminate knowledge and best practices through WHO GCM/NCD's¹ communities of practice in a manner supportive of action at country level.

Reinforce the role of non-State actors

26. We acknowledge the need to engage with non-State actors in view of their significant role for the advancement and promotion of the highest attainable standard of health and to encourage non-State actors to use their own activities to protect and promote public health, in line with national context and priorities.

27. We will increase opportunities for meaningful participation of, where and as appropriate, nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions, in building coalitions and alliances across the spheres of sustainable development in the prevention and control of NCDs, recognizing that they can complement the efforts of governments at varying levels and support the achievement of SDG target 3.4, in particular in developing countries.

¹ WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD).

28. We call on the private sector, ranging from micro-enterprises to cooperatives to multinationals, to contribute to addressing NCDs as a development priority, in the context of the achievement of the SDGs, in particular SDG 17¹.

Seek measures to address the negative impact of products and environmental factors harmful for health and strengthen the contribution and accountability of the private sector and other non-State actors

29. One notable challenge for the prevention and control of NCDs is that public health objectives and private sector interests can conflict. We commit to enhancing the national capacity to engage constructively with the private sector for NCDs prevention and control in a way that maximizes public health benefits.

30. We acknowledge that we need to continue to develop coordinated and coherent policies, strengthen evidence-based policy and regulatory frameworks, and align private sector incentives with public health goals, to make health conducive choices available and affordable in healthy environments, and in particular, to empower and provide people with the necessary resources and knowledge, including health literacy, in order to enable healthy choices and active lifestyles.

31. We further encourage the private sector to produce and promote more food and beverage products consistent with a healthy diet including by reformulating products, especially those products with the largest impacts on health, to provide healthier options that are affordable and accessible for all and that follow appropriate nutrition facts and labelling standards, including information on sugars, salt and fats and, where relevant, trans-fat content. We also encourage the private sector to reduce the exposure of and impact on children of marketing of foods and non-alcoholic beverages, consistent with WHO recommendations and guidance, and in accordance with national legislation, policies, and relevant international obligations.

32. We acknowledge the importance of improving environmental determinants and reducing risk factors in the prevention and control of NCDs and the inter linkage of SDG targets 3.4 and 3.9². These interlinkages illustrate that the prevention and control NCDs can also contribute positively to the SDG goal 13 on climate change. We will promote actions that are mutually reinforcing and support achievement of these goals and targets.

33. We will continue to work with all stakeholders, including industry, food business operators, health and consumer NGOs, and academia, towards the achievement of the nine voluntary NCD targets for 2025. This may include, as appropriate, promoting the recording and making publicly available of the verifiable commitments of non-State actors, as well as their reporting on the implementation of those commitments. We call on WHO to continue the development of expertise, tools, guidance and approaches that can be used to register and publish contributions of non-State actors in the achievement of these targets, and to assist Member States in effectively engaging non-State actors and leveraging their strengths in the implementation of national NCD responses.

34. We call upon States parties, to accelerate the full implementation of the WHO Framework Convention on Tobacco Control, as one of the cornerstones of the global response to NCDs and

¹ Strengthen the means of implementation and revitalize the global partnership for sustainable development.

² By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

encourage countries that have not yet done so to consider becoming a Party to the Convention. Recognizing the fundamental and irreconcilable conflict of interest between the tobacco industry and public health, we will continue to implement tobacco control measures without any tobacco industry interference.

35. We encourage the WHO GCM/NCD to explore the impact of economic, market and commercial factors on the prevention and control of NCDs to better improve the understanding of their implications for health outcomes and opportunities to advance action in the global NCD agenda.

Continue relying on WHO's leadership and key role in the global response to NCDs

36. We reaffirm WHO as the directing and coordinating authority on international health work and all its functions in this regard, including its normative work and convening role. WHO's support is essential in the development of national NCD and mental health responses as an integral part of the implementation of the 2030 Agenda for Sustainable Development. WHO's advice to Member States on how to address the determinants and risk factors remains indispensable for the global action on NCDs and mental health.

37. We also reaffirm WHO's leadership and coordination role in promoting and monitoring global action against NCDs in relation to the work of other UN agencies, development banks, and other regional and international organizations in addressing NCDs in a coordinated manner.

38. We call on WHO to strengthen its capacity to provide technical and policy advice and enhance multistakeholder engagement and dialogue, through platforms such as the WHO GCM/NCD and the UN Inter-Agency Task Force on NCDs.

39. We further call on WHO to consider prioritizing the implementation of strategic actions, including cost-effective and evidence-based policies and interventions, in preparation of the third United Nations High-level Meeting on NCDs in 2018.

Act in unity

40. We acknowledge that the inclusion of NCDs in the 2030 Agenda for Sustainable Development provides the best opportunity to place health and in particular NCDs at the core of the pursuit of shared progress and sustainable development. Ultimately, the aspiration of the 2030 Agenda is to create a just and prosperous world where all people can exercise their rights and live long and healthy lives.

41. Acting in unity to address NCDs demands a renewed and strengthened commitment to show that we can be effective in shaping a world free of the avoidable burden of NCDs. In so doing, we will continue to listen to and involve the peoples of the world – those exposed to NCD risk factors, and those with health care needs for NCDs and mental health. We will continue to build a future that ensures present and future generations enjoy the highest attainable standard of health and wellbeing.

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

Resolution: 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	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	<p>Programme area: 2. Noncommunicable diseases</p> <p>Outcome: 2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors</p> <p>Outputs:</p> <p>2.1.1. Development and implementation of national multisectoral policies and plans to prevent and control noncommunicable diseases accelerated</p> <p>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>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, including in crises and emergencies</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Eight years: all activities referred to in the resolution will be carried out during the bienniums 2020–2021, 2022–2023 and 2024–2025.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 179 million (2018–2019).
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 179 million was planned for in the Programme budget 2018–2019; thus there are no additional requirements.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Not applicable.

3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
Same as those in the Programme budget 2018–2019.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
Programme budget 2022–2023: same as those in the Programme budget 2018–2019.
Programme budget 2024–2025: same as those in the Programme budget 2018–2019.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium:
US\$ 82 million (46% of US\$ 179 million).
– Remaining financing gap in the current biennium:
US\$ 97 million (US\$ 179 million minus US\$ 82 million).
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:
US\$ 97 million.

The representative of GABON, speaking on behalf of the Member States of the African Region, said that insufficient progress had been made in fulfilling the commitments and meeting the time frames since the first two high-level meetings held in 2011 and 2014, particularly in his Region. Member States in the African Region were still facing enormous challenges, which made it difficult for them to fulfil national commitments. WHO and its partners should continue to provide technical support to increase implementation of measures to address noncommunicable diseases. Member States should step up implementation of resolutions WHA66.10 and WHA69.6 on the prevention and control of noncommunicable diseases, by ratifying the Protocol to Eliminate Illicit Trade in Tobacco Products to the WHO Framework Convention on Tobacco Control and strengthening regulations on, and control of, the marketing of products such as tobacco, alcohol and sugar-sweetened beverages, with WHO support. He encouraged Member States to participate actively at the highest level in the third high-level meeting.

The representative of ZAMBIA said that, in many countries, the rate of decline of premature deaths due to noncommunicable diseases was too low. The political commitments made at the United Nations General Assembly in 2011 and 2014 must be fully implemented in order to achieve the targets of the 2030 Agenda for Sustainable Development. Member States had made slow progress in applying sectoral strategies. Most Member States had no capacity to establish cross-sectoral partnerships for the prevention and control of noncommunicable diseases, or to manage their complexity during implementation. If significant investments were not made immediately, target 3.4 of Sustainable Development Goal 3 might not be achieved. She therefore supported the recommendation to invest in prevention and better management of the four main noncommunicable diseases to prevent premature deaths.

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

The meeting rose at 17:30.

SIXTH MEETING

Wednesday, 23 May 2018, at 18:20

Chairman: Dr S. BROSTRØM (Denmark)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Public health preparedness and response: Item 11.2 of the agenda (continued from the fourth meeting, section 3)

- **Implementation of the International Health Regulations (2005)** (documents A71/7 and A71/8 and decision EB142(1))

The CHAIRMAN drew attention to the draft decision contained in decision EB142(1).

The representative of the RUSSIAN FEDERATION said that efforts must continue to be focused on building the core capacities of States Parties under the International Health Regulations (2005), strengthening WHO's leading role in their implementation, and improving public health emergency management and public health risk assessment and reporting. He did not support the current form of the draft decision and draft five-year global strategic plan to improve public health preparedness and response, 2018–2023. Recommendations to States Parties to perform joint external evaluations and to formalize such evaluations by referring to them in official WHO documents should not be included. Moreover, including an indicator on the number of countries that had carried out joint external evaluations in the draft strategic plan was inconsistent with the voluntary nature of such assessments. He therefore proposed deferring consideration of the draft decision and draft strategic plan to allow for additional informal consultations to take place. He invited other Member States to comment as to whether they, too, supported redrafting the text of the draft decision and draft strategic plan.

The representative of FIJI said that small island developing States faced particular challenges in responding to health emergencies due to their remote geographical locations and susceptibility to the effects of climate change. Given that such states could not individually attain some of the core capacities required under the International Health Regulations (2005), regional pooling of resources would be important, and WHO had a key role to play in developing regional reference laboratories and emergency medical teams. She was pleased to note Pillar 1 of the draft five-year global strategic plan contained results-based indicators. However, the second and third pillars lacked indicators for establishing emergency operations centres and additional voluntary monitoring and evaluation instruments; indicators for simulation exercises and after-action reviews would be valuable, as past experience had shown that self-assessments could reveal whether necessary systems were in place, but not whether they worked. Moreover, the stated goal of the draft strategic plan was to strengthen the capacities of both the Secretariat and Member States; however, the current indicators appeared mainly to measure the Secretariat's progress. She supported adopting the draft strategic plan and draft decision, but urged the Secretariat to consider amending the monitoring and evaluation framework.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia, 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 link between core capacity-building and public health system strengthening in the draft five-year global strategic plan was welcome. She underscored the importance of developing a conceptual framework for harmonizing core capacity requirements with national health systems and essential public health functions, with the expectation that the WHO Health Emergencies Programme would work closely with units responsible for health systems and universal health coverage. The new voluntary monitoring and evaluation framework was valuable, and its use in developing national health security action plans was to be encouraged. Voluntary joint external evaluations were an important component of that framework, and WHO support for them would be essential. She emphasized the usefulness of simulation exercises, and welcomed the ongoing revision of the self-assessment reporting tool. Coordination with regional organizations such as the European Union was vital to achieve the target of one billion more people protected from health emergencies. She therefore supported endorsing the draft strategic plan.

The representative of GREECE emphasized that the International Health Regulations (2005) were a key legislative pillar of global health security, supporting public health authorities worldwide called on to address issues in collaboration with other sectors and develop core capacities to respond to public health threats. He outlined measures taken by his Government to maintain a high level of public health security, despite facing unique challenges owing to its location at the crossroads of three continents, the refugee influx, increasing numbers of tourists and a financial recession.

The representative of PANAMA, supporting the adoption on the draft five-year global strategic plan, said that her country was confident that the goals and objectives of the plan would be achieved through monitoring and evaluation and building response capacities in all countries. Diseases knew no boundaries and the failure of one country affected all. She requested WHO/PAHO to continuing supporting States Parties in implementing the Regulations, which was a much-needed global tool.

The representative of AUSTRALIA, speaking on behalf of Australia and the Cook Islands, said that implementation of the International Health Regulations (2005) was a global priority, and that past disease outbreaks had highlighted the urgent need to agree and implement a strategic plan. She therefore supported adopting the draft five-year global strategic plan and opposed any further negotiations on the text. Recognizing that strong leadership, investment in global and regional partnerships and sustainable financing would be required to fully implement the draft strategic plan, she welcomed the focus on reinforcing the core capacities within the context of broader health system strengthening efforts to support the prioritization of support to high-vulnerability, low-capacity countries. She strongly supported inclusion of the joint external evaluation process in the draft strategic plan, as it was a key instrument in assessing and monitoring the core capacities.

The representative of MEXICO said that it was crucial for States Parties to implement the International Health Regulations (2005), particularly those relating to the immediate reporting and assessment of international public health risks. He supported adopting the draft five-year global strategic plan, which would help strengthen the efforts of States Parties to implement the core public health capacities fully and effectively. He called on all States Parties to continue to strengthen their public health preparedness and response to health emergencies.

The representative of MOROCCO, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the recent Ebola virus disease outbreak was a reminder that improving public health preparedness and response must remain a key priority for all countries. He urged the Secretariat to take into account existing national and regional strategies and frameworks when considering how to monitor and evaluate the draft five-year global strategic plan. The capacity-building strategies of National IHR Focal Points were also paramount. The Secretariat should provide support and guidance to countries in developing, funding and implementing their national action plans for health emergency preparedness based on the findings of the joint external evaluations,

in collaboration with international partners. Moreover, a multisectoral approach should be taken in developing national action plans.

The representative of JAPAN strongly supported adopting the draft five-year global strategic plan and upgrading the event information site used by the National IHR Focal Points. Her Government also attached great importance to the Contingency Fund for Emergencies, which should be provided with more solid financing and made more sustainable through a careful evaluation of the scope of emergencies covered by the fund. She supported continued use of the joint external evaluation tool by the Secretariat and other States Parties. There was a strong link between health emergencies and universal health coverage, and synergies could be achieved by tackling both together.

The representative of SOUTH AFRICA noted that the draft five-year global strategic plan was comprehensive and would aid emergency prevention, preparedness, response and recovery. The greatest challenge in implementing the draft strategic plan would be financing; it would therefore need to be accompanied by a realistic budget allocation. He supported the draft decision and the draft strategic plan.

The representative of the PHILIPPINES expressed support for the draft decision and draft five-year global strategic plan. WHO support would be welcome in building, strengthening and maintaining the core capacities of States Parties, especially in developing multisectoral preparedness plans. A strategy to develop the capacities of National IHR Focal Points would also be important in improving implementation of the International Health Regulations (2005). The Organization should take an active role in ensuring compliance with the requirements listed in Pillar 2 of the draft strategic plan. The goal of measuring progress and promoting accountability was welcome.

The representative of BRAZIL supported the draft decision, and noted with satisfaction that the principles of consultation and country ownership had been taken into account. For example, the report underscored the voluntary nature of additional evaluation tools not originally provided for in the International Health Regulations (2005) and rightly recognized that funding or technical cooperation were not contingent on carrying out such evaluations. Since the monitoring and evaluation framework was a non-binding document, it should be used purely as guidance and adapted, as appropriate, to the geographical and institutional circumstances of each State Party.

The representative of GERMANY welcomed the draft five-year global strategic plan and opposed reopening discussion of the text. She supported adopting the draft decision as recommended by the Executive Board. It was important to ensure that national action plans developed under the International Health Regulations (2005) were integrated or aligned with national health strategies. Compliance with the Regulations was critical, National IHR Focal Points had a key role to play, and the ongoing revision of the self-assessment reporting tool were welcome. States Parties should support the Secretariat's work to advance implementation and should themselves implement Article 44 of the Regulations on collaboration and assistance.

The representative of ALGERIA said that one of the most important provisions of the International Health Regulations (2005) was the requirement for States Parties to ensure that they had the capacity to detect, evaluate and alert other States to health emergencies. Efforts to maintain that capacity should be ongoing and States must rapidly respond to and take preventive measures against health threats at a local and national level. The Secretariat should provide the necessary technical support to countries facing obstacles in that respect. It was important to strengthen capacities and practices related to data management and examine the lessons that could be drawn from past experience in the implementation of the Regulations.

The representative of SWEDEN, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, fully supported the draft

five-year global strategic plan, particularly its focus on countries at the greatest risk of emergencies and outbreaks. He also appreciated the focus on building and maintaining resilient health systems and essential public health functions, country ownership and building preparedness capacities. It was crucial that the draft strategic plan was aligned with existing global and regional instruments and plans in order to achieve synergies with other initiatives and plans and avoid duplication. He urged the Health Assembly to adopt the draft strategic plan.

The representative of COSTA RICA supported the draft five-year global strategic plan. Countries in her region needed the support of the Secretariat to improve their core capacities, as they experienced vulnerability and scarcity of resources. Monitoring and evaluation were crucial to the progress of States Parties and required WHO support; promoting the implementation of voluntary monitoring tools was essential in that regard.

The representative of CHINA supported the draft five-year global strategic plan in principle, but asked the Secretariat to take into consideration concerns expressed by some Member States. The joint external evaluation and other methods to monitor the monitoring and evaluation of the International Health Regulations (2005) could be a way for States Parties to accept on a voluntary basis the support of technical advisory groups. The number of countries accepting joint external evaluations should not be an indicator in the annual report; he suggested that content in the draft strategic plan on that issue should be further discussed to achieve consistency. He supported WHO playing a greater role in the overall coordination of implementation of the draft strategic plan.

The representative of the UNITED STATES OF AMERICA said that the current Ebola virus outbreak served as a reminder of how critical it was for all countries to come together to prioritize public health preparedness for the safety of the global community. The content of the draft five-year global strategic plan to improve public health preparedness and response reflected the open consultations that WHO had held during the drafting process. He noted the emphasis on multisectoral engagement and coordination contained in the draft strategic plan. He encouraged States Parties to engage all relevant sectors in the promotion of adequate support and resources for health security capacity-building, which was one of the key challenges to implementing the International Health Regulations (2005). The draft strategic plan provided a reasonable path forward and should be accepted without any changes.

The representative of the ISLAMIC REPUBLIC OF IRAN supported the Russian Federation's proposal to defer consideration of the draft five-year global strategic plan pending further informal consultations.

The representative of IRAQ emphasized the importance of: exchanging expertise at the intra-regional and interregional levels; external auditing to improve and develop the International Health Regulations (2005); analysing strengths, weaknesses, opportunities and threats at the regional level to reduce discrepancies in performance between countries; capacity-building in other sectors to facilitate implementation of the Regulations; increasing community participation in the implementation of the Regulations; and including the Regulations in the Thirteenth General Programme of Work, 2019–2023.

The representative of MALAYSIA, concurring with the recommendations made by the Executive Board on the draft five-year global strategic plan, called on the Secretariat to provide States Parties with the necessary financial and human resources to support the implementation of the draft strategic plan and its adaptation to existing regional frameworks.

The representative of AZERBAIJAN said that the threat of pandemics and epidemics was compounded by the difficulty of detecting and monitoring infectious diseases, particularly in the light

of globalization, strengthened transport links and migration. Modern information technology was indispensable in making the International Health Regulations (2005) fully operational.

The representative of the REPUBLIC OF KOREA said that a strong network of National IHR Focal Points that met regularly at regional and global meetings would encourage more transparent and timely information sharing during public health emergencies. Furthermore, the establishment of a network of emergency operations centres would bolster response capacities. The joint external evaluation was an important tool to objectively evaluate and identify ways to improve a State Party's capacity for public health emergency preparedness and response. Her Government supported the draft five-year global strategic plan and stood ready to join collaborative efforts to ensure its successful implementation.

The representative of THAILAND said that most of the indicators in Appendix 3 to the Annex of document A71/8 were process indicators rather than outcome indicators. Moreover, they had been devised without adequate participatory and inclusive processes. She urged the Secretariat to take immediate action to engage Member States and other stakeholders in the development of more outcome indicators for the draft five-year global strategic plan. She endorsed both the draft strategic plan and draft decision.

The representative of PARAGUAY said that he valued States Parties being able to develop national action plans without mandatory external assessments. National IHR Focal Points should play a more prominent role in national public administration, both within and outside the health sector. He requested the Secretariat to make the revised version of the self-assessment annual reporting tool available to States parties once it had been developed, so that they could make suggestions for further improvements. The self-assessment annual reporting tool must continue to be the mechanism by which States parties fulfilled their obligation to report annually to the World Health Assembly. He emphasized that the move from exclusive self-assessment to approaches that included external procedures must take place with the agreement of States parties and with the participation of national experts if the government concerned saw fit.

The representative of UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the current outbreak of Ebola virus disease in the Democratic Republic of the Congo served as a stark reminder that even basic surveillance infrastructure could make a big difference when it came to initiating timely responses to public health threats. His Government fully supported the draft five-year global strategic plan. In fact, he was in favour of a more ambitious time frame for its delivery, and hoped to see significant progress on the implementation of the draft strategic plan by the Seventy-second World Health Assembly.

The representative of QATAR commended the significant progress made towards implementation of the International Health Regulations (2005) and the establishment of the draft five-year global strategic plan. To build on that progress, he recommended: expanding support to countries, especially in the Eastern Mediterranean Region, which continually experienced public health emergencies; accelerating the implementation of the draft five-year global strategic plan and providing an effective regional implementation framework; encouraging transparency among States Parties and timely reporting on health goals; continuing with annual simulation exercise reviews in each State party and reporting on achievements and lessons learned; and improving communications and information sharing between countries and international organizations.

The representative of CANADA said that he valued the importance attached to the building and maintaining of core capacities in the draft five-year global strategic plan. He approved of the voluntary instruments for the monitoring and evaluation of the implementation of the International Health Regulations (2005). He supported the draft decision, and was not in favour of holding any further discussions on the text of the draft strategic plan.

The representative of FINLAND said that her Government fully supported the monitoring and evaluation framework as it stood and had found the joint external evaluation process valuable, especially when it came to strengthening national multisectoral collaboration on preparedness.

The representative of TURKEY supported efforts to increase the capacity of WHO to help Member States to improve their public health preparedness and response. Health security was a health priority in Turkey. The Government had therefore agreed to establish a WHO/EURO geographically dispersed office for preparedness for humanitarian and health emergencies in Turkey. She supported the draft five-year global strategic plan.

The representative of NAMIBIA emphasized the need to mobilize domestic and external resources to implement national action plans on the International Health Regulations (2005). He urged WHO to adopt a proactive advocacy role in that regard. He sought clarification regarding Pillar 1 of the draft five-year global strategic plan, specifically as to whether WHO would make all of the resource investments required for its implementation in States Parties whose health systems were classified as suboptimal, and whether criteria had been established for making such a classification. He endorsed the draft decision.

The representative of KIRIBATI said that the Asia-Pacific Strategy for Emerging Diseases had served as a useful guide for her country's efforts towards achievement of the seven core capacities required under the International Health Regulations (2005). She endorsed the draft five-year global strategic plan, but emphasized the need for flexibility in its implementation to take into account different national contexts and priorities.

The representative of the NETHERLANDS said that his Government fully supported the draft five-year global strategic plan and endorsed the draft decision. The Committee should not open discussions on redrafting the strategic plan and draft decision.

The representative of SINGAPORE said that implementation of the International Health Regulations (2005), a key component of preparedness and response, could be supported through international collaboration in capacity-building. Countries with a high-level of expertise in public health, in the areas of pandemic preparedness, laboratory testing and infection control, for example, could share their knowledge and best practices with others. She supported the draft five-year global strategic plan.

The representative of FRANCE said that her Government appreciated the clear link established in the draft five-year global strategic plan between the International Health Regulations (2005) and the need to strengthen health systems as part of the drive towards universal health coverage. She supported the monitoring and evaluation framework and its four component parts and encouraged WHO to continue to provide States Parties with assistance in establishing national action plans. Her Government welcomed and supported the priority given to strengthening the capacities of the National Focal Points, and in particular their training, and counted on the WHO Lyon Office, which had strong expertise on this subject. The strategic plan and draft decision should be adopted without redrafting.

The representative of the UNITED REPUBLIC OF TANZANIA said that joint external evaluations were important for bringing stakeholders together under the One Health approach to identify public health gaps and make joint plans for implementation of the Regulations. Securing financial resources for the implementation of the Regulations remained a challenge, however. The Secretariat should continue to help States Parties to mobilize resources for the implementation of their national action plans and to provide technical support after joint external evaluations. She endorsed the draft five-year global strategic plan and draft decision, underscoring the importance of having skilled and competent personnel at the regional and country levels to oversee the strategic plan's implementation.

The representative of TRINIDAD AND TOBAGO commended WHO on the maintenance of the event information site as a successful platform for sharing information about public health events. She recognized the work of the scientific and technical advisory group on geographical yellow fever risk mapping, given the yellow fever situation in the Region of the Americas. She welcomed the work of the Secretariat and the WHO regional offices to support implementation of the International Health Regulations (2005) at the national level, and expressed appreciation for the high level of country engagement in the development of the draft five-year global strategic plan and the technical support provided for the development of core capacities. She also expressed appreciation for the option of additional voluntary assessment methods. She endorsed the draft decision.

The representative of SWITZERLAND said that, as evidenced by the Ebola virus outbreak in the Democratic Republic of the Congo in May 2018, all countries, particularly those with suboptimal health systems and structures, must work towards acquiring the core capacities required under the International Health Regulations (2005). He endorsed the draft five-year global strategic plan as it stood.

The representative of COLOMBIA said that the International Health Regulations (2005) were one of the most important instruments established by WHO; their monitoring and evaluation should therefore be prioritized. The Regulations should be promoted regionally to respond to and overcome international public health concerns. Migratory fluxes required an adequate application of the Regulations and stronger national core capacities, and States Parties should continue to increase their regional cooperation on the Regulations to respond to the public health challenge posed by migration, sharing information through the National IHR Focal Points and adopting regional measures to prevent regional public health risks.

The representative of BELGIUM said that the development of the core capacities required under the International Health Regulations (2005) was key to improving the global ability to detect and respond to health threats efficiently. WHO had a responsibility to monitor the level of preparedness. He therefore welcomed the tools and activities proposed in the report, but nevertheless understood the concerns raised by the representative of the Russian Federation; a tool should be an evolving document. However, neither the report nor the draft five-year global strategic plan should be redrafted. He supported the draft decision as it stood. If a consultation process was opened, it should be limited to discussion of the wording of the draft decision.

The representative of GHANA said that his country had undergone a joint external evaluation in 2017, which had enabled the Government to identify strengths and weaknesses in its health system. The resulting observations and recommendations would be used in the preparation of a national action plan and a corresponding monitoring and evaluation programme. The exercise had brought together multiple stakeholders whose actions had a bearing on the prevention of, preparedness for and response to public health emergencies. As a result, Ghana was better prepared for detecting and tackling public health issues through a One Health, whole-of-government approach.

The representative of PAKISTAN said that implementation of the Independent Health Regulations (2005) should be a priority to ensure national and global health security. He outlined steps taken by his country to implement the Regulations, and thanked the Secretariat and other partners for their support and technical support.

The representative of NEW ZEALAND said that he supported the draft five-year global strategic plan and draft decision as they stood; he did not support the redrafting of either document. His Government had valued its involvement in several joint external evaluations in the Western Pacific Region and encouraged other States Parties to participate.

The representative of MONGOLIA, expressing support for the draft five-year global strategic plan, detailed some of the steps taken by her Government to improve its preparedness and response capacities. Translating its national action plan into a functional disaster risk management system remained a challenge, however, and Mongolia was not ready to respond to large-scale and complex events in an effective and coordinated way. Her Government therefore required closer cooperation with and increased support from WHO to further strengthen its preparedness for public health emergencies.

The representative of IOM agreed that continued support to States Parties to strengthen the core capacities required of them under the International Health Regulations (2005), including those relating to points of entry, was critical. There was also a need to strengthen and promote broader community engagement in surveillance. With the ongoing negotiations on the global compact for safe, orderly and regular migration and the global compact on refugees, and as part of the push towards attaining migration- and health-related targets under the Sustainable Development Goals, the International Organization for Migration continued to call on governments and partners to ensure the inclusion of migrants and mobile populations, irrespective of their migration status, in their national plans for the implementation of the Regulations, and stood ready to provide technical and operational support.

The observer of GAVI, THE VACCINE ALLIANCE said that only a minority of countries had the capacities required to prevent, detect and respond to outbreaks as defined under the International Health Regulations (2005). The accelerated development of new vaccines was essential to reducing the risk of large-scale epidemics, and Gavi supported the important work of the WHO research and development blueprint in that regard. Although emergency vaccine stockpiles were critical in supporting countries' responses to outbreaks, the need to strengthen routine immunization and health systems should not be forgotten.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that, despite the importance of breastfeeding to babies' resistance to water-related diseases, emergency responses often included unsolicited donations of baby-feeding products. Public appeals often made things worse, by propagating the myth that women living in emergency situations could not breastfeed because of stress or malnourishment. WHO could play a key role in reversing the situation by promoting emergency preparedness protocols that protected breastfeeding and improved food security, such as the updated Operational Guidance for Emergency Relief Staff and Programme Managers, which offered practical guidance to emergency workers on how to feed infants and young children appropriately and how to ensure that breast milk substitutes, when required, were purchased, distributed and used in line with strict United Nations standards.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that greater emphasis should be placed on recovery after public health emergencies. When drafting the recovery phase of their national actions plans, States Parties should keep in mind that emergencies could destroy health and social systems, undermine efforts to attain targets under the Sustainable Development Goals and lead to lax security and safety, reduced access to health care services, family separation, abuse, neglect and exploitation, with long-lasting negative social consequences. In addition, managing public health emergencies without disrupting the delivery of health care services was not possible without enough well-trained health care professionals. She urged the Secretariat and Member States to focus on long-term health workforce planning and the continuous training of health care professionals as a first step towards building resilient health systems.

The representative of the INTERNATIONAL FEDERATION FOR MEDICAL AND BIOLOGICAL ENGINEERING, speaking at the invitation of the CHAIRMAN, said that, according to surveys conducted by his organization, biomedical and clinical engineers' involvement in health

care services significantly benefited patients. WHO should therefore consider recruiting more biomedical and clinical engineers when filling vacant positions. His organization stood ready to provide support to WHO in the fields of biomedical and clinical engineering, health-technology assessment and disaster management.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged all international organizations and stakeholders to adopt a multisectoral approach to building and sustaining the core capacities of health care professionals and other professionals involved in responding to public health emergencies at the local, national and international levels. Member States and funding organizations should make unearmarked funds available rapidly in the event of public health emergencies and should increase their contributions to the WHO Contingency Fund for Emergencies. Young people, including medical students, global-health advocates, volunteers, and local front-line responders, through their unique placement in local communities, were essential partners in the prevention of, response to and recovery from public health emergencies. All stakeholders should support them in their efforts.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIRMAN, said that the inability of most countries to respond adequately to public health emergencies could only worsen if the global lack of access to health care workers trained and supported in the implementation of the International Health Regulations (2005) continued to deepen. He therefore urged the Secretariat, Member States and all partners to better align their initiatives and investments and ensure that communities had access to skilled frontline health care workers. Workforce coordination and reporting under the Regulations must include concrete targets and adequate financing to address the long-term, systemic needs of the health care workforce. Improving access to trained health care workers who were able to implement the Regulations, as well as ensuring the health and safety of all health care workers, would help make economies more resilient to health-related shocks and would accelerate progress towards attaining the Sustainable Development Goals.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that, despite the lessons learned from outbreaks of Ebola virus disease, global public health emergency response capacities were still underfunded. The Secretariat and Member States should therefore ensure that the WHO Health Emergencies Programme and the Contingency Fund for Emergencies were fully funded. Although she welcomed the draft five-year global strategic plan, the financial and technical burden of implementing the International Health Regulations (2005) and the lack of core capacities in lower-middle income countries could undermine other strategic investments in their health systems. The costs of the global response to public health emergencies should be shared between countries according to the principles of equity and solidarity.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that, increasingly often, health care professionals and facilities were attacked during armed conflicts, in clear violation of international humanitarian and human rights law. She urged governments to fulfil their obligations under international law and implement United Nations Security Council Resolution 2286 (2016), which condemned attacks and threats against medical personnel and facilities in conflict situations and demanded an end to impunity for those responsible for them. She urged those involved in conflicts to protect civilians and health care providers and facilities and respect the ethical obligation of health care personnel to treat all patients irrespective of their identity. She called for implementation of the Ethical Principles of Health Care in Times of Armed Conflicts and Other Emergencies. She recommended that WHO should further collaborate with health care professionals' organizations to ensure that accurate and timely clinical-care guidelines were available to health care providers; promote training on disaster medicine for health care professionals; and work with governments and other partners to ensure the availability

of information on disease prevention, optimal hygiene, and infection-control practices in zones prone to the emergence or re-emergence of infections.

The representative of PATH, speaking at the invitation of the CHAIRMAN, said that, although the Secretariat and States Parties to the International Health Regulations (2005) had completed a significant number of joint external evaluations and national action plans, persistent challenges remained. He urged the Secretariat and its Member States to engage with a range of partners in the preparation, evaluation and costing of national action plans. Moreover, ensuring a standardized, transparent process would be required to sustain progress. In addition, the recommendations of the 2017 International Working Group on Financing Preparedness, established by the World Bank, should be implemented to ensure that every country had a costed, financed national action plan in place by 2019.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed ongoing WHO efforts to strengthen its role in public health preparedness and response, but critical work remained to be done. Moreover, questions regarding the financing and implementation of national action plans remained unanswered. She applauded the emphasis on multisectoral action and support for the One Health approach, which was critical for antibiotic resistance, but continued support would be needed in that area. The Secretariat, in collaboration with international donors, should continue to help States Parties to prepare and implement financed national action plans to strengthen their health systems, workforces, and core capacities during public health emergencies. Given the different threats that outbreaks posed to women, and the impact of epidemics on the private sector, she recommended greater engagement with the private sector and civil society, particularly women's organizations, in the preparation and implementation of national action plans.

The DEPUTY DIRECTOR-GENERAL FOR EMERGENCY PREPAREDNESS AND RESPONSE said that greater awareness raising and commitment to the reporting and core capacities required under the International Health Regulations (2005) had changed how WHO had responded to the recent Ebola virus outbreak; that sense of urgency should not be lost. He thanked Member States for raising the issue of National IHR Focal Points and the need for Member States and the Secretariat, collectively, to invest in their capacities, which was clearly necessary after a period of underinvestment. Many Member States had recognized the importance of the links between the twin priorities of the Thirteenth General Programme of Work, 2019–2023, universal health coverage and global health security. The General Programme of Work presented a real opportunity to adopt an approach based on those interconnected topics. The Regulations and their core capacities were a starting point to building upon national action plans and ensuring that they related to health sector and health system plans. In health emergencies, WHO had the opportunity to increase its focus on essential health services and packages and move beyond an acute focus towards a long-term strategy of recovery and an inter-system approach.

He reaffirmed that the central and only obligatory element was the annual reporting; all other monitoring and evaluation instruments were voluntary and should not be considered as preconditions for technical or financial support. With regard to monitoring and evaluation indicators, the draft plan was a strategic, not an operational document. Thus, it was expected that regions would further discuss it at their regional committees and prepare regional implementation plans tailored to regional specificities, which would be the occasion to deal with specific questions regarding indicators.

He reiterated that assessment was not an end unto itself. The obligatory self-assessment tool and the voluntary monitoring and evaluation instruments were important for two reasons: first, to identify disparities between countries and thus determine which countries were most vulnerable and in need of urgent investment and, secondly, to ensure that, within countries, gaps requiring technical and financial investment were identified. The gap between assessment and implementation had already begun to be addressed. The next collective set of priorities for the Secretariat and Member States should be the completion of all national action plans, their linkage with broader health sector plans and, ultimately, general advocacy for the financing of those plans.

The Committee noted the report.

The CHAIRMAN asked whether the Committee was ready to approve the draft decision contained in decision EB142(1).

The representative of the RUSSIAN FEDERATION said that his delegation could not agree to the joint external evaluation mechanism as proposed in the draft five-year global strategic plan. As most delegations were not interested in redrafting the text of the draft strategic plan, he put forward a compromise in the form of the following amendments to the draft decision. In paragraph 1(a), “endorse” should be amended to “take note of”. In paragraph 2(c), all wording after “International Health Regulations (2005)” should be deleted and a full stop inserted. Those amendments took into account some of the concerns of Member States without hindering the successful implementation of the draft strategic plan.

The CHAIRMAN said that, as several delegations had expressed their approval of the adoption of the draft decision as it stood, he took it that the Committee was not in agreement on the proposed amendments. He therefore suggested that informal consultations on the text of the draft decision should take place and that discussion of the subitem should be suspended until the outcome of the consultations.

It was so agreed.

(For continuation of the discussion, see the summary records of the eleventh meeting, section 2.)

- **Polio transition and post-certification:** Item 11.3 of the agenda (document A71/9)

The representative of MONACO said that the draft strategic action plan on polio transition should remain open to drafting so that it could be updated, refined and revised in future. The Secretariat should submit a revised version for consideration by the 144th meeting of the Executive Board. The primary objective of polio eradication should remain at the forefront. Work towards polio eradication and polio transition and post-certification should be undertaken simultaneously.

The representative of MYANMAR, speaking on behalf of the Member States of the South-East Asia Region, said that the Region was committed to maintaining its polio-free status, with some countries already investing significant domestic resources into regional programmes previously funded by the Global Polio Eradication Initiative. Member States’ capacities and assets must be clearly identified to facilitate progress in other programmatic areas and to contribute to polio eradication. Sustaining a polio-free world would require global political will and would be a technical endeavour for WHO and its partners. Polio surveillance and laboratory networks were essential resources for the strengthening of core capacities required under the International Health Regulations (2005), which would in turn help Member States to contain and respond to polio events effectively. Moreover, a comprehensive approach to immunization system strengthening should be adopted to effectively prevent and control vaccine-preventable diseases. The Secretariat should provide technical support in that regard, helping priority countries in the preparation of logical and systematic plans for their transition from oral polio vaccine to inactivated poliovirus vaccine. In that connection, lessons should be learned from the stock outs of inactivated poliovirus vaccine that occurred in 2016 after the switch from trivalent to bivalent oral vaccine. Regarding poliovirus type 2 outbreak response plans, WHO should formulate plans for responding to all cases of polio through the swift mobilization of vaccines and funds worldwide.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries 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. She fully supported the draft strategic action plan, which should be implemented urgently. Given its relevance to the proposed programme budget 2020–2021, the draft strategic action plan should be considered as a living document and the Secretariat should submit an updated version of it for consideration by the regional committees, the 144th Executive Board and the Seventy-second World Health Assembly. Implementation of the draft plan should not be hampered by continued scrutiny, however.

Further work would be required to integrate polio essential functions into the core budget of WHO and to deal with the resulting implications for human resources. Integration measures should be based on well-defined criteria so that a decision could be taken on which polio-related functions it was essential to maintain. Member States should ensure prompt and adequate funding for their national action plans and all stakeholders, particularly Member States and international organizations such as UNICEF and Gavi, should provide continuous support to countries for which polio transition was a priority.

Polio transition would require strong leadership from WHO at all three levels of the Organization, as well as continued political commitment from all governments concerned. The Secretariat should submit a detailed report on polio transition and post-certification to the Seventy-second World Health Assembly through the Executive Board.

The representative of MONGOLIA said that her country had managed to remain polio-free through various preparedness, vaccination and surveillance efforts. Inactivated poliovirus vaccine would be introduced into the routine immunization schedule as of October 2018. The establishment of a national polio task force and a national polio-containment coordinator was under discussion.

The representative of BHUTAN welcomed the alignment of the draft strategic action plan with the Thirteenth General Programme of Work, 2019–2023, and the scaling up of the implementation of the International Health Regulations (2005). Wild poliovirus continued to circulate in various parts of the world and the possibility of the cross-border importation of the virus should not be forgotten. She expressed concern that progress might be undone by the withdrawal of support from partners such as Gavi. Member States continued to face financial constraints to the implementation of their transition plans. Moreover, not all Member States had benefited from the Global Polio Eradication Initiative, which could further complicate transition plans. WHO and its partners should therefore provide support to countries like Bhutan, to help them maintain their polio-free status.

The representative of the UNITED STATES OF AMERICA emphasized that, while transition planning efforts were critical, they should not distract from the primary goal of eradication or result in the premature dismantlement of the WHO polio programme. The programme should not end with the eradication of wild poliovirus; all vaccine-derived polioviruses should also be eradicated. An appropriate, rational plan for oral polio vaccine withdrawal and the assurance that all outbreaks detected would be responded to quickly were essential. The Post-Certification Strategy did not adequately address the need to ensure all vaccine-derived viruses were eradicated after the withdrawal of bivalent oral polio vaccine.

The Secretariat should submit an updated draft strategic action plan on polio transition that included financial estimates for consideration by the 144th session of the Executive Board and the Seventy-second World Health Assembly. She supported the proposed merger of polio functions and capacities into the immunization programme and the transfer of outbreak response and containment activities to the WHO Health Emergencies Programme. In addition, the general administrative services currently supporting the polio programme could reinforce the corporate services of the Organization in the future. Lastly, the Secretariat should work with all stakeholders to define the ownership and financial implications of polio essential functions in the post-wild-poliovirus certification era.

The representative of INDIA welcomed the alignment of the draft strategic action plan with the Thirteenth General Programme of Work, 2019–2023, and the proposed transfer of polio-funded assets

to other public health programmes, including the proposed absorption of the staff and systems of the Global Polio Eradication Initiative into general primary health care and public health systems. National polio surveillance efforts should not be scaled down too quickly, as that could cancel out the gains made and threaten other immunization efforts. Global funding would ensure that national polio surveillance continued at the current level.

The representative of CANADA said that much work remained to be done at the national and global levels to identify and support essential polio functions. She encouraged the continued refinement of the specific WHO budgetary requirements for successful polio eradication and the maintenance of essential polio functions post eradication. It was critical for transition planning to be closely guided by the Post-Certification Strategy. A clear costing of country-level functions, including countries' contributions to the strategy, and a clear understanding of the roles of the key actors engaged in its implementation would therefore be necessary. WHO should continue to demonstrate leadership by bringing countries and global health partners together to ensure the successful implementation of polio transition and the Post-Certification Strategy. All transition planning efforts must focus primarily on achieving eradication and ensuring that WHO was adequately resourced and the Global Polio Eradication Initiative well supported, so that certification could be achieved before any substantial assets or resources were transitioned.

The representative of the PHILIPPINES welcomed the Post-Certification Strategy. The draft strategic action plan should include specific strategies to ensure a sustained supply of inactivated poliovirus vaccine after the withdrawal of bivalent oral polio vaccine, and contingency plans in the event of global shortages. WHO must continue to provide technical support to countries in the development, updating and monitoring of their national transition and post-certification plans.

The representative of GHANA commended the Secretariat on the comprehensive report and the draft strategic action plan on polio transition, and was optimistic that the three key objectives of the action plan could be achieved through continued commitment to sustaining the gains and legacy of the Global Polio Eradication Initiative. He agreed that, after eradication, essential polio functions should be integrated into other programme areas to ensure efficiency and sustainability.

The representative of MEXICO thanked the Secretariat for its work on developing the draft strategic action plan and agreed that ongoing guided planning would help to define the technical standards and guidance for the essential functions required to sustain a polio-free world. His Government endorsed the measures in the action plan and would ensure that essential polio functions were maintained beyond the conclusion of the Global Polio Eradication Initiative. Recognizing the significance of epidemiological surveillance, he urged Member States to continue strengthening systems and set up inter-institutional and intersectoral coordination mechanisms at the national level to be ready to respond in the event of an outbreak.

The representative of the RUSSIAN FEDERATION commended the Secretariat's work on the draft strategic action plan. Some of the indicators needed to be more clearly formulated and the baselines determined. In the post-certification period, countries should focus their efforts on strengthening immunization and outbreak preparedness and response, which would require ongoing surveillance and significant financial support. In planning time frames and strategies for the end of the use of oral polio vaccine for routine immunization, lessons must be learned from the shortages of inactivated poliovirus vaccine and surveillance gaps experienced during the switch from trivalent to bivalent oral polio vaccine in 2016.

The representative of SAUDI ARABIA highlighted the ongoing need in his Region for activities such as mass immunization and long-term surveillance to ensure polio eradication and certification in countries where the disease was endemic or which were experiencing emergency situations. It was important to mitigate risk and to strengthen immunization and emergency response

programmes, surveillance and laboratory networks. He called on Member States to remain committed to supporting the transition at the global level.

The representative of ANGOLA said that the gains from the polio eradication process must not be lost and efforts must focus on becoming less dependent on the resources that had supported the process, enabling a smooth transition once support ended. She reaffirmed her Government's commitment to securing funding for its national transition plan, strengthening national capacities to implement vaccination and epidemiological surveillance activities that had integrated essential polio functions, and to harmonizing national transition plans with the draft strategic action plan.

The representative of IRAQ said that the draft strategic action plan should be implemented strictly in emergency situations, taking into account Member States' different circumstances. Campaigns should be coordinated effectively, which would require assessment at the regional and country level, and effective surveillance should include environmental surveillance. Member States must strengthen procurement policy and vaccination stockpile management, and WHO country offices should contribute to staff and organizational capacity-building.

The representative of JAPAN said that special attention should be paid to ensuring that immunization programmes, particularly in fragile States, were not adversely affected by polio transition. Essential polio functions, especially surveillance, must be properly maintained during the integration process, given the increased risk of outbreaks. Funds from the proposed contingency fund should be allocated according to criteria, and he requested the Secretariat to provide further details on the transition budget plan. Coordination and collaboration on governance and finance with UNICEF and Gavi should continue to ensure a polio-free world once the Global Polio Eradication Initiative had ended; WHO should provide leadership in that area.

The representative of NORWAY said that the draft strategic action plan reflected the complexity of the challenge ahead and welcomed that it highlighted financing as a major risk. She requested the Secretariat to report to the 144th session of the Executive Board and the Seventy-second World Health Assembly on polio transition planning, any decisions taken in the interim, progress made in securing an agreement among all stakeholders on the ownership of essential polio functions in the post-certification period, and on oversight and governance of the post-certification strategy and the financial implications. Joint efforts were needed to sustain essential polio functions, many of which had to shift to national health systems and domestic financing, and to finalize and approve ambitious national polio transition plans by June 2018. She sought clarification on how the polio transition team would be set up to follow up on the process and on what steps the Secretariat would take to ensure access to inactivated poliovirus vaccine.

The representative of the REPUBLIC OF KOREA commended WHO and the Global Polio Eradication Initiative on their efforts to eradicate poliomyelitis worldwide and develop the draft strategic action plan on polio transition. She expressed the hope that previous recommendations made by the Executive Board and Health Assemblies would be incorporated into the draft plan to take into consideration the different situations of Member States at all levels.

The representative of COSTA RICA endorsed the draft strategic action plan on polio transition. Noting that poliovirus had been eradicated in her country in 1983 thanks to frequent immunization campaigns and political, economic and institutional support for ongoing immunization programmes, she considered it appropriate that endemic countries should receive financial support from the Global Polio Eradication Initiative until certification in 2021.

The representative of GERMANY said that, with polio eradication closer than ever before, the Secretariat and Member States must intensify their joint efforts to successfully complete the process; the major institutional challenge in the coming years would be polio transition. The Global Polio

Eradiation Initiative had helped WHO to establish a presence in high-priority regions and had contributed significant human, financial and material resources. He welcomed the high level of attention that WHO was giving to polio transition planning, which should be maintained. The biggest risk would be to believe, naively, that donors would continue funding eradication efforts far beyond the completion of the process. Moreover, the Global Polio Eradication Initiative had been funding many functions that were the core responsibilities of domestic authorities. Member States must assume their responsibilities and commit to national polio transition plans, including the integration of polio assets into national health systems.

(For continuation of the discussion, see the summary records of the eighth meeting.)

The meeting rose at 21:00.

SEVENTH MEETING

Thursday, 24 May 2018, at 09:10

Chairman: Dr S. BROSTRØM (Denmark)

1. FIRST REPORT OF COMMITTEE A (document A71/52)

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

The report was adopted.¹

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

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 11.7 of the agenda (documents A71/14 and A71/14 Add.1) (continued from the fifth meeting)

The representative of TONGA, speaking on behalf of the Pacific island countries, said that the Pacific island nations were severely affected by noncommunicable diseases, with some countries having declared a state of emergency as a result. Insufficient funding and capacity and challenges related to the role of the private sector, particularly regarding tobacco, were hampering efforts. The health workforce played a crucial role in the promotion, prevention and control of noncommunicable diseases and must be central to any strategy on noncommunicable diseases. A multisectoral approach, together with continued strong support of development partners, was essential to tackling noncommunicable diseases. Initiatives implemented in the Pacific island States included the establishment of a Pacific Monitoring Alliance for Noncommunicable Disease Action to complement the WHO global monitoring framework for the prevention and control of noncommunicable diseases and a Pacific network of the Directorate-General for European Civil Protection and Humanitarian Aid Operations to tackle childhood obesity at the regional level.

The representative of URUGUAY said that her Government had established a range of national health objectives and policies until 2020 that prioritized noncommunicable diseases and their risk factors, demonstrating its commitment to tackling such diseases. To contribute to the preparatory process leading to the third High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, Uruguay had hosted the WHO Global Conference on Noncommunicable Diseases in October 2017. Enhanced political leadership was needed to overcome the obstacles to implementing the commitments made; the third High-level Meeting would provide an opportunity to renew those commitments and better coordinate action across all sectors. While acknowledging the positive work of the global coordination mechanism on the prevention and control of noncommunicable diseases, she requested that its terms of reference should be amended to enhance the role of Member States and raise the prominence of the mechanism within the Organization in order

¹ See page 308.

to strengthen its invaluable work among other relevant actors. She called on Member States to support the draft resolution.

The representative of ZAMBIA said that her country, like many other middle-income States, bore a double burden of communicable and noncommunicable diseases. Globalization had led to increased availability of processed foods, especially in urban areas. Further, the rate of decline in the number of premature deaths from noncommunicable diseases had been insufficient. The political commitments made at the United Nations General Assembly in 2011 and 2014 must therefore be fully implemented in order to achieve the targets set by 2030. Noting the need for significant investment to enable the achievement of target 3.4 of the Sustainable Development Goals (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being), she supported the recommendation to invest in the prevention and better management of the four main noncommunicable diseases.

The representative of BARBADOS said that, despite achievements made by his country and by members of the Caribbean Community, progress towards the attainment of the nine voluntary global noncommunicable disease targets by 2025 had been slow. However, the Caribbean Community countries remained committed to strengthening public health systems through cross-sectoral partnerships that targeted the underlying social determinants of health. Barbados would continue to play a role in the global discussion on prevention and control of noncommunicable diseases. He asked the Secretariat to recognize that developing countries and small island developing States were particularly vulnerable to external economic and environmental shocks, and that challenges including human resource limitations, lack of intersectoral collaboration and budgetary constraints remained an issue.

The representative of SENEGAL expressed his support for the third High-level Meeting and suggested that the agenda should include: the need for funding to combat noncommunicable diseases in developing countries; the development of regional and subregional pharmaceutical industries; the development of solutions for the effective application of anti-tobacco laws, laws against harmful use of alcohol and laws on food labelling; and the need for an integrated approach to tackling noncommunicable diseases.

The representative of CÔTE D'IVOIRE said that her Government had implemented a wide range of measures for the prevention and control of noncommunicable diseases, including the promotion of physical activity and implementation of the WHO Framework Convention on Tobacco Control, and had actively participated in the development of the recommended interventions. She endorsed the proposed way forward.

The representative of MALAYSIA said that balancing economic goals and interests with public health policies to reduce exposure to noncommunicable disease risk factors remained a challenge in many countries. However, framing the discussions within the 2030 Agenda for Sustainable Development Goal agenda was a positive approach. She requested the Director-General to increase the capacity of and resources allocated to the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases in view of the need to strengthen its leadership and advocacy role. Under objective 3 of the global action plan for the prevention and control of noncommunicable diseases 2013–2020, she strongly recommended enhancing the use of eHealth, particularly mHealth, and called on WHO to work with ITU and other relevant partners to advance that agenda. Malaysia had created a telemedicine development group in 2017 and would therefore welcome increased collaboration on mHealth with the Secretariat, Member States and other interested parties.

The representative of BULGARIA speaking on behalf of the European Union and its Member States, said that the candidate countries Montenegro, Serbia and Albania, the country of the

stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia, aligned themselves with her statement.

She called on the Secretariat to support countries towards achieving the nine voluntary global targets for noncommunicable diseases by 2025 and reiterated the need for a comprehensive multisectoral, people-centred response. Measures for ensuring the adaptability of primary health services to demographic change and the growing prevalence of noncommunicable diseases, particularly among the elderly, needed to be improved and implemented. In that regard, she encouraged Member States to note the outcome document from the high-level European regional meeting titled “Health systems respond to NCDs: experience in the European Region”. Bold changes to country financing of the development and implementation of national responses to noncommunicable diseases were needed in order to achieve target 3.4 of the Sustainable Development Goals in low-income and middle-income countries. She welcomed the themes for the multistakeholder panels at the third High-level Meeting and looked forward to finalization of the global investment case on the prevention and control of noncommunicable diseases.

She called on WHO to promote measures to improve mental health and well-being; address the related social determinants; respect the human rights of persons with mental health conditions and prevent suicides; and continue to address substance abuse, including tobacco and illicit drug use and harmful use of alcohol. Approaches to information-sharing must be urgently enhanced to effectively respond to the opportunities and challenges posed by social media. It was important to continue the work carried out within the United Nations Decade of Action on Nutrition and dedicate the necessary efforts to implementation of the draft global action plan on physical activity 2018–2030. The engagement of non-State actors and communities affected by noncommunicable diseases was also crucial. She supported the draft resolution.

The representative of GHANA called for the use of primary care intervention packages to increase awareness, generate demand and scale up demonstrated effective and efficient projects and partnerships to address the high burden of noncommunicable diseases. Additional efforts were needed to effectively implement the political commitments made at the first and second High-level Meetings in 2011 and 2014. She expressed concern that current investments in the implementation of “best buys” and other recommended interventions remained insufficient to accelerate progress towards achievement of target 3.4 of the Sustainable Development Goals, particularly in low-income and middle-income countries. Challenges included: weak political action to integrate prevention and control of noncommunicable diseases into national responses to the 2030 Agenda for Sustainable Development; a lack of access to affordable, safe, effective and good-quality essential medicines and vaccines; and inadequate policies and technical expertise in most low-income and middle-income countries. She called for concerted efforts to turn the tide in the increasing incidence of noncommunicable diseases, which would require strict adherence to the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

The representative of the RUSSIAN FEDERATION said that a decade of concerted efforts to tackle noncommunicable diseases had reduced associated mortality rates by almost one third in her country, leading to a marked improvement in life expectancy. Her Government supported the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases and hosted the WHO European Office for the Prevention and Control of Noncommunicable Diseases. Despite a lack of funding for noncommunicable diseases, WHO had made significant achievements, from the development of strategies and action plans and strengthened legislation to a 17% reduction in premature deaths from noncommunicable diseases. The report contained in document A71/14 should feed into the third High-Level Meeting, from which a new global mechanism should be developed to accelerate progress through effective decision-making.

The representative of SLOVENIA, stressing the importance of combating noncommunicable diseases, welcomed the efforts made so far. She supported the draft resolution and requested that her country be added to the list of sponsors.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that the third High-level Meeting, at which countries should be represented at the highest political level, would provide a unique opportunity for Member States to reaffirm their political will and contribute to attaining the commitments adopted since the 2011 Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. To address noncommunicable diseases effectively, promote mental health and tackle the social, economic and environmental determinants of health, a whole-of-government and whole-of-society approach should frame actions at the national level. Strong political will, national and international investment, multisectoral cooperation and action, and responsible engagement were necessary to achieve health objectives. The Secretariat should strengthen its fundamental role in helping Member States to develop and implement national responses to noncommunicable diseases and build adequate capacities based on scientific evidence and best practices. WHO should also scale up the coordination of activities with other relevant stakeholders, including through platforms such as the global coordination mechanism on the prevention and control of noncommunicable diseases and the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases, to help Member States to achieve the related targets of the Sustainable Development Goals. Adequate human and financial resources should be allocated to that end.

The representative of DENMARK said that, although a growing number of Member States had established guidelines and national targets to address noncommunicable diseases, further engagement was needed, including a greater commitment to improving mental health. It was important not only to provide not only high-quality treatment, but also to strengthen primary health care and enhance efforts in the areas of prevention, early detection and patient empowerment. The WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, held in Denmark in April 2018, had clearly demonstrated that the burden of noncommunicable diseases presented a global challenge. Bold political leadership was therefore required to ensure that sufficient domestic resources were set aside for comprehensive prevention and control measures and to embrace universal health coverage as an integrated approach to achieving target 3.4 of the Sustainable Development Goals. Addressing noncommunicable diseases during humanitarian crises was also important. His Government had high hopes for the outcomes of the third High-level Meeting and wished to be added to the list of sponsors of the draft resolution.

The representative of OMAN, speaking on behalf of the Member States of the Eastern Mediterranean Region, expressed concern that overall progress in tackling noncommunicable diseases and achieving target 3.4 of the Sustainable Development Goals had been insufficient and uneven. A more robust international response was needed. Without a clear consensus on the obstacles to progress and the policy options to overcome them, the situation would not improve and could even worsen. The formal and informal consultations facilitated by WHO to identify the obstacles to progress and policy options to overcome them were therefore welcome, notably the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control. The Member States of the Region were committed to an inclusive and transparent discussion of gaps in national response strategies and ways to address them, including the need for additional support from WHO, and were ready to help the Secretariat to review and disseminate international expertise on prevention and control of noncommunicable diseases.

The representative of SAUDI ARABIA said that, despite achievements in certain areas, overall progress in tackling noncommunicable diseases was insufficient to meet target 3.4 of the Sustainable Development Goals. It was important to identify the obstacles preventing countries from providing stronger national responses and ways of strengthening international support. Challenges included insufficient and variable monitoring of noncommunicable diseases, and heavy dependence on technical support from WHO and other partners in strengthening health information systems. Conflicts

of interest continued to weaken cooperation between the health sector and other sectors and contributed to the chronic underfunding of efforts to tackle noncommunicable diseases.

The representative of ARGENTINA said that a framework agreement should be established on healthy eating and the prevention of obesity. Additional efforts were needed to implement policies designed to reduce the harmful use of alcohol, salt and trans-fatty acids and encourage physical activity. In addition, Member States should strengthen their commitment to attaining targets 3.4 and 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) of the Sustainable Development Goals. Additional funding was required to attain the associated objectives, which could be achieved by increasing taxes on sugar-sweetened drinks, tobacco and alcohol. She welcomed the preliminary evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases, noting the need for it to: be more practical and results-oriented, in line with strategic objectives; generate tangible results; and help Member States, especially low- and middle- income countries, to establish and evaluate plans based on their national priorities.

The representative of the REPUBLIC OF KOREA said that the results of national and community-level surveys on health and nutrition conducted by her Government had provided valuable information for the development of policies on noncommunicable diseases. However, further efforts were needed to attain the related targets of the Sustainable Development Goals by 2030. In that connection, WHO should establish a mechanism to monitor and evaluate global progress in the prevention and control of noncommunicable diseases as a means of promoting multisectoral collaboration.

The representative of PARAGUAY said that her Government attached high priority to the prevention and control of noncommunicable diseases and had rolled out a national action plan in a number of districts. She welcomed the report and its recommendations but highlighted the need for improved communication between the global coordination mechanism on the prevention and control of noncommunicable diseases and Member States, as well as for increased funding from partner organizations.

The representative of PANAMA said that morbidity and premature mortality caused by noncommunicable diseases were a barrier to the development of low-income and lower-middle income countries. Technical support, training and resources should be prioritized in that regard, while maintaining efforts to provide palliative care, promote mental health and address the determinants of health through the regulation of tobacco, the monitoring of overweight and obesity, and the promotion of healthy lifestyles. Member States should adopt a common position through their representatives to the various organizations of the United Nations system. The global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority should be implemented urgently. Furthermore, Member States should strengthen their governance and regulation; encourage innovation; identify obstacles to progress; minimize conflicts of interest; promote sustainable multisectoral action; and effectively manage financial resources. Lastly, although his Government welcomed strengthened cooperation with non-State actors, he reiterated the importance of applying the Framework of Engagement with Non-State Actors fully and transparently to avoid conflicts of interest between industry and public health.

The representative of PORTUGAL said that his Government had taken steps to improve nutrition and prevent noncommunicable diseases through the launch of a national strategy to promote healthy eating and encourage the public to consume less sugar and salt and fewer trans-fatty acids. In addition, his Government was planning to implement measures to eliminate trans-fatty acids altogether. His country wished to be added to the list of sponsors of the draft resolution.

The representative of the PHILIPPINES said that the report on the preparation of the third High-level Meeting should mention the influence of the pharmaceutical industry on government policies. Furthermore, in table 1 of annex 2 to the report, in addition to the resolution on protecting children from the harmful impact of food marketing adopted at the 68th Regional Committee for the Western Pacific in 2017, two further relevant resolutions could be cited, namely the resolution on health promotion in the Sustainable Development Goals, also adopted by the 68th Regional Committee, and the resolution on food safety adopted by the 52nd Regional Committee. Lastly, WHO should adopt a more integrated approach towards health system strengthening at the country level.

The representative of TRINIDAD AND TOBAGO said that her Government had made progress in attaining national targets and WHO objectives on combating noncommunicable diseases. A whole-of-government, whole-of society approach with the engagement of all stakeholders had been crucial in that regard. For example, sugar-sweetened beverages had been banned in schools as a result of collaboration between several ministries and the national parent-teacher association. Since the Seventieth World Health Assembly, however, some small Member States had faced social, economic and climate related challenges that threatened to erode some of the gains made in tackling noncommunicable diseases. She urged the Secretariat to facilitate greater access to technical and financial support to avoid exacerbating the health and developmental challenges in the Member States affected.

The representative of GEORGIA said that her Government attached particular importance to tackling noncommunicable diseases and had strengthened prevention and control activities, including through the elaboration of a national strategy and action plan and the introduction of legislation on tobacco control in May 2018. With the support of the Regional Office for Europe, her Government had conducted a survey on the main risk factors for noncommunicable diseases. The official list of State-subsidized medicines had been extended in 2017 to cover medicines used in the prevention and treatment of the main noncommunicable diseases, and its further extension was planned. Her Government fully supported both the preparatory process leading to the third High-level Meeting and the draft resolution and wished to be added to the list of sponsors.

The representative of ITALY said that measures taken to combat noncommunicable diseases must be based on sound scientific evidence and proven effectiveness and take country-specific social and cultural contexts into account. Unlike tobacco and alcohol taxation, the taxing of food and their ingredients had not yet proven to be effective and could lead to dangerous dietary changes as people sought cheaper, less nutritious and less healthy foods. Whole-of-society measures, such as improving health literacy, would be more effective. She highlighted the importance of dialogue and collaboration between all stakeholders, who could make a positive contribution through self-regulation measures. As a co-facilitator of the informal consultations in preparation for the third High-level Meeting, her Government was committed to collaborating in the development of shared solutions.

The representative of MEXICO said that much progress had been made in his country in the five years since the implementation of the national strategy for the prevention and control of overweight, obesity and diabetes, including by improving the accessibility and availability of medicines; the capacity of health professionals; and technologies to optimize information systems. Public health campaigns had been successful in promoting healthy lifestyle choices, and environments to foster healthy eating and physical activity had been created. In addition, his Government had passed legislation regulating the food and drink available in schools and had introduced a tax on sugar-sweetened drinks and high-calorie foods. Nevertheless, the most marked results would only be achieved in the long and medium term, provided that such policies continued to be prioritized at the highest level and by all sectors. He called on all Member States to participate actively in the third High-level Meeting and urged all relevant stakeholders to join forces to halt the spread of noncommunicable diseases. He expressed support for the draft resolution.

The representative of NAMIBIA said that the increase in premature deaths from noncommunicable diseases would not be offset without significant investments, particularly in cancer care and access to palliative care in low-income and lower-middle income countries. Indeed, a lack of funding made the attainment of the related targets of the Sustainable Development Goals unlikely, which in turn amplified the need to strengthen “best buys” interventions and develop innovative, cost-effective methods of dealing with the associated risk factors. Given that the setting of target levels of salt in foods and meals had proven to be effective, a similar approach could be adopted to reduce sugar consumption. Emphasis should therefore be placed on proactively engaging with industry, an activity in which WHO had an important role to play.

The representative of the PLURINATIONAL STATE OF BOLIVIA said that noncommunicable diseases accounted for the vast majority of premature deaths in her country. Her Government had made important strides forward, including by providing dialysis and kidney transplants and transitioning to an integrated health system. Nevertheless, coordinated policies between Member States would be needed to ensure accessibility and affordability of certain treatments. International cooperation was essential for research into the determinants of noncommunicable diseases and the most cost-effective forms of prevention and control. The Secretariat would continue to play a crucial role in coordinating the efforts of the international community and providing technical and financial support to Member States.

The representative of TUNISIA described the range of actions undertaken by her Government to prevent and control noncommunicable diseases, including the finalization of a national action plan; the establishment of a high-level framework for the development of a multisectoral strategy; increased engagement with the private sector and nongovernmental organizations; the introduction of measures to reduce sugar, salt and fat consumption; the strengthening of anti-smoking laws; and participation in the WHO/ITU mHealth initiative.

The representative of the NETHERLANDS said that non-State actors had a role to play in helping Member States to fulfil their obligations under target 3.4 of the Sustainable Development Goals. However, certain effective interventions, such as price measures and marketing restrictions, could only be taken by Member States and governments should therefore not shy away from taking decisive legislative and regulatory action. He called on the Secretariat to maintain and further expand its expertise and become an even stronger advocate of the necessity of reducing the burden of noncommunicable diseases. He commended the Secretariat for the recent publication of the plan to eliminate industrially produced trans-fatty acids from the global food supply, which provided concrete guidance for Member States. His Government wished to be added to the list of sponsors of the draft resolution.

The representative of MONACO welcomed the measures and mechanisms put in place by WHO since 2011 to tackle the problem of noncommunicable diseases, especially the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. She hoped that the third High-level Meeting would reaffirm the leading role of WHO in the fight against noncommunicable diseases. Her Government supported the draft resolution and wished to be added to the list of sponsors.

The representative of TIMOR-LESTE, speaking on behalf of the Member States of the South-East Asia Region, welcomed the range of initiatives to tackle noncommunicable diseases developed since 2011. Substantial progress had been made by the Member States of the Region in the areas of governance, reduction of risk factors and management of noncommunicable diseases, and all had developed a multisectoral national action plan with time-bound targets and indicators, established a dedicated noncommunicable disease unit, implemented at least one fiscal policy intervention related to noncommunicable diseases, and strengthened frontline health care. Nevertheless, further support should be provided by the Secretariat to enable Member States to meet all the global and regional

targets related to the achievement of target 3.4 of the Sustainable Development Goals. Specifically, it was essential to sustain and augment political commitments, encourage correct political choices, strengthen health systems, build national capacities, mobilize additional resources, tackle industry interference and limit the trade of health-harming products. The Member States of the Region stood ready to participate actively in the third High-Level Meeting and hoped that the discussions would bring more robust and practical solutions to the current challenges faced by countries.

The representative of FINLAND said that awareness of the multidimensional challenges associated with prevention and control of noncommunicable diseases must be raised at the highest political levels, together with the need for a Health in All Policies approach. The limited options available to governments in addressing noncommunicable diseases included providing access to high-quality health services, improving health literacy and, within the limits set by trade rules and financial interests, adopting laws and regulations. However, measures used by other stakeholders to change consumption patterns and lifestyles might also be employed by Member States. Her country's experience of working with the private sector, in particular on the issue of healthy food, had been positive. She hoped that industry would show its commitment by reformulating products and adopting business practices that promoted public health. The emerging market of healthy foods was paving the way in that regard. More work should be done to ensure that healthy choices were easy choices, especially for vulnerable groups such as children.

The representative of BURKINA FASO said that her Government had made significant efforts to achieve the objectives pertaining to the fight against noncommunicable diseases.

The representative of HUNGARY said that her country's national agenda to improve diets and reduce the intake of foods high in saturated fat and trans-fat, salt and sugars was aligned with the WHO global and European regional agendas. National experience and WHO impact assessments had shown that mandatory measures such as taxes were more effective than encouraging companies to voluntarily change their policies. Since 2015, all products distributed in Hungary had been prohibited by law from containing more than 2 grams of trans-fat per 100 grams of total fat content, with a compliance rate of 98% among industry in 2016. She hoped that the success of that measure would encourage more countries to take similar action.

The representative of ANGOLA said that her country had elaborated a national plan for health development and was developing a strategic plan for noncommunicable diseases that encompassed primary and secondary prevention, early diagnosis and multidisciplinary oncological treatment, palliative care, and research and epidemiological surveillance. In addition, as a Party to the WHO Framework Convention on Tobacco Control, her Government's efforts in that area were aligned with the associated instruments. The third High-level Meeting would provide a stimulus for the approval and implementation of a cancer prevention and control plan, which would help to save many lives.

The representative of the DOMINICAN REPUBLIC said that greater investment was needed to achieve target 3.4 of the Sustainable Development Goals and counter the increase in premature mortality from noncommunicable diseases. High-impact interventions on the social determinants of cardiovascular disease, diabetes, cancer, chronic respiratory diseases and mental disorders could not be delayed any longer. The time had come to advocate for normative and strategic policy coherence, including the development of technical criteria to regulate industries and prevent their interference. The Montevideo Roadmap 2018–2030 was a key document for the third High-Level Meeting and the draft resolution, which his Government had sponsored, since it placed primary health care at the centre of interventions.

The representative of the ISLAMIC REPUBLIC OF IRAN said that, as a member of the WHO Independent High-level Commission on Noncommunicable Diseases, his Government strongly supported the Commission's forthcoming final report. The growing burden of noncommunicable

diseases required a programmatic response from all Member States, non-State actors and international organizations. The private sector, in particular the food industry and pharmaceutical companies, had a responsibility to provide medicines, diagnostics and devices to people in need. It was important to generate reliable data and robust evidence in each country, on the basis of which national priorities and targets might be identified in addition to global targets. In that connection, his Government had developed a national action plan to combat noncommunicable diseases with four specific targets, including the elimination of trans-fatty acids and the promotion of mental health. The Secretariat had an important role to play in providing technical support to Member States, including by introducing “best buys” and streamlining technology transfer. Translation of the global coordination mechanism on the prevention and control of noncommunicable diseases to the regional, national and subnational levels was also crucial.

The representative of BRAZIL said that the Montevideo Roadmap 2018–2030 was an essential input to the third High-level Meeting, underpinning his Government’s decision to sponsor the draft resolution. He hoped that the draft thirteenth general programme of work would provide an opportunity for WHO to reinforce its normative work on noncommunicable diseases, and that the related priorities would be adequately reflected in the programme budget, reversing the current situation of chronic underfunding for noncommunicable diseases. WHO should play a leading role and strengthen its activities concerning access to medicines, medical products and technologies for the prevention, detection, screening, diagnosis and treatment of noncommunicable diseases. His Government was making every effort to ratify the Protocol to Eliminate Illicit Trade in Tobacco Products before July to enable the first session of the Meeting of the Parties to the Protocol to take place in October 2018. Greater prevention efforts were needed, including by tackling the social determinants of health and reinforcing the need for intersectoral collaboration through a whole-of-society approach, with due consideration of the issue of conflicts of interest.

The representative of CHINA, welcoming the establishment of the WHO Independent High-level Commission on Noncommunicable Diseases and the progress made with regard to the global coordination mechanism on the prevention and control of noncommunicable diseases, said that premature deaths from noncommunicable diseases placed a high burden on low-income and middle-income countries. Countries still faced challenges related to insufficient intersectoral coordination, technical support and financing. Her Government stood willing to actively participate in the third High-level Meeting and called on WHO to continue to play a leading role and expand its cooperation with other organizations of the United Nations system. Greater political commitment was required to place health above commercial interests, and more innovative measures should be taken to finance prevention and control activities.

The representative of COLOMBIA said that, in order to make progress towards the achievement of target 3.4 of the Sustainable Development Goals, Member States should prioritize efforts to tackle noncommunicable diseases and highlight the link with exposure to risk factors. Policy monitoring and evaluation was fundamental and Member States should be encouraged to adopt targets and indicators and formulate policies in line with the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Research should be conducted at national and regional levels to gather crucial data to inform decision-making at the government level. Innovative models of cooperation were essential in order to: strengthen institutional capacity in terms of regulation, implementation, monitoring, research and evaluation; improve access to technologies; and share best practices. Her Government supported the draft resolution, which it had sponsored, and encouraged timely, coordinated efforts in the preparatory process leading to the third High-level Meeting.

The representative of SPAIN said that reducing premature mortality from noncommunicable diseases required a life course approach with a focus on equity, the social determinants of health and the promotion of healthy lifestyles. A multisectoral approach, with the involvement of civil society, was also necessary, together with resource mobilization. As part of efforts to achieve universal health

coverage, health systems should be overhauled in order to provide a more integrated, coordinated, patient-centred response to the challenges posed by premature deaths from noncommunicable diseases. She drew attention to the high-level European regional meeting titled “Health systems respond to NCDs: experience in the European Region”, which had been hosted by Spanish Ministry of Health in April 2018, and the related outcome document. Her Government was committed to the prevention and control of noncommunicable diseases and wished to be added to the list of sponsors of the draft resolution.

The representative of SAINT LUCIA said that the high burden of premature deaths from noncommunicable diseases in middle-income countries suggested that income alone did not determine that risk. Indeed, small island States were faced with additional barriers to reducing that risk, including health system capacity and resilience, and extreme weather effects resulting from climate change. Her country had nevertheless made progress through the implementation of a range of measures, including the introduction of anti-tobacco legislation in line with the WHO Framework Convention on Tobacco Control and physical activity programmes in schools. She welcomed WHO’s continued commitment to the fight against noncommunicable diseases and looked forward to the outcomes of the third High-level Meeting.

The representative of the UNITED STATES OF AMERICA said that the third High-level Meeting would provide an opportunity to take stock of the challenges related to noncommunicable diseases. Multisectoral collaboration should be encouraged so as to accelerate Member States’ efforts to reduce premature mortality by one third by 2030. Multistakeholder engagement, in particular with the private sector, was paramount, and should focus on partnerships that produced effective and evidence-based interventions to improve health outcomes. In a spirit of compromise, his Government would join the consensus in support of the draft resolution and appreciated the efforts to accommodate his country’s concerns therein but was disappointed that not all key concerns had been reflected. He stressed that the draft resolution’s reference in paragraph 1 to “welcoming” the outcome document of the WHO Global Conference on Noncommunicable Diseases, namely the Montevideo Roadmap 2018–2030 on Noncommunicable Diseases as a Sustainable Development Priority, did not amount to an endorsement of that document. His Government looked forward to the continued work on the preparation of the third High-level Meeting, which he hoped would result in a balanced, evidence-based approach.

The representative of UGANDA, noting the disproportionate effect of noncommunicable diseases on the poor, said that the private and public sectors should jointly prioritize interventions for the reliable delivery of affordable, high-quality essential medicines and products. He welcomed the report on progress made to date and looked forward to the third High-level Meeting. He called on the Secretariat and Member States to make efforts to improve access to essential medicines for noncommunicable diseases through increased funding and inclusion in universal health coverage programmes.

The representative of SWITZERLAND said that his Government had actively participated in the preparatory process for the third High-level Meeting, which should include input from health experts in order to achieve the desired results. While he appreciated the consultations held with Member States prior to the Health Assembly regarding the report of the WHO Independent High-level Commission on Noncommunicable Diseases, providing substantial feedback within such tight time frames had proved challenging; consultations should therefore be carried out within more realistic time frames in future. His country was pleased to be one of the sponsors of the draft resolution.

The representative of SRI LANKA said that many countries in the South-East Asia Region had taken action to reduce sugar consumption, which was a leading cause of obesity and diabetes. WHO should consider including sugar in “best buys” interventions. Alcohol was a serious obstacle to sustainable development and universal health coverage; her Government had therefore implemented

the WHO global strategy to reduce the harmful use of alcohol. She welcomed the guidance provided to Member States by the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases and expressed support for the draft resolution and recommendations put forward by Member States. However, she suggested the inclusion of an additional recommendation, namely for the Director-General to engage in a global mass electronic media campaign targeting risk behaviours, prior to the third High-level Meeting.

The representative of AUSTRIA welcomed the completion of the manual of guiding principles for developing and implementing front-of-pack labelling systems and looked forward to the results of its field testing. It was regrettable that document A71/14 did not mention commercial determinants, which had a significant impact on health. Achievement of the Sustainable Development Goals required health literacy; the health system response to noncommunicable diseases should therefore place people-centredness at its core, with an expanded role for health-literate patients, families and communities. A multisectoral approach was essential to effectively tackle noncommunicable diseases, with integrated and coherent economic, social and environmental policies across the Sustainable Development Goals. Her country wished to be added to the list of sponsors of the draft resolution.

The representative of JAPAN said that it was essential to establish a global framework to reduce the burden of noncommunicable diseases. WHO should play a leadership role to strengthen multisectoral collaboration through enhanced communication with Member States and other partners. Her Government was willing to share its experience regarding the implementation of public health policies and would contribute to efforts to ensure successful outcomes of the third High-level Meeting. She expressed support for the draft resolution.

The representative of THAILAND, expressing strong support for the draft resolution, said that the number of resolutions on noncommunicable diseases demonstrated that the issue was at the top of political agenda; however, it was neglected in terms of implementation. To ensure concrete outcomes, it was essential to tackle the commercial determinants of noncommunicable diseases; integrate noncommunicable diseases into comprehensive universal health coverage; ensure the integration of noncommunicable diseases in all policies; and identify and support noncommunicable disease champions. The organizations of the United Nations system should act as role models by serving healthy food and no or limited alcohol at events. Noncommunicable diseases would be the theme of the 2019 Prince Mahidol Award Conference to be held in Thailand.

The representative of NORWAY expressed concern about the lack of progress in the fight against noncommunicable diseases at the country level, partly owing to a failure to implement associated plans. WHO should fully engage with all relevant sectors, with the collaboration of the larger United Nations family, to push for greater impact in that regard. That lack of progress should serve as the starting point for the declaration of the third High-Level Meeting. A range of actors could contribute to the fight against noncommunicable diseases but governments must retain overall responsibility for action. Powerful tools in that regard included the introduction of taxes on tobacco, alcohol and products with a high sugar content. Welcoming the positive contributions of the global coordination mechanism on the prevention and control of noncommunicable diseases, she urged the Secretariat to further develop the mechanism in order to realize its full potential in facilitating multistakeholder engagement and cross-sectoral collaboration.

The representative of ECUADOR said that his country had been among the first to introduce detailed nutrition labelling for processed and ultra-processed foods and had also introduced taxes on sugar-sweetened beverages and restricted advertising of tobacco and alcohol, with positive results. Measures to tackle noncommunicable diseases must take account of the commercial determinants of health, as well as health promotion at the community level and throughout the life course. His Government looked forward to actively participating in the third High-Level Meeting and was pleased to be a sponsor of the draft resolution.

The representative of PERU said that the continued underfunding of programmes to tackle noncommunicable diseases was a matter of concern. In preparation for the third High-level Meeting, Member States should adopt an integrated, multisectoral approach to the reduction of the associated risk factors; promote healthy lifestyles, including through legislation; and ensure that prevention strategies encompassed early detection and access to treatment, including palliative care. The Montevideo Roadmap 2018–2030 was a valuable input to the third High-level Meeting. He called on all Member States to support the draft resolution, which his Government had sponsored.

The representative of MONGOLIA said that the implementation of his country's national programme on prevention and control of noncommunicable diseases had produced positive results, including an improvement in levels of early detection and diagnosis and lifestyle changes among the population, such as an increase in physical activity. However, the prevalence of noncommunicable diseases and the associated risk factors among the population remained high. To that end, he requested the Secretariat to provide technical and financial support for the implementation of activities to improve intersectoral collaboration and strengthen disease prevention, including diagnosis and screening.

The representative of AUSTRALIA said that she looked forward to engaging with all stakeholders in the preparation for the third High-level Meeting, which would provide an opportunity to take timely and bold action against noncommunicable diseases. The range of global mechanisms currently in place would help to inform the development of a strong, political, action-oriented outcome document from the third High-level Meeting. She looked forward to the expert advice of the WHO Independent High-level Commission on Noncommunicable Diseases and welcomed the establishment of a WHO civil society working group on the third-High-level Meeting of the United Nations General Assembly on noncommunicable diseases. Her Government had sponsored the draft resolution.

The representative of IRAQ reaffirmed the importance of: updating global strategies in line with the Sustainable Development Goals; increasing funding for noncommunicable disease programmes, particularly in countries facing financial hardship; conducting gap analysis of national, regional and global performance and offering practical solutions; and strengthening data analysis and research capacity at the country level. Her Government had implemented a range of measures to tackle noncommunicable diseases, such as the establishment of a multisectoral action plan, the adoption of a life course approach to interventions, and the introduction of campaigns to raise awareness of the main risk factors for noncommunicable diseases.

The representative of SLOVAKIA welcomed the evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases. Her Government was cooperating with other relevant sectors within the framework of the 2030 Agenda for Sustainable Development to address the challenges posed by noncommunicable diseases. She welcomed the support provided by WHO at all levels, but highlighted the need for additional functional mechanisms to enhance implementation. The finalization of a global investment case and costing tool on the prevention and control of noncommunicable diseases would support advocacy work and reinforce the response of health systems in that regard. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of INDONESIA, describing measures taken in her country to address the problem of noncommunicable diseases, such as the development of an action plan and improved screening and management, said that prevention and control of noncommunicable diseases was a global challenge that required a stronger, collaborative response. Her Government supported the organization of the third High-level Meeting, which would provide an opportunity to evaluate progress and renew commitments to prevent and manage noncommunicable diseases. She looked forward to clarification of the process for preparing the outcome document of the third High-level Meeting. Her Government wished to be added to the list of sponsors of the draft resolution.

The representative of CANADA said that the growing burden of noncommunicable diseases was a significant concern among the new generation of health professionals. The limited financing for prevention and the focus on curative services had led to an unsustainable situation, in which health care systems were inadequately equipped to care for the chronically ill and the health workforce was overburdened. The third High-level Meeting would provide an important opportunity for Member States to share innovative interventions and best practices. His Government had implemented a number of policy and regulatory initiatives to tackle the risk factors for noncommunicable diseases and premature death and looked forward to highlighting the importance of including mental health in the global noncommunicable disease agenda at the third High-level Meeting.

The representative of JORDAN welcomed the proposed actions to prevent and control noncommunicable diseases and supported the preparations for the third High-level Meeting.

The representative of THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA expressed support for the draft resolution.

The representative of the BAHAMAS said that her Government was committed to achieving target 3.4 of the Sustainable Development Goals and had implemented a broad range of measures to that end, including the development of policies with multistakeholder collaboration to encourage healthy environments and raise awareness of the importance of reducing consumption of sugar-sweetened beverages, especially among children. Challenges such as human resource management for health workers and limited health system capacity hampered the provision of health care, including for those affected by noncommunicable diseases. Universal access and health coverage would help to combat noncommunicable diseases, but only through the provision of sustainable funding. She thanked PAHO for its support in that regard and welcomed the continued efforts of WHO in the prevention and control of noncommunicable diseases. Her Government looked forward to the outcomes of the third High-level Meeting.

The representative of JAMAICA said that 70% of deaths in Jamaica were caused by the four main noncommunicable diseases, and childhood obesity had dramatically increased in the country over the previous seven years. While her Government had made progress, it was not on track to meet target 3.4 of the Sustainable Development Goals, mainly owing to slow regulatory processes, industry interference and inadequate financing. Urgent action was required to lower the price of medicines, especially those for life-saving cancer treatment. A national task force and programmes promoting healthy lifestyles and raising awareness of noncommunicable diseases had been implemented in preparation for the third High-level Meeting. Member States should accelerate the implementation of WHO “best buys” interventions and ensure that Heads of State attended the third High-level Meeting.

The representative of INDIA outlined the range of measures taken by her Government to tackle noncommunicable diseases, such as the development and implementation of national action plans and programmes to monitor, prevent and control noncommunicable diseases and provide accessible, affordable and quality health care for all, including through taxation of tobacco products, sugar-sweetened beverages and foods high in fat, salt and sugar. Her Government looked forward to participating actively in the third High-level Meeting, which she hoped would produce pragmatic ideas and solutions to tackle the challenges related to preventing and controlling noncommunicable diseases.

The representative of VIET NAM said that, in response to the heavy national burden of noncommunicable diseases, her Government had adopted a national strategy on prevention and control of noncommunicable diseases, in line with the nine voluntary global targets, as well as a national health programme to promote multisectoral collaboration and focus national resources on achieving key indicators.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that despite one in four individuals being affected by a mental health condition at some point in their life, those affected continued to experience discrimination and stigmatization. Stronger action was needed to address the issue and promote better mental health and well-being; the Global Ministerial Mental Health Summit, to be held in London in October 2018, would provide an opportunity to do so.

The representative of GERMANY said that her Government wished to be added to the list of sponsors to the draft resolution.

The representative of IOM said that the conditions surrounding the migration process, such as limited access to health care and poor living conditions, increased migrants' exposure and vulnerability to noncommunicable diseases. High-quality data on the link between migration and noncommunicable diseases was therefore necessary and, to that end, IOM stood ready to work with the Secretariat, Member States and other partners to develop evidence-based programmes. She urged all stakeholders to ensure that migrants and mobile populations were not left behind in the implementation of national strategies on noncommunicable diseases and efforts to achieve universal health coverage.

The observer of GAVI, THE VACCINE ALLIANCE called for the inclusion in the outcome document of the third High-level Meeting of the need to: prioritize, as part of national immunization schedules, increased access to vaccinations to prevent infections associated with cancers; prioritize cost-effective, affordable, evidence-based and prevention-focused solutions with a high return investment; and integrate WHO "best buys" interventions and gender-based approaches into national health policies and programmes in order to reduce inequities.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called for Member States to ensure: the participation of Heads of States and Government in the third High-level Meeting; political mobilization across all sectors, including civil society and those affected by noncommunicable diseases, to reinforce a whole-of-government and whole-of-society approach; the development of an action-oriented outcome document for the third High-level Meeting, including bold commitments across all relevant sectors; and the participation of Member States in the informal interactive civil society hearing to be held in advance of the third High-level Meeting.

The representative of the EUROPEAN SOCIETY FOR MEDICAL ONCOLOGY, speaking at the invitation of the CHAIRMAN, requested WHO to ensure that the outcome document of the third High-level Meeting would state that Member States must: implement resolution WHA70.12 (2017) on cancer prevention and control in the context of an integrated approach; develop and strengthen education programmes on prevention; ensure timely access to screening, early diagnosis and affordable cancer treatment; extend basic services to patients without access to cancer treatment; provide essential secondary health care services in addition to primary care; and commit to achieving the targets on reducing premature mortality from all noncommunicable diseases. Her organization was ready to support the Secretariat and Member States in strengthening the medical oncology workforce and determining the most cost-effective interventions.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, highlighting the high prevalence of oral diseases, urged Member States to adopt a common risk factor approach to the prevention and control of oral diseases and other noncommunicable diseases. In addition, she encouraged Member States to: address oral health within their national noncommunicable disease action plans and strategies; consult with national dental associations and noncommunicable disease coalitions on effective cross-cutting interventions; and ensure the attendance of Heads of State and Government at the third High-level Meeting. The outcome

document of the third High-level Meeting should include action to: integrate and recognize oral health perspectives; and develop an accountability and monitoring mechanism with time-bound and measurable commitments on oral health.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern that too much emphasis was being placed on premature mortality and urged the Secretariat and Member States to recognize people's right to health across the life course. The term "premature mortality" itself suggested that there was an age at which it was acceptable to die. Given that the majority of deaths from noncommunicable diseases occurred in people aged 70 and over, overly focusing on individuals between the ages of 30 and 70 was discriminatory and risked creating inequity in access to services.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that nurses were increasingly taking on the management of noncommunicable diseases and providing high-quality, cost-effective services. She called on Member States to: invest in high-quality nursing education; enable nurses to work to their full scope of practice; strengthen the contribution of nursing leaders in high-level policy planning and decision-making; ensure the availability of diagnostic and treatment tools; and ensure that the health workforce was a central component of WHO and United Nations strategies on the prevention and control of noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, urged all stakeholders to: focus on health throughout the life course and not merely between the ages of 30 and 70, given that 70% of the risk factors for noncommunicable diseases started during adolescence; focus greater attention on mental health as the leading cause of disability worldwide, while addressing industry interference; and harness high-level political commitment to ensure that the level of financing for noncommunicable disease prevention and control was consistent with the burden they posed.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIRMAN, said that despite being a major risk factor for and consequence of other noncommunicable diseases, and the sixth-fastest growing cause of death, kidney disease had been neglected in global discussions on noncommunicable diseases. She therefore called on the Secretariat, Member States and the members of the WHO Independent High-level Commission on Noncommunicable Diseases to: implement a comprehensive and integrated approach to prevention and management of noncommunicable diseases which recognized the burden of kidney disease and its co-morbidities; increase the availability of resources to meet the needs of the global response to noncommunicable diseases; and support fair pricing of noncommunicable disease therapies.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, emphasized the importance of sustainable financing in order to scale up the health workforce and strengthen the health care systems for the prevention and control of noncommunicable diseases. Integrated, and ideally physician-led, primary health care systems were essential to tackling noncommunicable diseases. She called on Member States to accelerate their efforts towards the achievement of target 3.4 of the Sustainable Development Goals and increase international and domestic financing to combat the epidemic.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Heads of State and Government to participate at the third High-level Meeting and urged Member States to ensure country representation at the informal interactive civil society hearing to be held in preparation of the third High-level Meeting. Her fund had recently published an updated report on cancer prevention, which would help to inform policy action to achieve global targets on noncommunicable diseases. She looked forward to supporting Member

States in the preparation of the third High-level Meeting and in ongoing efforts to prevent and control cancer and other noncommunicable diseases.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, welcomed the importance accorded to the four main noncommunicable diseases but emphasized the significance of the fifth main noncommunicable disease, namely mental disorders. Depression was estimated to be the leading cause of disability worldwide and the risk of mortality from mental health condition was under-represented. He called on the Secretariat to encourage Member States to implement public policies on prevention and adopt multisectoral and community- and rights-based approaches to mental health.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged Heads of State and ministers of health and finance to attend the third High-level Meeting. He called on political leaders to commit to taking action to reduce the risk of cardiovascular disease throughout the life course by: strengthening health systems to provide access to screening, essential medicines, and care for people with hypertension and at high risk of cardiovascular disease; stepping up action on childhood obesity to protect children and future generations; and taxing unhealthy commodities, including tobacco products, alcohol and sugar-sweetened beverages, and investing the resources raised in noncommunicable disease prevention and control.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed concern at the influence of industry on discussions on measures to address the high cost of medicines at the third High-level Meeting, as well as the inadequate competition for biological medicines following patent expiration. In addition, governments should decide whether new cell- and gene-based therapies were medical procedures, and therefore exempt from patent protection under article 27(3)(a) of the Agreement on Trade-Related Aspects of Intellectual Property Rights. It was crucial to develop a plan to delink research and development incentives from prices.

The representative of the WORLD OBESITY FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States use the opportunity presented by the third High-level Meeting to commit to strong action to address the obesity epidemic. She urged governments to recognize obesity as a disease and integrate it into universal health coverage, and to reaffirm their commitment to reducing childhood obesity. Policies to tackle the social and commercial determinants of obesity should be prioritized, including fiscal policies and restrictions on unhealthy food marketing to children.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, called on Member States to: adopt health-promoting fiscal policies; make prevention and health promotion the cornerstone of the noncommunicable disease response; address the commercial determinants of health; and protect progress made in relation to noncommunicable diseases and their risk factors from fundamental conflicts of interest. In that regard, the presence of the alcohol industry at the WHO Global Conference on Noncommunicable Diseases held in Montevideo in October 2017 was deeply troubling and had led to the omission of alcohol taxation from the Montevideo Roadmap.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, expressed concern that the progress on prevention and control of noncommunicable diseases had been uneven and insufficient to meet target 3.4 of the Sustainable Development Goals. Meaningful progress and sustainable solutions would only be achieved through a multisectoral approach. In that connection, she called for recognition of the valuable contribution of the health care and pharmaceutical industries in tackling noncommunicable diseases.

The representative of OXFAM, speaking at the invitation of the CHAIRMAN, welcomed WHO's focus on vulnerable populations and applauded the call to eliminate cervical cancer. Early detection of cancer was crucial. In that connection, the United Nations and Member States must find sustainable solutions to the medicines crises in order to tackle noncommunicable diseases in a meaningful way; the recommendations of the United Nations Secretary-General's High-level Panel on Access to Medicines would be useful in that regard. Public health must take precedence over commercial interests.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on the Secretariat and Member States to: update the WHO definition of premature deaths from noncommunicable diseases to include children and adolescents; promote integrated approaches and effective use of existing resources; include mental health within noncommunicable disease strategies; expand the noncommunicable disease framework to include conditions and risk factors beyond the four main noncommunicable diseases and risk factors; and create meaningful ways for people living with noncommunicable diseases to participate. In addition, there was an urgent need to: catalyse domestic resource mobilization; increase financing and lending through bilateral and multilateral channels; and explore innovative financing mechanisms. She urged the Secretariat and Member States to demonstrate strong political commitment to combating noncommunicable diseases and work towards sustainable financing in that regard.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, commended WHO for prioritizing the issue of noncommunicable diseases. Access to and shortage of quality-assured medicines severely hampered efforts to tackle noncommunicable diseases. Good policies, smart regulations and robust public quality standards that supported a multi-manufacturer environment were needed to deliver quality-assured medicines to patients.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged the Health Assembly to consider increasing the budgetary allocation for WHO's work on noncommunicable diseases. It was disappointing that concrete measures to control the activities of many health-harming industries had not been identified. Given the high cost of new medicines for autoimmune disorders and cancers, he urged WHO to update its guidelines on biological medicines and allow for the introduction of biosimilar alternatives.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, emphasized the importance of the third High-level Meeting as an opportunity to integrate essential cancer and noncommunicable disease services into universal health coverage. She urged Member States to: participate in the third High-level Meeting at the highest possible level; develop robust commitments to improve access to treatment and care for cancer and noncommunicable diseases, recognizing the crucial role of early detection; and strengthen surveillance on noncommunicable diseases, leveraging mechanisms such as cancer registries to inform decision-making.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to: acknowledge the severity and prevalence of rare diseases by including them in the agenda of the third High-level Meeting; promote national strategies and plans for the management of the multiple needs of patients with rare diseases; advocate for the adoption of the WHO fair pricing approach by the pharmaceutical industry in order to guarantee access to safe and affordable orphan drugs; and develop synergies to increase negotiating power.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, encouraged Member States to integrate pharmacists in national responses to noncommunicable diseases. Member States should empower pharmacists as key actors in the health care team with the potential to expand access to high-quality, cost-effective management of noncommunicable diseases worldwide.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that the inclusion of the World Economic Forum as an advisor to the WHO Independent High-level Commission on Noncommunicable Diseases undermined the status of the Health Assembly and Member States, who were struggling with private sector actors causing delays in regulation. There was no clear evidence to suggest that public-private partnerships and self-regulation were effective. Efforts must always be driven by governments. She therefore urged the Health Assembly to reconsider the content of the noncommunicable disease strategy.

The representative of RAD-AID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that evidence-based, appropriate medical imaging parameters should be used as metrics for in-country needs assessments and for stepwise progress towards achievement of universal health coverage. She welcomed the opportunity to collaborate in national health system strengthening in order to build essential radiology capacity to tackle noncommunicable diseases.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, stressed the importance of health promotion activities to reduce common risk factors contributing to noncommunicable diseases and welcomed the initiatives introduced by WHO and other partners in that regard. The third High-level Meeting would present an opportunity for Member States to demonstrate their commitment to investing in noncommunicable disease programmes and strengthen multistakeholder engagement.

The representative of the INTERNATIONAL PEDIATRIC ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that the outcome document of the third High-level Meeting must recognize the need for noncommunicable disease goals to include the whole life course. Efforts to address mental health must also include early brain development. He urged Member States to implement noncommunicable disease plans that included children, youth and families through an integrated, coordinated approach. In addition, Member States should support and integrate the global coordination mechanism on the prevention and control of noncommunicable diseases with other WHO technical expertise.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that palliative care was a fundamental part of both universal health coverage and the continuum of care for people living with noncommunicable diseases. Cost-effective essential palliative care should be made available to everyone who needed it.

The observer of the INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES agreed that, while prevention was crucial, adequate investment in better management of the four main noncommunicable diseases should remain an essential component of responses to tackle such diseases. She welcomed the emphasis on ensuring long-term care that was proactive, patient-centred, community-based and sustainable. The specific challenges faced by countries affected by humanitarian crises and emergencies in ensuring a continuum of care for those living with noncommunicable diseases must be acknowledged and addressed, particularly in preparation for the third High-level Meeting.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that, in line with target 3.a of the Sustainable Development Goals, Parties to the WHO Framework Convention on Tobacco Control had worked on strengthening

implementation of the Convention and raising its importance as an essential component of the noncommunicable disease agenda. The establishment of the WHO Independent High-level Commission on Noncommunicable Diseases was welcome. She hoped that the third High-level Meeting would embrace bold ideas such as a tobacco end-game by 2030 and give due attention to strengthening the governance of global noncommunicable disease actions, including safeguarding global noncommunicable disease financing mechanisms from tobacco industry interference. She requested the inclusion, in annex 4 to document A71/14, of the recently established thematic group on tobacco control, led by the Convention secretariat, in the list of thematic groups guiding the work of the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases. In addition, she called on Parties to the Convention to become Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products to enable its entry into force as soon as possible; only five more Parties were needed to enable the first session of the Meeting of the Parties to the Protocol take place in October 2018.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), thanked participants for their comments, and the Governments of Uruguay and Denmark for hosting the WHO Global Conference on Noncommunicable Diseases and the WHO Global Dialogue on Partnerships for Sustainable Financing of Noncommunicable Disease Prevention and Control, respectively. She called on Member States to ensure the participation of Heads of State and Government at the third High-level Meeting and the first high-level meeting on the fight against tuberculosis as a means of raising the priority given to health. A consensus was emerging to integrate mental health into the scope of the third High-level Meeting. The report of the WHO Independent High-level Commission on Noncommunicable Diseases had been finalized and would be presented to the Director-General on 1 June 2018. She thanked civil society organizations for their involvement in the preparatory process for the third High-level Meeting and looked forward to their participation in the informal interactive civil society hearing.

WHO would continue to recommend a reduction in sugar intake for adults and children to prevent obesity and would continue to work on the issue of nutrition and the promotion of physical activity through the draft global action plan on physical activity 2018–2030. In addition, WHO would increase its communication efforts on noncommunicable diseases. With regard to return on investment for noncommunicable diseases, the Secretariat had recently published a report entitled “Saving lives, spending less: A strategic response to noncommunicable diseases”, which contained information on WHO “best buys” interventions.

Regarding interaction with the private sector, WHO was organizing a dialogue with Chatham House with a view to increasing the contribution from the private sector to reducing the use of salt in the food industry, eliminating trans-fats and improving access to insulin and cervical cancer vaccines. WHO was also convening a dialogue with alcohol industry actors in order to ascertain how they could contribute to implementation of the WHO global strategy to reduce the harmful use of alcohol.

Over the past four years, the United Nations Inter-agency Task Force on the Prevention and Control of Non-communicable Diseases had undertaken 20 joint programme missions to Member States and their progress would be reviewed by the United Nations Economic and Social Council in June 2018. She wished to thank Malaysia, Monaco, the Russian Federation, Sri Lanka and other Member States for their financial and political support in that regard.

The Secretariat would address the recommendations resulting from the evaluation of the global coordination mechanism on the prevention and control of noncommunicable diseases in such a way as to support implementation of the draft thirteenth general programme of work and the 2030 Agenda for Sustainable Development.

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

The draft resolution was approved.¹

The meeting rose at 12:30.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.2.

EIGHTH MEETING

Wednesday, 24 May 2018, at 14:35

Chairman: Dr S. BROSTRØM (Denmark)

later: Dr M. Martínez Menduiño (Ecuador)

later: Dr S. BROSTRØM (Denmark)

STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Polio transition and post-certification: Item 11.3 of the agenda (document A71/9) (continued from the sixth meeting)

The representative of AUSTRALIA said that there were substantial risks involved in the polio transition, including a potentially negative impact on WHO operations. She supported the development of country-level resource mobilization plans and advocacy strategies aimed at mainstreaming polio-essential functions into national health systems. WHO should clarify how country-level transition plans would be funded. She commended WHO for providing a detailed overview of potential problems and responses, as well as WHO's development of a new vision for transition planning, looking at opportunities to contribute to achieving the Sustainable Development Goals. Addressing the programmatic, organizational and financial risks associated with the transition must remain a high priority. That would require proactive engagement with partners, such as Gavi, and Member States to ensure that essential functions at the country level were maintained and financed sustainably as polio resources decreased.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the polio transition posed a potentially major global health security risk. His Government supported the clear objectives articulated in the draft strategic action plan. It also welcomed the emphasis on the benefits of the polio transition for immunization systems and the WHO Health Emergencies Programme. However, the report offered too few solutions to the many important strategic issues identified and failed to clearly map out the actions required for a successful transition. It remained unclear who was responsible for which actions. WHO should explain how it would mitigate the risks associated with reductions in the number of polio staff. The Organization should indicate when it would approve country ownership and transition plans. Funding requirements for different WHO programmes must be aligned in order to prevent duplication and guarantee results, impact and value for money. He asked whether the case for maintaining existing polio capacities would be clearly articulated in the investment case for the draft thirteenth general programme of work. WHO should also confirm whether it would establish a full-fledged polio transition team following the present Assembly.

The representative of THAILAND said that her Government supported the draft strategic action plan. The monitoring and evaluation framework should include clear and measurable targets. The uncertainties around the date of eradication and the subsequent financial impact were concerning. Member States and development partners should allocate more funding to the polio transition. Human resources must be transferred to other programmes, especially those related to universal health coverage.

The representative of the UNITED REPUBLIC OF TANZANIA said that his country had been polio-free since 1996 thanks to Government initiatives, including the establishment of an effective surveillance system and vaccine supply chain. However, many children remained at risk due to the ongoing epidemic of circulating vaccine-derived poliovirus and the global shortage of the inactivated poliovirus vaccine. He supported the draft strategic action plan.

The representative of BRAZIL, expressing support for the draft strategic action plan, said that national immunization programmes and surveillance measures must be strengthened to ensure the sustainable elimination of poliomyelitis. Upcoming discussions on the programme budget for the biennium 2020–2021 must include a debate on how polio-essential functions would be integrated into other areas of public health work. WHO should consider all the funding options available for the polio transition and not automatically consider an increase in the assessed contributions of Member States. Discussions on the matter should continue at all WHO governing body meetings between 2018 and 2020.

The representative of KENYA, welcoming the draft strategic action plan, said that his Government had taken several measures to support the polio transition process, such as mapping existing polio assets and scaling up funding to immunization services.

The representative of BAHRAIN stressed the importance of monitoring and evaluating the implementation of the draft strategic action plan at the national, regional and global levels. Action must be taken to overcome the remaining obstacles that hindered progress towards polio eradication. Her Government had increased investment into national prevention programmes and laboratory-based epidemiological surveillance.

The representative of NIGERIA said that the 2017–2018 poliomyelitis programme in his country had proved extremely successful, with no cases of wild or circulating vaccine-derived poliovirus being reported to date. His Government would continue to take measures towards achieving a polio-free world, including by increasing access to vaccinations in security challenged areas, intensifying surveillance and strengthening data quality.

The representative of NIGER said that polio was currently not endemic in her country thanks to the introduction of a high-quality national vaccination programme. However, it continued to face challenges in eradicating the disease, owing to the fact that the poliovirus was still circulating in neighbouring countries. In order to sustain the polio transition process successfully, it would therefore be important to streamline resources, find innovative sources of financing and implement the International Health Regulations (2005) within the framework of cross-border activities.

The representative of PANAMA said that her Government supported the draft strategic action plan.

The representative of BARBADOS said that his country's immunization programme was one of the most comprehensive in the Americas. He commended WHO for introducing strategies to mitigate the risks posed by the ongoing global shortage of the inactivated poliovirus vaccine.

The representative of PAKISTAN said that poliomyelitis incidence in Pakistan had decreased by 90% since 2014. Pakistan would start planning its polio transition in 2019. The transition would involve mainstreaming the essential activities required to sustain wild poliovirus eradication, documenting and sharing lessons learned, and transferring processes, capacities and assets to other health priorities. The polio transition process should not start until the virus had been eradicated in countries in which the disease was endemic. A target date for transition should be set during the final stages of eradication.

The representative of INDIA welcomed the report's emphasis on aligning the polio transition process with the draft thirteenth general programme of work. She supported the proposal to transfer polio programme assets to other public health programmes. It would be particularly useful to absorb the staff and systems of the Global Polio Eradication Initiative into general primary health care and public health systems. The National Polio Surveillance Project must continue to operate at its current level if her Government were to sustain its current efforts. Rapidly scaling down the project would put the polio programme and other related activities at risk.

The representative of the DOMINICAN REPUBLIC, welcoming the report, said that WHO should support countries in following up, coordinating, monitoring and evaluating their immunization programmes. It would be vital to identify weaknesses and challenges relating to vaccine coverage, detection and response.

The observer of the INTERNATIONAL FEDERATION OF THE RED CROSS AND RED CRESCENT SOCIETIES said that the draft strategic action plan failed to appropriately address how immunization systems would be strengthened. Neither did it articulate a strategy for sustainable financing. WHO should therefore urgently establish a coordination mechanism to implement the draft strategic action plan at the global, regional and national levels. The draft strategic action plan should also be aligned with the transition plans of the Global Polio Eradication Initiative and Gavi. More analysis was required on the impact that the simultaneous transition would have on immunization systems. Without greater political leadership and ownership, the transition would not succeed. WHO must determine the objective for polio transition and clearly define the Organization's role in achieving it.

The observer of GAVI, THE VACCINE ALLIANCE welcomed efforts on the global post-certification strategy. While she agreed in principle with the guidance provided, more clarification was required on governance structures, implementation modalities and costs. WHO should hold discussions with important stakeholders to determine the specific measures required. Her organization remained concerned by the chronically low immunization coverage in high-risk areas, increasing numbers of circulating vaccine-derived poliovirus in countries in which the disease was not endemic and continued shortages of the inactivated poliovirus vaccine.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, said that the polio transition process must be made into a political priority. While the draft strategic action plan represented a major step forward, it remained unclear which entity was responsible for leading the process and how immunization systems would be strengthened. She urged WHO to establish a coordination mechanism and ensure it was fully operational before funding ceased. It was imperative to harmonize the draft strategic action plan with the transition plans of other multilateral agencies as well as with country frameworks. WHO should work with the global health community to identify roles and responsibilities in that regard.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the progress made in identifying the polio-essential functions needed to maintain a polio-free world and called for further clarification on how those functions would be supported. Open and constructive dialogue would be vital to ensuring that investments made by countries to halt polio transmission remained sustainable after eradication. While stakeholders were keen to achieve global polio eradication so that they could leverage those investments, they should not do so before eradication had been certified.

The representative of PATH, speaking at the invitation of the CHAIRMAN, expressed concern that many priority countries were not yet in a position to transition, and that donors and multilateral agencies had not been adequately engaged in budget planning. WHO should promote strategic

coordination between all relevant stakeholders with the aim of addressing financing gaps in polio transition.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives), acknowledging that the countries currently funded by the Global Polio Eradication Initiative would face significant financial, organizational and programmatic risks during the scaling down period, said that WHO remained committed to polio eradication and had been bolstering transition efforts in countries in which the disease was endemic and those at high risk. Countries that received funding through the polio programme would continue to be encouraged to strengthen their transition planning and to integrate polio-essential functions into their immunization system, as had already been the case in the priority polio transition Member States of the South-East Asia Region. A new vaccination business case for Africa had also been launched.

The five-year draft strategic action plan, with the polio post-certification strategy as its central pillar, had been developed with input from all levels of WHO. It supported country ownership and priorities for integrating polio infrastructure into broader, vaccine-preventable disease prevention systems, without losing the quality and reliability of polio-funded assets. Agency-specific transition plans would also be developed by Global Polio Eradication Initiative partners. Together those plans would support the full implementation of national plans. The cost of integrating polio functions could be financed either through the budget allocated to the draft thirteenth general programme of work or by mobilizing domestic resources at the country level. Transition was not about protecting WHO positions; rather, the ultimate goal was to strengthen country capacity and mainstream functions into government health infrastructure.

The sudden departure of staff represented a worst-case scenario; more than half of the workforce affected by the polio transition was located in Nigeria, which would eventually undergo transition as detailed in the draft strategic action plan. The date of certification had been set as 2021, based on the assumption that wild polio transmission would cease that year. Since that was unlikely to happen, transition projections would be extended accordingly. The draft strategic action plan should therefore be considered a living document based on 16 national transition plans. The Secretariat would report regularly on its implementation to the Executive Board and Health Assembly, and regularly inform Member States of the progress made in relation to the indicators. There would also be an independent evaluation during and after the implementation period. He thanked Member States for their interest in the report and requested their support for the full and effective implementation of the draft strategic action plan and the respective country transition efforts. The Director-General had already taken steps to consider the staffing and resources required for the polio transition process and the Secretariat would provide support at all levels of the Organization for the implementation of the relevant resource mobilization plans.

The Committee noted the report.

Preparation for a high-level meeting of the General Assembly on ending tuberculosis: Item 11.8 of the agenda (documents A71/15, A71/16, A71/16 Add.1 and EB142/2018/REC/1, resolution EB142.R3)

The CHAIRMAN drew attention to a draft resolution on preparation for a high-level meeting of the General Assembly on ending tuberculosis contained in resolution EB142.R3, as amended in informal consultations by the delegations of Peru and the Russian Federation, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered documents on the preparation for a high-level meeting of the General Assembly on ending tuberculosis;¹

(PP2) Noting with concern that tuberculosis remains the leading infectious disease killer in the world today responsible for an estimated 1.3 million deaths and an additional 374 000 deaths among people living with HIV/AIDS in 2016 and that the epidemic, including drug-resistant tuberculosis, poses a serious threat to health security and is a priority in the response to antimicrobial resistance;

(PP3) Reaffirming resolution WHA67.1 (2014) adopting the global strategy and targets for tuberculosis prevention, care and control after 2015, subsequently known as the End TB Strategy; and resolution WHA68.7 (2015) adopting the global action plan on antimicrobial resistance; as well as recalling the General Assembly resolution 71/3 (2016) “Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance”;

(PP4) Recalling the General Assembly resolution 70/1 (2015) which adopted the 2030 Agenda for Sustainable Development and defined the Sustainable Development Goals, as well as the associated target of ending the tuberculosis epidemic by 2030;

(PP5) Recalling further the report submitted to the Seventieth World Health Assembly in May 2017 on the implementation of the End TB Strategy, which concluded that global, regional and country-level actions as well as investments were falling far short of those needed and that high-level global support and regional and national commitments were required, and noting that progress is slow on all three targets of the Strategy (reducing TB incidence, reducing TB mortality, and eliminating catastrophic costs among TB patients and their households);²

(PP6) Recognizing that to achieve the tuberculosis targets and milestones of the Sustainable Development Goals and of WHO’s End TB Strategy, care and prevention-related actions should be reinforced, paying particular attention to vulnerable groups, taking into account national contexts and circumstances, in the context of each country’s path towards achieving universal health coverage and taking into account social, economic and environmental determinants and consequences of tuberculosis;

(PP7) Welcoming the decision contained in the General Assembly resolution 71/159 (2016), to hold a high-level meeting on the fight against tuberculosis in 2018;

(PP8) Welcoming also the first WHO global ministerial conference on “Ending TB in the Sustainable Development Era: A Multisectoral Response”, organized jointly with the Government of the Russian Federation and held in Moscow on 16 and 17 November 2017, and the resulting Moscow Declaration to End TB,³ with commitments and calls to action regarding notably: advancing the response to tuberculosis within the Sustainable Development Agenda; ensuring sufficient and sustainable financing; pursuing science, research and innovation; developing a multisectoral accountability framework; and, acting immediately to prepare for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis;

(PP9) Noting the commitment made in the Moscow Declaration to support the development of the multisectoral accountability framework and recalling in this regard resolution EB142.R3 (2018);

(PP10) Welcoming the Secretariat’s report on a draft multisectoral accountability framework to accelerate progress to end tuberculosis;⁴

¹ Documents A71/15, A71/16 and A71/16 Add.1.

² Document A70/38, section E.

³ Available at http://www.who.int/tb/Moscow_Declaration_MinisterialConference_TB/en/, accessed 16 May 2018.

⁴ Documents A71/16 and A71/16 Add.1.

OP1. URGES Member States:¹

- (1) to support preparation for the high-level meeting of the United Nations General Assembly in 2018 on the fight against tuberculosis, including enabling high-level participation; and
- (2) to pursue the implementation of all the commitments called for in the Moscow Declaration, which will contribute to reaching the targets of the End TB Strategy and the Sustainable Development Goals target to end the tuberculosis epidemic;

OP2. CALLS UPON all international, regional and national partners, as appropriate, to pursue the actions called for in the Moscow Declaration and invite those who have not yet endorsed it to add their support;

OP3. REQUESTS the Director-General:

- (1) to continue to support the United Nations Secretary-General and the General Assembly, upon request, in the preparation of the high-level meeting of the General Assembly in 2018 on the fight against tuberculosis;
- (2) to support, together with all relevant stakeholders, the implementation of the Moscow Declaration to End TB as a direct contribution to the success of the United Nations General Assembly high-level meeting in 2018 on the fight against tuberculosis and to advance tuberculosis prevention and care and the specific actions requested of WHO in the Moscow Declaration, including: actions to strengthen health systems towards achieving universal health coverage, including for tuberculosis prevention and care; to urgently support high multidrug-resistant tuberculosis (MDR-TB) burden countries in their national emergency response and to address MDR-TB as a major threat to public health security by supporting implementation of the global action plan on antimicrobial resistance, including tuberculosis-specific actions in all countries;
- (3) to continue to provide strategic and technical leadership, assistance, advice and support to Member States, as well as working with international institutions and all other relevant stakeholders, towards sufficient and sustainable financing;
- (4) to develop a global strategy for tuberculosis research and innovation, taking into consideration both ongoing and new efforts, and to make further progress in enhancing cooperation and coordination in respect of tuberculosis research and development, considering where possible drawing on relevant existing research networks and global initiatives;
- (5) to continue to develop, in consultation with Member States, the draft multisectoral accountability framework, working in close collaboration with all relevant international, regional and national partners as recommended in the Moscow Declaration to End TB (2017), and to provide technical support to Member States and partners, as appropriate, including for national adaptation and use of the draft multisectoral accountability framework to accelerate progress to end tuberculosis, taking into account national context, laws, regulations and circumstances, in order to enable the monitoring, reporting, review and actions needed to accelerate progress to end tuberculosis, both globally and nationally, leaving no one behind, through an independent, constructive and positive approach, especially in the highest burden countries, and the independent review of progress achieved by those countries;
- (6) to present the draft multisectoral accountability framework to accelerate progress to end tuberculosis at the United Nations General Assembly High-level meeting on the fight against tuberculosis in 2018;
- (7) to report to the Seventy-second World Health Assembly on the implementation of this resolution.

¹ And, where applicable, regional economic integration organizations.

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

Resolution: Preparation for a high-level meeting of the General Assembly on ending tuberculosis	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	<p>Programme area: 1.2. Tuberculosis</p> <p>Outcome: 1.2. Universal access to quality tuberculosis care in line with the End TB Strategy</p> <p>Output(s):</p> <p>1.2.1. Worldwide adaptation and implementation of the End TB Strategy and targets for tuberculosis prevention, care and control after 2015, as adopted in resolution WHA67.1</p> <p>1.2.2. Updated policy guidelines and technical tools to support the implementation of the End TB Strategy and efforts to meet targets for tuberculosis prevention, care and control after 2015, covering the three pillars: (1) integrated, patient-centred care and prevention; (2) bold policies and supportive systems; and (3) intensified research and innovation</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Work called for within the resolution is already addressed in the Programme budget 2018–2019, including normative and strategic guidance, technical cooperation, monitoring and evaluation, research strategy and promotion efforts, as well as coordination efforts with other organizations of the United Nations system and other stakeholders. The expectation is that within the available budget, further stakeholder consultations can be held and technical cooperation undertaken to advance efforts including strengthened accountability of all stakeholders – governmental and non-State actors – at the country, regional and global levels.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Six years (2018–2023).
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	<p>For 2018–2019: US\$ 123.9 million, as in the Programme budget 2018–2019.</p> <p>For subsequent bienniums, the resource requirements will be further assessed and confirmed during the development of the relevant programme budget.</p>
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 123.9 million (Programme budget 2018–2019 for tuberculosis).
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	No additional resource requirements are expected for the current biennium.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	The resolution calls for acceleration of work on tuberculosis, compared with current effort, and will require, as a minimum, a 4% increase in resources in the Programme budget 2018–2019. The estimates will be further assessed and confirmed during the development of the programme budget for 2020–2021.

4. Estimated resource requirements in future programme budgets, in US\$ millions:
It is expected that the acceleration of work on tuberculosis undertaken during 2020–2021 will be continued and will require, as a minimum, a 4% increase in resources in the Programme budget 2020–2021, to be reflected in future programme budget resource requirements.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium: US\$ 75 million.
– Remaining financing gap in the current biennium: US\$ 49 million.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: US\$ 30 million.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	25.0	11.3	0.95	5.3	5.75	3.3	7.4	59.0
	Activities	10.7	21.1	0.95	12.5	5.75	4.9	9.0	64.9
	Total	35.7	32.4	1.9	17.8	11.5	8.2	16.4	123.9
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	26.0	11.8	1.0	5.5	6.0	3.4	7.7	61.4
	Activities	11.1	21.9	1.0	13.0	6.0	5.1	9.4	67.5
	Total	37.1	33.7	2.0	18.5	12.0	8.5	17.1	128.9
2022–2023 resources to be planned	Staff	27.0	12.2	1.03	5.8	6.2	3.5	8.0	63.8 ^a
	Activities	11.6	22.8	1.03	13.5	6.2	5.3	9.7	70.2 ^a
	Total	38.6	35.0	2.06	19.3	12.4	8.8	17.7	134.0

^a The row total does not add up due to rounding.

The representative of the RUSSIAN FEDERATION said that the draft resolution, which had been considered by the Executive Board at its 142nd session, had been the subject of several rounds of informal consultations. As a result, and in accordance with decision EB142.R3, a number of amendments had been incorporated, particularly with regard to the proposed establishment of a multisectoral accountability framework.

The representative of LIBERIA, speaking on behalf of the Member States of the African Region, said that the progress made towards ending tuberculosis had been insufficient. More must be done to meet the targets set in the End TB Strategy and the Sustainable Development Goals. The tuberculosis epidemic was a social, political and economic issue, the resolution of which required all parties to work together effectively, notably to improve the affordability of medication and scale up research into multidrug-resistant tuberculosis. In Africa, the tuberculosis epidemic was exacerbated by high poverty levels, HIV infection, poor nutrition and smoking, and the presence of high-risk groups. Tackling the epidemic would therefore require a multisectoral approach and high-level political commitment to address funding gaps. He expressed support for the draft resolution.

The representative of COLOMBIA welcomed the clear proposals made in the report, which would be essential to ensuring a successful high-level meeting. She expressed particular appreciation for the emphasis on clear, action-based commitments and the multisectoral focus. It was important to

reach an agreement on preparing a multisectoral accountability framework that encompassed all dimensions of the multisectoral tuberculosis response and provided for a timely review of results and corrective action, where necessary. Tuberculosis was not solely a health issue, which made it all the more important to set ambitious goals to tackle it.

The representative of GHANA said that, despite the gains outlined in the report, the 2020 milestone of the End TB Strategy could not be achieved without the acceleration of implementation strategies and greater political commitment. He outlined several elements of his own country's strategic plan to end the tuberculosis epidemic, and expressed the hope that the current process would result in a global multisectoral accountability framework that would hold governments and other agencies to account in the fight against tuberculosis.

The representative of the DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, speaking on behalf of the Member States of the South-East Asia Region expressed concern about the shortfall in funding for tuberculosis-related activities, particularly given the high burden of the disease in her Region. The commitments made during the Ministerial Meeting Towards Ending TB in South-East Asia in New Delhi would therefore be crucial to driving the tuberculosis control agenda in South-East Asia. It would also be vital to secure adequate funding in order to ensure that health systems could identify new cases and provide successful treatment, and effectively tackle multidrug-resistant and extensively drug-resistant tuberculosis. Particular attention should be paid to countries with specific humanitarian needs, taking into account different disease burdens and funding needs. Her region fully supported the draft resolution.

The representative of PERU said that the high-level meeting would provide the political impulse required to continue the fight against tuberculosis. The resulting political declaration should highlight the importance of strengthening human resources in the field of tuberculosis prevention and treatment and supporting countries responding to multidrug-resistant tuberculosis and a high burden of the disease. It should also emphasize the need to adopt a community-based approach to tuberculosis detection and continuity of treatment, strengthen dialogue with civil society and the private sector to finance research into vaccines and new medicines, and support tuberculosis patients and their families. He supported the draft resolution.

The representative of BAHRAIN, expressing support for the Moscow Declaration to End TB, said that her country had been implementing the commitments made in that document. Continued high-level political engagement would be required to support the international efforts to end tuberculosis, in line with the Sustainable Development Goals. She endorsed the draft resolution.

The representative of CANADA expressed support for the draft resolution, noting the importance of expanding access to prevention and treatment services, investing in tuberculosis response measures and collaborating with civil society. A key priority for her country was the establishment of a multisectoral accountability framework based on a collaborative approach, so as to enable an independent, constructive review of performance. That framework should be presented at the high-level meeting to ensure that the resulting political declaration contained a commitment to develop and implement it. Lastly, she emphasized the importance of taking into account the specific needs of indigenous peoples, and women and girls during the preparations for the high-level meeting.

The representative of ARGENTINA welcomed the preparatory work and actions outlined in the report and fully recognized the importance of galvanizing the political support needed to tackle tuberculosis. She agreed that sufficient and sustainable financing was needed for a full response to the tuberculosis epidemic, alongside increased investment in research and innovation and an agreement on establishing a multisectoral accountability framework. Her country supported the draft resolution.

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, welcomed the proposed development of a multisectoral accountability framework and drew attention to a recently adopted regional strategic plan to tackle tuberculosis. It was important to ensure that the high-level meeting considered the specific support required for countries with a high tuberculosis burden, and countries experiencing complex emergencies, including those under severe pressure owing to the presence of a high number of refugees. The high-level meeting preparation process should take into account the situation of those countries to ensure that their specific needs were addressed.

The representative of the ISLAMIC REPUBLIC OF IRAN said that tuberculosis continued to disproportionally affect vulnerable populations. While previous WHO strategies had saved lives, it was important to acknowledge the negative impact of factors such as HIV coinfection, multidrug resistance, drug and alcohol addiction, diabetes, chronic respiratory diseases and complex emergencies on tuberculosis epidemiology. His country remained committed to ending tuberculosis epidemics by 2030 in line with target 3.3 of the Sustainable Development Goals and called for greater multisectoral action in that area. He expressed concern that political pressures and unlawful, unilateral sanctions could affect populations' access to therapeutic and diagnostic services.

The representative of ALGERIA, welcoming the report, agreed that it was essential to continue efforts to tackle tuberculosis through a holistic, multisectoral approach. In particular, redoubling efforts in terms of resource mobilization and research and development would help respond to the multidrug-resistant forms of the disease. His country supported the draft resolution.

The representative of CHINA said that thorough preparations for a successful high-level meeting would be crucial to strengthening global political commitment, facilitating fundraising and promoting cooperation among countries in the fight against tuberculosis. She welcomed the Secretariat's continued dialogue with Member States, civil society, the private sector and multistakeholder panels, with a view to drafting an action-oriented political declaration. The establishment of a multisectoral accountability framework would be an important part of the End TB Strategy. Any potential tuberculosis framework should address all aspects of the disease and take into account differences in medical standards and tuberculosis prevalence among Member States. She proposed that, in subparagraph 3(5) of the draft resolution, the phrase "especially in the highest burden countries, and the independent review of progress achieved by those countries" should be deleted.

The representative of JAPAN expressed her support for the draft resolution. As a co-facilitator of the high-level meeting, her country would do its utmost to build consensus and draft a political declaration that would create a global momentum to combat tuberculosis. To that end, the active participation of all Member States would be imperative. She emphasized that tackling tuberculosis required political resolve and a multistakeholder approach, and looked forward to the adoption of the proposed multisectoral accountability framework at the high-level meeting. Tuberculosis should also be considered as part of efforts to promote universal health coverage.

The representative of VIET NAM welcomed the proposal to establish a multisectoral accountability framework. She noted with concern that the technology required to control tuberculosis and provide standard services had not yet been made universally available. Multisectoral accountability would therefore be essential to ensuring the optimal use of all tools for detection, treatment and prevention of tuberculosis, including social protection for patients. Ending tuberculosis required technological innovation; WHO should thus advocate for investment in tuberculosis research.

The representative of ECUADOR said that access to medicines and diagnostics would be essential to eradicate tuberculosis, and that the most vulnerable populations, including persons deprived of their liberty and those from the poorest communities, must not be left behind. Such an approach had become increasingly urgent given the prevalence of HIV and tuberculosis coinfection

and multidrug-resistant strains of the disease. Greater regional and global support for affected countries and more work to address social determinants would be crucial. Policies on tuberculosis must be given priority, and appropriate resources should be made readily available to strengthen prevention and control efforts. He welcomed the draft resolution and emphasized that combating tuberculosis would play an important role in achieving the Sustainable Development Goals.

The representative of AUSTRALIA said that WHO and its partners had an important role to play in building political momentum ahead of the high-level meeting. His country remained committed to reducing the burden of tuberculosis at the global and regional levels, including through bilateral aid programmes, contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and investment in product development partnerships. He drew attention to multidrug-resistant tuberculosis, which was a particular problem in the Western Pacific and South-East Asia Regions. The Secretariat should ensure that high priority was given to discussions of multi-drug resistant tuberculosis at the high-level meeting.

The representative of the PHILIPPINES expressed his support for the proposal to establish a multisectoral accountability framework that encompassed all dimensions of the tuberculosis response, with a view to monitoring and evaluating progress more effectively. He also welcomed increased investment in tuberculosis efforts and the increased engagement of stakeholders. To that end, it would be imperative to define the specific roles to be played by other sectors as well as the Global TB Caucus, and to elicit their support for the existing and proposed efforts to eliminate tuberculosis.

The representative of the MALDIVES said that her Government had committed to controlling and eliminating tuberculosis through a multisectoral strategic plan that was aligned with the End TB Strategy. To achieve the End TB Strategy's targets, action must be taken to explore innovative funding mechanisms and collaborative partnerships. She welcomed the proposal to establish a multisectoral accountability framework, but called for a harmonized and inclusive approach to reporting, so that countries with low prevalence and small countries like the Maldives could use existing reporting mechanisms. Her country wished to be added to the list of sponsors of the draft resolution.

The representative of SAUDI ARABIA welcomed the draft resolution. Referring to the proposal to establish a multisectoral accountability framework to accelerate progress towards ending tuberculosis, he called on WHO to strengthen the effectiveness of rapid diagnostic tests and make them more readily available at the country level. Greater efforts should also be made to devise innovative mechanisms to support national laboratory-based monitoring systems, integrate diagnostic and therapeutic tuberculosis services into public health systems and enable States with a high burden of drug-resistant tuberculosis to obtain new and costly non-standard drugs. Sustaining anti-tuberculosis programmes and removing the stigma around the disease should remain a high priority.

The representative of PAKISTAN said that his country remained fully committed to tackling tuberculosis and had made substantial progress in strengthening the diagnosis and treatment of the disease. The End TB Strategy represented a paradigm shift that encompassed bold policies and multisectoral cooperation.

The representative of AZERBAIJAN expressed her support for the draft resolution. Member States had shown tremendous political will to end tuberculosis and improvements had been noted. She hoped to see additional progress in the coming years, including in the area of multidrug-resistant tuberculosis.

Dr Martínez Menduiño took the Chair.

The representative of INDONESIA said that her Government remained fully committed to fulfilling the Moscow Declaration to End TB and to addressing the challenges involved in tackling the

disease. She looked forward to a successful high-level meeting and asked for her country to be added to the list of sponsors of the draft resolution.

The representative of INDIA said that her Government had increased funding for its national strategic tuberculosis plan and had allocated a significant part of the plan's budget to addressing the quality of patient care in the private sector, with a view to eliminate tuberculosis by 2025. Efforts had also been made to detect tuberculosis cases in high-risk areas, enhance the effectiveness of diagnostics and treatment and provide targeted support to poor and marginalized communities. Her country was a major manufacturer of anti-tuberculosis drugs and remained fully committed to working with WHO to overcome the challenges presented by the disease.

The representative of the UNITED STATES OF AMERICA said that the high-level meeting represented an important opportunity to strengthen international partnerships. Her country remained committed to implementing the End TB Strategy through a multisectoral approach. Coordinated intergovernmental efforts were necessary to save lives and reduce the substantial health and economic burdens of the disease. There was also a need to rapidly scale up the diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis. Continued innovation and research and multidisciplinary approaches would be essential in that regard. Despite the significant progress made in the fight against tuberculosis, it remained the top infectious disease globally. Bolstering commitment across all sectors was therefore vital. To support global eradication, her country would be happy to share its experiences and lessons learned with other Member States.

The representative of MALAYSIA expressed support for the Moscow Declaration to End TB, and the efforts made in preparation for the high-level meeting. Her country had strengthened its health systems in order to achieve universal health coverage, including for tuberculosis. It remained committed to implementing the End TB Strategy and would closely monitor progress made towards that end.

The representative of SOUTH AFRICA, speaking on behalf of Brazil, the Russian Federation, India, China and South Africa (the BRICS countries), said that, to meet the targets of the Sustainable Development Goals and the End TB Strategy, action must be taken to strengthen tuberculosis prevention and treatment as part of the universal health coverage agenda. Addressing the social and economic determinants and consequences of tuberculosis would also be important. Political leadership and accountability would be required at the highest levels. All countries should ensure that Heads of State attended the high-level meeting and committed to taking concrete actions, including the funding of research and development for shorter treatment regimens, vaccines, and point-of-care diagnostic tests.

The representative of GERMANY expressed her concern regarding the high number of cases of multidrug-resistant and extensively drug-resistant tuberculosis, and tuberculosis and HIV coinfection. The development of new diagnostics and therapeutic agents, as well as a vaccine, would be paramount for the control and elimination of the disease. She called for the integration of tuberculosis health service provisions into national health systems, with a view to achieving universal health coverage and barrier-free access to medical services for all tuberculosis patients and high-risk groups. Efforts should also be made to implement effective surveillance, prevention and care measures and adopt a patient-centred approach to the disease involving non-State actors and patient representatives. She supported the draft resolution.

The representative of ZAMBIA said that strong political commitment would be required to accelerate progress towards ending tuberculosis. Integrated and patient-centred prevention and care, and intensified research and innovation would also be crucial in that regard. She congratulated the Secretariat for hosting the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, and expressed her support for the Moscow Declaration

to End TB. The Secretariat should maintain the current level of strategic and technical support provided to Member States and should work with the relevant stakeholders to ensure sufficient and sustainable funding for tuberculosis efforts. She supported the draft resolution.

The representative of THAILAND drew attention to the importance of integrating tuberculosis services into universal health coverage. Strong and equitable health systems were fundamental for tackling any disease, including tuberculosis. His Government remained committed to participating in the high-level meeting and to upholding the Moscow Declaration to End TB.

The representative of the RUSSIAN FEDERATION said that Member States should step up their efforts to fight tuberculosis. She highlighted the important role played by the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow in 2017 in that respect, and hoped that the Moscow Declaration to End TB would enjoy the highest levels of political support. WHO's efforts to develop a global strategy on tuberculosis-related research and innovation were welcome. Progress to end tuberculosis would only be possible through the introduction of innovative and faster diagnostic tools, modern vaccines, and medicines that were effective against drug-resistant forms of the disease. The preparations for establishing a multisectoral accountability framework should be carried out under the direct coordination of WHO.

The representative of ANGOLA said that health ministries could not win the fight against tuberculosis without the participation of other sectors. Poor quality medicines and vaccines continued to pose problems in Member States of the African Region, and therefore continuous support by WHO would be required to tackle tuberculosis in the Region. She supported the draft resolution.

The representative of MEXICO said that tuberculosis remained a serious public health problem in his country, and that the development of innovative strategies would be required to control the disease. He urged Member States to participate in the high-level meeting.

The representative of PANAMA said that a multisectoral approach and appropriate funding would be required to accelerate the implementation of the End TB Strategy, particularly in terms of research and development. She reiterated the global need for high-level political commitment to eliminate tuberculosis successfully.

The representative of TURKEY said that Member States should take immediate action to address the rise in drug-resistant tuberculosis and multidrug-resistant tuberculosis cases. She supported the draft resolution.

The representative of PARAGUAY said that paragraphs 3(2) to (4) of document EB142.R3 should be taken into account at the high-level meeting. She hoped that, through the adoption of an action-oriented political declaration at the high-level meeting, Heads of State would support the inclusion of tuberculosis in all national policies, not only those relating to health.

The representative of NAMIBIA, while commending WHO and the global community for the progress made in the fight against tuberculosis, said that more remained to be done. Ministers of health in all six regions should urge Heads of State and Governments to attend the high-level meeting. He supported the draft resolution.

The representative of MONGOLIA said that social support for all tuberculosis patients, including the homeless and other disadvantaged populations, should be increased and community-based tuberculosis services should be promoted in order to ensure the elimination of the disease. Further support for the use of new diagnostic tools and for the expansion of shorter treatment regimens for multidrug-resistant tuberculosis patients was also required. Steps should be taken to

devise treatment guidelines for cases of latent tuberculosis, with a particular focus on the children of tuberculosis patients.

The representative of SURINAME expressed support for the proposed establishment of a multisectoral accountability framework to accelerate progress towards ending tuberculosis.

Dr Brostrøm resumed the Chair.

The representative of PAPUA NEW GUINEA said that all stakeholders should be actively involved in the preparations for the high-level meeting. His country was due to host the Asia-Pacific Economic Cooperation CEO Summit in 2018, for which an agenda item on tuberculosis had been put forward. It was hoped that the meeting would result in an outcome document containing firm commitments to combat the disease.

The representative of AUSTRIA said that greater commitment would be required to achieve the ambitious targets on tuberculosis. Ensuring ownership and accountability for the actions planned and carried out at each administrative and operative level would be vital to monitor progress successfully and guarantee sustainability. Alignment with existing plans and strategies would also be imperative in order to avoid duplication of efforts. The components of the proposed multisectoral accountability framework had been well chosen. Close collaboration should be sought with the regional centres for disease control and prevention in order to monitor and evaluate the actions taken under the framework effectively.

The representative of BRAZIL said that all tuberculosis patients should have access to the innovative tools and services required for rapid diagnosis, treatment and care. Addressing the social and economic determinants and consequences of tuberculosis would be critical to that end. The health sector could not act alone in the fight against tuberculosis. He therefore welcomed the proposal to establish a multisectoral accountability framework at the global level.

The representative of COSTA RICA said that political commitment and stewardship as well as community participation would be crucial to the success of the End TB Strategy.

The representative of SLOVAKIA said that efforts should be made to rapidly detect and treat drug-susceptible tuberculosis and multidrug and extensively drug-resistant tuberculosis. Provision of adequate treatment was essential to break the chain of transmission in the community. National political commitment would be required to ensure the diagnosis of tuberculosis, latent tuberculosis infection and multidrug-resistant tuberculosis in all settings and circumstances, particularly in centres or facilities hosting large numbers of high-risk individuals. She supported the draft resolution.

The representative of MYANMAR said that the lack of funding for regional activities must be addressed at the international level. Strong political commitment and financial investment would be required. Member States should support the preparations for, and actively participate in the high-level meeting with a view to ensuring the adoption of an action-oriented political declaration. He hoped that the high-level meeting would result in more robust and practical solutions to overcome the remaining challenges, and provide the necessary impetus to achieve the targets for ending tuberculosis.

The representative of CHINA said that he wished to withdraw his country's proposed amendment, and expressed support for the draft resolution.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called for the inclusion of child-specific targets in research and development, prevention and treatment to ensure that childhood tuberculosis challenges were treated with the urgency they deserved. Ending tuberculosis as a global health threat was vital to addressing

antimicrobial resistance, as the two were inextricably linked. Member States should therefore make the necessary resources available to end drug-resistant tuberculosis. She urged Member States to adopt a political declaration based on human rights, equity and medical science, and to commit to closing the funding gaps in research and development and tuberculosis detection, prevention and treatment.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that tuberculosis had an adverse impact on global social and economic development, as it disproportionately affected poor and marginalized communities and persons of working age. Specific efforts were needed to reach underserved population groups and to reduce stigma, discrimination and isolation. Given that multidrug-resistant tuberculosis accounted for one third of all deaths related to antimicrobial resistance, efforts to combat antimicrobial resistance would be central to tackling multidrug-resistant tuberculosis. Priority must be given to strengthening health systems, focusing on countries with the highest burden of disease. She urged Member States to invest in human resources to ensure that an adequate number of trained health care professionals were available to work on tuberculosis prevention, treatment and the delivery of people-centred care, as part of integrated health services. Improved infection prevention and control measures would be essential to ending tuberculosis and would require funding and high-level political support. Given the high risk of tuberculosis infection facing health care professionals, she called on WHO to strengthen occupational health measures designed to protect the health workforce. Member States should also adopt legislation, regulations and policies that promoted the optimal use of the nursing workforce in the delivery of tuberculosis and joint tuberculosis and HIV programmes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to focus on identifying policy implementation gaps and developing new safe and effective vaccines and medicines to reduce the spread of tuberculosis. Urgent action was required to eradicate the disease, in line with the antimicrobial resistance agenda and efforts to achieve universal health coverage. The Secretariat should therefore continue to provide Member States with the necessary support to integrate measures to eliminate tuberculosis into the fight against antimicrobial resistance.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that the unique needs of infants, children and adolescents must be given due consideration. Member States should ensure the highest level of political representation at the high-level meeting and adopt a declaration that included commitments to close the gaps in tuberculosis diagnosis, treatment and prevention. The outcome document of the high-level meeting should also clearly set forth that the response to tuberculosis must be equitable, rights based and people centred.

The representative of IOGT INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that alcohol consumption and alcohol-related problems significantly increased the risk of tuberculosis and often resulted in poor compliance with tuberculosis treatment. Member States should therefore adopt a comprehensive and integrated approach to the disease that included measures to address alcohol as a risk factor. The forthcoming high-level meetings on noncommunicable diseases and tuberculosis would provide a unique opportunity to focus on cross-cutting risk factors and comorbidities, with a view to attaining the Sustainable Development Goals.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that Member States should ensure the highest level of representation at the high-level meeting and should use the occasion as an opportunity to set clear national and global testing, treatment and prevention targets. Member States should also invest heavily in research and development that met the public need for affordable and effective tools to combat tuberculosis and should commit to monitoring the progress made towards combating the disease. WHO should also take steps to convene a global tuberculosis taskforce.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the spread of tuberculosis was linked to poor living conditions and socioeconomic factors. Ending tuberculosis would therefore also require action to address social determinants such as poor nutrition and housing. Models based on private sector participation failed to provide optimum care; the best results in tuberculosis management and control had been achieved in countries with robust public health systems. She therefore urged Member States to support primarily public funded health systems based on the principles of universal health coverage. New medicines for treating extensively drug-resistant and multidrug-resistant strains of tuberculosis had been protected by patents and therefore remained too expensive for patients and countries with a high prevalence of the disease. Given the public health impact of tuberculosis, she urged WHO to support a waiver on patent protection on all new tuberculosis medicines.

The representative of PASTEUR INTERNATIONAL NETWORK ASSOCIATION, speaking at the invitation of the CHAIRMAN, said that WHO and its partners had an important role to play in driving progress towards the eradication of tuberculosis. High-level political representation at the forthcoming high-level meeting on the subject would therefore be essential. During those discussions, Member States should make every effort to define ambitious, clear and measurable targets for the prevention, surveillance, diagnosis and treatment of tuberculosis and ensure that the appropriate monitoring mechanisms were put in place.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, urged Member States to make firm political and financial commitments at the high-level meeting, including those pledges made in the Moscow Declaration to End TB. They should also improve the diagnosis and treatment of tuberculosis and implement effective systems to monitor antibiotic use and antimicrobial resistance at the national level. Welcoming the establishment of the Global Antibiotic Research and Development Partnership, she urged WHO to ensure that the initiative followed the recommendations contained in the global action plan on antimicrobial resistance. Furthermore, she called on WHO incorporate the principle of delinkage into the proposed multisectoral accountability framework.

The WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, called on Member States to increase national efforts aimed at curbing antimicrobial resistance, fostering the development of new anti-tuberculosis medicines, and establishing an adequate public health infrastructure. They should also take the necessary steps to ensure that health workers had access to the appropriate personal protective equipment while caring for patients with active tuberculosis.

The representative of the WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIRMAN, said that, while it was important to find treatments for tuberculosis, consideration must also be given to palliative care and ensuring that all patients had access to care, including in cases where a cure was not possible.

The representative of the UNITED STATES PHARMACOPEIAL CONVENTION, speaking at the invitation of the CHAIRMAN, said that the availability of quality-assured medicines played a key role in the fight against tuberculosis. Poor quality medicines could expose patients to subtherapeutic doses, potentially promoting the development of multidrug-resistant strains of a disease. Pharmaceutical quality must therefore remain a priority. It was important to work with manufacturers to increase the supply of quality-assured antimicrobials and support governments in establishing robust pharmaceutical quality assurance and post-market quality surveillance systems.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, said that efforts to reduce the burden of tuberculosis and improve people's lives

required a life course approach that addressed comorbidities, including noncommunicable diseases. The forthcoming high-level meetings on noncommunicable diseases and tuberculosis would offer Member States the chance to adopt a One Health approach. She therefore urged Member States to take advantage of that opportunity to highlight the links between tuberculosis and noncommunicable diseases.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that the scale-up of access to effective tuberculosis treatments remained inadequate, in spite of the fact that current regimens used low-cost generic medicines and governments benefited from donor funding. To end tuberculosis, greater efforts must be made to implement global guidelines at the local level and devise effective health system strengthening policies that would support a holistic approach to, and bolster the detection, diagnosis and treatment of tuberculosis.

The representative of KNCV TUBERCULOSIS FOUNDATION, speaking at the invitation of the CHAIRMAN, said that, in order to have a tangible impact, the high-level meeting must produce a comprehensive package of outputs at the global and country levels and an accountability framework that would survive changes in political leadership. Commitments should also be made to ensure that the human resources required to tackle both active and latent tuberculosis infections were made available. Her organization stood ready to support WHO efforts to that end.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL said that smoking was a risk factor for tuberculosis infection and poor treatment outcomes. Both tuberculosis and tobacco use were linked to poverty. Given those linkages, tuberculosis services should be integrated into advice on tobacco cessation in order to improve tuberculosis outcomes. The Convention Secretariat remained committed to participating in collaborative efforts to end tuberculosis and engaging with other partners, including the Stop TB Partnership and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Collaboration across the two areas should be viewed as a cost efficiency measure worth promoting as part of efforts to achieve universal health coverage. The Convention Secretariat remained committed to improving quality of life and life expectancy for tuberculosis patients. As the implementation of target 3.a of the Sustainable Development Goals would improve the outcomes of global tuberculosis control efforts, it recommended including the implementation of the WHO Framework Convention on Tobacco Control in the outcome document of the high-level meeting of the General Assembly on ending tuberculosis.

The representative of the STOP TB PARTNERSHIP said that the high-level meeting represented the best chance of achieving target 3.3 of the Sustainable Development Goals, namely ending tuberculosis by 2030. In order to achieve that goal, WHO should include as outcomes for the high-level meeting measures to: reach all people affected by tuberculosis by closing gaps in diagnosis, treatment and prevention; ensure that the tuberculosis response was equitable, rights based and people centred; accelerate the development of new tools to end tuberculosis; invest the funds necessary to end tuberculosis, and commit to decisive and accountable global leadership, including regular United Nations review and reporting processes. Member States should also commit to diagnosing and treating 40 million people with tuberculosis by 2022. He called on Heads of State to attend the high-level meeting and to commit fully to the meeting outcomes. Efforts should be made to devise a strong, independent accountability mechanism in order to ensure that the meeting resulted in tangible actions. His organization therefore fully supported the proposed establishment of a multisectoral accountability framework.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases), responding to points raised, said that WHO stood ready to work together with all stakeholders to end tuberculosis. An example of that commitment was the Director-General's recent announcement that WHO in cooperation with the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria,

the United States Agency for International Development and other partners would support countries to provide high-quality tuberculosis treatment to 40 million people by 2022. The Secretariat valued the comments and suggestions received concerning the proposed establishment of a multisectoral accountability framework, particularly given the expedited consultation and preparation process. He acknowledged that many Member States had only been able to begin reviewing the draft resolution and relevant documentation in the lead up to the Seventy-first World Health Assembly. The establishment of a multisectoral accountability framework would be presented at the high-level meeting of the General Assembly on ending tuberculosis. The Secretariat would also support any additional consultations requested by Member States to discuss the instrument further. WHO called on all Heads of State, particularly those from countries with a high burden of tuberculosis, to participate in the high-level meeting, which represented an historic opportunity. Member State engagement and support would be vital to achieving the target of ending tuberculosis by 2030. He expressed appreciation for the efforts of the Governments of the Russian Federation and Peru in leading the consultations on the draft resolution. He also welcomed the decision by the Government of Papua New Guinea to include tuberculosis on the agenda of regional forums. A multisectoral approach would be vital to ending tuberculosis.

The DIRECTOR-GENERAL said that the growing high-level political commitment made to ending tuberculosis, including by leaders such as President Putin and Prime Minister Modi, was encouraging and represented a great opportunity. Although the Governments of Brazil, the Russian Federation, India, China and South Africa should take the lead in efforts to combat tuberculosis, it was also important to mobilize the Governments of other countries, particularly those with a heavy burden of the disease. He would send letters to Heads of State and Governments, in order to ensure a high level of participation in the high-level meeting of the General Assembly on ending tuberculosis. He stressed the importance of building cooperation and synergies among all stakeholders to fight the disease, for example through the joint initiative to provide effective tuberculosis treatment to 40 million people by 2022. While Member States should take the lead in those efforts, United Nations agencies, civil society and the private sector also had an important role to play. It was essential to maintain the current momentum and to bring about a paradigm shift in tackling tuberculosis.

On the issue of antimicrobial resistance, and in response to concerns about whether efforts to end tuberculosis should be incorporated into the work of the WHO Antimicrobial Resistance Secretariat, he stressed that tackling tuberculosis would form a key part of addressing antimicrobial resistance. It would be vital to promote research and development in that area and to foster the engagement of the private sector in order to make progress in that regard.

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 EB142.R3, as amended, was approved.¹

Public health preparedness and response: Item 11.2 of the agenda (continued)

- **WHO's work in health emergencies** (document A71/6) (continued from the fourth meeting, section 3)

The CHAIRMAN invited the Committee to consider the revised version of the draft resolution on cholera prevention and control, which read:

The Seventy-first World Health Assembly,

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.3.

(PP1) Recalling resolution WHA64.15 (2011) on cholera: mechanism for control and prevention, which led to the revitalization of the Global Task Force on Cholera Control to support Member States to reduce the public health, social and economic consequences of cholera by strengthening WHO's work in this area, and improving collaboration and coordination among stakeholders;

(PP2) Recognizing the report by the Director-General on WHO's work in health emergencies¹ and the Global Task Force on Cholera Control's recently launched strategy, Ending Cholera: A Global Roadmap to 2030,² large-scale outbreaks of cholera continue to cause significant morbidity and mortality among vulnerable populations in both emergency and endemic settings. With an estimated disease burden of 2.9 million cases and 95 000 deaths every year worldwide, the disease still affects at least 47 countries across the globe, with a potential to spread where water, sanitation and hygiene conditions are inadequate;

(PP3) Acknowledging that the prevention and control of cholera require a coordinated and multisectoral approach that includes access to appropriate health care, early case management, access to safe water, sanitation, education, health literacy and improved hygiene behaviours, with adjunct use of oral cholera vaccines, strengthened surveillance and information sharing, strengthened laboratory capacity and community involvement, including action on the social determinants of health;

(PP4) Acknowledging also that cholera control is both a matter of emergency response in the case of outbreaks, and a matter of development when the disease is endemic in high-risk contexts, such as in camps for refugees and internally displaced people;

(PP5) Affirming that progress towards the 2030 Agenda for Sustainable Development including commitment to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 6 (Ensure availability and sustainable management of water and sanitation for all); and Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), would reduce the prevalence and spread of cholera, along with other diarrhoeal diseases and enteric infections;

(PP6) Recalling that all States Parties must comply with the International Health Regulations (2005);

(PP7) Acknowledging that cholera, as a disease of epidemic potential, has to be recognized in itself and reported separately from other diarrhoeal diseases, within national surveillance systems, as not doing so hampers effective control measures,

OP1 URGES Member States:³

(1) to foster the identification by governments of cholera epidemics and to elevate cholera as a State priority in affected countries through its inclusion in national policies and plans, either as a stand-alone plan or embedded within broader diarrhoeal disease control initiatives, or within national health, health security, water, sanitation and hygiene, development and Sustainable Development Goal implementation plans, where relevant, and national disaster and/or emergency management agencies;

(2) to develop and implement, in affected countries, a multisectoral package of selected effective prevention and control measures, including long-term water, sanitation and hygiene services, access to appropriate health care, access to safe water, sanitation and improved hygiene behaviours, as well as infrastructure development along with associated capacity-building activities for operations, maintenance and repairs and

¹ Document A71/6.

² Ending cholera: a global roadmap to 2030 (<http://www.who.int/cholera/publications/global-roadmap.pdf?ua=1>, accessed 21 May 2018).

³ And, where applicable, regional economic integration organizations.

sustainable financing models adapted to the local transmission pattern for long-term control or elimination;

(3) to ensure that national policies and plans regarding the prevention and management of cholera comprise all areas with high-risk of cholera transmission;

(4) to establish national multisectoral cholera and acute diarrhoea prevention and surveillance mechanisms in affected countries to coordinate the implementation of the control or elimination plan, ensuring representation of the different ministries, agencies, partners and communities involved in cholera control efforts;

(5) to strengthen capacity for preparedness in compliance with International Health Regulations (2005), early detection and treatment, laboratory confirmation, case management and immediate and effective response to outbreaks in order to reduce the public health, social and economic impact;

(6) to strengthen surveillance and early reporting of cholera in line with the International Health Regulations (2005), and build capacity for data collection and analysis, including information on critical determinants including water and sanitation coverage;

(7) to strengthen community involvement, social mobilization in cholera prevention, early detection, household water treatment and storage, and other related water, sanitation and hygiene response activities;

(8) to support, including through international cooperation, research for better prevention and control, including research for improved vaccines and better rapid diagnostics and treatment; **and monitoring AMR; [Thailand].**

(9) to refrain from implementing health measures that are more restrictive of international traffic and more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, in line with the International Health Regulations (2005);

(10) to establish national targets, when applicable, and make financial and political commitments to cholera control with national Sustainable Development Goal implementation plans;

OP2 REQUESTS the Director-General:

(1) to strengthen surveillance and reporting of cholera in line with the International Health Regulations (2005) and to further reinforce advocacy, strategic leadership and coordination with partners at all levels via the Global Task Force on Cholera Control secretariat and working groups, including by providing technical support and operational guidance to countries for cholera prevention and control;

(2) to increase capacity to support countries to scale up their ability to implement and monitor multisectoral, integrated interventions for long-term cholera prevention, control and elimination; interventions for preparedness and response to cholera epidemics in accordance with the global initiatives of Ending Cholera: A Global Roadmap to 2030 and aligned with national plans to encourage reporting, monitor progress and disease burden in order to inform country and global strategies; and interventions for control or elimination;

(3) to support countries, upon request, in the assessment of cholera risk factors and capacity for multisectoral engagement within existing technical resources;

(4) to continue leading the management of the oral cholera vaccine stockpile to enable a sufficient global supply, including the support to and monitoring and evaluation of oral cholera vaccine use, and where appropriate vaccine campaigns, in cooperation with relevant organizations and partners, including UNICEF and the GAVI Alliance;

(5) to monitor and support long-term cholera prevention and control and elimination programmes at country and regional levels;

(6) to develop and promote an outcome-oriented research **and evaluation agenda for cholera, targeted to address important knowledge gaps, to the improvement of**

implementation of existing interventions, including WASH, and to the development of improved vaccines for better and more durable prevention and outbreak control [EU] covering all aspects of cholera control;

(7) to raise the profile of cholera at the highest levels on the global public health agenda and to strengthen coordination and engagement of multiple sectors, particularly water, sanitation and hygiene, and other non-health sectors such as finance and infrastructure development;

(8) to report to the Seventy-third World Health Assembly, through the Executive Board at its 146th session, on the global cholera situation and evaluate efforts made in cholera prevention and control.

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

Resolution: Cholera prevention and control	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	<p>Programme area: E.1. Infectious hazard management</p> <p>Outcome: E.1. All countries are equipped to mitigate risks from high-threat infectious hazards.</p> <p>Output: E.1.1. Control strategies, plans and capacities developed for diseases such as cholera, viral haemorrhagic fever, meningitis and influenza and those due to vector-borne, emerging and re-emerging pathogens.</p>
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	In line with the proposed resolution, additional activities for the biennium 2018–2019 include the reinforcement of the Global Task force on Cholera Control secretariat at WHO through the recruitment of additional staff, and increased capacity to support countries to scale up their ability to implement and monitor multisectoral cholera control plans through the organization of in-country workshops and recruitment of technical experts to be based in at least four cholera-affected countries.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	The resolution is aligned with the time frame of the Ending cholera: a global roadmap to 2030, with objectives set to reduce cholera deaths by 90% by 2030.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	Estimated at US\$ 121 million from 2018 to 2030, with an expected increase in staffing and activities in countries to provide support for the implementation of the entire road map in countries.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 7.93 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Zero.

3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
US\$ 19.69 million for the biennium 2020–2021.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
US\$ 10.43 annually, which reflects a 20% increase in staffing and activities requirements in the African Region, South-East Asia Region and Eastern Mediterranean Region, up to 2030.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium: US\$ 4.10 million available under the cholera workplan 2018–2019 of the programme budget of the WHO Health Emergencies Programme.
– Remaining financing gap in the current biennium: US\$ 3.83 million.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Zero.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	3.87	1.00	0.25	0.20	NA	0.40	NA	5.72
	Activities	1.06	0.79	0.00	0.18	NA	0.18	NA	2.21
	Total	4.93	1.79	0.25	0.38	NA	0.58	NA	7.93
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	5.09	4.00	0.50	0.80	NA	1.20	NA	11.60
	Activities	1.70	3.56	0.53	0.57	NA	1.70	NA	8.09
	Total	6.79	7.56	1.03	1.37	NA	2.90	NA	19.69
Future bienniums resources to be planned	Staff	5.09	6.00	0.50	0.96	NA	1.44	NA	13.99
	Activities	1.93	2.68	0.39	0.68	NA	1.19	NA	6.87
	Total	7.02	8.68	0.89	1.64	NA	2.63	NA	20.86

NA: not applicable.

In the absence of any objections, the CHAIRMAN took it that the Committee wished to approve the draft resolution.

The draft resolution, as amended, was approved.¹

The meeting rose at 17:30.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.4.

NINTH MEETING

Thursday, 24 May 2018, at 18:10

Chairman: Dr S. BROSTRØM (Denmark)

OTHER TECHNICAL MATTERS: Item 12 of the agenda

Global snakebite burden: Item 12.1 of the agenda (documents A71/17 and EB142/2018/REC/1, resolution EB142.R4)

The representative of COSTA RICA, speaking on behalf of the Latin American and Caribbean Group, said that a comprehensive global strategy was needed to tackle and reduce the global burden of snakebite envenoming. Limited information was available on snakebite envenoming, which predominantly affected vulnerable populations in rural settings and had serious socioeconomic consequences. Given the extent of the problem in the Americas, countries in the region had been working for years to improve surveillance and monitoring; scale up the production and distribution of antivenoms; implement prevention programmes; train the health workforce in diagnosis and treatment; and conduct research. The countries of the Latin American and Caribbean Group stood ready to share their experience in dealing with snakebite envenoming and to contribute to the development of a multisectoral, comprehensive strategy to tackle the problem. She expressed support for the draft resolution recommended by the Executive Board in resolution EB142.R4.

The representative of BENIN, speaking on behalf of the Member States of the African Region, welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio. His Region bore a high burden of the disease. In that connection, epidemiological data collection must be improved to facilitate a more realistic assessment and better mapping of the problem. The high cost of antivenoms and their shortage at the peripheral health care level presented significant barriers. He welcomed the measures proposed by WHO to reduce morbidity and mortality from snakebite envenoming and called for accelerated action towards the development of a strategic plan to tackle the disease. Particular emphasis should be placed on research and development, specialist training for the health workforce and broad access to effective treatment, especially for populations in rural areas. The Member States of the African Region supported the draft resolution.

The representative of COLOMBIA requested the inclusion of data and statistics on the Region of the Americas in future reports on the global snakebite burden, given that the Region was particularly affected by snakebite envenoming. In that connection, the Secretariat should prioritize data collection to better understand the burden that snakebite envenoming placed on health systems, and to strengthen technical capacity for antivenom quality control. Several Member States of the Region had made notable efforts to strengthen their regulatory frameworks. She supported the draft resolution, noting that the process through which it had been prepared could be applied to future work on other diseases, and welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio.

The representative of COSTA RICA said that the draft resolution, developed through an integrated, holistic approach, reflected a long preparatory process of technical, collaborative work between countries, coordinated by the Secretariat and regional offices; that process could be replicated in future work on similar issues. The draft resolution provided a firm basis for the development of a

global strategy to tackle the global snakebite burden. His Government stood ready to collaborate with other countries on efforts to tackle snakebite envenoming and issues of a similar nature, with a focus on interregional cooperation.

The representative of HONDURAS said that the Health Assembly's consideration of the global snakebite burden would encourage countries, in particular Honduras, to scale up knowledge and technology in order to establish inventories of snake species, update and exchange profiles of antivenom products, improve statistics and obtain technical and financial support for scientific research. Countries should also establish new partnerships and strategies for regional cooperation. Countries in Central America, where snakebite envenoming was widespread, could benefit from the strategies and methodologies of countries with similar environments. Her Government would collaborate with the Secretariat in efforts to prevent and control morbidity and mortality and reduce permanent disabilities caused by snakebites.

The representative of PARAGUAY expressed her appreciation for the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio. It was important to further promote surveillance and control of snakebite envenoming and assess the occupational risks posed by snakebites. She also called for more research, which would facilitate the development of strategies and instruments for controlling the disease, including in low-resource settings. The Secretariat should help to ensure that Paraguay had sufficient specific antivenoms to meet demand, namely by requesting regional reference laboratories to supply them. Lastly, donors and international organizations should provide technical support to Member States affected by the disease, and countries should share experiences and information. She supported the draft resolution.

The representative of ECUADOR said that, to address the high national burden of snakebite envenoming, his Government had decided to resume production of antivenoms. Transfer of technology and technical support were vital. The snakebite burden must be addressed from a regional perspective to ensure efficient management and response. In addition, the Secretariat must work with countries experiencing public health issues related to envenoming from scorpions and other species. He expressed support for the draft resolution, which his country had sponsored.

The representative of ARGENTINA welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio, but called for a greater focus on envenoming from arachnid bites and stings, which occurred on a similar scale in certain countries. WHO's response to the global snakebite burden should focus on: enhancing reporting processes to ensure that sufficient data were available for decision-making and for evidence-based resource allocation and mitigation actions; facilitating reporting in remote areas; developing online training courses on the diagnosis and treatment of patients and on the identification of snakes; improving patient access to antivenoms; and promoting research and development using advanced technologies. It was also important to investigate the social determinants of risk and practices that increased exposure to snakebites, as well as ways of avoiding them, in order to develop local, evidence-based recommendations and interventions.

The representative of AUSTRALIA expressed strong support for the draft resolution, which her country had sponsored. She reiterated the importance of rapid access to treatment, and said that the global snakebite burden should be addressed through a holistic approach, which called for simple, low-cost preventive strategies; rapid access to treatment; and reliable supplies of high-quality antivenoms. She encouraged WHO to directly engage with existing clinical toxinology training initiatives and support the global accreditation of clinical toxinology training, and welcomed efforts to promote research and development to improve global supplies of antivenoms and avoid reliance on species-specific antivenoms. Lastly, she commended the establishment of the working group on snakebite envenoming and looked forward to reviewing the forthcoming strategic plan and road map.

The representative of MEXICO urged the Secretariat to support Member States in developing a strategy for the prevention and control of snakebite envenoming in low-resource settings and promote the exchange of best practices and capacity-building for health workers in diagnosis and treatment. He encouraged the Secretariat to support efforts to regulate the manufacture of antivenom products, which should be evaluated in terms of their potency, effectiveness, dose and safety profile, using the experience of groups already working on neglected tropical diseases. His Government supported the draft resolution, which it had sponsored.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA highlighted the range of measures implemented in his country to improve the surveillance and control of snakebite envenoming and guarantee the effective production and distribution of antivenoms. His Government supported the draft resolution.

The representative of IRAQ said that efforts to tackle envenoming should be extended to include scorpion stings. The availability of antivenoms in affected areas must be ensured. Intraregional and interregional cooperation was vital, and the Secretariat should work with Member States to undertake studies and research, including on snake species by area. The issue should be incorporated into primary health care activities and approaches to achieve universal health coverage, and action must be taken to raise awareness among communities.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed strong support for the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. Particular attention should be paid to increasing the quality of antivenom products and supporting antivenom production facilities to increase production and reduce prices; WHO could notably support efforts to improve the quality, safety and regulation of snake antivenom immunoglobulin preparations. He outlined national measures to provide treatment for both snakebites and scorpion bites; his country had a long history of antivenom production and could provide assistance in that regard.

The representative of INDONESIA said that the lack of accurate data on snakebite envenoming at the global, regional and national levels would hinder the development of an appropriate strategy. In many developing countries, antivenoms were in short supply. She encouraged the Secretariat to support Member States in developing accurate databases on cases of snakebite envenoming, building local antivenom production capacity and training the health workforce. In addition, the distribution of antivenoms should take into account the predominantly rural location of many cases of snakebite envenoming. Her Government supported the draft resolution.

The representative of INDIA outlined his country's snakebite management policies and highlighted the need to develop a global public health strategy for the cost-effective management of snakebites in low-resource settings. In particular, community engagement was required to create awareness and establish effective information systems in order to reduce the number of deaths resulting from limited understanding of snakebite envenoming, especially in remote and rural areas. There was also a need to facilitate the transfer of knowledge and technology among Member States in order to improve the global availability of and access to safe, affordable antivenoms. His Government fully supported the draft resolution, which it had sponsored.

The representative of ALGERIA welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. To ensure a comprehensive, effective response, the capacity of affected countries must be strengthened to enable implementation of a control strategy and guarantee access to an affordable, sustainable supply of antivenoms; the establishment of a working group to assist in the development of a road map on snakebite envenoming was therefore a positive step forward. The measures in the draft resolution, which his Government supported, would provide a platform for considering other types of bites and stings, notably scorpion stings. His country had good

antivenom production capacity for both snakebites and scorpion stings, which could benefit other Member States.

The representative of BRAZIL supported the draft resolution, which his country had sponsored, and outlined the measures taken to address the significant national snakebite burden. He welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. It was important to recognize that the extent of the snakebite burden at the country level was influenced by the degree of health care coverage and the financial situation of those affected. He expressed support for WHO initiatives to improve the quality, safety and regulation of antivenom preparations and encouraged further action to avoid shortages and stock outs; his country's network of antivenom laboratories could provide support in that regard.

The representative of the PHILIPPINES welcomed the increased focus on the global snakebite burden and efforts to improve access to antivenoms. The Secretariat should: provide support to build antivenom production capacity, including through training or exchange programmes with regional or international antivenom producers; provide training to health workers on snakebite management and snake identification; and strengthen health systems, notably in relation to surveillance and procurement.

The representative of the NETHERLANDS said that her country would shortly be hosting an international, multidisciplinary conference on snakebites to exchange scientific knowledge, develop innovative, practical solutions and raise public awareness. She expressed support for the draft resolution, which her Government had sponsored.

The representative of PERU, describing the range of initiatives in his country to tackle envenoming, said that it was necessary to take measures to address the lack of appropriate antivenoms in many affected countries and establish cooperation programmes to fill such gaps. A single method of reporting should be developed in order to improve the quality of information. Further, WHO programmes should include the rehabilitation of affected individuals in order to address the sequelae of snakebite envenoming, and school curricula should include information on bites caused by venomous animals and how to prevent and treat them, particularly in areas of high incidence. He supported the draft resolution, which his country had sponsored.

The representative of NICARAGUA outlined the actions taken by his Government to prevent and control snakebite envenoming. The Secretariat should accelerate implementation of a global strategic plan to control snakebite envenoming and guarantee the quality and safety of antivenoms. He expressed support for the draft resolution.

The representative of GUATEMALA said that the platform developed for the preparation of the draft resolution, which his country had sponsored, could be applied in future to other health issues, as a means of ensuring an integrated, collaborative global response.

The representative of THAILAND expressed support for the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. It was critical to ensure the availability of antivenoms and the capacity of health workers to use them properly. The measures taken in his country had demonstrated that active management of antivenom stockpiling, distribution and awareness-raising at the national and subnational levels were key to effective implementation of the draft resolution.

The representative of BURKINA FASO welcomed the improvement in access to well-tolerated, effective and affordable antivenoms endorsed by WHO and pre-selected manufacturers, as well as actions taken at the global and regional levels to find solutions to the issue.

The representative of ANGOLA expressed support for the draft resolution, which her country had sponsored, and commended the Secretariat's efforts to provide a more detailed review of the key issues. However, she expressed concern about the lack of production of antivenoms in most African countries, where access to therapies was only possible through the purchase of expensive products manufactured by private laboratories. It was necessary to strengthen intervention strategies at the primary health care level; develop an international partnership mechanism for the production, registration and quality control of antivenoms; and conduct snakebite envenoming surveillance. In addition, it was important to involve community leaders; develop education programmes; assess the magnitude of snakebites in vulnerable groups; and train health workers. The scientific community, international partners and public health authorities should be involved in efforts to promote operational research.

The representative of NAMIBIA supported the draft resolution and welcomed the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases. His Government was in the process of establishing a multidisciplinary national technical and advisory committee on snakebites. He looked forward to constructive engagement with the Secretariat and other partners in developing a programmatic and operational framework to better manage snakebite envenoming through the sharing of expertise and experiences.

The representative of ZIMBABWE welcomed the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio and the Secretariat's technical assessment of antivenom products marketed in sub-Saharan Africa. It was paramount to address market weaknesses that prevented investment in research and development in order to improve current treatment and create safe and effective biotherapeutics. A greater focus on prevention through the development of appropriate control tools and strategies was required in addition to educating communities on snake behaviours and prevalent snake species.

The representative of the UNITED REPUBLIC OF TANZANIA was pleased that snakebite envenoming had been included in the WHO list of neglected tropical diseases and welcomed the assessment of antivenom products in sub-Saharan Africa. She underscored the need to involve the community in prevention strategies and expressed support for the draft resolution, which would facilitate transfer of knowledge and technology between Member States. The development of a road map to address both long- and short-term actions would be welcome.

The representative of CHINA welcomed WHO's response to snakebite envenoming, as well as the recommended actions regarding implementation of a global strategy. Her Government supported the draft resolution.

The representative of PANAMA, welcoming the inclusion of snakebite envenoming in the WHO list of neglected tropical diseases, said that, as one of the countries with the highest incidence of snakebites in Latin America, her Government had developed a national strategic plan to tackle the problem. She called on Member States to support the draft resolution, which her Government had sponsored, in order to ensure a harmonized approach to its implementation. It was particularly important to support vulnerable communities and ensure the availability of quality, safe and effective antivenoms.

The representative of SAUDI ARABIA, welcoming the inclusion of snakebite envenoming in the WHO neglected tropical diseases portfolio, said that it was essential to ensure the production and availability of affordable, quality and innovative antivenom products at the international level. The Secretariat should also address ways of avoiding risk.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution, noting that the Secretariat, Member

States and donors must ensure better quality control of antivenoms and develop an international financing mechanism to make them free of charge or affordable. It was necessary to promote research and development; train health care workers on clinical management; educate communities on prevention; and conduct epidemiological studies. The forthcoming road map must be fully financed to ensure an adequate response.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the draft resolution, which must include preventive and first aid measures and actions to ensure the availability of safe, effective, affordable and quality-assured antivenoms. It should also promote affordable innovation and manufacture, health system strengthening, particularly in relation to the supply chain, and training of health care workers. Publicly funded research and development models were a reliable, cost-effective solution to the high price of antivenoms. The global health community must allocate sufficient funding for implementation of the forthcoming road map.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked participants for their comments, including on data collection, training for health workers, and the quality of antivenoms, which would be fully reflected in the forthcoming road map and any related follow-up actions. The global strategy for the prevention and control of snakebite envenoming would focus on improving access to antivenoms and case management for poor and marginalized populations at a sustainable cost. The issue required a multifaceted, multisectoral, holistic approach. To that end, the Secretariat had already established a special task force consisting of a cluster on noncommunicable diseases and another on access to medicines, which was engaging with experts to examine the forthcoming road map. In addition, meetings with stakeholders were planned for the end of 2018, as well as broad consultations with Member States, to discuss the road map prior to its launch. He took note of participants' comments and concerns regarding the lack of attention on other venomous animals, such as scorpions; following a recent review by the Strategic Technical Advisory Group for Neglected Tropical Diseases at its 11th meeting in April 2018, the decision had been made that scorpion bites could not be included in the list of neglected tropical diseases. However, that decision in no way reflected a lack of commitment on the part of the Secretariat, which would continue to support Member States to tackle country-specific and region-specific health issues.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R4.

The draft resolution was approved.¹

Physical activity for health: Item 12.2 of the agenda (documents A71/18 and EB142/2018/REC/1 and resolution EB142.R5)

The representative of IRAQ, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the policy actions identified in the draft global action plan on physical activity 2018–2030 would contribute significantly to the achievement of the Sustainable Development Goals and the reduction of noncommunicable diseases. To achieve the global target of a 15% relative reduction in the global prevalence of physical inactivity in adolescents and adults by 2030, an intersectoral approach and the engagement of all stakeholders, including organizations of the United Nations system and regional entities, would be required. Monitoring of the implementation of the recommended policy actions should draw on existing indicators and targets as well as on those under development, including those related to the global strategy and plan of action for the prevention and

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.5.

control of noncommunicable diseases 2013–2020 and the Goals. To that end, it was important to develop criteria for data collection and reporting to facilitate data-sharing, as well as to strengthen reporting of disaggregated data. The Member States of the Region supported the draft resolution contained in resolution EB142.R5. He called on the Secretariat to provide support to Member States in implementing the draft global action plan, in collaboration with other relevant partners.

The representative of BURKINA FASO said that her Government had implemented a range of measures to tackle the risk factors for noncommunicable diseases, including physical inactivity. She supported the draft global action plan on physical activity, including the four strategic objectives, and called on the Secretariat to provide technical and financial support to countries with limited resources. Her Government supported the draft resolution.

The representative of SOUTH AFRICA expressed support for the draft global action plan on physical activity, including the four strategic objectives, noting that it should focus not only on actions to be taken by the individual but also on structural issues, such as the physical environment and safety. Further, it should put forward concrete ideas on ways in which the health sector could collaborate with other sectors, and consider the diverse requirements of different genders and age groups. The recommended interventions and activities must take into account rural and urban contexts as well as those of low- and middle-income countries. Lastly, the importance of physical activity must be emphasized among parents, educators, employers, and policy-makers and decision-makers.

The representative of SAUDI ARABIA called on the Secretariat to provide support to Member States in implementing the measures recommended in the draft global action plan on physical activity, using appropriate indicators. The Organization should also adopt criteria for data collection and reporting in accordance with the recommendations of related global action plans and strategies, including the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases. Capacity-building was urgently needed to implement the proposed evaluation framework and monitor the key measurement indicators at the country level.

The representative of MEXICO expressed his support for the adoption of the draft global action plan on physical activity. The establishment of specific monitoring mechanisms and indicators would highlight the progress made and challenges faced by Member States, as well as the best practices to follow in order to achieve the objectives set out in the draft global action plan.

The representative of AUSTRALIA said that the draft global action plan on physical activity was a comprehensive yet flexible tool and commended Member States and the Secretariat for their proactive approach to the issue, including organization of the “Walk the Talk: The Health for All Challenge” event and the Committee A yoga breaks. Intersectoral collaboration was necessary to address the wider socioenvironmental risks associated with physical inactivity, overweight and obesity. She welcomed the development of a monitoring and evaluation framework that drew on existing mechanisms and asked that Australia be added as a co-sponsor of the draft resolution endorsing the global action plan.

The representative of AUSTRIA welcomed the draft global action plan on physical activity, which would foster intersectoral cooperation. Her Government had made progress towards a national target to increase physical activity. She requested the Secretariat to provide guidance on collaboration and financing mechanisms to effectively support intersectoral action in the long term. Proven methods, such as health impact assessments and the health economic assessment tool, should be used to evaluate and monitor such action. She expressed support for the draft resolution.

The representative of DENMARK, speaking on behalf of the Nordic and Baltic countries Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway and Sweden, expressed support for the draft global action plan on physical activity and the draft resolution and called on the Secretariat to

update the recommendations on physical activity to include sedentary behaviour, based on a review of existing evidence. She underscored the importance of addressing social inequalities and ensuring access to infrastructure and environments that promoted physical activity and reduced sedentary behaviour through a multisectoral Health in All Policies approach. She supported the allocation of resources aimed at promoting physical activity among the least active and those facing the greatest barriers.

The representative of the RUSSIAN FEDERATION described the broad range of programmes and initiatives introduced in his country to increase physical activity. His Government aimed to increase the population's level of physical activity by 45%, which would allow it to meet the goal of the draft global action plan of a 15% relative reduction in physical inactivity among adults and adolescents by 2030. He supported the draft global action plan and believed that its goal was achievable.

The representative of CANADA welcomed the incorporation of a wide range of feedback into the development of the draft global action plan on physical activity, as well as its focus on a multisectoral approach. Implementation of the draft global action plan would contribute towards progress in the achievement of several targets of the 2030 Agenda for Sustainable Development. She supported the draft resolution.

The representative of the REPUBLIC OF KOREA expressed support for the draft global action plan on physical activity. He looked forward to the forthcoming publication of the WHO report on country comparable estimates on physical inactivity in adolescents and adults, developed following a request made by his delegation at the 142nd session of the Executive Board for guidelines differentiated by age group. However, he suggested that the report further divide the categories of adolescents and adults into adolescents, young adults, middle-aged adults and elderly adults, in order to reflect changing levels of physical activity and mobility across the lifespan.

The representative of PANAMA welcomed the draft global action plan on physical activity. Governments were responsible for creating environments, spaces and places conducive to physical activity, and employers should promote physical activity in the workplace. Particular attention should be given to policies to prevent sedentary behaviour and improve nutrition among children and young people. In addition, the Secretariat should take a proactive role in the dissemination of norms and recommendations to implement strategies and monitor progress and should provide support to develop information systems. She welcomed the proposed establishment of process and impact indicators, developed jointly with Member States, to provide information on the results of actions at different levels and facilitate appropriate decision-making.

The representative of INDIA described efforts made by his Government to promote physical activity, including the development of a multisectoral action plan for the prevention and control of noncommunicable diseases, programmes to promote the development of infrastructure such as playgrounds, parks and gymnasiums, and the use of various media platforms to increase awareness. He appreciated the support provided by the Secretariat and supported the draft resolution.

The representative of the UNITED STATES OF AMERICA welcomed the draft global action plan on physical activity, particularly its emphasis on multisectoral and multistakeholder action and its recognition of the fact that each Member State should determine the best approach to increase physical activity at the community level. She appreciated WHO's "Walk the Talk: The Health for All Challenge" event and looked forward to the forthcoming update of WHO's global recommendations on physical activity for health. Her Government could support the endorsement of the draft resolution by the Health Assembly.

The representative of the PHILIPPINES expressed support for the draft resolution and the strategic objectives of the draft global action plan on physical activity. The need for multisectoral collaboration in the implementation and monitoring of the draft global action plan should be emphasized, in addition to the need for efforts to identify “best buys” for specific age groups. Moreover, the agenda on physical activity should be included in the discussions at the forthcoming third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases.

The representative of JAMAICA said that her Government had launched a campaign to encourage people of all ages and from all backgrounds to improve physical activity, promote healthy eating, promote health checks and raise awareness of noncommunicable diseases. Nevertheless, certain challenges, including those relating to infrastructure and security, remained. She therefore called on the Secretariat to continue to advocate for action to address those issues and to provide increased support to countries. She encouraged Member States to endorse the draft global action plan on physical activity.

The representative of ALGERIA said that physical activity was an accessible and effective tool to combat noncommunicable diseases. The adoption of a multisectoral, holistic, Health in All Policies approach would have a positive impact on people’s health and well-being. In that context, measures should be taken to ensure that sufficient time was allocated in school timetables for physical activity for all age groups. He expressed support for the draft global action plan on physical activity and the development of regional and national plans based thereon. His Government supported the draft resolution.

The representative of SURINAME said that investment in policies to promote physical activity could directly contribute to the achievement of many of the Sustainable Development Goals. She therefore recommended accelerating progress through effective partnerships with multiple sectors, civil society, communities and the private sector, based on a Health in All Policies approach. Her Government supported the draft resolution.

The representative of GERMANY, welcoming the draft global action plan on physical activity, said that her Government was ready to share its experience in promoting physical activity among all age groups through cross-sectoral collaboration and a settings-based approach. She welcomed WHO’s efforts to tackle the issue, including the “Walk the Talk: The Health for All Challenge” event, and supported the draft resolution.

The representative of JAPAN said that her Government was promoting physical activity through its evidence-based healthy and active ageing initiative. The forthcoming Olympic and Paralympic Games to be held in Tokyo in 2020 would provide an excellent opportunity to promote sports and physical activity. Her Government welcomed the draft global action plan on physical activity and fully supported the draft resolution.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, expressed support for the draft global action plan on physical activity and the draft resolution and welcomed WHO’s initiatives to tackle the issue, such as the “Walk the Talk: The Health for All Challenge” event. The ultimate objective should be to achieve physical activity for all, rather than to reduce physical inactivity by a certain percentage. She strongly supported the development of a global monitoring framework and encouraged the Secretariat to create technical tools to support Member States in formulating and implementing national and subnational plans. At the regional level, the Member States of the South-East Asia Region had adopted a resolution on promoting physical activity, including through alternative and traditional methods such as yoga; a status report was being drafted as part of efforts to sustainably monitor progress.

The representative of the SOLOMON ISLANDS, speaking on behalf of the Pacific island countries, said that the increase in sedentary lifestyles had contributed to a noncommunicable disease crisis in the region. He welcomed the draft global action plan on physical activity, but noted that the geography of the Pacific islands may pose challenges to implementation of some of the associated actions. The Pacific island countries had established a network on ending child obesity and aimed to launch a regional campaign to raise awareness of the importance of physical activity; progress had already been achieved in increasing physical activity in schools and the health sector.

The representative of BHUTAN welcomed WHO's efforts to increase physical activity, including organization of the "Walk the Talk: The Health for All Challenge" event, and combat noncommunicable diseases. Physical activity was a "best buy" intervention to reduce the burden of noncommunicable diseases, especially in regions with resource-constrained settings. He highlighted the need to assess Member States' capacity to implement the strategies outlined in the draft global action plan on physical activity, including the availability of resources and the provision of technical support to Member States. He expressed support for the draft resolution.

The representative of TRINIDAD AND TOBAGO said that implementation of the national strategic plan for the prevention and control of noncommunicable diseases had led to a reduction in the number of adults and adolescents with insufficient levels of physical activity. His Government endorsed a whole-of-society and whole-of-government approach to physical activity for health and expressed support for the draft global action plan on physical activity.

The representative of COSTA RICA described the range of measures introduced in her country to tackle noncommunicable diseases and increase physical activity at the national and local levels. She supported the draft resolution and the draft global action plan on physical activity.

The representative of COLOMBIA welcomed the draft global action plan on physical activity as a means of strengthening the role of physical activity within the framework of efforts to prevent and control noncommunicable diseases and accelerating progress in relation to implementation and adoption of associated strategies. Efforts to promote physical activity must ensure access to appropriate, safe spaces and enabling environments and to diverse opportunities for all people to be physically active in their daily lives. Her Government was implementing a comprehensive range of programmes to promote health, including actions to increase physical activity. She expressed support for the draft resolution.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, highlighted the need to create environments that encouraged changes in lifestyles and physical activity. School and college curricula should include at least one hour of physical activity every day, with sufficient physical and outdoor activity space for that purpose. Physical activity had positive effects on physical and psychosocial well-being and could promote health and functional ability among the elderly. Research should be conducted in order to develop country-level physical activity and wellness indices.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the attention given to health literacy, the built environment and multistakeholder engagement, as well as the country-level goal of reducing physical inactivity by 15%. To that end, the Secretariat and Member States should support strengthened patient assessment and counselling; promote physical activity as part of universal health coverage; encourage the use of a whole-of-school approach in schools; provide support to community leaders in encouraging physical activity; improve infrastructure with dedicated recreational spaces and safe roads; and encourage the participation of young people as decision-makers. Adequate financing must be ensured to sustain systems that promoted physical activity for all.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that there was a need to develop global recommendations to address the links between physical activity and the prevention of noncommunicable diseases. The nursing workforce should be mobilized to address those diseases. Particular attention should be paid to vulnerable populations when ensuring access to opportunities for physical activity. She supported the need for a paradigm shift with regard to physical activity and its key role in disease prevention, and would work to develop inclusive ways to ensure active people, environments and societies.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that adolescents were a key target group and ministries of education must therefore promote physical activity in schools. She called on stakeholders to make multisectoral investments in sports-adapted infrastructure and encouraged health ministries and universities to include healthy lifestyle promotion as a key competency for the future health workforce. She welcomed WHO's creative initiatives to promote physical activity, including the "Walk the Talk: The Health for All Challenge" event, and encouraged all stakeholders to work together towards a more physically active world.

The representative of INTRAHEALTH INTERNATIONAL, INC., speaking at the invitation of the CHAIRMAN, welcomed the development of the draft global action plan on physical activity, which would contribute towards reducing the global burden of noncommunicable diseases.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the draft global action plan on physical activity did not fully address the social determinants of physical inactivity, in particular the reduced investment in welfare and concomitant reduction in public spaces for learning, participating and engaging in sports and related activities. In addition, it failed to propose measures to curb the influence of private actors, whose interests may run counter to the expansion of public spaces to promote physical activity. She urged Member States to increase public spending in accessible public spaces and sports facilities, and ensure that the draft global action plan addressed issues relating to inequality, exclusion and marginalization.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, urged Member States to include the promotion of healthy diets and caring for the environment in intersectoral policies on physical activity. He emphasized the key role of monitoring and the need for reliable data collection on indicators on the prevalence of insufficient physical activity. A fixed percentage of national budgets should be dedicated to the continual improvement of primary and preventive health care infrastructure and the promotion of healthy lifestyles. In addition, physicians should become community advocates for positive social determinants of health and for sustainable prevention practices, and should lead by example by maintaining their own personal health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the target to achieve a 15% relative reduction in physical inactivity would require the continuous updating of evidence, as well as capacity-building and collaboration. She welcomed the forthcoming monitoring and evaluation framework and the recommendations to strengthen financing mechanisms but urged for caution to be exercised in partnerships with the food, beverage, alcohol and gaming industries, where conflicts of interest undermined health. She urged countries to follow the example of the Member States of the South-East Asia Region in promoting physical activity in the lead-up to the third High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Her organization stood ready to support the successful implementation of the draft global action plan on physical activity.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, urged Member States to focus efforts on implementing the draft global action plan on physical activity and welcomed the practical recommendations and the recognition of physical activity as a disease management tool. He suggested the inclusion of an indicator to measure the number of countries with a budget allocated to a national plan on physical activity, as well as those with a designated unit responsible for its implementation. He said that the focus on the two age groups of 11 to 17 years of age and 18 years and over should not prevent countries from striving to encourage physical activity and active play among young children.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked participants for their comments and expressed appreciation to the Government of Thailand for hosting the 2016 International Congress on Physical Activity and Public Health and the Government of Portugal for organizing the launch the draft global action plan on physical activity 2018–2030 on 4 June 2018. She also thanked Member States, organizations within the wider United Nations family and non-State actors for participating in the consultation process for the development of the draft global action plan on physical activity. The draft global action plan represented the first time that WHO had framed physical activity as a sustainable development issue under the 2030 Agenda for Sustainable Development. She encouraged participants to incorporate physical activity into their lifestyles and affirmed that more physical activities, such as the “Walk the Talk: The Health for All Challenge” event, would be organized for forthcoming sessions of the World Health Assembly and the Executive Board.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R5

The draft resolution was approved.¹

Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030): early childhood development: Item 12.3 of the agenda (document A71/19 Rev.1)

The representative of the UNITED REPUBLIC OF TANZANIA, speaking on behalf of the Member States of the African Region, highlighted the ongoing challenges faced by the countries in her Region, notably regarding reproductive health and rights and adolescents’ health, and welcomed efforts to engage adolescents and develop specific programmes to support them. The Member States of the Region were working to accelerate progress in achieving the targets outlined in the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030). She welcomed the strong focus on universal health coverage in the draft thirteenth general programme of work, which would generate positive outcomes for children. However, while the multilateral efforts to strengthen early childhood development, including the establishment of the nurturing care framework, were welcome, it was disappointing that document A71/19 Rev.1 did not reflect the issue more thoroughly, with future steps outlined as previously agreed; greater attention should be focused on that issue in the report on implementation of the Global Strategy submitted to the Seventy-second World Health Assembly, in addition to a focus on midwifery care.

The representative of IRAQ said that the Global Strategy for Women’s, Children’s and Adolescents’ Health must respond to the challenge of reducing maternal and child morbidity and mortality, which should also be a fundamental part of the draft thirteenth general programme of work, with a particular focus on the complex situation in the Eastern Mediterranean Region. Other priorities included the elimination of gender-based violence and violence against children. Specific attention

¹ Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA71.6.

should be given to adolescents' health as part of school health services and within efforts to combat communicable and noncommunicable diseases. Work on those elements should be incorporated into primary health care services.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro, Serbia and Albania, the country of the stabilisation and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine, the Republic of Moldova and Georgia aligned themselves with her statement. She welcomed the focus on early childhood development, but expressed concern regarding the worrying statistics on child development, maternal health, sexual and reproductive health services, and violence against women and adolescent girls. The Member States of the European Union remained committed to the protection and fulfilment of all human rights, notably in relation to sexuality and sexual and reproductive health; it was vital to ensure universal access to high-quality, affordable information, education and health care services on that subject, and universal health coverage could play an important role in increasing access to related services, including for adolescents. The Member States of the European Union also strongly supported gender equality and the prevention and elimination of all forms of violence against women and girls, and were committed to supporting a whole-of-government and whole-of-society approach to early childhood development. She urged the Secretariat, Member States and other relevant partners to make bold commitments to take action to improve the health and uphold the human rights of women, children and adolescents.

The representative of PERU welcomed the alignment of the Global Strategy for Women's, Children's and Adolescents' Health with the 2030 Agenda for Sustainable Development, as well as the identification of actions to ensure the timely achievement of the related Sustainable Development Goals. It was fundamental to strengthen efforts on early childhood development, prioritizing, among others, maternal and newborn health, the reduction of chronic malnutrition among children and the reduction of anaemia. Through a range of measures, his Government had made progress in the area of adolescents' health. Lastly, he welcomed the signing of the framework for cooperation agreement between WHO and the Office of the United Nations High Commissioner for Human Rights in order to provide a coordinated response to efforts to ensure the highest possible level of health for all as a human right.

The representative of AUSTRALIA expressed appreciation for the focus on early childhood development. It was also positive that clearer and stronger language had been used regarding sexual and reproductive health; access to such services was essential to improve the health and well-being of women and girls, and WHO should continue to show leadership in that area. Coordinated global efforts to combat cervical cancer were welcome, and she encouraged the Secretariat and Member States also to consider endometriosis, a debilitating condition suffered by many women, during implementation of the Global Strategy for Women's, Children's and Adolescents' Health. A disability-inclusive approach during early childhood development was absent from the Secretariat's report, and it was essential to ensure that women and children with disabilities were not left behind; WHO should continue to provide leadership on that issue.

The representative of PANAMA said that the Global Strategy for Women's, Children's and Adolescents' Health should be updated, notably to emphasize the importance of women's rights in relation to sexual and reproductive health, and children's rights. The definition and measurement of existing indicators should also be improved, especially those related to targets 3.1.2 (Proportion of births attended by skilled health personnel) and 4.2.1 (Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex) of the Sustainable Development Goals. Children should be prioritized in the response to health issues. The provision of universal health coverage with a focus on quality, equity and dignity continued to pose a challenge to decision-makers. Investment in maternal and child health and early childhood development was a cost-effective intervention to ensure quality, comprehensive care. The Secretariat,

Member States and other organizations of the United Nations system were responsible for implementing short-term changes to achieve the Sustainable Development Goals and ensure that no one was left behind.

The representative of MEXICO noted the importance of integrated, multisectoral action to create an environment that promoted health and the protection of women's, children's and adolescents' human rights. He commended the recognition of violence, including interpersonal violence, as a public health problem that affected people throughout the life course and contributed significantly to the disease burden, and called on Member States to take comprehensive action to tackle the resulting harm to health, especially for the most vulnerable groups. Further exchanging of best practices and support from the Secretariat were required to enable Member States to address the key challenges related to adolescents' health, with the active participation of adolescents themselves. In addition, capacity-building strategies should be developed for health workers to provide them with the necessary tools to ensure effective, timely and sensitive health care for adolescents.

The representative of the UNITED STATES OF AMERICA commended the Secretariat's efforts to improve maternal, newborn and child survival and health; optimize early childhood development outcomes; and address issues relating to sanitation and environmental health. Her Government supported work to improve adolescent health through multisectoral efforts, including by empowering young people to avoid sexual risk and prevent early pregnancy. Continued focus must be placed on antenatal and delivery care, and on prevention and treatment of infections in mothers and children. She reiterated the fact that her Government did not recognize or support abortion as a method of family planning, or recognize any international right to abortion; the term "sexual and reproductive health" did not include the promotion of abortion. It was encouraging to see increased attention being paid to combating violence against women and girls; the international community should respond to the issue by supporting legal, educational, social, financial and health interventions to protect women and girls from exploitation and abuse. Another welcome focus was on the vital role of nutrition, particularly during early childhood, and she urged Member States to prioritize multisectoral and health investments in that area. Lastly, she expressed appreciation for WHO's efforts to tackle cervical cancer.

The representative of DENMARK commended the work of the United Nations Joint Global Programme on Cervical Cancer Prevention and Control and the prioritization of the health of women and girls. She called for efforts to reduce social and geographical inequalities and ensure that all girls and young women had access to screening programmes and vaccines. It was also necessary to use appropriate communication strategies for target groups in order to counter any prejudice, stigma and misconceptions; she thanked the Regional Office for Europe for the support it had provided to her country in that regard.

The representative of COSTA RICA said that national implementation of the Global Strategy for Women's, Children's and Adolescents' Health would require financial and human resources, as well as institutional and political commitment. It was particularly important to reduce maternal and infant mortality and keep sight of related concerns, specifically protection of human rights and universal access to services. She agreed with the proposal to focus on midwifery care in the next Secretariat report on implementation of the Global Strategy, with a particular focus on how to strengthen midwifery care towards universal health coverage. Given the complexity of the issue, a collective, multisectoral approach was required, with a clear definition of the scope of action and the responsibilities of all actors.

The representative of the REPUBLIC OF KOREA welcomed the sharper focus on women's, children's and adolescents' health and commended WHO's increased interest in the prevention and control of violence against women and children. Although sexual and reproductive health was important, the discussion on women's health should not continue to be centred on that issue; the

Secretariat should widen the scope of action to include health concerns more prevalent among women, such as mental health issues and access to health care systems.

The representative of THAILAND said that the nurturing care framework would help Member States to promote physical, emotional and cognitive development and prevent major threats to early childhood development. Her Government had sought to reduce deaths from cervical cancer by including human papillomavirus vaccines in its national list of essential medicines and providing vaccines and screening services to girls and women. However, the critical shortage of vaccines hampered national efforts; the vaccine industry should therefore be held accountable for the adequate production of those vaccines. Her Government recognized the importance of preventing domestic and interpersonal violence and road traffic injuries among women, children and adolescents and would soon be hosting the 2018 World Conference on Injury Prevention and Safety Promotion.

The representative of CANADA reaffirmed her Government's commitment to implementing the Global Strategy for Women's, Children's and Adolescents' Health. Enhancing access to a full range of sexual and reproductive health services and information, in particular for vulnerable women and girls such as those living in fragile and humanitarian contexts, ensuring gender equality and improving newborn health were priority areas for her Government. She welcomed the recently published Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): 2018 Monitoring Report, in particular its focus on early childhood development and a life course approach to health. In that connection, her Government would continue to take a life course approach to the critical role of nutrition in early childhood development from pregnancy onwards, including by providing vitamins and minerals, such as iron and folic acid supplements, to women and children. She encouraged Member States to provide financial support to the Global Financing Facility Trust Fund in order to accelerate progress on the Global Strategy for Women's, Children's and Adolescents' Health and universal health coverage.

The representative of COLOMBIA said that her Government had focused efforts on providing equitable access to high-quality, effective and timely health services. As early childhood was one of the most important stages in the life course, all available resources should be mobilized to ensure that young children could grow up in the optimum health conditions and exercise their rights to the fullest extent. She welcomed the attention paid to midwifery in the Global Strategy for Women's, Children's and Adolescents' Health. Her Government had adopted measures to fight inequality among children, break the intergenerational cycle of poverty and work towards a more equitable society. She reiterated her Government's commitment to ending violence and discrimination against women, children and adolescents in public and private spaces and the importance of the achievement of the Sustainable Development Goals.

The representative of TRINIDAD AND TOBAGO described the steps taken by his Government to prioritize reproductive health, early childhood development and postnatal, maternal and newborn health, including by training health care workers; providing gynaecological screening services; establishing a network of early childhood centres; deploying midwives at community health centres; and drafting a sexual and reproductive health policy. To achieve the widest health coverage possible, the national health system defined all people under 18 years of age as children. He supported the proposal to report on implementation of the Global Strategy for Women's, Children's and Adolescents' to a future session of the Health Assembly.

The representative of NORWAY welcomed WHO's commitment to deliver on the objectives of the Global Strategy for Women's, Children's and Adolescents' Health and its special focus on early childhood development. His Government supported the Every Woman Every Child initiative and, together with partners, had established the Global Financing Facility in support of Every Woman Every Child, which required replenishment in 2018; he encouraged other Member States to become partner countries. More must be done to ensure safe access to health services for women, children and

adolescents in emergencies and protracted crises. There was also a need for further research and evidence-based interventions. It was vital to continue work on strengthening the role of the health system to address interpersonal violence, in particular against women and girls, in line with resolution WHA69.5 (2016).

The representative of SOUTH AFRICA urged the Secretariat, in partnership with other bodies of the United Nations system, to fast track the finalization of existing indicators and support Member States in collecting data and reporting, in order to effectively monitor progress and ensure accountability. He drew attention to a recently published report in *The Lancet* on the continuum of health for both men and women before, during and post childbirth, which represented a new approach to preconception health, and urged the Secretariat to note that approach and support Member States in its adoption. Given the rapid increase in antimicrobial resistance, developments in new diagnostic tests and treatment options for syphilis and gonorrhoea should be accelerated. Efforts were also required to ensure the affordability of iron preparations for the treatment of anaemia, as well as human papillomavirus vaccines and DNA tests to prevent and screen for cervical cancer, including for middle-income countries that did not qualify for support from Gavi. He requested the Secretariat to provide time frames for the development of guidelines and operational guidance for nurturing care in early childhood. His Government supported the proposal to focus on strengthening midwifery care.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND welcomed the progress on key ambiguous areas, such as the definition of “skilled health personnel”, and the proposed focus on midwifery care. The launch of the nurturing care framework was also welcome. However, further information should be provided on actions being taken to address the critical issue of newborn mortality and stillbirths, as well as on preventive and population-based interventions. The Secretariat must ensure coordination between implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health and the work of relevant WHO departments. Her Government stood ready to share its experience, particularly with respect to sexual health and unplanned pregnancies.

The representative of INDONESIA, reaffirming her Government’s support for implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health, said that efforts to end preventable deaths among women and children should be integrated with community empowerment, quality services and health financing. She encouraged WHO, UNICEF, UNESCO and other related stakeholders to develop a global framework on early childhood development.

The representative of TUNISIA described the wide range of measures implemented by her Government to, inter alia, address early childhood development and adolescents’ health and reduce maternal and child mortality and violence against women and children, in line with efforts to implement the Global Strategy for Women’s, Children’s and Adolescents’ Health.

The representative of BRAZIL said that actions and policies related to the health of women, children and adolescents were essential to a sustainable development strategy based on principles of equity, inclusion and human rights. Brazil had developed a range of targeted policies that sought to, among other things, promote breastfeeding and immunization; reduce child morbidity and mortality and unplanned pregnancies; ensure access to quality services for adolescents and women, including in relation to reproductive health; and tackle physical and sexual violence.

The representative of SLOVAKIA said that early bonding was an essential component of early childhood development. However, he would have welcomed more extensive information on early childhood development in the report. In that connection, it was important to develop more focused strategies and expert networks involving Member States and other relevant stakeholders and conduct more targeted research to guide evidence-based policies at all levels. He expressed support for research and data collection on natural family planning methods. Additional information on the

management of fertility and infertility should be provided in forthcoming reports on implementation of the Global Strategy for Women's, Children's and Adolescents' Health.

(For continuation of the discussion, see the summary records of the tenth meeting, section 2.)

The meeting rose at 21:10.

TENTH MEETING

Friday, 25 May 2018, at 10:35

Chairman: Mr A. SINGHAL (India)

1. SECOND REPORT OF COMMITTEE A (document A71/56)

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

The report was adopted.¹

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

Global Strategy for Women's, Children's and Adolescents' Health (2016–2030): early childhood development: Item 12.3 of the agenda (document A71/19 Rev.1) (continued from the ninth meeting)

The representative of UNFPA welcomed the report's updated definition of "skilled health personnel", the Global Early Adolescent Study and the Global Abortion Policies Database, and for the proposal to strengthen midwifery care in the push towards universal health coverage. As a core member of the United Nations Joint Global Programme on Cervical Cancer Prevention and Control, UNFPA appreciated the Director-General's call to action on cervical cancer on 19 May.

The representative of AZERBAIJAN outlined her Government's efforts to safeguard and improve women's, children's and adolescents' health, notably in terms of eliminating measles and rubella among children, introducing mandatory health check-ups for children, improving neonatal care, reducing the maternal death rate, limiting adolescent pregnancies, sexually transmitted infections and AIDS, and improving sex education. She was confident that the Global Strategy for Women's, Children's and Adolescents' Health would prove to be a valuable resource.

The representative of the PHILIPPINES expressed support for the Global Strategy and agreed with the report's recommendations regarding early childhood development and the elimination of violence against children. She looked to WHO for guidance on how Member States whose geography included or comprised an archipelago could use the ratio of trained nutrition professionals per 100 000 inhabitants as an indicator under the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition.

The representative of VIET NAM agreed with the report's observations on the need to strengthen the role of health systems in national multisectoral responses to violence against women and children; the need to focus on midwifery care, a fundamental factor of improved newborn and maternal health, in the drive towards universal health coverage; and the essential role of early childhood development in the transformation sought under the 2030 Agenda for Sustainable Development.

¹ See page 309.

The representative of INDIA said that WHO should refrain from setting overly ambitious goals when it came to the definition of “skilled health personnel”. Member States should be able to define the basic minimum competencies of health care providers in line with their own contexts and challenges.

The representative of NIGER provided an overview of the steps taken by his Government to reduce child and adolescent morbidity and mortality and to invest in adolescents as a means of accelerating demographic transition.

The observer of the HOLY SEE said that, while he agreed with many of the report’s observations, he was deeply concerned about the inclusion of items on so-called safe abortion, both in the report and in the Global Strategy. The Holy See did not consider abortion or abortion-related services as part of reproductive health or health care. He was also deeply concerned about the involvement of WHO in the launch of the Global Abortion Policies Database. The Holy See was firmly opposed to any efforts by WHO and other organizations in the United Nations system to promote legislation that gave legal recognition to abortion. Moreover, it did not agree that the promotion of so-called safe abortion protected the human rights of women and girls, because abortion denied unborn children the right to life.

The observer of GAVI, THE VACCINE ALLIANCE said that his organization supported the Global Strategy. It also supported the Nurturing Care Framework, which he hoped would help to identify, prioritize and address barriers to the increased and equitable uptake of primary health care services, including immunization; focus attention on children affected by conflict or living in poor urban areas; and mobilize sustained political commitment, coupled with effective international and domestic investment.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN, said that women and girls must be prioritized in the drive towards universal health coverage and that governments should remove all economic, legal and discriminatory barriers to their health care. The Secretariat and Member States should adopt a health-promotion approach to implementing the Global Strategy and seek the financial support and accountability of governments; enact policies and allocate resources for the implementation of the Nurturing Care Framework; strengthen interministerial collaboration and partnership with civil society in their work to attain universal health coverage; and invest in human capital, including adolescents, who could act as peer educators.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, welcomed the nurturing care framework. WHO should engage with community health workers, who helped to bridge the gap between facilities and communities, promoted safety in high-risk settings by spotting and responding to signs of abuse, neglect and violence, and ensured access to care for children and families affected by HIV who were too poor, isolated or stigmatized to access mainstream services.

The representative of the INTERNATIONAL ALLIANCE OF WOMEN, speaking at the invitation of the CHAIRMAN, said that her organization advocated the provision of age-appropriate information about the biological sexual changes in boys and girls during puberty, focusing on preparing girls for their first period. It had launched a project designed to help its member organizations in Africa and Asia tackle that issue.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, speaking at the invitation of the CHAIRMAN, said that emphasizing early childhood development while ignoring the need for paediatric palliative care left behind children and adolescents whose life-limiting illnesses prevented them from developing into productive, happy

adults. Palliative care improved the quality of life of people with life-limiting illness and was therefore a key component of essential health care services as defined under universal health coverage.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that it was essential to regulate, monitor and enforce the International Code of Marketing of Breast-Milk Substitutes and relevant WHO resolutions in order to increase breastfeeding rates, as evidence suggested that insufficient breastfeeding led to millions of dollars in economic losses worldwide every year. Breastfeeding should be central to all policies designed to meet the goals set in the Global Strategy.

The representative of the INTERNATIONAL CONFEDERATION OF MIDWIVES, speaking at the invitation of the CHAIRMAN, expressed concern that the report did not mention the importance of breastfeeding to early childhood development. Access to midwives for mothers and their newborns was a human right, and she hoped to see an item on midwifery on the agenda of the Seventy-second World Health Assembly.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that his organization urged all countries to ensure that sexual health, identity and orientation were addressed in adolescent health strategies. A lack of support for those issues could affect mental health and well-being. Countries should apply a family-centred approach when designing their policies and programmes. Nurses were well positioned to provide families with the knowledge, time and resources needed for appropriate child care.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the investment in the Global Strategy and said that discrimination against women remained widespread in health care settings. She urged Member States to enforce legislation to protect young people's autonomy and eliminate discrimination in health care; and to tackle the barriers that prevented women and other underserved groups from accessing inclusive services, and proper sexual and reproductive health care, so as to help them make informed decisions.

The representative of the INTERNATIONAL PLANNED PARENTHOOD FEDERATION, speaking at the invitation of the CHAIRMAN, applauded progress in adolescent and young people's health care and the participation of those groups in health initiatives concerning them. The lack of age-appropriate sexual health education for young people remained a matter of concern and should be addressed in education programmes for young people. She welcomed the Global Abortion Policies Database and recommended that health providers should be trained to provide safe abortion services to those in need.

The representative of the INTERNATIONAL WOMEN'S HEALTH COALITION INC., speaking at the invitation of the CHAIRMAN, said that achievement of the Global Strategy's objectives depended on the fulfilment of women's and adolescents' sexual and reproductive health rights. Those objectives and target 3.1 of the Sustainable Development Goals would not be attained without addressing the problem of unsafe abortion. Certain social and cultural norms, a lack of empowerment and education, law and policies constituted barriers to sexual and reproductive health care services. She urged WHO to prioritize data collection on those obstacles and address the social determinants of sexual and reproductive health.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, welcomed the initiative to update the definition of "skilled health personnel" with a view to monitoring the proportion of births attended by such personnel, and the engagement of young people in the development of the strategy on youth. Young people should also be included in initiatives to render health settings more youth-friendly. WHO and its partners should incorporate the

recommendations of the report of the Guttmacher–Lancet Commission into the Global Strategy and commit to an evidence-based agenda for universal access to sexual and reproductive health, in order to support people’s right to make decisions about their own bodies.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, expressed concern about the growing number of neonatal and childhood deaths from pneumonia and said that Member States should invest more in health care related to births and include childhood pneumonia in their health care policies. Given the millions of children at risk of not fulfilling their developmental potential, she urged Member States to integrate the nurturing care framework into multisectoral plans. Primary health care must include sexual reproductive care for adolescents that was free at the point of delivery. Mechanisms should be set up to enable child and adolescent participation in health policy-making.

The representative of WATERAID, speaking at the invitation of the CHAIRMAN, said that child development and quality health care were predicated on access to water, sanitation and hygiene; millions of children suffered from diseases for want of those necessities. He called on the Secretariat and Member States to recognize that Sustainable Development Goal 6 was fundamental to the achievement of Goals 2, 3, 4 and 5 and to reflect that reality in the implementation guidance for the nurturing care framework; to prioritize investment in clean water, sanitation and hygiene in health care and early child development facilities; and to invest in research on the most effective approaches in that regard.

The representative of WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN and also on behalf of the World Obesity Federation and the Union for International Cancer Control, said that double-duty actions should be scaled up in relation to the nurturing care framework, so as to address undernutrition and obesity. Member States should formulate integrated policies to promote early child development while implementing cost-effective actions under the global action plan on noncommunicable diseases, implement the nurturing care framework with a focus on development during the first 1000 days, and support civil society involvement in the implementation of national policies.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the pandemic of violence against children had enormous economic consequences and jeopardized progress to date in child development, and attainment of the Global Strategy objectives and the Sustainable Development Goals. Advances were being made, however, particularly with regard to gender norms and interministerial mechanisms to combat violence. He urged Member States to strengthen the WHO global plan of action; integrate the issue of violence against children into health policies; leverage health promotion programmes to challenge social acceptance of violence against children; and collect disaggregated data on violence against children.

The representative of the WORLD FEDERATION FOR MENTAL HEALTH, speaking at the invitation of the CHAIRMAN, said that mental health services should be incorporated into the care afforded to child victims of violence in the home and offered to parents with a view to child protection. All relevant strategies should include prevention and education for parents, as research had shown the value of supporting parents for early child development.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIRMAN and also on behalf of the Medicines for Malaria Venture, welcomed the development of the nurturing care framework. Comprehensive nurturing care was essential for newborns and children, who were disproportionately affected by major infections. Research and development of, and access to, child-friendly medicines was urgently required with an eye to better diagnoses and integrated community case management of child health.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that women's general welfare and social status, in addition to their access to health care, had to be strengthened if the gender inequality gap was to be narrowed. Violence against women remained at unacceptable levels. The global gag rule posed an additional threat to women's lives; liberalizing abortion laws would reduce the maternal mortality rate. She urged Member States, in view of the unequal regional rates of neonatal and under-5 mortality, to improve health initiatives for those groups, and to strengthen health systems with a focus on community-based interventions.

The representative of BANGLADESH described the steps taken by his country to reduce national maternal and child mortality rates, end preventable newborn and child mortality, and promote adolescent health.

The representative of ALGERIA said that maternal and child mortality rates remained high in the African Region owing to the absence of cost-effective interventions and the inadequate quality of and access to health care. The lack of mechanisms to broaden coverage and of funding to meet health needs of the most vulnerable groups exacerbated the problem. He outlined a series of legislative measures introduced by his Government to improve women's and children's health, and reduce child and maternal mortality, and expressed support for regional actions to address the target populations.

The representative of the COOK ISLANDS said that the renewal of the Healthy Islands vision had helped to strengthen prenatal and maternal health care provision. She described progress made in her country with regard to women's, adolescents' and children's health, inter alia by increasing antenatal visits, ensuring births were attended by trained personnel and strengthening family planning services.

The ASSISTANT DIRECTOR-GENERAL (Family, Women's and Children's Health) said that WHO had published integrated antenatal and intrapartum care guidelines on a wide range of interventions aimed at reducing mortality and morbidity associated with pregnancy and childbirth. Around 50 countries were receiving specific WHO assistance to implement those guidelines.

She welcomed the Member States' commitment to the nurturing care framework and their focus on that critical period in children's lives. WHO was committed to working with partners to fast track the development of guidelines on the framework's implementation and strengthen the development of population-based indicators for assessing early childhood development, together with UNICEF, UNHCR and the World Bank, thereby contributing to the achievement of target 4.2.1 of the Sustainable Development Goals. It had published its first ever report on the causes of death among 5 to 9 year olds and was supporting countries to roll out the global accelerated action for the health of adolescents (AA-HA!).

WHO was also addressing the women's health issues raised by Member States. Endometriosis was covered, for example, in the guidelines for the diagnosis, management and treatment of infertility currently being prepared. Work was being done to accelerate implementation of the flagship initiative on the elimination of cervical cancer. The involvement of all stakeholders, including civil society, was fundamental to improving women's, children's and adolescents' health and reducing violence against them, and the Organization continued to work with the Independent Accountability Panel for Every Woman, Every Child, Every Adolescent to that end. It had stepped up measures to ensure that reproductive health services were provided for all those in humanitarian settings, and was initiating population-based interventions and sharing lessons learned and best practices, particularly regarding teenage pregnancy, from various Member States.

The Organization was working closely with colleagues in the health matrix cluster and United Nations agencies to support implementation of the Global Strategy at country level. Member States could track progress to that end via the Global Health Observatory data portal. The Secretariat thanked participants for their feedback and commitment to the Global Strategy's implementation and stood ready to support all Member States in that regard.

The Committee noted the report.**mHealth:** Item 12.4 of the agenda (document A71/20)

The CHAIRMAN drew attention to a draft resolution proposed by Australia, Brazil, Estonia, Ethiopia, Germany, India, Indonesia, Israel, Italy, Luxembourg, Mauritius, Morocco, Panama, the Philippines and South Africa, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered the report on mHealth;¹

(PP2) Recalling resolutions WHA58.28 (2005) on eHealth and WHA66.24 (2013) on eHealth standardization and interoperability;

(PP3) Recognizing the potential of digital technologies to advance the Sustainable Development Goals, and in particular to support health systems in all countries in health promotion and disease prevention, and by improving the accessibility, quality and affordability of health services;

(PP4) Recognizing that while technology and innovations can enhance health service capabilities, human interaction remains a key element to patients' well-being;

(PP5) Underscoring the need to ensure that digital health solutions complement and enhance existing health service delivery models, strengthen integrated, people-centred health services and contribute to improved population health, and health equity, including gender equality, and addressing the lack of evidence on the impact of digital health in these respects;

(PP6) Acknowledging that the transfer of technology and knowledge on mutually agreed terms, as well as technical cooperation, aligned with Sustainable Development Goal 17, are important in promoting digital health;

(PP7) Highlighting recent progress in the development and implementation of digital health strategies, policies, legislation and programmes by Member States,² WHO and partner organizations;

(PP8) Acknowledging previous experience³ of countries and organizations, the interconnectedness of digital technologies, the collection, management and evaluation of health data, the robustness of the enabling environment, in line with established good practices, while considering the sustainability of innovations, and their feasibility, scale-up and inclusivity,

OP1. URGES Member States:⁴

(1) to assess their use of digital technologies for health, including in health information systems at the national and subnational levels, in order to identify areas of improvement, and to prioritize, as appropriate, the development, evaluation, implementation, scale-up and greater utilization of digital technologies, as a means of promoting equitable, affordable and universal access to health for all, including the special needs of groups that are vulnerable in the context of digital health;

(2) to consider, as appropriate, how digital technologies could be integrated into existing health systems infrastructures and regulation, to reinforce national and global health priorities by optimizing existing platforms and services, for the promotion of

¹ Document A71/20.

² And, where applicable, regional economic integration organizations.

³ Programmes specified in comments from Missions included the Global Observatory for eHealth, WHO-ITU initiative on mHealth for noncommunicable diseases, the Innovation Working Group, Every Woman Every Child initiative and the WHO-ITU National eHealth Strategy Toolkit. Principles for Digital Development (WHO endorsed).

⁴ And, where applicable, regional economic integration organizations.

people-centered health and disease prevention and in order to reduce the burden on health systems;

(3) to optimize, in health systems development and reforms, the use of resources by developing health services alongside the application and use of digital technologies;

(4) to identify priority areas where normative guidance and technical assistance and advice on digital health would be beneficial, including, but not limited to, gaps in research, evidence-based standards, support to implementation and scale-up, financing and business models, content, evaluation, cost-effectiveness and sustainability, data security, ethical and legal issues, re-use and adaptation of existing digital health and other relevant tools;

(5) to work towards and support interoperability of digital technologies for health by, inter alia, promoting the use of international and open standards as an affordable, effective and easily adaptable solution;

(6) to disseminate, as appropriate, best practices and successful examples of digital health architecture, programmes, and services, in particular effective policy design and practical implementation, with the international community, including through WHO, bilateral, regional, cross-regional and global networks, digital platforms and hubs;

(7) to strengthen public health resilience and promote opportunities, as appropriate, through the use of digital technologies, including to improve access to, and monitoring, sharing and use of, quality data, direct citizen, health worker and government engagement, and to build capacity for rapid response to disease incidents and public health emergencies, leveraging the potential of digital information and communication technology to enable multidirectional communications, feedback loops and data-driven “adaptive management”;

(8) to build, especially through digital means, capacity for human resources for digital health, as appropriate, across both health and technology sectors, and to communicate areas of specific need to WHO in order to receive appropriate technical assistance;

(9) to improve the digital skills of all citizens, including through working with civil society to build public trust and support for digital health solutions, and to promote the application of digital health technology in the provision of, and access to, everyday health services;

(10) to develop, as appropriate, legislation and/or data protection policies around issues such as data access, sharing, consent, security, privacy, interoperability and inclusivity consistent with international human rights obligations and to communicate these on a voluntary basis to the WHO;

(11) to develop, as appropriate, and in coordination with existing and emerging regional hubs and support mechanisms, effective partnerships with stakeholders from across all sectors in the use of digital health;

OP2. REQUESTS the Director-General:

(1) to develop, within existing resources, and in close consultation with Member States¹ and with inputs from relevant stakeholders as appropriate, a global strategy on digital health identifying priority areas including where WHO should focus its efforts;

(2) to elevate the strategic capacity of WHO in digital technologies and to mainstream these in WHO’s work, operations and relevant programmes, including when working with Member States;

(3) to provide technical assistance and normative guidance to Member States, on request, for scaling up the implementation of digital health – including through the development and implementation of Member States’ digital health strategies, and in line

¹ And, as applicable, regional economic integration organizations.

with the Thirteenth General Programme of Work, 2019–2023, with the appropriate structure, resources, assets and capabilities, within existing resources;

(4) to ensure that WHO builds on its strengths, by developing guidance for digital health, including, but not limited to, health data protection and usage, on the basis of its existing guidelines and successful examples from global, regional and national programmes, including through the identification and promotion of best practices, such as evidence-based digital health interventions and standards;

(5) to develop a repository on regulations, evidence related to improvements and unintended effects regarding health promotion, disease prevention and access to, and quality and cost-effectiveness of, health services, and best practices relating to digital health technologies, provided by, inter alia, Member States on a voluntary basis;

(6) to monitor developments and trends of digital technologies in health systems, public health and data science, and analyse their implications for the achievement of the health-related Sustainable Development Goals;

(7) to promote WHO's collaboration with other organizations of the United Nations system and other relevant stakeholders to strengthen digital health implementation, by leveraging their capabilities;

(8) to submit a report to the Seventy-third World Health Assembly in 2020 on the progress made in implementing this resolution.

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

Resolution:	Digital health
A.	Link to the programme budget
1.	Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted
	Programme areas:
	2.1. Noncommunicable diseases
	3.1. Reproductive, maternal, newborn and child health
	4.4. Health systems, information and evidence
	Outcomes:
	2.1. Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors
	3.1. Increased access to interventions for improving health of women, newborns, children and adolescents
	4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities
	Outputs:
	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, including in crises and emergencies
	2.1.5. Enhanced coordination of activities, multistakeholder engagement and action across sectors in collaborative work with relevant United Nations system organizations, other intergovernmental organizations and non-State actors, to support governments to meet their commitments on the prevention and control of noncommunicable diseases
	3.1.6. Research undertaken and research capacity strengthened for sexual and reproductive and maternal health through the UNDP-UNFPA-UNICEF-WHO-World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
	4.4.2. Countries enabled to plan, develop and implement an eHealth strategy

2.	Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:
	Not applicable.
3.	Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:
	Not applicable.
4.	Estimated implementation time frame (in years or months) to achieve the resolution:
	48 months, pending further review.
B. Resource implications for the Secretariat for implementation of the resolution	
1.	Total resource requirements to implement the resolution, in US\$ millions:
	US\$ 32.2 million.
2.a.	Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:
	US\$ 16.1 million.
2.b.	Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:
	Zero.
3.	Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
	US\$ 16.1 million.
4.	Estimated resource requirements in future programme budgets, in US\$ millions:
	Not applicable (pending further review).
5.	Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
	– Resources available to fund the resolution in the current biennium:
	US\$ 11.5 million.
	– Remaining financing gap in the current biennium:
	US\$ 4.6 million.
	– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:
	Fundraising is ongoing.

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	3.60	0.50	0.50	0.50	0.50	0.50	0.50	6.60
	Activities	5.00	0.75	0.75	0.75	0.75	0.75	0.75	9.50
	Total	8.60	1.25	1.25	1.25	1.25	1.25	1.25	16.10
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	3.60	0.50	0.50	0.50	0.50	0.50	0.50	6.60
	Activities	5.00	0.75	0.75	0.75	0.75	0.75	0.75	9.50
	Total	8.60	1.25	1.25	1.25	1.25	1.25	1.25	16.10

The representative of INDIA, introducing the report on the use of appropriate digital technologies for public health, or mHealth, thanked Member States for their constructive contributions to the draft resolution and the delegation of Philippines for the role it had played in facilitating the negotiation process. Digital health was essential to achievement of the Sustainable Development Goals. The draft resolution aimed to empower all stakeholders, particularly patients, and constituted a first step towards mainstreaming digital interventions in health. It laid the groundwork for a global strategy on digital health by identifying priority areas for the optimization of national health systems in line with the global digital health agenda. He urged Member States to sponsor the resolution.

Another representative of INDIA, speaking on behalf of the Member States of the South-East Asia Region, said that the digital health paradigm provided an opportunity to reinforce access to health care in areas with connectivity but inadequate health coverage. The digitalization of health must address existing inequalities in relation to both health care and digital literacy. Digital health data could be a reliable source of information for health policy-makers. Human interaction was nevertheless key to patient well-being. The draft resolution would allow the Organization to incorporate digital health into various programmes and to establish a formal WHO mechanism on digital health in the future. WHO should take a leading role in work on digital health, with a view to achieving universal health coverage by 2030.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, said that the candidate countries Turkey, Montenegro and Serbia, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, Ukraine and Georgia aligned themselves with her statement.

Recalling that the ultimate goal of digital health was not innovation for its own sake, but rather the health and well-being of citizens, she highlighted the potential of digital technologies and advanced data analytics to empower citizens and promote better targeted, more integrated and safer health services and more efficient use of resources. She welcomed the planned update of the WHO Global Observatory for eHealth.

In order to overcome existing challenges relating to digital health, it was important to establish clear rules on access and use of health data for all parties; balance innovation, an integrated, people-centred approach and commercial interests, also taking into account cyber security; and remain mindful of patient health literacy regarding both clinical and digital matters. It was also important to foster international technical and semantic interoperability, which implied the development of common regulations, policies and processes, and to build the capacity of Member States, and health care professionals in particular, to implement digital health solutions. Lastly, different types of service delivery must be combined in order to maximize equality of access to services.

The European Union and its Member States fully supported WHO's investment in the fast-evolving digital health sector, which also brought important economic opportunities. She welcomed the collaboration with other United Nations agencies, including ITU, and supported the call

for a forward-looking global strategy on digital health, which could be used as a background document for a broader debate on the issue. The European Union and its Member States wished to be added to the list of sponsors of the draft resolution.

The representative of ISRAEL welcomed the document's emphasis on the role of digital technology in remedying inequalities in health outcomes and access to health services. In order for digital applications to fulfil their potential, their functionality in national health services and national and international organizations must be continually evaluated. As their use became more widespread, it was crucial to incorporate them into existing work methods and to train medical teams to use them. She called on WHO to review all existing and planned programmes to explore the potential contribution of digital technologies, adding that such a review could be carried out in the course of standard auditing processes.

The representative of MALAYSIA said that her country agreed that mHealth should be used to accelerate Member States' progress towards achieving universal health coverage. In settings where resources were scarce, investments should be made in digital health, including electronic medical records, "big data" and artificial intelligence. Her country would be very interested in being part of the joint initiative, "Be He@lthy, Be Mobile", and encouraged the Secretariat to raise awareness about it among Member States.

The representative of BARBADOS said that technological advances should be embraced as a means to improve the health literacy of populations. In order to reach those most in need, the large corporate telecommunication companies and information technology providers must be engaged. He urged the Director-General to develop channels of communication to that end and suggested that fiscal incentives could be provided to companies and organizations that identified funding for the promotion of mHealth. He encouraged the Secretariat to commit to further investment and research so as to extend the global reach of mHealth science and technologies.

The representative of the UNITED STATES OF AMERICA said that she supported the draft resolution's call for Member States to develop digital health strategies consistent with their overall health strategies. She urged Member States and the Secretariat to explore opportunities to collaborate with the public sector to strengthen infrastructure, information exchange and capacity building in the area of digital health. It was disappointing that the draft resolution did not contain previously agreed language, notably on the importance of technology transfers being both voluntary and on mutually agreed terms. Her country supported the principles of donor alignment for digital health as a means of remedying the fragmentation, duplication and lack of interoperability that characterized the digital health systems of many developing countries.

The representative of CHINA said that she would welcome the publication of an explanatory document by the Secretariat to define and distinguish the various terms used in the document, such as mHealth, mobile wireless technologies, eHealth and "big data". The Secretariat should continue to strike a balance between encouraging innovation and mitigating risks in digital health. In future, the procedures for pilot projects and technical cooperation should be more inclusive so that more developing countries could participate. She supported the adoption of the draft resolution.

The representative of the PHILIPPINES said that commitment from Member States to contribute to the repository mentioned in the draft resolution, along with efforts by the Secretariat to gather best practices and information relating to health technology trends, would help her country to devise effective strategies and build bilateral and multilateral partnerships. There was a need to scale up efforts so that the digital health scene could evolve from the current collection of disjointed pilot projects. She thanked the draft resolution's sponsors for their collaborative engagement and called on other Member States to join the list of sponsors.

The representative of SAUDI ARABIA said that mobile and digital health technologies improved the provision and quality of health care and encouraged positive behavioural changes. However, the number of pilot projects, poor interoperability and the absence of measures and tools for comparative evaluation made it difficult to evaluate and promote those technologies and integrate them into health systems. Member States needed support and clear guidance on the differences between the various types of health technologies so that they could draft national eHealth strategies and choose the most appropriate technologies. Countries must endeavour to ensure privacy protection on digital platforms and prevent the commercial use of personal data.

The representative of BRAZIL said that digital applications were already part of the health landscape and had the potential to play a crucial role in helping to achieve the health-related Sustainable Development Goals. That potential was tempered, however, by the need to manage users' private data responsibly. Any standardization exercise must give due consideration to that aspect.

The representative of ZAMBIA, acknowledging the usefulness of mHealth for assisting the health sector to interact with populations, said that standardized approaches should be developed. It was thanks to mHealth innovation that the first ever mobile telephone survey on noncommunicable diseases had been carried out in Zambia, and an awareness-raising programme implemented on cervical cancer screening. Innovation should always take into consideration country-level needs and objectives. Investments in digital technologies should not be made to the detriment of traditional national health information architecture, but rather complement it. He supported the adoption of the draft resolution.

The representative of ALGERIA welcomed WHO-ITU cooperation to promote mHealth among Member States and expressed support for the draft resolution. It was essential to invest in the basic infrastructure for relevant data collection at the country level. Building capacity in the use of digital technologies, developing public-private partnerships, transferring technology and exchanging best practices were also indispensable to mHealth promotion.

The representative of SOUTH AFRICA said that her country had used digital health solutions to improve efficiency, early detection of stock-outs, drug availability and patient satisfaction. There was a need for coordination and regulation across mHealth platforms. Moreover, the risks associated with cyber security must be mitigated and the problems related to broadband Internet connectivity and costs addressed. WHO should lobby other United Nations agencies, including ITU, to support the development of global mHealth standards and promote regulations that would help reduce the data costs of digital health initiatives.

The representative of ITALY, thanking the delegations of India and the Philippines for focusing global attention on digital health, said that the health sector stood to benefit greatly from the increasingly widespread use of technology. While the human touch must, of course, be preserved in medical interactions, it could usefully be combined with the new possibilities offered by digital health.

The representative of the RUSSIAN FEDERATION expressed support for the priority areas identified in the report and agreed that progress should be made on the basis of cooperation, coordination and exchange of technologies for the benefit of citizens' health in all countries. The time was ripe to develop a global strategy for information support in public health, including mHealth, which was particularly important in the light of the adoption of the Thirteenth General Programme of Work, 2019–2023.

The representative of MEXICO said that digital health applications must be regulated in order to ensure the confidentiality, quality and security of their content. He urged the Secretariat to continue to provide assistance to Member States to develop such applications. His country would continue to

harness the power of digital technologies, including social media, for the purposes of health promotion and disease prevention.

The representative of JAPAN expressed support for the draft resolution and said that national frameworks or strategies on mHealth were necessary to avoid having several pilot projects that would be difficult to coordinate. She welcomed the progress towards the development of a global strategy on digital health. Digital health technology had great potential in health emergencies and for use among refugees and migrants. WHO should focus on the most effective technology and devices.

The representative of ECUADOR said that his Government supported the draft resolution and wished to be added to the list of sponsors. Greater collaboration would be required to narrow the technology and communication gap between Member States, a prerequisite to making the jump to mHealth that should be prioritized as a means of bringing health care to the many people still living without a basic telephone connection or access to the Internet. Member States should set themselves ambitious goals, but should not forget the smaller steps that they would need to take on the way to meeting them. They would need to consider topics such as data security, the exchange of technology platforms, and the standardization of protocols and technology transfer, which would require even closer regional cooperation.

The representative of SRI LANKA said that the scope of the report should be broadened to include new mobile wireless developments such as the so-called Internet of Things, smart devices and sensing technologies. He urged WHO to strengthen the current legal framework for eHealth; develop a surveillance framework for smartphone health applications; promote digital health innovations; reform administrative structures to facilitate the adoption of eHealth technology; strengthen capacities to assess digital health solutions and use data analytics; and develop eHealth governance structures and guidelines on the use of patient databases in research. He supported the draft resolution.

The representative of NAMIBIA, speaking on behalf of the Member States of the African Region, welcomed the mHealth priorities listed in the Director-General's report, but noted that mHealth systems required adequate technological infrastructure, notably to handle high volumes of data, and specialized multidisciplinary skills; many health systems in the Region were not designed to take advantage of the opportunities they offered. He urged the Secretariat to adopt a more structured approach and support Member States to conduct baseline assessments of the use of digital solutions for public health and advise them on national strategies to use mHealth as means of attaining universal health coverage. It was also important to establish regulatory frameworks to manage mHealth solutions, ensure data protection, integrate and standardize mHealth technologies, encourage international sharing of mHealth solutions, and focus on capacity-building, technical assistance and technology transfers.

The representative of POLAND said that mHealth solutions should be user-friendly, with clear rules on how patients' personal data would be extracted, stored, used and shared. Member States had varying levels of computer literacy, access to technological infrastructure, health care provision, economic and social capacities and affiliation with international organizations. That should be borne in mind when implementing actions on digital health. Care should be taken to avoid duplicating existing initiatives and to support Member States with remote populations and lower levels of computer literacy. His Government valued WHO's contribution to eHealth methodology, a knowledge repository and best practices.

The representative of ESTONIA said that complex eHealth systems of public health services required common standards to ensure compatibility and interoperability at all levels of governance. They also required data security, eHealth applications that were fit-for-purpose, and digital literacy. Patients and health workers were far from taking full advantage of the possibilities offered, and the

“Be He@lthy, Be Mobile” initiative was therefore a welcome means of harnessing innovation in health.

The representative of the REPUBLIC OF KOREA welcomed the fact that 121 countries had national eHealth strategies and expressed the hope that more countries would harness cost-effective digital health technology, as it was a useful tool in achieving universal health coverage and meeting the health-related Sustainable Development Goals. She urged the Secretariat to help Member States implement the draft resolution, reinforce its ongoing efforts to monitor progress in digital health and share best practices worldwide.

The representative of NORWAY stressed the growing importance of WHO technical assistance as countries turned increasingly to digitization and interoperability. He expressed support for the draft resolution, which he hoped would stimulate countries to take ownership of digital health and encourage WHO to integrate digital health approaches and actions, thereby increasing its strategic capacity in digital health. The scope of the efforts required meant that greater importance should be attached to partnerships with other United Nations agencies and peer-learning networks. Donors were to be commended for agreeing to principles of donor alignment for digital health, whereby digital health investments would be aligned with a country’s digital health strategies.

The representative of the UNITED REPUBLIC OF TANZANIA said that many mHealth initiatives supported by non-governmental organizations were not interoperable and therefore did not outlive the end of the project. The guidance and assessment frameworks on mHealth and digital innovations outlined in the report would help Member States make sound governance and investment decisions and would prove extremely useful to all stakeholders, including donors to digital health projects.

The representative of PAKISTAN said that digital health technology had improved vaccination coverage, infectious disease tracking, drug quality assurance and data management in his country. mHealth regulations and standard protocols should be developed to ensure the privacy, security and confidentiality of patients’ personal data in both the public and the private health sectors, and Member State capacities in respect of mHealth should be bolstered, so to enhance access to quality health care services, including sexual and reproductive health care services.

The representative of LESOTHO welcomed the use of mHealth in countries like her own, where 80% of citizens had access to a mobile phone and the terrain made it particularly difficult to reach health care facilities. mHealth had been used to improve surveillance, the supply of drugs and other commodities, data management and timely reporting; it had also been the subject of awareness-raising campaigns. To be sustainable, mHealth required proper policies – developed in tandem with government departments responsible for technology and communications – guidelines and training of health care professionals.

The representative of BANGLADESH said that the draft resolution would help to mainstream digital health technologies in WHO programmes, and a global strategy on digital health would help achieve universal health coverage. Data security was nevertheless a major concern that had to be addressed. WHO should take a leading role on digital health issues.

The representative of IRAQ expressed support for the draft resolution. Digital health should be incorporated into other areas where e-government services were offered. A workplan should be drawn up for the full use of mHealth to bolster health care information systems and facilitate execution of the three strategic priorities of the Thirteenth General Programme of Work, 2019–2023. mHealth applications had to be regularly and sustainably monitored and evaluated, to ensure that they were consistent with community needs.

The representative of JAMAICA said that mobile wireless technologies could facilitate increased access to health services, particularly for hard-to-reach populations, and support disease diagnosis, monitoring, management and research, and community-level activities for environmental health programmes. The health care sector was nonetheless a well-known and preferred target for cyber criminals, and her country had therefore engaged in multisectoral collaboration to improve cyber security and data protection in health care systems. Digital health technology clearly had the potential to promote universal health coverage and universal access to health services.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the provision of personalized health care required a platform which reached every individual and that mHealth had the potential to improve access and quality of health care, user satisfaction, self-care competencies and family engagement. While data collected through the use of mHealth could be used in health system metrics and health service research, individuals' rights to privacy and the protection of their personal data should be borne in mind. Furthermore, contact between individuals and service providers should be strengthened, face-to-face delivery of health care should not be undermined, standards and tools should be established to assess mHealth performance, and practical solutions should be put in place, such as the use of open-source mobile applications, for countries facing financial constraints. His Government had advanced the use of digital technologies for public health and encouraged other Member States to follow suit.

The representative of MALTA said that digital health technology, which was central to the achievement of universal health coverage, offered a wealth of benefits, including more efficient and effective delivery of health care services, and could be used to tackle diverse global health challenges, such as noncommunicable diseases. Blockchain and distributed ledger technology could be used to store and share patients' personal data securely. In recognition of digital technology's potential, Malta was set to become the European regional hub for the Commonwealth Centre for Digital Health; indeed, small countries like Malta were ideal test hubs for mHealth and "big data" applications. Malta wished to be added to the list of sponsors of the draft resolution.

The representative of KAZAKHSTAN agreed with previous speakers on the need for common regulations to ensure technical and semantic interoperability and for collaboration with United Nations agencies such as ITU. Her Government supported further intersectoral collaboration on digital health with industries, governments, professional associations, the private sector and citizens at all levels, and encouraged governments to act proactively to take advantage of rising levels of mobile phone use and Internet access. WHO should identify the most effective solutions to be implemented and shared worldwide. Ultimately, universal health coverage did not imply only physical interaction with health providers; digital health initiatives could enhance coverage with minimal investment and proactive regulatory and reimbursement systems.

The representative of THAILAND said that there were two aspects to digital health. Artificial digital health used technology to promote access to efficient and lower cost health services, but required multisectoral cooperation and could result in misuse of patient data. Humanized digital health provided the human touch needed to foster trust and confidence in providers. It was important to strike a balance between those two aspects. She supported the draft resolution.

The representative of AUSTRALIA said that while mobile health technologies had the potential to bring far-reaching benefits, appropriate regulatory controls to manage the risks of poor quality, safety or performance and appropriate protections for the use or storage of personal and sensitive information were essential. It was important to consider the challenges of access to technology to avoid a new kind of health inequity. Her Government was pleased to co-sponsor the draft resolution and welcomed continued engagement with WHO on that important work. She encouraged other governments to participate in the Global Digital Health Partnership, of which Australia was the inaugural host.

The representative of TURKEY said that the establishment of eHealth platforms gave patients a greater say on their health, helped avoid repetitive medical tests, allowed access to results at any time and from any place, and was leading to more people-centred health systems. She encouraged the Secretariat to collaborate with other partners and Member States to develop multisectoral approaches to widening the target group for digital technologies and improve data security. She supported the draft resolution.

The representative of the COOK ISLANDS expressed support for the draft resolution and welcomed the use of digital technology to improve public health and global health outcomes. Data ownership, security and quality were critical concerns, but it was also important to design systems tailored to the context in a given country, particularly for the Pacific countries and small island developing States.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA expressed support for the draft resolution and concern at the use of the word “*cliente*” [client] instead of “*usuario*” [user] in document A71/20.

The representative of ITU welcomed the draft resolution, in particular the call for the development of a global strategy on digital health and greater collaboration with United Nations agencies. ITU firmly believed that digital health solutions had the potential to improve health service delivery models, and stood ready to enhance its cooperation with WHO within the framework of the draft resolution, which it encouraged Member States to support.

The representative of the WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called upon Member States to implement national eHealth strategies in consultation with their national dental associations, in order to better integrate digital oral health programmes.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that new tools must be embraced to achieve universal health coverage. It was important to integrate technology into medical education and training structures, to invest in remote health services, and to design public health interventions with a digital platform in mind.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN said that it was imperative for countries implementing mHealth to understand the fundamental education and training needs of health care professionals and the privacy and confidentiality rights of patients. mHealth should enhance access to quality health care services and extend their reach to vulnerable and isolated populations.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, called on WHO and Member States to strengthen health technology education to ensure that the health workforce could fully utilize, integrate and promote mHealth to help patients manage their diseases.

The representative of INTRAHEALTH INTERNATIONAL INC., speaking at the invitation of the CHAIRMAN, said that interoperability was essential to allow different digital health systems to exchange standards-based data and integrate with existing national eHealth strategies and architectures. Improving the data literacy and analytical capacity of frontline health workers and their constituent populations was important in order to foster engagement and accountability at the local level.

The representative of PATH, speaking at the invitation of the CHAIRMAN, encouraged WHO to help countries develop digital health strategies and investment roadmaps with a view to avoiding

fragmentation, facilitating partnerships and improving digital infrastructure. Privacy protections must also be core considerations. He supported the draft resolution.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIRMAN, called on WHO and Member States to leverage advances in mHealth by creating platforms at national or regional level to evaluate existing mHealth tools and to validate those that were safe and effective, thus avoiding duplications and scaling up good practice; educating health professionals on the use of mHealth to complement existing care practices and providing guidance for the integration of validated mHealth interventions into health systems; and carefully regulating the use of mHealth tools to ensure the protection and proper use of personal data.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANIZATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that the Director-General's report was unduly optimistic. mHealth should not be seen as a low-cost method of providing health care and could be of real value only where functioning health systems already existed. The close collaboration envisaged with ITU, a multilateral public-private partnership with almost 800 private-sector entities, was highly problematic. WHO should initiate an enquiry to ensure that partnership with ITU did not breach the provisions of the Framework of Engagement with Non-State Actors.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage and Health Systems) said that the Secretariat had carefully noted Member State and non-State actor comments on the opportunities and risks of digital health, in particular the need to review WHO proposals for the use of digital tools and to consider the important role of the private sector in digital health. She referred the question of terminology to the recently published WHO classification of digital health interventions. Countries could leverage the WHO Global Health Atlas to improve coordination and reduce the number of pilot projects. The Secretariat looked forward to working with Member States and partners such as ITU on the development of a digital health strategy.

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

The draft resolution was approved.¹

The meeting rose at 13:10.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA71.7.

ELEVENTH MEETING

Friday, 25 May 2018, at 14:45

Chairman: Ms M. MARTÍNEZ MENDUIÑO (Ecuador)

later: Dr S. BROSTRØM (Denmark)

1. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

Improving access to assistive technology: Item 12.5 of the agenda (documents A71/21 and EB142/2018/REC/1, resolution EB142.R6)

The representative of PAKISTAN drew attention to the number of people who lacked access to assistive technology around the world, and outlined previous global, regional and national efforts to address the issue. Member States needed to prioritize assistive technology as an essential part of inclusive sustainable development, in line with the principle of leaving no one behind under the 2030 Agenda for Sustainable Development. She called on all Member States to uphold human dignity by supporting the draft resolution on improving access to assistive technology contained in resolution EB142.R6, which aimed to improve access to high-quality, affordable assistive products within universal health coverage.

The representative of ECUADOR expressed the conviction that the draft resolution could be a valuable tool to improve access to assistive technology. Such a step reaffirmed Member States' commitments on access to assistive technology under the Convention on the Rights of Persons with Disabilities, and would open up new possibilities for cooperation, solidarity and the transfer of technology.

The representative of BHUTAN, speaking on behalf of the Member States of the South-East Asia Region, commended WHO for its progressive role in advancing the Convention on the Rights of Persons with Disabilities, and urged Member States who had not done so to ratify that Convention. The growth in disability rates in the Region meant that many people would benefit from improved access to assistive products. Without action, the range of challenges faced by people with disabilities could hinder efforts to achieve the “triple billion” goals and the Sustainable Development Goals. The Global Cooperation on Assistive Technology initiative would provide leadership to strengthen global partnerships and improve access to high-quality, affordable assistive products. His Region supported the draft resolution.

The representative of BRAZIL said that the issue of access to assistive technology went beyond achieving Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) or implementing obligations under the Convention on the Rights of Persons with Disabilities; above all, it was about providing equal opportunities and improving quality of life for those in need. Lack of access to assistive technology affected both individuals and society as a whole, reducing productivity and the size of the economically active population. He supported the draft resolution.

The representative of the UNITED STATES OF AMERICA highlighted the contribution that her Government had made to the Organization's work on assistive technology. Such developments allowed those in need to enter education and employment, contribute to their communities and live independently. She welcomed the draft resolution, which was important since assistive technology

remained out of reach for many, and looked forward to further discussions on best practices and priorities.

The representative of the REPUBLIC OF KOREA welcomed efforts by WHO to improve access to assistive technology and noted paragraphs 1(5) and 1(6) of the draft resolution, which urged Member States to promote research and development, and collaborate on the manufacturing, procurement and supply of priority assistive products. The latter was of particular concern as the high cost of imported products placed them beyond the reach of those in need. The Secretariat should develop innovative ways of reducing the cost of imported products, such as import and export duty reductions or exemptions, and develop standards to prevent excessive profiteering by sellers of assistive products.

The representative of LIBYA expressed support for the draft resolution. Access to assistive technology was a pillar of universal health coverage and a fundamental human right that required collective efforts on all levels. Ongoing internal conflict had made health emergencies a regular feature in Libya, and many young people required artificial limbs and assistive technologies as a consequence. Cooperation was needed at the regional and global levels in the manufacture, sale and maintenance and use of assistive technology.

The representative of MALAYSIA expressed support for the draft resolution and provided details of national measures to promote the development and regulation of assistive technology.

The representative of JAPAN said that assistive technology played an important role in social inclusion for the ageing population and people with disabilities and chronic diseases. It was important to improve quality as well as access; future discussions should consider the introduction of a system to guarantee the quality of assistive technology, such as prequalification by WHO.

The representative of SOUTH AFRICA expressed support for the draft resolution and noted with concern the lack of access to assistive products. While she agreed with the challenges listed in the report, specific reference should have been made to the cost and affordability of assistive products, which was a particular issue in low-income and middle-income countries. She welcomed efforts to develop a priority assistive products training package and an assistive products procurement manual – which should include a price benchmarking mechanism similar to that used for medicines and vaccines – and asked when they would be available.

The representative of BAHRAIN affirmed that assistive technology was important to realizing social inclusion and individual independence. The Secretariat should focus on creating a detailed and reliable database of assistive technology requirements, policies, funding and research. She expressed support for the draft resolution.

The representative of IRAQ said that he would welcome the integration of access to assistive products in universal health coverage. Work on the issue of assistive technology would contribute to the implementation of the Thirteenth General Programme of Work, 2019–2023. It was a prerequisite for ensuring sustainable primary health care provision that was integrated at all levels, and would help to strengthen such provision in response to community needs.

The representative of CHINA supported the draft resolution and noted that improving access to assistive technology would lead to further developments in that industry. He urged Member States to formulate effective policy measures to integrate assistive products into universal health coverage, strengthen research and development and improve international collaboration, notably through implementation of the Global Cooperation on Assistive Technology initiative. It was also important to improve supply chains, reduce customs duties and simplify related procedures, and develop online sales.

The representative of the DOMINICAN REPUBLIC said that people with disabilities should no longer have to rely on charity; the draft resolution would enable them to claim their right to timely, high-quality care that met their needs. Member States already had evidence that the actions proposed had been successful in the case of medicines and health products. To ensure that no one was left behind, the Secretariat needed to provide technical support to Member States so that they could overcome the challenges described in the report, notably regarding national regulations. She therefore supported the draft resolution and the Global Cooperation on Assistive Technology initiative.

The representative of THAILAND expressed support for the draft resolution. Its successful implementation would require a change in attitude; viewing people with disabilities as assets rather than burdens would lead to increased investment in assistive technology and create an environment that allowed them to lead full lives. Given the limited resources available, policy decisions on assistive technology needed to be evidence-based and make use of tools such as health technology assessment. Implementing the draft resolution in the context of universal health coverage was the best way to ensure the effective provision of assistive technology, which needed improved availability, accessibility, acceptability, adaptability and affordability.

The representative of GHANA, speaking on behalf of the Member States of the African Region, drew attention to the high rate of disability in his Region; while many countries had ratified the Convention on the Rights of Persons with Disabilities, there was a widespread lack of access to assistive technology due to high costs, a weak supply chain, poor awareness and a lack of trained personnel. He called on the Secretariat to support Member States in the Region in their efforts to assess needs for assistive technology; develop policies and programmes to improve access; draft regulations and standards; and create training modules. Engagement with people with disabilities and users of assistive technology would ensure that their views were reflected in technology development and provision and in the Organization's normative work. His Region supported the draft resolution.

The representative of SRI LANKA said that the serious challenges regarding the availability of assistive technology in his Region should be addressed. In addition to improving accessibility, affordability, quality and the accessibility environment, technological advances would benefit people around the world. Research and development should therefore be promoted to improve the design and cost-effectiveness of assistive products. International cooperation to establish strong regulatory mechanisms backed by a robust policy framework in Member States would help those in need to have access to better solutions and services.

The representative of the PHILIPPINES expressed support for the draft resolution. The forthcoming assistive technology policy framework should take into account the role that WHO could play in pushing for legislation on universal health coverage. It was important to apply evidence-based processes to assess health technology; the minimum standards and guidance on assistive technology would further country efforts in the procurement and provision of assistive products, especially in emergencies. He welcomed the forthcoming assistive products training package for health care personnel.

The representative of GERMANY welcomed the Organization's efforts to improve access to assistive technology, observing that the publication of the priority assistive products list was key to raising awareness of the existing undersupply and strong growth in demand. She supported the draft resolution, which was an important step towards achieving universal health coverage and Sustainable Development Goal 3.

The representative of the UNITED REPUBLIC OF TANZANIA said that he supported the draft resolution and noted the alarming projected rise in the number of people requiring assistive products. In view of the exorbitant tariffs that contributed to the limited access to assistive technology in his country, he took note of inter-agency collaboration on WTO regulations, and welcomed the Global

Cooperation on Assistive Technology initiative and forthcoming support from the Secretariat to develop national assistive technology and rehabilitation programmes, policies and strategic plans.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that she supported the draft resolution. Her Government was working with technical partners, donors, civil society and the private sector on assistive technology. It was important to deploy market-shaping approaches, such as pooling and coordinating procurement and bringing in new, low-cost, high-quality suppliers. Such approaches had proved successful in increasing access to lifesaving health commodities such as vaccines and antiretroviral therapy.

The representative of QATAR, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the Sustainable Development Goals could not be achieved without equitable access to affordable, quality and safe assistive technology. The Secretariat should provide Member States with technical support to strengthen the role of the health sector in providing assistive technology. The topic should also be an inherent component of global and national preparedness and response plans for humanitarian and emergency contexts, especially conflicts. His Region supported the draft resolution.

The representative of TURKEY said that her Government had taken measures to improve access to assistive technology and invested in research and development. She supported the draft resolution.

The representative of AUSTRALIA highlighted that provision of affordable, quality assistive technology was an equity and human rights issue, and was essential to achieving the Sustainable Development Goals. Many people with disabilities or older people required access to assistive technology in order to fully and equally participate in all aspects of life. Australia had been active in assistive technology research, development and provision for many years, with assistive technology being a key element of its national disability insurance scheme. He commended WHO on the Global Cooperation on Assistive Technology initiative. The Secretariat should continue to support progress in that area, especially in the Western Pacific Region, which faced unique challenges and was one of the least resourced regions with regard to assistive technology. He supported the draft resolution.

The representative of SURINAME stated that her Government had introduced national legislation on the socioeconomic rights of persons with disabilities but lacked reliable data on the need for assistive technology. She expressed support for the draft resolution.

The representative of ZIMBABWE said that it was important to address factors that limited access to quality, affordable and standardized assistive technology, particularly in Africa, such as high costs, weak supply chains and a lack of policy and legislation. The Secretariat should support his Government to develop long-term plans on assistive technology and address risk factors such as road traffic injuries, violence and birth defects. He supported the draft resolution.

The representative of COLOMBIA said that, since one of the main objectives of assistive technology was to ensure social inclusion, reports on the issue must emphasize intersectoral work in the provision of assistive technologies and the role of the health sector in rehabilitation. Financial resources needed to be allocated to research and development, while knowledge transfer would help with staff development. Criteria for setting prices and selecting technologies should be harmonized across States. States should work together to gather resources for low-income and middle-income countries. Community-based approaches were paramount to providing access to assistive technology in remote areas. She supported the draft resolution.

The representative of SAUDI ARABIA noted the draft resolution. Access to assistive technology was a human right and there would be a growing need for such technology in the future

due to rising injury rates and the increasing prevalence of noncommunicable diseases. Calling on Member States to use the priority assistive products list, he welcomed the placement of assistive technology on the Secretariat's agenda and urged continued collective commitment on the issue.

The representative of MEXICO said that assistive technology had both socioeconomic and health benefits. Given the many challenges to obtaining access to such technology, including high costs and fragmented health services, the international community must gather funding, promote research and train the relevant personnel. Programmes on assistive technology must encourage collaboration, reduce costs and promote innovation and technology transfer.

The representative of PERU supported the draft resolution. Capacity-building and human resources in developing countries needed to be enhanced to develop technologies. Data should be collated on elite centres for rehabilitation and disabilities training and development in order to share information and train professionals in developing countries.

The representative of ESWATINI encouraged the Secretariat to speed up the finalization and dissemination of the assistive technology policy framework; establish and strengthen procurement mechanisms, including pooled procurement, with a focus on high-burden, low-access countries; and consider mathematical modelling of the economic and health impact of assistive technologies in low-income and middle-income countries, with a view to encouraging investment and universal health coverage. He supported the draft resolution.

The representative of ISRAEL commended the Secretariat's work on improving access to assistive technologies, but noted that more remained to be done. Despite the compilation of a priority assistive products list in 2016, assistive products did not enjoy the intense and comprehensive attention given to medicines. She supported the draft resolution and stood ready to work with all interested parties on increasing access to affordable, safe and efficient assistive technologies and products.

The representative of NEW ZEALAND expressed her support for the draft resolution. The costs of some assistive technologies were so high that they created barriers to access, even in high-income countries. She asked the Secretariat to identify a range of options to improve the affordability of costly essential assistive technologies as part of the implementation of the draft resolution.

The representative of the SYRIAN ARAB REPUBLIC expressed her support for the draft resolution.

The representative of VIET NAM expressed the hope that international organizations would continue to support her Government in improving access to modern assistive technology, particularly with regard to: long-term planning and creating sustainable systems for a national procurement system; integrating the provision of assistive products in emergency response planning and programmes; and developing strong guidelines and a mechanism for post-marketing surveillance of assistive products.

The representative of BELGIUM drew attention to her Government's chairmanship of the Committee on Victim Assistance of the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction. The Convention was aimed at supporting landmine survivors, who faced lifelong disabilities and required assistive technologies. States Parties to the Convention had committed to assessing and increasing the availability and accessibility of services related to assistive technology, and to strengthening local capacities.

WHO must ensure that assistive products were available and accessible to mine victims in rural and remote areas. Peer support could help to achieve that goal, as it could complement services

provided by health care networks, facilitate mutual assistance, strengthen referral systems and provide a bridge between service providers and users. All users of assistive products, including landmine survivors and their representative organizations, must be taken into account when planning, implementing and following up on the measures contained in the draft resolution.

The representative of HANDICAP INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN, said that access to rehabilitation and high-quality, affordable assistive products were key to achieving inclusive health systems, and that rehabilitation with assistive technology was essential to continuity of care. Assistive technologies must be included in universal health coverage. Her organization would support WHO to prepare a global report on effective access to assistive technology and would advocate for the inclusion of assistive technology in emergency response programmes.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, welcomed the Global Cooperation on Assistive Technology initiative and the priority assistive products list and its alignment with WHO's Global strategy and action plan on ageing and health. However, she cautioned against placing too much emphasis on the products themselves; WHO's work must remain focused on the person and recognize diversity, particularly with regard to ageing and rapidly changing personal needs. Despite a welcome focus on functional ability, the emphasis on mobility was a cause of concern, since assistive technology was required to respond to a range of needs. Greater importance should be placed on inclusive, barrier-free environments.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, welcomed the WHO global disability action plan 2014–2021: better health for all people with disability. To benefit people with disabilities, she recommended investing early in the growing area of assistive technology, focusing on priority assistive products that would provide real value for money and including young health care professionals in the development of national assistive technology and rehabilitation programmes, policies and strategies. Future health workers should be trained in the application and use of assistive technology.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, highlighted the need to support low-income and middle-income countries in areas such as manufacturing, supply chain management and the use of assistive products. Assistive technologies should be treated as public goods. To that end, the Secretariat and Member States should promote open access design and innovation, copyright exemptions and mechanisms for technology transfer. Price control policies were needed to facilitate accessibility. She expressed concern that the draft resolution ignored the interlinkages between social conditions, population specificities and anthropometrics when developing standards. She urged WHO to collaborate with the Inter-Agency Support Group on the Convention on the Rights of Persons with Disabilities.

The ASSISTANT DIRECTOR-GENERAL (Access to Medicines, Vaccines and Pharmaceuticals), responding to the points raised, welcomed the placement of the issue of assistive technology on the health equity agenda, and noted that the Assembly's discussion of the topic indicated how country-led initiatives could shape the global agenda. She drew attention to the broad agreement voiced on the relevance of access to assistive technology in serving vulnerable people; specific areas mentioned included healthy ageing, noncommunicable diseases and the contexts of trauma, violence and war, but survivors of communicable diseases remained an important area of work. Access to assistive technologies for all in need was a pillar of universal health coverage.

She expressed the hope that the overwhelming support of Member States for the draft resolution would translate into political commitment and action at the country level. Although the Secretariat had key responsibilities in the work at hand, countries' approaches to issues such as pricing, taxes and the

availability of products were critical. She drew attention to the Global Cooperation on Assistive Technology initiative and the priority assistive products list; the priority assistive products training package would be a continuation of that work and, alongside the assistive products procurement manual, would be available by May 2019. The Secretariat was committed to working with regional and country offices, Member States and other partners to ensure the implementation of the draft resolution. It was to be hoped that much progress would be made before 2022, when the topic would be revisited by the World Health Assembly.

The CHAIRMAN took it that the Committee wished to approve the draft resolution contained in resolution EB142.R6.

The draft resolution was approved.¹

Dr Brostrøm took the Chair.

2. STRATEGIC PRIORITY MATTERS: Item 11 of the agenda (continued)

Public health preparedness and response: Item 11.2 of the agenda (continued)

- **Implementation of the International Health Regulations (2005)** (documents A71/7, A71/8 and decision EB142(1)) (continued from the sixth meeting)

The CHAIRMAN drew attention to the report contained in document A71/8 and the revised version of the draft decision contained in decision EB142(1), which had been amended to reflect the outcome of informal consultations among Member States. It read:

The Seventy-first World Health Assembly,

PP1 having considered the draft five-year global strategic plan to improve public health preparedness and response; recalling decision WHA70(11) (2017), in which the Seventieth World Health Assembly took note of the report contained in document A70/16 on implementation of the International Health Regulations (2005):² global implementation plan and requested the Director-General, inter alia, “to develop, in full consultation with Member States, including through the 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”;

PP2 recalling that Member States may use any voluntary monitoring and evaluation instruments, including those referenced in the five-year global strategic plan;

PP3 and appreciating the contribution of Member States to the extensive consultative process to develop the draft five-year global strategic plan, including discussions at the sessions of all six regional committees in 2017, the web-based consultation conducted by the Secretariat between 19 September and 13 October 2017, and the consultation of Member States, through the Permanent Missions in Geneva, organized on 8 November 2017,

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as resolution WHA71.8.

² Document A71/7.

(OP1) decided:

- (a) to welcome with appreciation the five-year global strategic plan to improve public health preparedness and response, noting that this does not create any legally binding obligations for Member States, and mindful of the legally binding nature of the International Health Regulations (2005) obligations;
- (b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool;

(OP2) requested the Director-General:

- (a) to provide the necessary financial and human resources to support the implementation of the five-year global strategic plan, and, as necessary, its adaptation to regional contexts and existing relevant frameworks;
- (b) to continue to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat's activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005);
- (c) to continue to provide support to Member States to build, maintain and strengthen core capacities under the International Health Regulations (2005).

The representative of AUSTRALIA, speaking in his capacity as chair of the informal consultations, noted that the text of the revised draft decision differed significantly from the original version. The reference to voluntary monitoring and evaluation instruments had been moved from an operative to a preambular paragraph. Agreement on the wording of paragraph 1(a) had been facilitated by amending the text to specify that the draft five-year global strategic plan to improve public health preparedness and response did not create any legally binding obligations for Member States, and to reiterate the legally binding nature of the International Health Regulations (2005) obligations.

An editorial error had been made in the preparation of the revised draft decision: the three preambular paragraphs presented should in fact form a single paragraph. He requested the Secretariat to correct the error on publication of the adopted decision.

It was so agreed.

The CHAIRMAN took it that the Committee agreed to approve the revised draft decision.

The revised draft decision was approved.¹

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked the informal working group and Member States for their hard work.

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as decision WHA71(15).

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (resumed)

Maternal, infant and young child nutrition: Item 12.6 of the agenda (continued from the fourth meeting, section 2)

- **Comprehensive implementation plan on maternal, infant and young child nutrition: biennial report** (document A71/22)
- **Safeguarding against possible conflicts of interest in nutrition programmes** (document A71/23)

The CHAIRMAN recalled that a drafting group had been set up to discuss the draft decision and draft resolution submitted under the current agenda item. He drew attention to a revised draft resolution on infant and young child feeding proposed by the delegations of Botswana, Canada, the Gambia, Georgia, Ghana, Kenya, Mexico, Mozambique, Namibia, Nepal, Pakistan, Panama, the Russian Federation, Senegal, Sierra Leone, Sri Lanka, Thailand and Zambia, which would be printed following the current meeting. The revised draft resolution incorporated the draft decision on maternal, infant and young child nutrition proposed by the United States of America, which had subsequently been withdrawn.

The revised draft resolution read:

The Seventy-first World Health Assembly,

(PP1) Having considered the reports on maternal, infant and young child nutrition;¹

(PP2) Recalling resolutions WHA33.32 (1980), WHA34.22 (1981), WHA35.26 (1982), WHA37.30 (1984), WHA39.28 (1986), WHA41.11 (1988), WHA43.3 (1990), WHA45.34 (1992), WHA46.7 (1993), WHA47.5 (1994), WHA49.15 (1996), WHA54.2 (2001), WHA55.25 (2002), WHA58.32 (2005), WHA59.21 (2006), WHA61.20 (2008), WHA63.23 (2010), WHA65.6 (2012) and WHA69.9 (2016) on infant and young child nutrition, appropriate feeding practices and related questions, as well as resolutions WHA68.19 (2015), WHA69.8 (2016) and United Nations General Assembly resolution 70/1 (2015);

(PP3) Reaffirming the commitment made in the 2030 Agenda for Sustainable Development, including to end all forms of malnutrition by 2030;

(PP4) Recalling the commitment to implement relevant international targets and action plans, including WHO's global maternal, infant and young child nutrition targets for 2025 and WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2020 and the Rome Declaration on Nutrition resulting from the Second International Conference on Nutrition;

(PP5) Reaffirming also that breastfeeding is critical for child survival, nutrition and development, and maternal health;

(PP6) Affirming that the protection, promotion and support of breastfeeding contributes substantially to the achievement of the Sustainable Development Goals on nutrition and health, and is a core element of quality health care;

(PP7) Recognizing that appropriate, evidence-based and timely support of infant and young child feeding in emergencies saves lives, protects child nutrition, health and development, and benefits mothers and families;

(PP8) Expressing concern that nearly two in every three infants under 6 months of age are not exclusively breastfed; that fewer than one in five infants are breastfed for 12 months in high-

¹ Documents A71/22 and A71/23.

income countries; and that only two in every three children between 6 months and 2 years of age receive any breast milk in low- and middle-income countries;

(PP9) Acknowledging that achievement of the WHO global target to increase to at least 50% the proportion of infants under 6 months of age who are exclusively breastfed by 2025 requires sustainable and adequate technical and financial resources, and supportive and protective policy and regulatory interventions as well as political will, and that this needs to be part of broader efforts to strengthen health systems;

(PP10) Welcoming the inclusion of support for exclusive breastfeeding in the Thirteenth General Programme of Work, 2019–2023;

(PP11) Welcoming the annual celebration of World Breastfeeding Week as an opportunity to communicate the importance of breastfeeding and advocate for the protection, promotion and support of breastfeeding;¹

(PP12) Also recognizing the ongoing implementation by WHO of the Framework of Engagement with Non-State Actors including in nutrition programmes,

OP1. URGES Member States^{2,3,4} in accordance with national context and international obligations:

- (1) to increase investment in development, implementation and monitoring and evaluation of laws, policies and programmes aimed at protection, promotion, including education and support of breastfeeding, including through multisectoral approaches and awareness raising;
- (2) to reinvigorate the Baby-friendly Hospital Initiative, including by promoting full integration of the revised Ten steps to successful breastfeeding, in efforts and programmes aimed at improving quality of care for maternal, newborn and child health;
- (3) to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes as well as other WHO evidence based recommendations;
- (4) to promote timely and adequate complementary feeding in accordance with the guiding principles for complementary feeding of the breastfed child,⁵ as well as guiding principles for the feeding of the non-breastfed child 6–24 months of age;⁶
- (5) to continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children;
- (6) to take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations;
- (7) to celebrate World Breastfeeding Week⁷ as a valuable means to promote breastfeeding;

¹ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

² And where applicable, regional economic integration organizations.

³ Taking into account the context of federated states.

⁴ Member States could take additional action to end inappropriate promotion of food for infants and young children.

⁵ Guiding principles for complementary feeding of the breastfed child. Washington (DC): PAHO; 2003 (http://www.who.int/maternal_child_adolescent/documents/a85622/en/, accessed 21 May 2018).

⁶ Guiding principles for feeding non-breastfed children 6–24 months of age. Geneva: World Health Organization; 2005 (http://www.who.int/maternal_child_adolescent/documents/9241593431/en/, accessed 18 May 2018).

⁷ <http://worldbreastfeedingweek.org/>, accessed 21 May 2018.

OP2. REQUESTS the Director-General:

- (1) to provide, upon request, technical support to Member States in mobilizing resources, including financial resources, monitoring and implementation of WHO recommendations to support infants and young child feeding, including in emergencies, and review national experiences from this implementation and continue to update and generate evidence-based recommendations;
- (1bis) to provide, upon request, technical support to Member States to establish, review and implement national laws, policies and programmes to support infant and young child feeding;
- (2) to continue developing tools for training, monitoring and advocacy on the revised Ten steps to successful breastfeeding and the Baby-friendly Hospital Initiative, to provide support to Member States with implementation;
- (3) to support Member States on establishing nutrition targets and intermediate milestones for maternal, infant and young child nutrition indicators, consistent with the time frame for implementation of the Framework for Action, the conference outcome document Food and Agriculture Organization's and World Health Organization's Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2016–2025) and the timeframe of the Sustainable Development Goals (2015–2030);
- (4) to continue providing adequate technical support to Member States, upon request, in assessing national policies and programmes, and other measures, including quality data collection and analyses;
- (5) to develop tools for training, monitoring, advocacy and preparedness for the implementation of the operational guidance on infant and young child feeding in emergencies and support Member States to review experiences in its adaptation, implementation and monitoring;
- (6) to report to the Seventy-third World Health Assembly in 2020, through the Executive Board, on the progress made in implementing this resolution and in alignment with the reporting requested in resolution WHA69.9.

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

Resolution: Infant and young child feeding	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	
Programme area: 2.5. Nutrition	
Outcome: 2.5. Reduced nutritional risk for improved health and well-being	
Output(s): 2.5.1. Countries enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and achieve the global nutrition targets 2025 and the nutrition components of the Sustainable Development Goals	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	
Not applicable.	
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	
Not applicable.	

4. Estimated implementation time frame (in years or months) to achieve the resolution:
Four years.
B. Resource implications for the Secretariat for implementation of the resolution
1. Total resource requirements to implement the resolution, in US\$ millions:
US\$ 5.1 million.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:
US\$ 1.7 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:
Zero.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
US\$ 3.4 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
Zero.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium:
US\$ 1.3 million.
– Remaining financing gap in the current biennium:
US\$ 0.4 million.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:
US\$ 0.1 million.

Table. Breakdown of estimated resource requirements (in US\$)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	315 500	58 400	52 800	46 000	52 300	59 700	56 400	641 100
	Activities	640 000	100 000	70 000	50 000	50 000	80 000	80 000	1 070 000
	Total	955 500	158 400	122 800	96 000	102 300	139 700	136 400	1 711 100
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	526 500	142 200	129 600	110 000	127 700	126 700	128 800	1 291 500
	Activities	640 000	250 000	250 000	250 000	250 000	250 000	250 000	2 140 000
	Total	1 166 500	392 200	379 600	360 000	377 700	376 700	378 800	3 431 500

The representative of ECUADOR clarified that the protection of exclusive breastfeeding was not an attack on the milk industry. Exclusive breastfeeding was a human right and did not run counter to a woman's right to choose. Women should be able to consult a doctor and receive comprehensive

specialist advice. All children affected by disease were entitled, through the support given to their mothers, to the maximum level of health without distinction as to race, religion, political ideology or economic or social status, as established in the WHO Constitution. Her Government had always advocated for health as a complete state of physical, mental and social wellbeing, rather than merely the absence of infirmity and disease.

The representative of INDIA expressed support for the decision-making tool concerning conflicts of interest in the policy development and implementation of nutrition programmes. His Government was interested in participating in the country-level pilot of the tool. The possibility of developing national policies and procedures in accordance with national legal frameworks and contexts should be explored.

The representative of MALDIVES said that greater efforts were needed to reach the global targets on nutrition, including the sharing of knowledge, resources and best practices, and international and intersectoral coordination. He supported the new recommended indicators on nutrition monitoring and reiterated the importance of developing a regular data collection mechanism in that regard.

The representative of KIRIBATI, speaking on behalf of the Pacific island countries, noted that it was important to strengthen the health workforce throughout the Pacific to achieve set targets and ensure robust health systems. Urgent action to review nurse training programmes would contribute to the development of specialized skills on nutrition. He welcomed the updated guidance on the Baby-friendly Hospital Initiative, which was being strengthened in Pacific island countries.

The representative of CANADA, speaking on behalf of the Member States of the Region of the Americas, said that, despite gains, progress towards the global maternal, infant and young child nutrition targets in her Region had been slow, and further work was needed to optimize breastfeeding practices. The guidance in Ten Steps to Successful Breastfeeding was welcome. Postnatal support for mothers and families saved lives, was vital to children's life-long health and reduced costs for health facilities, families and governments. The steps taken by WHO to lead the comprehensive implementation plan on maternal, infant and young child nutrition were commendable. She noted with appreciation the revised guidance on the Baby-friendly Hospital Initiative, Operational Guidance for Emergency Relief Staff and Programme Managers on infant and young child feeding in emergencies, the updated guidelines on breastfeeding in the context of HIV and educational materials on breastfeeding. She looked forward to additional consultations with Member States and other stakeholders on the draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level. The Secretariat should continue reporting progress and monitoring efforts by Member States to improve infant and young child feeding.

The representative of BRAZIL took note of the Baby-friendly Hospital Initiative and Ten Steps to Successful Breastfeeding, although he expressed dissatisfaction with step nine on the use and risks of feeding bottles, teats and pacifiers. Member States should support the Secretariat in its work on food processing guidance and the reduction of sodium consumption to prevent and control cardiovascular diseases.

The representative of MALAYSIA noted the report on the comprehensive implementation plan. She looked forward to the issuance of the final guidelines for the draft approach for conflicts of interest.

The representative of GHANA said that, given good results, it was imperative for Member States to pursue efforts to promote maternal, infant and young child nutrition in order to achieve Sustainable Development Goal 3. Programmes for exclusive breastfeeding for the first six months of life should continue.

The representative of PANAMA said that application of the Framework of Engagement with Non-State Actors was essential, as many of the constraints to implementation of effective measures on nutrition faced by countries were linked to conflicts of interest with the relevant industries. All necessary measures must be taken to protect exclusive breastfeeding for the first six months of life. Member States should commit to attaining the Sustainable Development Goals, particularly those relating to nutritional health.

The representative of INDONESIA expressed support for the extension to 2030 of the 2025 global nutrition targets. The Secretariat should step up its work with Member States to increase efforts on and investment in nutrition in order to meet those targets.

The representative of ALGERIA welcomed the inclusion of Algeria as the pilot country for the nutrient profile model in the African Region, and the joint efforts by WHO and UNICEF in the area of nutrition. Protection against conflicts of interest in nutrition programmes was vital to meeting nutrition targets and objectives. Analysis of data collected in the recent STEPwise survey would provide countries with evidence of dietary habits to inform communication plans.

The representative of KENYA, speaking on behalf of the Member States of the African Region, noted with concern the slow progress towards achievement of the 2025 global nutrition targets and welcomed efforts to extend them to 2030. Further work was needed to carry out the comprehensive implementation plan to enable Member States to meet those targets by 2030. WHO should invest substantially in interventions to control anaemia, especially in women of childbearing age, and promote research on low birth weight to inform policy. The Secretariat should support Member States to curb and reverse the rising prevalence of obesity and overweight in adults and children in his Region. He noted with appreciation global initiatives aimed at regulating the use of sugar and trans fats in food, and urged WHO to provide leadership in that area. The proposal to continue celebrating World Breastfeeding Week was welcome. He called on Member States to continue taking all necessary measures to end the inappropriate promotion of foods for infants and young children. He commended the piloting of the draft approach for conflicts of interest.

The representative of IRAQ highlighted the importance of encouraging and promoting breastfeeding, particularly exclusive breastfeeding, and noted the International Code of Marketing of Breast-milk Substitutes. The matter of complementary feeding should be thoroughly examined, and emphasis placed on combating childhood obesity. Those issues should be addressed through the Thirteenth General Programme of Work. Nutrition for pregnant and lactating women, micronutrient deficiencies and the place of nutrition within school health services were key issues. Strategic work plans on nutrition, reproductive health and the prevention and control of noncommunicable diseases should be integrated for a more comprehensive and pragmatic response.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region, said that, in her Region, breastfeeding was critical to child survival, nutrition and development. She expressed support for strengthening implementation of the Code and noted that the inappropriate marketing of foods for infants and young children could hinder application of the comprehensive implementation plan. The decision-making tool for conflicts of interest in nutrition programmes was welcome. The Secretariat should provide further support to overcome the challenges of the inappropriate promotion of food, in line with resolution WHA69.8 on the United Nations Decade of Action on Nutrition (2016–2025).

The representative of FRANCE, noting the general trend for increasing transparency, said that the Secretariat should continue to provide Member States with tools to facilitate the collection and analysis of links of interest to inform decision-making. Such work should be extended to other areas of public health and be coordinated with relevant United Nations entities, such as the Committee on World Food Security and the Scaling Up Nutrition movement.

The representative of the REPUBLIC OF KOREA said that the Secretariat should assist Member States in applying the decision-making tool for conflicts of interest to real cases. It should also continue to play its crucial role in preparing scientific evidence and establishing regional and global networks, so as to promote understanding among stakeholders and strengthen the capacity of officials, which would support the implementation of nutrition policies.

The representative of the DOMINICAN REPUBLIC said that she supported the extension of the 2025 global nutrition targets to 2030 and the alignment of actions with the Sustainable Development Goals and other health strategies. While progress had been made in preventing stunting and anaemia, low rates of breastfeeding and high levels of obesity remained an issue. Intersectoral action was needed on women's and children's nutrition, and promotional strategies in the community should be strengthened. The technical skills of health workers should be enhanced and budgets for food and nutrition policies increased. She welcomed the toolkit developed by the Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions (NetCode) and called for enhanced implementation of the Code.

The representative of COLOMBIA agreed that indicators on maternal, infant and young child nutrition needed to be monitored. Appropriate mechanisms should be set up to measure progress and share experiences. Future reports on the topic should encourage health professionals to avoid conflicts of interest and put their patients first. More investment and more action on capacity-building were required with regard to breastfeeding. All efforts should include varied stakeholders, including civil society, academia and health professionals. There was also a need to allocate resources to monitoring, strengthening and harmonizing internal regulations.

The representative of SOUTH AFRICA said that more work was needed on the targets for low birth weight and childhood overweight. Africa and Asia required targeted Secretariat support on breastfeeding, since they were most affected by low breastfeeding rates. Member States should increase domestic resources for nutrition programmes to achieve the global nutrition targets as it was unlikely that the projected additional investment required would be made. The Secretariat should accelerate efforts to develop additional indicators to monitor maternal, infant and young child nutrition. She welcomed efforts to strengthen implementation of the Code and develop implementation guidelines for the Baby-friendly Hospital Initiative, although the latter should be expanded to include mothers and renamed the "Mother- and Baby-friendly Hospital Initiative".

The representative of NIGER said that his Government considered nutrition a priority. He took note of the report on the comprehensive implementation plan on maternal, infant and young child nutrition.

The representative of TIMOR-LESTE called on the international community to assist her Government in addressing nutritional problems by strengthening and integrating nutrition interventions in health sector programmes and improving family nutrition programmes and community sanitation practices. It was important to build up institutional and human capacities and identify communication strategies to promote appropriate nutritional behaviour. Breastfeeding should be promoted through enhanced policies and the Code.

The representative of THAILAND said that low coverage of exclusive breastfeeding and the increasing prevalence of anaemia in women of reproductive age worldwide required further attention in order to achieve the renewed global nutrition targets by 2030. The scaling-up of the Baby-friendly Hospital Initiative and development of operational guidance on infant and young child feeding in emergencies were welcome. More countries should incorporate the Code into domestic legislation. The Secretariat should launch the decision-making tool relating to conflicts of interest soon and report back on its implementation.

The representative of TRINIDAD AND TOBAGO said that various measures had been adopted in his country to address maternal, infant and child nutrition. Continued support from the Secretariat and PAHO was needed to develop a national food and nutrition policy. He endorsed the six steps of the decision-making tool for conflicts of interest.

The representative of CHINA said that Member States should be supported to implement effective interventions on nutrition. The private sector should not be excluded from maternal, infant and young child nutrition initiatives, given its important role in the food supply. Regarding the revised Ten Steps to Successful Breastfeeding, WHO should strengthen cooperation with UNICEF and enhance guidance, training and accreditations under the Baby-friendly Hospital Initiative. She supported the revised draft resolution.

The representative of BANGLADESH welcomed the report on the comprehensive implementation plan and the targets contained therein. Action to promote breastfeeding and complementary feeding practices would prevent child mortality, malnutrition and poverty in developing countries. His Government needed further guidance on preventing the inappropriate promotion of foods for infants and young children and furthering implementation of the Code. He supported the revised draft resolution.

The representative of MEXICO said that, although the draft approach for conflicts of interest could help to establish an enabling environment for the implementation of policies on maternal, infant and young child nutrition, care must be taken with the definition of engagement. An ambiguous interpretation of engagement could allow the business sector to offer donations, sponsorship or technological resources, including in the field of health services and staff training, thereby enabling the inappropriate marketing of products and creating a risk of conflicts of interest. She therefore awaited the initial results of the pilot programmes at the country level and looked forward to improving the draft approach to ensure that best practices and procedures were used to prevent conflicts of interest. Health was not a commodity and should not be shaped by market forces.

The representative of ARGENTINA, describing efforts made in her country with regard to nutrition, welcomed the comprehensive implementation plan and the targets contained therein.

The representative of ZIMBABWE said that the Secretariat should help Member States to establish targets for maternal, infant and young child nutrition and develop related policies and programmes – including capacity-building measures – and promote the Baby-friendly Hospital Initiative, and training, monitoring and advocacy tools for the Ten Steps to Successful Breastfeeding and enforcement of the Code. He expressed support for the revised draft resolution.

The representative of NAMIBIA urged the Secretariat to provide technical support to Member States to implement instruments for maternal, infant and young child nutrition, including the decision-making tool to address conflicts of interest. He took note of the extension to 2030 of the 2025 global nutrition targets and the reported progress towards those targets. The Secretariat should continue to provide technical support to Member States to address critical gaps in the data required to inform decisions on tackling malnutrition and fulfil countries' reporting commitments.

The representative of the SYRIAN ARAB REPUBLIC said that broader nutrition interventions and evaluations were needed in remote areas of her country. International organizations and permanent nutrition programme agencies were crucial to supporting national efforts.

The representative of the RUSSIAN FEDERATION said that the international community must redouble efforts to promote proper nutrition from birth, including through services to support breastfeeding as a means of providing lifelong health protection and safeguarding future generations.

He welcomed the instruments developed by the Secretariat to boost child nutrition programmes, which prioritized health over commercial interests.

The representative of AZERBAIJAN described the measures taken in her country to support maternal, infant and young child nutrition and welcomed the reports presented by the Secretariat.

The representative of VIET NAM expressed support for the draft approach for conflicts of interest, including the decision-making tool. Each country's specific context and domestic regulations should be taken into consideration when considering engagement, and the interests of all stakeholders, including the government, external actors and the population, brought together. His Government would consider the draft approach when engaging with the private sector through the Scaling Up Nutrition movement.

The representative of PERU said that it was crucial to encourage breastfeeding and prevent conflicts of interest in nutrition policies. Breastfeeding rates tended to drop as income and education rose, which had led to a targeted initiative in his country.

The representative of BURUNDI said that his Government was committed to improving maternal, infant and young child nutrition, including by raising awareness of breastfeeding.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the draft approach for conflicts of interest needed to be improved in order to be acceptable and useful to all stakeholders. She called for consultations with a range of experts representing the business sector, government, civil society and United Nations bodies. If possible, the consultation process should take place prior, or in parallel, to the proposed pilot testing at the country level. A revised guidance document should then be submitted for consideration by the Executive Board.

The representative of the PHILIPPINES supported the inclusion of essential indicators from outside the health sector in the comprehensive implementation plan and stressed the need to enhance the capacity of all relevant health professionals to ensure a multisectoral response. He supported investing in: market studies on nutrition programmes throughout the life course to identify target populations' attitudes to nutrition and health-seeking behaviours; communication campaigns to promote nutrition interventions, the principle of integrity and legislation such as the Code; and monitoring to identify violations of the Code, corporate interference and conflicts of interest in policy-making and implementation, and programme evaluation. He supported the efforts of Member States and the Secretariat to avoid engaging with industries where an inherent conflict of interest existed, such as manufacturers of tobacco, alcohol and infant formula. The representative of PAKISTAN noted the joint efforts of the Scaling Up Nutrition movement and WHO to strengthen health systems and take multisectoral action for nutrition. He urged the Secretariat to support monitoring of implementation of the Code and the NetCode protocol, in order to establish effective systems to eliminate the inappropriate promotion of foods for infants and young children.

The representative of SURINAME welcomed the report on the comprehensive implementation plan. Implementation of the Health in All Policies approach facilitated effective collaboration between government bodies and national programmes and with the private sector, civil society and United Nations organizations. Progress towards attaining the six global targets required the creation of an enabling environment to ensure safe nutrition practices.

The representative of the UNITED STATES OF AMERICA noted concern regarding the proposed tool for conflicts of interest, which discouraged collaboration. All organizations, not only private companies, experienced conflicts of interest. To assure Member States' confidence in recommendations made during the tool's pilot phase, steps must be taken prior to testing at the country

level to make sure that the proposed tool was accurate, user-friendly and promoted the appropriate application of due diligence, and had been developed on the basis of consultations with Member States. The Secretariat should extend the development time frame and submit updated documents, aligned with the Framework of Engagement with Non-State Actors and Member States' feedback, for consideration by the Executive Board at its 144th session.

The representative of the FDI WORLD DENTAL FEDERATION, speaking at the invitation of the CHAIRMAN, called on Member States to ensure access to oral health care within maternal health services and consult WHO guidance on sugar intake and her Federation's guidance on sugar and dental caries to reduce children's sugar consumption. Member States should strengthen legislation on the Code.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, commended efforts to align the global nutrition targets with the Sustainable Development Goals. She encouraged Member States to consult the new guidance produced by the Secretariat on maternal, infant and young child nutrition and welcomed work to integrate efforts on nutrition with those of other United Nations organizations and to work with other sectors to protect, promote and support breastfeeding. Breastfeeding and nutrition were key to making progress towards achieving health for all.

The representative of the INTERNATIONAL BABY FOOD ACTION NETWORK, speaking at the invitation of the CHAIRMAN, said that rates of continued breastfeeding for two years should be monitored to assess progress. Member States must remember their moral and political obligations to strengthen the implementation, enforcement and monitoring of the Code through evidence-based recommendations. Support from WHO remained crucial in that regard. The draft approach for conflicts of interest was fundamentally flawed since it defined conflicts as arising between actors with diverging interests, instead of within a person or institution. Areas of conflict could therefore become common ground, increasing the risk of conflicts of interest and giving rise to undue influence.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, called on Member States to monitor progress towards the global nutrition targets, take action to avoid conflicts of interest and train future health professionals to identify conflicts of interest, and support Member States that lacked resources. The Secretariat should continue to support Member States to implement strategies, monitor progress and evaluate preliminary results.

The representative of the INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE, speaking at the invitation of the CHAIRMAN, said that civil society no longer wished to see profits and commercial interests placed above the health of the vulnerable. Policies must protect children from conflicts of interest and industry interference. Low-cost interventions such as breastfeeding support were a wise investment in health. She supported the initial draft resolution, which had underscored the importance of protecting breastfeeding through legal measures and strengthened implementation of the Code. Like other recent attempts to regulate in that area, the revised draft resolution had been weakened to the point that it potentially compromised the health of millions of children.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, emphasized that the second step of the decision-making tool relied either on the transparency of external actors, or on the capacity of Member States to analyse potential conflicts of interest, which could lead to fraudulent claims of compliance by external actors. A robust and transparent mechanism that went beyond the proposed tool was needed. The Secretariat should help

Member States to build capacity in that regard. A similar tool was needed to limit conflicts of interest in global initiatives.

The representative of THE SAVE THE CHILDREN FUND, speaking at the invitation of the CHAIRMAN, urged States to invest further in nutrition to achieve Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture). Costed and scaled-up nutrition plans should be financed and integrated into national strategies for universal health coverage. She urged Governments to prioritize breastfeeding, which they had a duty to protect, promote and support under the Convention on the Rights of the Child, and expressed concern that the marketing activities of some manufacturers and distributors put children at risk. While the Member States that had sponsored the original draft resolution should be commended, she expressed dismay at the weakening of the revised draft resolution and the inability of the drafting group to reaffirm commitments to implement existing WHO guidance and policies.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, called for further efforts to address the global nutrition targets on childhood overweight, anaemia and wasting through intersectoral collaboration; the Secretariat should advocate for the inclusion of a diverse range of stakeholders in food policy and programme design to create innovative solutions that benefited all. Legislation was needed to mandate clear labelling of ingredients in food and drink. Limits should be placed on the number of establishments selling food of low nutritional quality. Member States, with support from the Secretariat, should establish clear guidelines and a regulatory infrastructure for multimedia marketing to address the commercial determinants of health.

The representative of the WORLD CANCER RESEARCH FUND INTERNATIONAL, speaking at the invitation of the CHAIRMAN, drew attention to his association's latest report on the links between cancer and diet, nutrition and physical activity. He expressed concern that the text of the revised draft resolution had been weakened. The fact that the drafting group had been unable to reaffirm commitment to implementing existing WHO guidance and policies was alarming. Member States should scale up effective interventions to prevent conflicts of interest in the policy development process with a view to increasing breastfeeding rates.

The representative of WORLD VISION INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the report had failed to capture the severity of the malnutrition problem and that insufficient progress had been made to achieve the global nutrition targets and the Sustainable Development Goals. Although investment in nutrition, including breastfeeding, was a cost-effective strategy, no global initiative had come close to covering the projected shortfall in funding to tackle malnutrition. Nutrition was a health priority that required multisectoral efforts and nutrition services must be delivered on an equitable basis to the most vulnerable populations. Member States should reinforce mechanisms to promote social and behavioural change and build workforce capacity on nutrition.

The representative of WATERAID INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that progress to achieve the global nutrition targets was too slow. Given that malnutrition disproportionately affected women and girls, a more extensive analysis of equity and gender in the comprehensive implementation plan would determine the impact of equality on nutrition, health and non-health outcomes and indicate opportunities for linkages. WHO should highlight nutrition-sensitive interventions to foster enabling environments and achieve the global nutrition targets. He expressed disappointment that the revised draft resolution contained a weakened text and commended Member States that had sponsored the original draft. Member State awareness of new WHO nutrition guidance and tools was crucial.

The representative of the BILL & MELINDA GATES FOUNDATION, speaking at the invitation of the CHAIRMAN, noted that, despite progress, the statistics regarding infant and young child nutrition were concerning. Member States should enforce the Code and related resolutions; take advantage of the NetCode toolkit and protocol; implement the updated Baby-Friendly Hospital Initiative and the Ten Steps to Successful Breastfeeding; and apply the new Operational Guidance on infant feeding in emergencies. She expressed support for the initial draft resolution.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health), responding to points raised, said that improving maternal, infant and young child nutrition was necessary to achieve the objectives on stunting, wasting and childhood overweight, as well as the “triple billion” goals.

Regarding calls for more action on the six global nutrition targets, she drew attention to the actions being carried out by WHO, which included work with partners on micronutrient supplementation to reduce anaemia. Efforts to attain the target on childhood overweight included the review of nutrition counselling for children receiving complementary feeding, as part of the integrated management of childhood illness, and implementation of the recommendations of the Commission on Ending Childhood Obesity. Nutrition was a core element of universal health coverage and the Secretariat supported Member States to empower health workers to deliver effective interventions, to make the necessary supplements available by including them in essential medicines lists, and to ensure effective service design. The Secretariat would convene consultations in October 2018 to review Member States’ experience of conflicts of interest and discuss implementation of the draft approach set out in the report.

The Committee noted the reports.

The meeting rose at 17:35.

TWELFTH MEETING

Saturday, 26 May 2018, at 09:20

Chairman: Mr A. SINGHAL (India)

1. THIRD REPORT OF COMMITTEE A (document A71/57)

The VICE-CHAIRMAN read out the draft third report of Committee A.

The report was adopted.¹

2. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

Maternal, infant and young child nutrition: Item 12.6 of the agenda (continued from the eleventh meeting, section 3)

The representative of THAILAND, speaking in his capacity as the Chairman of the drafting group, thanked all participants for their constructive contributions.

The CHAIRMAN took it that the Committee wished to approve the revised draft resolution on infant and young child feeding.

The draft resolution, as amended, was approved.²

3. FOURTH REPORT OF COMMITTEE A (document A71/60)

The VICE-CHAIRMAN read out the draft fourth report of Committee A.

The report was adopted.¹

¹ See page 310.

² Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA71.9.

4. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee A completed.

The meeting rose at 09:35.

COMMITTEE B

FIRST MEETING

Wednesday, 23 May 2018, at 14:40

Chairman: Dr F. FEROUZ (Afghanistan)

1. OPENING OF THE COMMITTEE: Item 13 of the agenda

The CHAIRMAN welcomed participants.

Election of Vice-Chairmen and Rapporteur

The CHAIRMAN informed the Committee that Dr S. Jessamine (New Zealand) and Professor N. Meda (Burkina Faso) had been nominated as Vice-Chairmen and Dr E. Orellana (El Salvador) as Rapporteur.¹

Decision: Committee B elected Dr S. Jessamine (New Zealand) and Professor N. Meda (Burkina Faso) as Vice-Chairmen, and Dr E. Orellana (El Salvador) as Rapporteur.

Organization of work

The representative of BULGARIA, 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. HEALTH CONDITIONS IN THE OCCUPIED PALESTINIAN TERRITORY, INCLUDING EAST JERUSALEM, AND IN THE OCCUPIED SYRIAN GOLAN: Item 14 of the agenda (document A71/27)

The CHAIRMAN drew attention to a draft decision proposed by Algeria, Bahrain, the Plurinational State of Bolivia, Cuba, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, the Maldives, Mauritania, Morocco,

¹ Decision WHA71(3).

Namibia, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, South Africa, Sudan, Tunisia, Turkey, the United Arab Emirates and the Bolivarian Republic of Venezuela, which read:

The Seventy-first World Health Assembly, taking note of the report by the Director-General requested in decision WHA70(12) 2017, decided to request the Director-General:

- (1) to report on progress in the implementation of the recommendations contained in the report by the Director-General, based on field monitoring, to the Seventy-second 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 east Jerusalem, by focusing in development of human resources, in order to localize health services, decreasing referrals, reducing cost and maintaining strong primary health care with integrated complete appropriate health services; and
- (6) to ensure the allocation of human and financial resources in order to achieve these objectives.

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

Decision: Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan
A. Link to the programme budget
<p>1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft decision would contribute if adopted</p> <p>Programme areas:</p> <p>6.1. Leadership and governance</p> <p>6.4. Management and administration</p> <p>Outbreak and crisis response</p> <p>Outcomes:</p> <p>6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people</p> <p>6.4. Effective and efficient management and administration consistently established across the Organization</p> <p>Outbreak and crisis response</p> <p>Outputs:</p> <p>6.1.1. Effective WHO leadership and management and improved capacities of the WHO Secretariat and Member States to promote, align, coordinate and operationalize efforts to achieve the Sustainable Development Goals</p> <p>6.1.2. Effective engagement with other United Nations agencies and non-State actors in building a common health agenda that responds to Member States' priorities</p>

<p>6.4.1. Sound financial practices managed through an adequate control framework</p> <p>6.4.2. Effective and efficient human resources management and coordination in place</p> <p>6.4.3. Efficient and effective computing infrastructure, corporate and health-related systems and applications</p> <p>6.4.4. Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for WHO staff and property</p> <p>Outbreak and crisis response</p>
<p>2. Short justification for considering the draft decision, if there is no link to the results as indicated in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:</p> <p>Not applicable.</p>
<p>4. Estimated implementation time frame (in years or months) to achieve the decision:</p> <p>One year: June 2018–May 2019.</p>
<p>B. Resource implications for the Secretariat for implementation of the decision</p>
<p>1. Total resource requirements to implement the decision, in US\$ millions:</p> <p>US\$ 10.11 million (staff: US\$ 3.86 million; activities: US\$ 6.25 million).</p>
<p>2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Total: US\$ 8.25 million (staff: US\$ 3.75 million; activities: US\$ 4.50 million) to be accommodated within the existing programme budget envelope.</p> <p>2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:</p> <p>Total: US\$ 1.86 million.</p>
<p>3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:</p> <p>Not applicable.</p>
<p>4. Estimated resource requirements in future programme budgets, in US\$ millions:</p> <p>Not applicable.</p>
<p>5. Resources available to fund the implementation of the decision in the current biennium, in US\$ millions</p> <ul style="list-style-type: none"> – Resources available to fund the decision in the current biennium: US\$ 6 million. – Remaining financing gap in the current biennium: Funding (US\$ 4.11 million) will continue to be sought through voluntary contributions, including the strategic response plan for the occupied Palestinian territory, including east Jerusalem. – Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium: Not applicable.

The representative of ECUADOR expressed disappointment that the report contained in document A71/27 had been published on the first day of the current session and not six weeks prior, as stipulated under Rule 14 of the Rules of Procedure of the World Health Assembly. His Government believed in the responsibility to guarantee the right to health, a right the Palestinian Ministry of Health could not be expected to fulfil without full control of its tax revenue and health spending. Moreover, due to a lack of tertiary care, essential medicines and diagnostic services, the occupied Palestinian territory was growing daily more dependent on foreign aid, and referrals outside the territory entailing tremendous, unnecessary costs were endangering the lives of patients.

The representative of CUBA said that WHO's work in the occupied Palestinian territory was very important, given the complex and worrisome health situation there. He expressed concern that the Organization did not have full access to the occupied Syrian Golan, and reaffirmed his Government's full support for a far-reaching, just and sustainable two-State solution that would allow the Palestinian people to enjoy their right to self-determination in the form of an independent, sovereign State within the pre-1967 borders, with east Jerusalem as its capital.

The representative of the ISLAMIC REPUBLIC OF IRAN highlighted a number of issues described in the report that represented violations of international law and international humanitarian law, including restricted access to health services caused by the separation wall and checkpoints. Palestinians continued to face terrible health conditions, especially in the Gaza Strip, despite the fact that enjoyment of the highest attainable standard of health was enshrined as a fundamental right in the WHO Constitution. The health needs of Palestinian prisoners, including minors, were also of serious concern, and WHO should monitor their situation and report back to the Health Assembly on a regular basis. It was also worrisome that WHO still did not have access to the occupied Syrian Golan. The international community must take rapid and meaningful steps to obtain the immediate lifting of restrictions on health care for Palestinians, including those related to freedom of movement and access to goods and services. His Government maintained its reservation regarding those parts of the draft decision and report that could be construed as recognition of the State of Israel.

The representative of the PLURINATIONAL STATE OF BOLIVIA welcomed the report but lamented that it had been published so late. He drew attention to the fact that Palestinians faced serious barriers to health care, owing inter alia to checkpoints and traffic barriers that blocked the circulation of ambulances in the occupied territory. Experts assigned to monitor the psychological health of Palestinians, especially children, should engage in serious reflection on how to improve the situation. The highest attainable standard of health and access to water were not merely public health issues but fundamental human rights, and the situation was alarming in that regard.

The representative of MAURITANIA, speaking on behalf of the Member States of the African Region, expressed concern over health conditions in the occupied Palestinian territory and the occupied Syrian Golan, which were worsening as the socioeconomic situation deteriorated under the ongoing occupation. He called for the removal of restrictions to freedom of movement, the protection of health facilities and personnel, and full adherence to global and regional resolutions and decisions related to the occupied Palestinian territory, including those adopted by the African Union. The grave situation with regard to the health needs of Palestinian prisoners, women and children in particular constituted a violation of international human rights laws and norms, specifically conventions on the rights of children and women. WHO, its Member States and its partners were to be commended on their efforts to implement, with the Palestinian Ministry of Health, the four strategic priorities outlined in the report. It was of the utmost urgency to meet the health needs of the population by strengthening support for health services, redoubling emergency humanitarian aid and demanding the implementation of all relevant WHO recommendations.

The representative of ALGERIA said that the situation in the occupied Palestinian territory and the occupied Syrian Golan remained a concern in the context of the draft thirteenth general

programme of work and its strategic priorities on universal health coverage, health emergencies and the health and well-being of populations. Conditions in the territory could not be improved without the full implementation of WHO recommendations related to freedom of movement, health system development and human and financial resource allocation. Access to health services and products must be guaranteed for the entire Palestinian population, especially prisoners of all ages and both sexes, and health establishments and personnel must be protected. As other speakers had noted, it was also important that the Secretariat should respect the deadlines for publishing reports submitted to the Health Assembly.

The representative of SOUTH AFRICA said that the deteriorating socioeconomic situation and health conditions in the occupied Palestinian territory, including east Jerusalem, were deeply concerning. The basic principles of human rights and international humanitarian law were being ignored in the ongoing conflict, and medical personnel and patients denied access to health care facilities. Her Government again called for immediate implementation of resolution WHA65.9 (2012), which called upon Israel to end restrictions on freedom of movement in the occupied Palestinian territory; to abandon the policies and measures that had led to the current dire health conditions and severe food and water shortages in the Gaza Strip; and to facilitate access by Palestinian patients, medical staff and ambulances to Palestinian health institutions in occupied east Jerusalem. It commended the efforts of the United Nations agencies assisting the Palestinian people in the face of significant difficulties, including damage to hospitals and clinics, lack of basic services, and obstructed delivery of health supplies. It recognized the right of the Palestinian people to self-determination, health care and access to clean water and sanitation.

The representative of the MALDIVES expressed deep concern over the continuing military occupation, the recent violence in the Gaza Strip and the deteriorating health conditions among the Palestinian people. She drew particular attention to the effects of the situation on children and those left permanently disabled as a result of the 2014 conflict, and strongly condemned the occupying power's recent inhuman and cruel decision to restrict access to health services. She commended WHO efforts to help the Palestinian Ministry of Health enhance access to high-quality, safe health care and medical service delivery, to promote information and research, and to strengthen systems for health financing, together with the World Bank, so as to facilitate dialogue on universal health coverage. A firm supporter of the two-State solution, her Government stood ready to support collective efforts to secure a more peaceful and prosperous future for the occupied Palestinian territory and the occupied Syrian Golan, and to help the Secretariat implement the recommendations set out in the Director-General's report.

The representative of SUDAN, speaking on behalf of the Arab Group, said that, in compliance with the principles enshrined in the WHO Constitution and in accordance with international agreements and conventions, all obstacles to health care in the occupied Palestinian territory must be removed. The Director-General should report to the Seventy-second World Health Assembly on progress in the implementation of the recommendations contained in his report, based on field monitoring. Technical support should be maintained to build capacity in the field of health, so as to guarantee that the Palestinian people, including detainees and prisoners, had access to health care, in cooperation with the International Committee of the Red Cross.

The representative of the SYRIAN ARAB REPUBLIC said that the occupying power was violating international conventions and had committed many crimes against his people in the occupied Syrian Golan, imposing barriers to the enjoyment of basic rights such as the right to food and freedom of movement, and that the international community had failed to meet its responsibilities towards those people. Despite repeated demands by the Syrian Arab Republic, supported by many delegations, the situation in east Jerusalem and the occupied Syrian Golan had not improved. Syrian and Palestinian prisoners and detainees in Israeli prisons were also being denied their rights. The occupying power bore full responsibility for the toxic waste buried in the Syrian Golan. Evaluations of

the health conditions of Syrian nationals in the occupied Golan had to be conducted in coordination with the Government of the Syrian Arab Republic, which would not compromise on its sovereign right to the Golan. He asked for the Syrian Arab Republic to be added to the list of sponsors of the draft decision.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA, deeply shocked by the recent escalation of violence in the occupied Palestinian territory and its health implications, strongly condemned the genocidal acts carried out by Israel in reaction to peaceful protests. As a co-sponsor of the draft decision, her Government backed the call to meet the health care needs of Palestinian prisoners and detainees, with the support of the International Committee of the Red Cross, and of the hundreds of people injured and disabled as a result of the occupying power's repression. It firmly supported measures to resolve the serious problems arising from the gradual deterioration in health care services in the occupied Palestinian territory and the occupied Syrian Golan, which were exacerbated by food insecurity, difficulties in accessing basic services, economic hardship and unemployment, and the militarization and violence of Israeli settlers. It reaffirmed its support for the legitimate right of the Palestinian people and the people of the occupied Syrian Golan to health services and the provision of medicines and other supplies, and its firm commitment to the Palestinian people's inalienable right to self-determination.

The representative of the UNITED STATES OF AMERICA, rising to a point of order, expressed strong objections to the use of the word "genocidal".

The representative of PAKISTAN welcomed WHO efforts to improve health conditions and the delivery of basic health services in the occupied Palestinian territory and the occupied Syrian Golan. The recent attack on Palestinian demonstrators in the Gaza Strip had a damaging effect on the right to life and health of Palestinians. The injured must be given unhindered access to medical facilities and basic treatment, with the international community providing the necessary funds. The deteriorating mental health situation resulting from the Israeli occupation was also deeply concerning. Israeli practices, including restrictions on the movement of ambulances, damages 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, as restricted freedom of movement had been detrimental to the economy and had led to a high level of food insecurity. 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. Secure and unhindered movement of medical staff and access to medical facilities must be ensured.

The representative of EGYPT welcomed the strategic priorities for cooperation between WHO and the Palestinian Ministry of Health during the period 2017–2020 identified in the Director-General's report. The obstacles impeding the achievement of universal health coverage in Palestine were deeply concerning, and WHO should provide all the help required in that respect. Emergency preparedness and response also required closer attention, particularly with regard to strengthening core capacities for the International Health Regulations (2005), notably in the Gaza Strip, and the Secretariat should provide more information on the obstacles to building those capacities. The Palestinian people continued to face serious barriers to access to health services, essential medicines and medical supplies, and WHO had an essential role to play in addressing those barriers as the lead United Nations agency for the health cluster humanitarian coordination mechanism in Palestine. The situation in the Gaza Strip was highly alarming, with the illegal blockade and frequent rounds of aggression placing tremendous pressure on infrastructure and thereby further undermining Palestinian health sector capacity. The Secretariat should propose and pursue remedies to that problem, on which the Director-General should report to the Seventy-second World Health Assembly. The Israeli authorities' disregard for the recommendations of the Seventieth World Health

Assembly, particularly in relation to unhindered access by health care workers to their workplaces, the back-to-back procedure and the dignified provision of health care to Palestinian prisoners, was also of concern.

The representative of MOROCCO said that the report demonstrated that the health system in the occupied Palestinian territory was at breaking point. A series of obstacles impeded access to health services and the movement of ambulances. WHO should take appropriate measures to ensure that the Palestinian people had access to health services and to deal with the plight of detainees in Israeli prisons.

The representative of YEMEN said that the health situation in the occupied Palestinian territory, including in east Jerusalem, and in the occupied Syrian Golan was extremely concerning. Israel was flouting international resolutions and laws, and the brutality and injustice of its actions were exemplified by the hundreds of deaths and thousands of injuries among peaceful Palestinian demonstrators in the Gaza Strip. An effective international mechanism was needed to implement all international resolutions, including the draft decision. The occupying power must be held to account and compelled to respect the rights of every Palestinian to health services. The Government of Yemen supported the draft decision, even though it did not set out all the measures needed to address the issues faced by the people of Palestine and the Syrian Arab Republic.

The representative of CHINA said that, limited improvements in health conditions in the occupied Palestinian territory notwithstanding, the health care needs of the local population remained a concern. Health care facilities, medical workers and patients continued to be targeted, and basic health services remained difficult to guarantee. He expressed appreciation for the Secretariat's continued support to the health and medical services in the occupied Palestinian territory and the occupied Syrian Golan. He hoped that WHO would continue to invest more and that all the parties concerned would take effective measures to improve health conditions in the region.

The representative of LEBANON expressed deep concern about the information contained in the report and praised the Secretariat's support to help the Palestinian health authorities draw up a strategy to alleviate the suffering of the Palestinian people. He also expressed concern about the scarcity of resources available to UNRWA, and called for continued material support for WHO programmes benefiting the Palestinian people. Despite the efforts being made, health indicators in the occupied Palestinian territory were in decline, which meant that the Palestinian people were being denied the right to life and to health care. Other sources of concern were the effect of the occupying power's violent policies on the mental health of Palestinians, and the multiple challenges health workers faced in their daily work, including shortages of essential medicines and medical supplies, power and water cuts, and attacks against health facilities and ambulances. The blockade and checkpoint closures prevented the injured and sick from being transported between the Gaza Strip and other areas. He urged the international community to redouble its efforts to alleviate the suffering of the Palestinian people and called on Member States to support the draft decision without reserve.

The representative of AFGHANISTAN expressed support for the draft decision. Palestinian civilians were being killed for demanding their basic political and human rights, including health. It was ironic that the injustice inflicted on them repeated the pattern of discrimination and violence against the Jewish people in the nineteenth and twentieth centuries in eastern and western Europe. Failure to address the problem of Palestine had robbed several generations of the opportunity to live in peace, prosperity and health. At times like the present, when decisions could no longer be guided by past assumptions, leadership and management had the potential to be determining factors in dealing with collective health issues in the occupied Palestinian territory. More than sympathy, the people of Palestine wanted support to break the vicious cycle that had robbed them of the possibility to lead dignified lives and access optimal health care. The world's collective pain must be translated into

collective action and health diplomacy transformed into a new platform for constructive dialogue towards peace.

The representative of TUNISIA expressed deep concern about the deteriorating health situation in the occupied Palestinian territory, including east Jerusalem, and the occupied Syrian Golan owing to the restrictions imposed by Israel. She called on WHO to continue to intensify efforts to help the Palestinian Ministry of Health provide better services to the Palestinian people, in line with the right to health stipulated in the WHO Constitution. Her country had continued to support the health sector in Palestine by helping health workers and providing specialists to manage difficult health cases, some of which were being treated in Tunisia. She urged all Member States to support the draft decision.

The representative of NAMIBIA drew attention to the alarming stagnation or deterioration of several health indicators in the Gaza Strip and to the long-term effects on health facilities of the continued occupation of the Palestinian territory and the recent violence in the Gaza Strip. The legislative and physical division, including the many checkpoints, of the occupied Palestinian territory presented major problems in terms of both the cohesiveness of the Palestinian health system and access for staff, ambulances, patients and relatives. He called on Israel to immediately end its closure of the Gaza Strip, which amounted to a form of collective punishment, and for the immediate, sustained and unconditional opening of checkpoints. He voiced his country's solidarity with the Palestinian people and their struggle for an independent sovereign State, with east Jerusalem as its capital.

The representative of IRAQ expressed support for all efforts to improve health conditions in the occupied Palestinian territory, guarantee the exercise of human rights in line with the Sustainable Development Goals and denounce all forms of violence. The international community should support the Palestinian people and work to build peaceful societies. WHO had a role to play to that end, notably through its application of the draft thirteenth general programme of work.

The representative of JORDAN expressed support for WHO technical assistance to the Palestinian health authorities, but remained concerned about some of the points raised in the Director-General's report, including checkpoint closures and disparities in the provision of health services between the Gaza Strip and the West Bank. He also expressed concern about the situation in health facilities, water shortages, the movement of patients, the plight of detainees and prisoners in Israel, the deaths of many children as a result of Israeli operations, the fact that the health system in Palestine was stretched to breaking point, and the lack of available facilities to treat those injured in the recent military operations. A greater effort should be made to help the Palestinian people enjoy better health conditions and better health services should be provided across the board, including in the Golan Heights. He urged all Member States to approve the draft decision.

The representative of TURKEY said that people in the occupied Palestinian territory continued to live in extremely poor conditions and under systematic attack from Israeli forces. He was especially concerned about the health conditions, particularly among women and children. The main health concerns there continued to stem from avoidable and preventable causes that were closely associated with the occupation, and included physical and procedural barriers to health care, particularly the delay or rejection of permits for referrals to hospitals in east Jerusalem. Furthermore, restrictions on the movement of patients and medical goods impeded the functioning of the health system. Such restrictions were illegal, inhumane and unacceptable. He condemned the attacks against health care facilities, personnel and patients and called for the lifting of 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 that the Palestinians faced. As a co-sponsor of the draft decision, his Government invited all Member States to support it.

The observer of PALESTINE commended the efforts of WHO to provide support to the health sector in Palestine. He said that the draft decision was procedural and technical; it should not be politicized, and he hoped that it would be adopted by consensus. Being healthy was a fundamental human right that implied prosperity in addition to being disease-free. Health was one of the main issues covered in the 2030 Agenda for Sustainable Development; the Palestinian people were being deprived of the right to health owing to the unlawful practices of the occupying power. He hoped that the next report from the Director-General would be more comprehensive, more accurate and more detailed regarding the health sector in the occupied Palestinian territory and the occupied Syrian Golan. The occupying power was terrorizing and bullying Palestinian children, to the detriment of their mental health; a Palestinian prisoner in an Israeli prison had died two days earlier for want of medical treatment; ambulances and health workers continued to be attacked, contrary to United Nations Security Council resolution 2286 (2016), which highlighted the sanctity of the lives of medical personnel and the protection they needed in order to carry out humanitarian missions; and Israeli soldiers targeted Palestinians using weapons and methods that caused injuries and led to permanent disabilities.

The representative of UNRWA, speaking at the invitation of the CHAIRMAN, said that he had witnessed a major human and health care disaster in the Gaza Strip, where the health system was at breaking point: 13 000 people had been injured – some had lower-limb injuries caused by live ammunition – over a short period of time, putting pressure on hospitals that had insufficient beds and suffered severe shortages of medical supplies. Moved by the tireless efforts made by staff from the Palestinian Ministry of Health, UNRWA and others, UNRWA had launched an emergency appeal for help to save Gaza's health system and boost its ability to provide care to amputees requiring long-term assistance. As noncommunicable diseases were the leading cause of death among Palestine refugees, UNRWA had introduced family medicine and electronic medical records in all its health centres and was expanding its mental health services. However, despite raising funds from host countries and specific donors, UNRWA was experiencing a serious financial crisis and required an additional US\$ 246 million. He reiterated UNRWA's commitment to provide health care to Palestinian refugees and urged the international community to maintain and enhance its support for the Agency.

The CHAIRMAN asked whether the Committee was prepared to approve the draft decision.

The representative of ISRAEL said that her country looked favourably on any assistance aimed at improving Palestinian medical and technical capacities. The current discussion was being exploited for political purposes, however, at the expense of millions in need of health assistance, wasting time and resources, and undermining WHO credibility. Owing to Syrian pressure, a report on the findings of a WHO field visit to the Golan Heights had been shelved in 2017. This abdication to a regime that gassed its own people and the remarks made by the representative of the Syrian Arab Republic were shameful.

Despite its heavy agenda and calls for efficiency, the Committee wasted hours on an entirely political discussion of the only country-specific item on the agenda. Irrespective of the draft decision, the Palestinians had their own WHO office and resource allocation in health clusters under the Health Emergencies Programme, which was completely unaffected by the current discussion. The WHO office serving the occupied Palestine territory had been the main channel of information for the report; none of her country's input had been included, and its attempts to move the discussion to the health emergencies agenda item and to keep the draft decision technical had been rejected. As always, there was one set of standards for Israel and another set for all others. It was aggravating that the Committee did not reach out to those who needed it, in particular in the Syrian Arab Republic, Yemen and the Democratic Republic of the Congo.

She called on everyone present to set the right priorities, stop the constant politicization of WHO and apply the same standards to the agenda item currently being discussed as to any other. She also called for a roll-call vote on the decision and urged delegates to vote against it.

The representative of INDONESIA said that it was unfortunate that the aim to leave no one behind was not being realized in the occupied Palestinian territory and the occupied Syrian Golan. He was disappointed by the discrimination against innocent Palestinians and their lack of access to health care. He expressed full support for the recommendations in the Director-General's report and called for continued support from the Organization and the international community to improve Palestinian health services, including through capacity-building programmes and strategic plans for investment in specific treatments. He joined other countries in calling for full support for the draft decision.

The representative of the UNITED STATES OF AMERICA said that the draft decision did not meet the objective of a Health Assembly that focused on public health; rather, it perpetuated politicization by inviting the Director-General to prepare a report for the Seventy-second World Health Assembly. Concern for the health of the population in the Golan was particularly ironic when the Syrian regime attacked its own citizens using chemical weapons to kill and maim. The Syrian Government, which routinely prevented international humanitarian organizations from delivering essential medical supplies to besieged areas, had no credibility on humanitarian and public health issues. His country, which was the largest provider of humanitarian aid to Palestinians, strongly objected to the draft decision, which would not improve the health of Palestinians or lead to peace between Israelis and Palestinians. He endorsed the proposal of the representative of Israel that a vote be held.

The representative of the SYRIAN ARAB REPUBLIC, rising to a point of order, said that he objected to the previous speaker's remarks, which were unrelated to the item under discussion.

The CHAIRMAN reminded Committee members to limit their remarks to the issues under discussion.

The representative of NICARAGUA expressed great concern about the crisis in the region, which called for a swift solution from the parties and the international community. The harm being caused to the mental and physical health of all Palestinians was unacceptable.

The CHAIRMAN invited the Legal Counsel to explain the voting procedure.

The observer of PALESTINE, rising to a point of order, said that any request for a specific voting procedure should be seconded.

The CHAIRMAN said that it was his understanding that the representative of the United States of America had expressed support for the voting method requested, as well as the vote itself.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL explained the procedure for the roll-call vote. 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 Armenia, the Central African Republic, Comoros, Dominica, Gambia, Guinea-Bissau, Niue, Samoa, South Sudan and Ukraine.

A vote was taken by roll-call, the names of the Member States being called in the French alphabetical order, starting with Kazakhstan, the letter K having been determined by lot.

The result of the vote was:

In favour: Afghanistan, Algeria, Andorra, Angola, Argentina, Azerbaijan, Bahrain, Belarus, Belgium, Benin, Bolivia (Plurinational State of), Botswana, Brazil, Brunei Darussalam, Cambodia, Chile, China, Costa Rica, Cuba, Cyprus, Democratic People's Republic of Korea, Ecuador, Egypt, El Salvador, Eritrea, Finland, France, Greece, Iceland, Indonesia, Iran (Islamic

Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kuwait, Lao People's Democratic Republic, Lebanon, Libya, Luxembourg, Malaysia, Maldives, Malta, Mauritania, Monaco, Montenegro, Morocco, Myanmar, Namibia, New Zealand, Nicaragua, Niger, Norway, Oman, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Romania, Russian Federation, Saudi Arabia, Serbia, Singapore, Slovenia, Somalia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, Tunisia, Turkey, United Arab Emirates, United Republic of Tanzania, Uruguay, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zimbabwe.

Against: Australia, Canada, Guatemala, Israel, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Austria, Bhutan, Bosnia and Herzegovina, Bulgaria, Colombia, Croatia, Czech Republic, Denmark, Dominican Republic, Estonia, Germany, Honduras, Hungary, India, Latvia, Lithuania, Mexico, Nepal, Netherlands, Slovakia.

Absent: Albania, Antigua and Barbuda, Bahamas, Bangladesh, Barbados, Belize, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Congo, Cook Islands, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eswatini, Ethiopia, Fiji, Gabon, Georgia, Ghana, Grenada, Guinea, Guyana, Haiti, Kenya, Kiribati, Kyrgyzstan, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritius, Micronesia (Federated States of), Mongolia, Mozambique, Nauru, Nigeria, Palau, Papua New Guinea, Paraguay, Republic of Moldova, Rwanda, Saint Lucia, Saint Kitts and Nevis, Saint Vincent and the Grenadines, San Marino, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Solomon Islands, Suriname, the former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Turkmenistan, Tuvalu, Uganda, Uzbekistan, Vanuatu, Zambia.

The draft decision was therefore approved by 90 votes to 6, with 20 abstentions.¹

The representative of CANADA, speaking in explanation of vote, expressed concern at the inclusion of a stand-alone political item on the agenda of the Health Assembly, which should focus on global health outcomes and was an inappropriate forum for political discussions. Her Government advocated a fair-minded approach and rejected one-sided solutions and any politicization of the issue; it therefore remained supportive of efforts to obtain a comprehensive, just and lasting peace negotiated directly between the parties. It backed WHO assistance for health system strengthening and medical assistance to the Palestinian people, especially children and women, who were disproportionately affected by inadequate health care services and access to medicines. The draft decision did not advance prospects for peace between Israelis and Palestinians, and her Government had therefore been unable to support it.

The representative of CYPRUS, speaking in explanation of vote, said that Health Assembly resolutions and decisions should be concise, technical, results-oriented and serve global public health, and regretted that the draft decision had not been adopted by consensus. The text, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be politically motivated. With a view to achieving an entirely technical text in future, he called upon Israelis and Palestinians to continue to work constructively with each other and with the Secretariat in order to reach a consensus. His Government had voted in favour of the draft decision as encouragement to all parties to continue on that path.

¹ Transmitted to the Health Assembly in the Committee's first report and adopted as decision WHA71(10).

The representative of NORWAY, speaking in explanation of vote, agreed that Health Assembly resolutions and decisions should be technical, thematic, results-oriented and serve global public health, and regretted that it had not been possible to adopt the draft decision by consensus. The goal remained a purely technical text. Her Government would prefer that the decision cover a longer time period, so as not to have to debate it annually. To that end, and to promote the path towards consensus, it had voted in favour.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, speaking in explanation of vote, said that her Government had voted against the draft decision because of the political situation of the occupied Palestinian territory, not the health needs of the people living there, which were important. Her Government recognized that conflict and the absence of peace affected the health and well-being of millions, often with devastating consequences, as recent events in Gaza had once again borne out. However, the Health Assembly did not adopt a decision on every conflict, civil war or political impasse around the world; the occupied Palestinian territory was unique in that respect. It was important to distinguish between the Health Assembly and the United Nations General Assembly. WHO must not be politicized by arguments over geopolitics; to do so was not in the best interest of the people whose health needs were affected. Her Government had been clear that a two-State solution was the only path for delivering justice and improving the lives of both Israelis and Palestinians, and it was committed to making progress towards that goal. While it remained concerned about conditions in the occupied Palestinian territory, the politicization of health needs did not serve that purpose and undermined WHO's credibility as a focused and objective international health body. By voting against the draft decision, her Government had voted against politicization.

The representative of the CZECH REPUBLIC, speaking in explanation of vote, agreed that Health Assembly resolutions should be technical, results-oriented and serve global public health. It was regrettable that the draft decision had not been adopted by consensus. The text, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be politically motivated. With a view to achieving an entirely technical text and technical treatment of the agenda item in future, his Government called upon Israelis and Palestinians to continue to work constructively with each other and with the Secretariat in order to reach a consensus. It expected further steps towards a shorter and more technical text and called for reports on the health conditions of the Palestinian population to be discussed under a relevant technical agenda item in future. In the meantime, it had abstained.

The representative of AUSTRALIA, speaking in explanation of vote, remained concerned that a stand-alone agenda item had unnecessarily introduced political issues to the Health Assembly's deliberations. Evidence-based and technical approaches to complex health challenges should continue to be the foundation for the Secretariat's work. Her Government strongly encouraged all the parties involved to negotiate a path towards permanently removing the item under discussion from the agenda. In the meantime, it called for the item to be discussed under a more appropriate agenda item, as Committee B was inappropriate for discussion of political issues. The Government of Australia remained a strong supporter of a negotiated two-State solution to the conflict and was focused on supporting initiatives that reflected and maintained progress towards a negotiated settlement. It had never supported one-sided resolutions targeting Israel in multilateral fora, as they did not bring the parties closer to a negotiated settlement. As a long-standing and substantial supporter of the Palestinian people, including through its aid programme, it called upon all parties to take the courageous decisions needed to return to the negotiating table.

The representative of AUSTRIA, speaking in explanation of vote, considered WHO to be a place to discuss global public health, not politics. Health Assembly resolutions and decisions should therefore be technical, result-oriented and serve global public health. His Government attached great importance to the health conditions of the Palestinian people and would follow closely Israel's efforts

regarding the health conditions in the respective territories. It was regrettable that a vote had again been required. The draft decision, though similar to decision WHA70(12) (2017), contained unnecessary references that appeared to be driven by political motivations rather than by legitimate concerns for the health conditions of the Palestinian population. The goal was to achieve an entirely technical text and technical treatment of the item. Since efforts to depoliticize the text had been unsuccessful, his Government had abstained.

The meeting rose at 17:40.

COMMITTEE B

SECOND MEETING

Thursday, 24 May 2018, at 09:20

Chairman: Dr S. JESSAMINE (New Zealand)

1. FIRST REPORT OF COMMITTEE B (document A71/53)

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

The report was adopted.¹

2. PROGRAMME BUDGET AND FINANCIAL MATTERS: Item 15 of the agenda

WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017: Item 15.1 of the agenda (documents A71/28, A71/29, A71/45 and A71/INF./2)

The CHAIRMAN noted that document A71/45, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations of the sub-item the previous week, contained a draft decision recommended for adoption by the Health Assembly.

The representative of the GAMBIA, speaking on behalf of the Member States of the African Region, expressed appreciation for the WHO Results Report: Programme budget 2016–2017 (document A71/28), in particular the country success stories and level of detail provided. He nonetheless urged the Secretariat to clearly link outcomes to the results framework in future reports, and raised concern about the lack of resource alignment across various programmes, in particular noncommunicable diseases, and about the drop in flexible resources, notably the reduction in voluntary contributions. He urged Member States to settle their arrears in a timely manner.

The representative of AUSTRALIA commended WHO efforts to ensure a more sustainable budget and enhance transparency and accountability. The new budget and planning process and the investment case being prepared for the draft thirteenth general programme of work were encouraging, and she welcomed the fresh approach to financial and results reporting. The WHO Results Report would be a valuable tool for attracting donor interest, as it highlighted tangible outcomes from the biennium 2016–2017.

The representative of MEXICO said that accountability and transparency were essential and that it was vital for donors to have clarity on resource allocation. Achievement of the health-related Sustainable Development Goals, in particular targets set by WHO, was predicated on budget planning and predictability. Particular attention should be paid to funding shortfalls in programmes such as

¹ See page 310.

noncommunicable diseases and the WHO Health Emergencies Programme, to resource availability and to fluctuations in voluntary contributions. Dialogue and WHO's planned funding campaign would improve predictability and generate higher levels of revenue for the biennium 2018–2019.

The representative of THAILAND welcomed the new format of the WHO Results Report, but was concerned at the unpredictability of voluntary contributions. Given the risks to the WHO Health Emergencies Programme in terms of adequate funding and operational readiness, the Secretariat should reassure Member States of its ability to obtain sufficient funding to tackle global health threats.

The representative of GERMANY voiced appreciation for the new style and format of the WHO Results Report. He wished to know whether new donors had come forward as key financial contributors during the biennium 2016–2017 and what WHO could learn from that trend for the biennium 2018–2019; why the Core Voluntary Contribution Account had decreased; and how flexible funding and category 6 funding (corporate services/enabling functions) had evolved over the previous 20 years.

The representative of PANAMA welcomed the WHO Results Report and the Organization's efforts at bottom-up identification of priorities for the programme budget. The Region of the Americas nonetheless continued to receive low funding compared to other WHO regions, a situation that she hoped could be remedied over time. It was also hard to understand why categories 2 (noncommunicable diseases) and 5 (preparedness, surveillance and response) had such low implementation rates, and essential to focus on better control and monitoring of budget implementation across all categories. She asked whether the implementation rates indicated for the various categories in document A71/29 were estimated based on the approved budget or available resources, and requested that future reports document the action taken to achieve an implementation rate above 95%.

The representative of JAPAN welcomed the WHO Results Report and said that a strategic approach was needed to address the long-standing funding shortfall for the noncommunicable diseases category. One approach would be to verify whether the relevant budget was used optimally, which would appeal to prospective donors. Another approach would be to drastically change WHO's business model in underfunded areas by forming stronger partnerships. He encouraged the Secretariat to make further efforts to improve financial reporting.

The representative of NORWAY thanked the Secretariat for the reader-friendly WHO Results Report, but regretted the absence of the common reporting format of showing results against goals and progress using indicators. Such information would help spotlight challenges and delays in WHO's work, and identify where additional efforts and risk management were needed. Both progress and challenges should be reflected in the Secretariat's results reporting. He welcomed the plan to improve strategic reporting by reducing the number of indicators.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND said that the WHO Results Report was a step forward that presented results in an attractive and accessible manner. He welcomed efforts to highlight core voluntary contributions; success stories that donors could pass on to taxpayers would make core voluntary contributions appealing. His Government was redeveloping its indicators to judge performance against core voluntary contributions, and looked to WHO to provide it with clear indicators. He congratulated the Organization on its Programme Budget Portal, an example of best practice in the United Nations system.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) said that the WHO Results Report would be further improved in the coming years. The underfunding of noncommunicable disease programmes was a chronic issue that could be remedied by encouraging donors

to direct their funds towards those programmes and by using the Organization's limited flexible funds. Increased flexible funding would thus be one solution.

New donors had emerged, resulting in a broader donor base. The decrease in the Core Voluntary Contributions Account could be attributed to external and internal factors. Externally, traditional contributors had been under pressure to fund other programmes. Internally, the Organization had not done enough to recognize those contributors; it was taking a number of initiatives to give core voluntary contributions and their donors the recognition that they deserved.

Funding for category 6 had remained relatively unchanged over the previous two decades, but the Secretariat would be pleased to provide detailed information at the next governing body meeting. With regard to the request for a report format that used indicators to show progress towards goals, he said that a detailed analysis of progress on 162 indicators was available on the Programme Budget Portal.

The COMPTROLLER said that the majority of voluntary contributions came from about 20 major donors, a figure that had remained relatively stable over the last few years. However, new donors had emerged from a number of countries and regions, and would continue to do so during the biennium 2018–2019. Improvements in resource alignment were reflected in the figures contained in the WHO Results Report. With regard to the decrease in flexible funding, some donors had reported competing priorities, such as the migration crisis. He hoped that WHO's enhanced reports showcasing impact would encourage more contributions of flexible funding.

The DIRECTOR-GENERAL thanked Member States for their feedback and said that earmarked funding was causing fragmentation in the Organization's departments. WHO managed more than 3300 grants, which made the system very slow and underscored the need for flexible funding. WHO was working to address its internal problems in that regard, but Member States should support the Organization's efforts to remedy external problems.

The epidemic aspect of the noncommunicable disease crisis must be taken seriously. A meeting of the WHO Independent High-level Commission on NCDs in June 2018, followed by the Third United Nations General Assembly High-level Meeting on NCDs in September, would spur new recommendations and actions. He called on Member States to participate actively in the High-Level meeting by involving their Heads of State. With political commitment, resources would follow.

WHO's investment case document was nearing completion and would help move the Organization from passive to proactive resource mobilization. To build the investment case, WHO had communicated with as many partners as possible; the feedback from donors and Member States had been positive, and fresh funding had been secured from Member States. It was essential to make a proper investment case, with Member State support, and to expand the donor base so that WHO would be prepared to absorb unexpected shocks. Moreover, quality of funding was more important than quantity, and he challenged Member States to focus on funding quality. WHO would examine the way it presented its challenges and successes, and would be honest with Member States on the challenges it faced.

The CHAIRMAN took it that the Committee agreed to approve the draft decision contained in document A71/45.

The draft decision was approved.¹

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA71(12).

Financing of the Programme budget 2018–2019: Item 15.2 of the agenda (documents A71/30 and A71/46)

The representative of BARBADOS stressed the importance to developing Member States of the six steps being planned or taken for resource mobilization, as the funds thus obtained sometimes allowed those countries to implement programmes that might otherwise have been postponed or cancelled. He supported the Director-General's efforts in that regard.

The representative of the CONGO, speaking on behalf of the Member States of the African Region, said that the three priorities identified in the draft thirteenth general programme of work – universal health coverage, health emergency response and health promotion – were challenges for the continent. Low levels of health coverage in some countries, coupled with other health determinants (such as the environment, poverty, high-risk behaviour and access to water), were likely to lead to further epidemics. She welcomed the increase in the overall budget for 2018–2019 and for the Health Emergencies Programme and communicable diseases in particular, but was concerned by the funding cuts for noncommunicable diseases and corporate services/enabling functions. She was also concerned that financing of the programme budget was still largely dependent on relatively inflexible voluntary contributions from a small number of donors. She strongly urged Member States both to meet their obligations and to raise additional funds for the implementation of the programme budget. Financing would have to be more flexible to rectify the chronic underfunding of priority programmes.

The representative of MEXICO said that funding gaps in certain programme areas should prompt consideration of how to improve budget programming and of the importance of areas such as noncommunicable diseases, vaccine preventable diseases, and reproductive, maternal, newborn, child and adolescent health. She called for continued transparency in discussions with donors through mechanisms such as the financing dialogue and periodic meetings to better align voluntary contributions, continue the transformation process with respect to resource mobilization, and achieve greater flexibility in the funding of priority areas currently experiencing shortfalls. She acknowledged the Secretariat's efforts to be transparent about how resources were used by publishing information, including updated quarterly financial information and the biennial results report, on the Programme Budget Portal, and to be more efficient by, for example, outsourcing services, moving some administrative operations to lower-cost locations, and preparing a strategic approach to optimize the use of funds and assure programme cost-effectiveness. The Secretariat should, however, step up its efforts to achieve optimum financing for basic priority programmes and to mobilize resources.

The representative of AUSTRALIA welcomed the efforts to improve fundraising and the new approach to reporting on the programme budget. To further enhance transparency, a clearer distinction should be drawn between actual currently available funds and funding forecasts across programme areas, and tools such as the programme budget portal should continue to be improved, with clear links provided to data sources. She noted that heightened resource mobilization efforts would be imperative in order to fund the ambitious draft thirteenth general programme of work, and welcomed current efforts in this regard. She queried the accuracy of the estimated financing needs for the draft thirteenth general programme of work, given that a significant proportion of forward financing needs was related to the transition of essential polio functions into the base segment, and urged that work on the estimate be given the utmost priority. She was concerned by the reduction in core voluntary contributions and the funding shortfalls for noncommunicable diseases and the WHO Health Emergencies Programme, of particular concern given the Organization is facing another Ebola outbreak, and urged donors to make untied voluntary contributions.

The representative of SWITZERLAND expressed concern that the programmes currently experiencing financing problems had been affected by similar problems in previous bienniums (for example, noncommunicable diseases and the WHO Health Emergencies Programme). She welcomed the Secretariat's efforts to mobilize resources and, in particular, to encourage core voluntary

contributions, and hoped that it would present a more ambitious and innovative value-for-money approach in the future. Greater effectiveness and reduced costs could be achieved by implementing the recommendations of the quadrennial comprehensive policy review of the United Nations, such as the pooling of administrative services among United Nations entities in a partner country. Given the importance of approving the programme budget in a transparent and inclusive process, she regretted the decision not to present a complete draft programme budget at the forthcoming regional committee meetings.

The representative of the NETHERLANDS, concerned at the continued lack of funding for the noncommunicable diseases category, said that the reasons for the shortfall should be further analysed. Discussions should be initiated with donors wanting to move all their funds into one area, with a view to encouraging them to finance an underfunded area. The Secretariat should facilitate that process.

The representative of GERMANY said that the Director-General's report showed that WHO had not addressed some of its main financial challenges. First, the same programme areas that had experienced funding shortfalls in the previous two bienniums were again underfunded. The largest shortfalls were in management and administration, and in leadership and governance, which were primarily funded through assessed contributions; given the total amount of assessed contributions and flexible funding available, it was hard to understand why they were underfunded. Secondly, his Government had argued for stronger alignment of resource mobilization, to no avail. Indeed, the culture of non-communication within the Secretariat seemed to be a key deterrent to coordinated resource mobilization. He asked how the Secretariat would overcome those challenges. In addition, it was premature to state that earmarked funds did not serve WHO's needs. The key point was not whether earmarked funds were less useful than flexible resources, but rather how the Secretariat raised earmarked funds for specific programme areas. His Government provided earmarked funds when WHO indicated that programmes needed resources; it did not believe that such earmarking was in contradiction with WHO's overall goals.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the increased funding for vaccine preventable diseases and the WHO Health Emergencies Programme, but noted that the same areas presented funding gaps as in the previous biennium. As those areas depended on assessed contributions, it was important for Member States to ensure timely payment thereof. In addition, the Secretariat should engage in negotiations for voluntary contributions. Given that planned structural shifts would not take place until the next biennium, he asked what changes would be made to enable implementation of the draft thirteenth general programme of work in 2019.

The representative of the UNITED STATES OF AMERICA appreciated the detailed level of information available on the Programme Budget Portal. Resource alignment and quality of funding were both issues, but all Member States knew that resources raised in response to an emergency appeal were immediate quality resources that were tied to WHO's priority work. She encouraged WHO management to work with technical staff to ensure that requests for voluntary contributions to fund specific activities were prioritized, strategic and better coordinated internally.

The representative of THAILAND said that the problem of chronic underfunding for specific programme areas, such as the WHO Health Emergencies Programme and health and the environment, needed to be resolved, and the reasons therefor explored. He urged the Secretariat to accelerate its resource mobilization efforts in order to support the implementation of strategic priorities under the draft thirteenth general programme of work and ensure that future programme budgets did not face the same challenge. He welcomed the implementation of the value-for-money plan and approach and urged WHO to evaluate the effectiveness thereof at the end of the current biennium.

The representative of PANAMA welcomed the Secretariat's resource mobilization efforts, which had resulted in more transparent and closer ties with donors, regional offices and other

stakeholders. She expressed concern over the financing of competing programmes, with the same programmes repeatedly experiencing funding problems. There was a clear lack of balance in the distribution of funds, and it was hard to see how initiatives relating to equity, social determinants, gender equality and human rights, nutrition, food safety, violence and trauma, disability and rehabilitation, and ageing – issues of great importance to public health and achievement of the Sustainable Development Goals – could be developed if they received no funding. She supported the proposed steps for improving financing with a view to bringing about positive outcomes in global, regional and local health.

The representative of the REPUBLIC OF KOREA welcomed improvements in the financing of the Programme budget 2018–2019, in particular the Secretariat's efforts to enhance predictability and transparency in budget financing, which should be continued. He remained concerned, however, about the chronic lack of funding for certain programmes; the Secretariat should prepare contingency measures for such programmes. He looked forward to the Secretariat's efforts to improve value-for-money by transforming resource mobilization.

The representative of SPAIN said that the report revealed that voluntary contributions focused on a specific set of programmes to the detriment of other critical areas such as ageing, disability and rehabilitation, nutrition and food safety. He expressed appreciation for efforts to control and optimize expenditure, such as relocating certain operations, and requested further details in that regard.

The representative of JAPAN asked whether flexible funding and the 3% increase in assessed contributions in the Programme budget 2018–2019 were used for purposes other than to bridge funding gaps, as that information would help to encourage existing and new donors, and whether additional explanations would be provided during the financing campaign to be launched after the Assembly. He also asked for further information on the financial aspects of the WHO Health Emergencies Programme, given the challenges in securing funding for it, and especially in the light of current complex health emergencies. Since the question of funding for the proposed programme budget 2020–2021 had been delinked from the discussion of the draft thirteenth general programme of work, preparations for reviewing the draft programme budget should begin before the 144th session of the Executive Board meeting. The Secretariat should therefore present the review process as soon as possible, along with the transformation plan to enable the general programme of work.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND endorsed that proposal. He went on to say that polio transition was one of the greatest risks to implementation of the Programme budget 2018–2019. According to the draft strategic action plan on polio transition, for example, 700 staff would be made redundant in March 2019; how did WHO plan to mitigate the consequent risk to global health security and what other programmes would be affected by the transfer of core funding to cover any costs incurred as a result? The Organization could not expect unlimited funding for polio programmes; the draft thirteenth general programme of work should therefore provide a clear case for investment in polio transition. WHO should clearly explain how donor funds were being used to ensure maximum value for money. Tight earmarking and fully flexible funding were not mutually exclusive. Indeed, his Government's contributions to WHO were either fully flexible or allocated to the Organization's priorities. His Government was ready to support the WHO internal reform process and the move from ad hoc funding to more strategic funding scenarios that clearly explain how they fit into the wider WHO context and the global health system.

The representative of BRAZIL said that Member States and the Secretariat should identify how to fund critical areas such as tropical disease research and noncommunicable diseases. They should also engage in an in-depth discussion on the reduction of non-earmarked voluntary contributions, since such funding constituted more than 80% of WHO's resources. Given the opportunities and challenges that would arise from implementation of the draft thirteenth general programme of work, his Government looked forward to the investment case to be launched after the Assembly.

The representative of BHUTAN noted with appreciation that the Programme budget 2018–2019 had allocated increased funding to the WHO Health Emergencies Programme and to health and environment programmes, which were of particularly value in the disaster-prone countries of the South-East Asia Region. He commended WHO for securing a significant base budget increase of 6% in comparison to the previous biennium, but was concerned at the reduction in flexible funding and in resources allocated to the noncommunicable diseases category. The Organization's engagement in hosted partnerships and the Framework of Engagement with Non-State Actors had enhanced the global health agenda. His Government remained committed to WHO's search for more flexible funding sources, and urged Member States to prioritize value for money in all health investments made through WHO. Implementation of the programme budget should therefore be audited, in terms of both programme management and human resource competence, to ensure investments were sound.

The DIRECTOR (Planning, Resource Coordination and Performance Monitoring) pointed out that the Director-General's report was based on three months of operations, as the accounts had had to be closed at the end of March 2018; as such, it had not been possible to produce a detailed analysis, and more information would be provided at the 144th session of the Executive Board. According to current figures, 86% of funding had been raised in the current biennium; at the same point in the previous biennium, only 79% of funding had been raised, including projections. Member State concerns regarding earmarked contributions and funding shortages in certain areas notwithstanding, the situation was therefore cautiously encouraging overall. Areas mentioned as not having received funding had not done so in the first three months of the biennium; the Secretariat had provided them with corporate flexible funding and would strive to keep them funded and operational. He agreed, however, that more flexible funding and donor contributions were needed in those areas.

The draft programme budget for 2020–2021 would be presented and discussed at regional committee meetings, but in a different manner, at major offices and focusing on the "three billion" goals and a preliminary analysis of the prioritization process at that stage. The final budget would be presented in full at the 144th session of the Executive Board.

Polio transition was an issue, but one that went beyond the biennium 2018–2019, during which it and essential polio functions were well-funded. The Secretariat was already dedicating sufficient resources and efforts to polio eradication, as exemplified by the appointment of an Assistant Director-General for Polio, Emergencies and Country Collaboration.

The COMPTROLLER confirmed that polio transition constituted one of the most significant financial risks for the Organization. The Secretariat was monitoring the situation closely with regard to the staff liabilities it anticipated would arise from the scaling down of the polio programme, and had established a fund of US\$ 50 million for that contingency. The Director-General's report on polio transition and post-certification (document A71/9) provided further information on planned financing to be allocated in the proposed programme budget for 2020–2021.

The DEPUTY DIRECTOR-GENERAL (Corporate Operations) said that the Secretariat was acutely aware of the persistent challenges posed by chronically underfunded areas, in particular priority areas, and the Director-General was leading a proactive and strategic approach to address the situation. The draft thirteenth general programme of work acknowledged that the issues of health emergencies and strengthening health systems were inherently interlinked. Indeed, investment in health system strengthening would help to prevent and minimize health emergencies; capacity-building in the fight against polio had provided decisive evidence to that effect. WHO was actively reaching out to potential new donors and demonstrating its ongoing appreciation to existing donors. The Assistant Director-General for External Relations had called for a coordinated approach to resource mobilization at all levels, in order to build the Organization's capacities for coordination with partners. The entire spectrum of financing needed to be engaged to help WHO move from ad hoc requests towards more strategic funding; this was a priority for the Secretariat, which had entered into a strategic dialogue with some countries to explore opportunities for flexible financing. The programme budget needed to be based on Member State priorities so as to align funding with

priorities. WHO needed to demonstrate transparency and accountability in order to build Member State confidence that the Secretariat would base funding on priorities; that trust would also allow it greater flexibility in fund allocation. She thanked Member States for their positive comments on the new reporting method and the WHO programme budget portal, which would help WHO to provide greater insight into its spending decisions.

In response to concerns raised on the underfunding of the WHO Health Emergencies Programme, the DIRECTOR-GENERAL said that, since emergency preparedness and response was one of the three strategic objectives of the draft thirteenth general programme of work, it was crucial to prioritize funding for that area, with resources mobilized from core funding if needed. Almost all of the 3% increase in assessed contributions, which amounted to around US\$ 47 million, had consequently been allocated thereto. Of the total US\$ 58 million in flexible funds allocated to the Programme, much would go to country offices, because it was most important to tackle health emergency preparedness and response at the country level. Given the shortages in funds earmarked for certain WHO priorities, Member States were asked to provide flexible funding that could be mobilized as needed. WHO therefore relied on a combination of earmarked and flexible funding.

Although the Secretariat was building the investment case for centrally coordinated resource mobilization, it would be impossible to make that transition quickly. Departments and teams would therefore continue to implement both decentralized and centralized resource mobilization, to avoid disrupting current operations and to ensure sufficient resources were available to finance programmes. Resources allocated to polio transition would continue to be used for routine immunization and surveillance programmes, since populations treated under polio eradication programmes also needed to be protected from other preventable diseases to achieve the overall goals of prevention and protection.

The Committee noted the report contained in document A71/30.

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 15.3 of the agenda (documents A71/31 Rev.1 and A71/47)

The CHAIRMAN drew attention to the revised draft resolution contained in document A71/47 and noted that it had been agreed to remove Suriname from the list of countries in arrears at the time of opening of the Assembly.

The draft resolution, as amended, was approved.¹

3. AUDIT AND OVERSIGHT MATTERS: Item 16 of the agenda

Report of the External Auditor: Item 16.1 of the agenda (documents A71/32 and A71/48)

The CHAIRMAN noted that document A71/48, the report of the Programme, Budget and Administration Committee of the Executive Board on its deliberations of the sub-item the previous week, contained a draft decision recommended for adoption by the Health Assembly.

The representative of the EXTERNAL AUDITOR introduced the report of the External Auditor (contained in document A71/32). The 2017 audit had covered headquarters, the Global Service Centre,

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.10.

one regional office, six country offices and the five entities hosted by the Organization. It had resulted in the issuance of an unmodified audit opinion indicating that the Organization's financial statements for the financial year ended 2017 were fairly presented in all material respects and had concluded that accounting policies were applied on a consistent basis. It had found that the transactions that had come to its notice complied with the Financial Regulations and legislative authority of WHO in all significant respects. He commended the complete implementation of the Global Inventory Management System, which had helped WHO to improve the effectiveness of its financial reporting and the overall efficient and effective management of global inventories, and the Organization's commitment to improve its corporate governance as evidenced by the issuance of its Statement of Internal Control. The audit had also brought to light opportunities for improvement relating to financial matters in the areas of fixed assets and inventory management; travel management, in particular the fleet management programme; content and delivery enhancements; financial management; and the overall management of controls in regional and country offices. The External Auditor had accordingly made a series of recommendations to the Secretariat.

The representative of GERMANY said that the External Auditor's report showed that major shortcomings remained in terms of WHO accountability and compliance, and his Government, while recognizing past efforts to ameliorate the situation, would continue to push the Secretariat for improvements on both fronts. The transformation in the African Region had shown what could be achieved in terms of accountability and compliance under truly committed leadership, as evidenced by the reduction in the number of overdue direct financial cooperation reports.

The representative of BARBADOS asked for further information on the circumstances that had resulted in three key audit findings: overdue reports on direct implementation projects; the absence of procurement plans; and delayed submission of reports to donors.

The representative of ANGOLA, speaking on behalf of the Member States of the African Region, expressed satisfaction at the External Auditor's unmodified audit opinion, which assured Member States of greater financial transparency and accountability within WHO. The External Auditor's report, for its part, would help the Region's Member States optimize the use of WHO resources allotted to each country for achieving universal health coverage. Noteworthy recommendations included the need to strengthen the Secretariat's award management role in respect of voluntary contributions and ensure timely submission of reports to donors in order to boost credibility; to reduce delays in the submission of direct financial cooperation reports and improve their management; to strengthen operational processes, including procurement, human resources, travel, and the management of fixed assets such as end-user IT equipment; and to ensure timely preparation of projects and monitoring reports.

The representative of MEXICO was also pleased to note that the External Auditor had issued an unmodified audit opinion, a guarantee of transparency and accountability in financial matters and thus in WHO governance. She acknowledged the good practices applied by the Secretariat and the improvements made pursuant to previous recommendations relating to internal control, but nonetheless urged the Secretariat to follow up on all pending and current recommendations by the External Auditor.

The representative of THAILAND said that swift and efficient implementation of the External Auditor's recommendations would improve good governance across all three levels of the Organization. Her country commended WHO's ongoing efforts to implement the majority of recommendations pending from 2016, but remained concerned about the number of overdue direct financial cooperation reports and about the Statement of Internal Control. In addition, systematic and efficient action should be taken to improve procurement transparency and travel management efficiency.

The representative of the NETHERLANDS expressed concern at the delays in reporting to donors, asset and inventory management, and the findings concerning regional and country office operations. It was important to fix those issues in order to instil donor trust in WHO local operations.

The ASSISTANT DIRECTOR-GENERAL (General Management) expressed appreciation for the External Auditor's diligence and said that the Secretariat had already begun implementing the recommendations set out in its report. The total number of overdue direct financial cooperation reports had been reduced by 42% since 2016 and would be reduced further. Formal assurance activities were being enhanced at the country level, a measure that required improved analysis of the root causes of the difficulties posed by direct financial cooperation, which appeared to be mostly country-specific. A fleet management pilot programme to be launched shortly would be the first corporate initiative to track vehicles with a view to improving accountability and safety. Travel management had undergone major reform in March, bringing WHO travel policy in line with that of the United Nations Secretariat. The updated e-Manual and Standard Operating Procedures had already yielded savings for the Organization. Lastly, the IT governance process was being re-engineered to reach all three levels of WHO.

The COMPTROLLER, responding to concerns about direct financial contributions, said that the Secretariat was following up with the regions experiencing delayed direct financial cooperation reports. He commended the African Region's efforts to enhance training and accountability, and to help country offices ensure that procedures relating to direct implementation were properly understood and followed. Moreover, the number of overdue direct financial cooperation reports was not alarming in the light of the total number of such contracts. Direct implementation was also extensively used in the Eastern Mediterranean Region, where the logistics of filing timely reports were constrained in many countries by extreme emergency situations and very difficult working contexts.

With regard to procurement planning, he stated that it was part of the transformation plan to improve overall supply chain management.

In terms of donor reporting, he suggested that there was a link between overdue reports, on the one hand, and the funding structure and resource mobilization, on the other. The Secretariat continued to handle thousands of separate grants, each with a specific timeline. A report would be considered overdue if it was not filed by the date stipulated in the donor agreement, and yet the implementation plans for tightly ear-marked projects in particular were subject to change, leading to delays. In application of WHO value-for-money principles, the Secretariat was loath to implement incorrectly, even if that meant going beyond the end date.

The CHAIRMAN took it that the Committee approved the draft decision set out in document A71/48.

The draft decision was approved.¹

Report of the Internal Auditor: Item 16.2 of the agenda (documents A71/33, A71/33 Corr.1, A71/34 and A71/49)

The representative of MEXICO said that the Secretariat should take on board the Internal Auditor's recommendations relating to public health emergencies, programmatic and operational processes, and monitoring and performance evaluation, and implement measures to mitigate risks in those areas of support that had come to light during the operational audits. It should pay particular attention to the WHO Health Emergencies Programme; the fact that the Programme's operational support processes and procedures had yet to be properly structured might explain why it had failed to

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA71(13).

attract sufficient funding. The Secretariat should also implement the recommendations for process improvements at the Global Service Centre and draw on the findings of the audits of country and regional offices. It should ensure that internal controls remained operationally effective, and improve procurement and fixed-asset management. It should attach particular importance to following up on recommendations regarding allegations of fraud, theft, and sexual harassment, exploitation and abuse, given that the number of allegations of corruption had risen and the number of complaints had not changed since 2015.

The representative of NORWAY said that the decline in the operational effectiveness of internal controls in country offices was particularly concerning given that the proportion of resources allocated to country offices was set to increase further under the draft thirteenth general programme of work. His Government needed to see real improvements in the compliance, risks and ethics culture throughout the Organization – but especially in country offices – before it would consider increasing its funding, and called on the Secretariat to continue to improve internal control. He expressed support for the recommendations to improve individual managers' accountability and to strengthen the consequences of failures in internal controls in a harmonized manner. He welcomed the updates to the fraud prevention policy and urged the Secretariat to enhance anti-fraud detection, awareness, investigation and recovery, including in relation to implementing partners. Finally, it was essential that the Office of Internal Oversight Services and the compliance, risk management and ethics functions were provided with the necessary resources.

The representative of the NETHERLANDS said that the audit reviews of country offices were vague and lacked transparency; differences in performance between country offices should be expressed more explicitly in future. The issues raised in the reports needed to be resolved to ensure trust in locally run operations, especially since regional and country funding was set to increase. Sound governance was vital in that regard.

The representative of CABO VERDE, speaking on behalf of the Member States of the African Region, welcomed the report of the Internal Auditor, noting in particular the new online risk management tool and risk management cycle, efforts to limit task duplication, and the secure external web-based platform that provided remote access to internal audit reports. The focus should now be on the top five areas assessed as posing the highest residual risk to the Organization's operations and achievement of results. She expressed concern that previous recommendations had not yet led to lasting improvements, adding that it was very important to continue investigating complaints and strengthening risk assessment processes.

The representative of THAILAND, noting the importance of audit, investigation and assessment processes, expressed concern about the estimated time needed to handle outstanding complaints and urged the Secretariat to speed up that process. The lack of any systematic updates to global policy documents was also a cause for concern and could lead to delays in planning, implementing and troubleshooting internal controls. Finally, her Government strongly urged WHO to take a zero-tolerance approach to sexual exploitation and abuse in respect of all staff at all levels.

The representative of the UNITED STATES OF AMERICA requested more information on WHO risk management strategies, given that the Organization was working in increasingly unsafe contexts. She expressed support for the increase in human resources for the investigation function in light of the backlog of cases, and for the Internal Auditor's recommendations to enhance the accountability and supervisory role of individual managers.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, endorsing the comments made by the representatives of the Netherlands and Norway, expressed concern about the reduced budget for the Office of Internal Oversight Services and about the backlog of complaints, as a result of which serious cases of misconduct involving, for example,

sexual exploitation or abuse might be overlooked or not handled promptly. Given the importance of a well-functioning oversight service, she wished to know whether WHO was committed to ensuring that the Office of Internal Oversight Services was properly resourced.

The representative of GERMANY expressed support for the statement made by the representative of Norway, especially with regard to the decline in the operational effectiveness of internal controls in country offices and the need to strengthen the consequences for failures in internal control in a harmonized manner. He welcomed the decision to implement all recommendations pertaining to sexual exploitation and abuse resulting from the external quality assessment of the WHO investigation function and asked for more information on the progress made in that regard.

The DIRECTOR (Office of Internal Oversight Services) said that the Secretariat was doing its best to address the issues raised in accordance with the resources available and an assessment of the relevant risks. There had been ongoing improvements in overall control effectiveness, which stood at 75% for the 2015–2017 period. While the target was 100%, the Secretariat was working to identify the most significant issues, recognizing that priorities needed to be set. The number of outstanding audit recommendations continued to fall, and 32% of recommendations had been completed before the stated deadline, but a worrisome number of highly significant recommendations remained outstanding and should be the focus of management efforts.

The Office was committed to ensuring that the investigation function remained of the highest quality and followed best practices. All recommendations resulting from the relevant external quality assessment were on track and would be implemented within the reported deadlines. The Office was working to prioritize existing cases and deal with new cases, bearing in mind the increase in reported cases so far in 2018 compared with 2017. Regarding new cases, including sexual harassment, exploitation and abuse, an intake committee had been set up to review all cases; it acknowledged all complaints within five days of receipt and recommended action points within ten days. There had been 17 allegations of harassment and sexual harassment, exploitation and abuse in 2017, all but two of which had subsequently been resolved. Allegations of sexual harassment were given the highest priority, meaning there was no risk they would not be handled promptly, despite the backlog; as a result, however, delays were experienced in handling lower-priority cases. The Office continued to update its investigation policy framework, and the Office's charter, which strengthened its investigative mandate, was ready to be submitted to the Director-General for final approval.

Fraud and corruption awareness briefings were conducted during all audit and investigation missions to country and regional offices; the briefings highlighted the procedure for reporting allegations and the obligation to do so. Regarding conflicts of interest within the Office or relating to its investigations, the Office had adopted the protocols developed by the United Nations risk and investigation services.

While providing the appropriate amount of detail on country audits in the report was a challenge, the summary of each country, regional or departmental audit provided an overall assessment of the audit results on a four-point scale and highlighted the major areas of concern. Member States could ask to receive a link that would allow them to consult all audit reports. The higher level of risk at country offices involved in health emergencies was taken into consideration when conducting audit missions, and the emergency response framework had been integrated into internal procedures in that regard.

With regard to the resource and budget issues raised, there had indeed been a reduction in funding owing to the realities of the resources available. The Office had reallocated resources internally in order to handle critical investigations, pending a more holistic review of the funding situation.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that the Secretariat welcomed the report of the Internal Auditor, which helped promote a culture of accountability and compliance at WHO. The Secretariat was committed to improving compliance with internal controls, recognizing that investments would have to be made in some areas. He stressed that WHO had a

zero-tolerance policy towards sexual harassment, exploitation and abuse. With regard to the procurement and supply chain issues raised, an end-to-end analysis was being conducted and should address most of the shortcomings identified.

The DIRECTOR (Office of Compliance, Risk Management and Ethics) said that WHO played an active role in United Nations working groups on sexual exploitation, abuse and harassment, and that the Organization's prevention and reporting mechanisms and its integrity hotline were recognized as best practices in that regard. Following the external review of the risk management function, the Organization had taken steps to manage risks more actively, most notably through the establishment of a risk management committee. Information on the Organization's main risks was available online and in the report, and WHO had a clear risk management plan and vision.

The Committee noted the report.

The meeting rose at 12:00.

COMMITTEE B

THIRD MEETING

Thursday, 24 May 2018, at 14:40

Chairman: Dr S. JESSAMINE (New Zealand)

1. STAFFING MATTERS: Item 17 of the agenda

Human resources: annual report: Item 17.1 of the agenda (documents A71/35 and A71/44)

The CHAIRMAN drew attention to a draft resolution on reform of the global internship programme proposed by Algeria, Bolivia (Plurinational State of), Dominican Republic, Ecuador, Ghana, Guyana, Haiti, Indonesia, Jamaica, Kenya, Mauritius, Mozambique, Pakistan, Panama, Peru, Philippines and South Africa, which read:

The Seventy-first World Health Assembly,

(PP1) Having considered the human resources annual reports of 2015, 2016 and 2017;¹

(PP2) Recognizing, consistent with the implementation of the 2030 Agenda for Sustainable Development and progress toward the attainment of universal health coverage, the need for effective public health leadership, resilient health systems and strong health workforce capacity;

(PP3) Guided by the Thirteenth General Programme of Work, outlining the WHO's strategic vision for the period 2019–2023, which commits to, inter alia, promoting greater access to, and equity in, the internship programme;

(PP4) Affirming the internship programme's goal to build future leaders in public health through professional training and capacity-building opportunities across headquarters, regional and country offices, and the valuable contributions interns make to the Organization;²

(PP5) Recalling Member States' concerns over the persistent imbalance in geographical participation on the internship programme, due in large part to the absence of financial support for talented future health leaders and insufficient attention paid so far to geographical diversity and gender equity among interns;

(PP6) Underscoring the commitment of all Member States towards improvements in the WHO reform process across the three levels of the Organization, including balanced geographical participation and gender equity;

(PP7) Recognizing WHO's efforts and changes to improve transparency and accessibility of the internship programme and its ambition to implement comprehensive reform,

¹ Documents A69/52, A70/45 and A71/35.

² The WHO e-Manual defines an intern is an individual who is at least 20 years old, enrolled in a university or equivalent institution leading to a formal qualification (graduate or postgraduate). Applicants who have already graduated may also qualify for consideration provided that they apply for an internship within six months after completion of their formal qualification. Interns do not have the status of WHO staff members and cannot represent the Organization in any official capacity.

OP1. DECIDES that continued improvements to the internship programme be achieved through:

- (1) the development of a sustainable and equitable internship programme based on an internship strategy and semi-structured training curriculum for interns to maximize their training experience and reinforce the learning objectives of the programme, which are, inter alia, to build a diverse pool of future leaders in public health and provide experience in the technical and administrative programmes of WHO;
- (2) the strengthening of a transparent, merit-based intern recruitment process that promotes the widest possible geographical participation and gender equity, through objective review of all intern applicants who meet the criteria;
- (3) the setting of a target that by 2022, at least 50% of accepted interns on the programme originate from least developed countries and middle-income countries with the objective of achieving balanced participation among WHO regions and gender equity;
- (4) the provision by the Secretariat of financial, as soon as possible and no later than 2020, and where applicable, in-kind assistance, including through collaboration with host countries, for all accepted interns without sufficient existing support, at a level set for the duty station, to cover reasonably incurred travel and living expenses for the duration of the internship;

OP2. URGES Member States, development partners and donors to support WHO in mobilizing the resources necessary for the financial sustainability and where applicable in-kind assistance for the internship programme, thereby ensuring talented future health leaders from all Member States can equally access the programme, irrespective of economic circumstance;

OP3. INVITES international, regional, national and local stakeholders, to engage in and support the implementation of the actions set out in this resolution;

OP4. REQUESTS the Director-General:

- (1) to take the necessary measures and, in keeping with the aims of broader human resources policy, to operationalize the objectives of this resolution, across all three levels of the Organization, drawing from the best practices of other United Nations agencies and in line with United Nations rules, regulations and relevant resolutions;
- (2) to include as part of the human resources annual report, statistics on applicants' and accepted interns' demographic data, including gender and country of origin, as well as information on progress towards the implementation of this resolution;
- (3) to submit a report to the Executive Board at its 144th session in January 2019, detailing by which mechanism financial and in-kind support to accepted interns will be provided commensurate with their needs;
- (4) to submit a stand-alone report to the Seventy-sixth World Health Assembly through the Executive Board in 2023, outlining the progress made in achieving the targets set out in this resolution and the future steps planned.

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

Resolution: Reform of the global internship programme	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	
Programme area: 6.4. Management and administration	
Outcome: 6.4. Effective and efficient management and administration consistently established across the Organization	
Outputs:	
6.4.2. Effective and efficient human resources management and coordination in place	
6.4.1. Sound financial practices managed through an adequate control framework	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	Not applicable.
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	Not applicable.
4. Estimated implementation time frame (in years or months) to achieve the resolution:	Immediate implementation in order to reach the target of 50% of accepted interns on the programme to originate from least developed countries and middle-income countries by 2022, and then maintain the level.
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	US\$ 11.32 million.
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	US\$ 1.81 million.
2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:	Zero.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:	US\$ 4.43 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:	US\$ 5.08 million.

5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions

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

US\$ 0.57 million.

– Remaining financing gap in the current biennium:

US\$ 1.24 million.

– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:

US\$ 0.2 million and possibilities for technical units to cover stipends from their activities funds (not necessarily under Category 6).

Table. Breakdown of estimated resource requirements (in US\$ millions)

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	0.375	0	NA	0	0	0	0	0.375
	Activities	1.122	0.036	NA	0.012	0.143	0.043	0.081	1.437
	Total	1.497	0.036	NA	0.012	0.143	0.043	0.081	1.812
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	0.500	0	NA	0	0	0	0	0.500
	Activities	2.855	0.124	NA	0.042	0.487	0.145	0.274	3.927
	Total	3.355	0.124	NA	0.042	0.487	0.145	0.274	4.427
Future bienniums resources to be planned	Staff	0.530	0	NA	0	0	0	0	0.530
	Activities	3.289	0.145	NA	0.049	0.574	0.171	0.323	4.551
	Total	3.819	0.145	NA	0.049	0.574	0.171	0.323	5.081

NA: not applicable.

The representative of THAILAND, speaking on behalf of the Member States of the South-East Asia Region, expressed strong support for the principles of geographical diversity, equal opportunities, gender parity, merit-based recruitment and programme effectiveness. The internship programme represented an important capacity-building platform to identify and build future global health leaders. It was therefore imperative that action be taken to rectify the underrepresentation of interns from developing countries. In order to ensure geographical diversity by 2022 and achieve the target of at least 50% of interns from developing countries, WHO must take steps to address the persisting structural limitations, including financial affordability and living costs in duty stations. That would require effective programme management and partial financial subsidy from development partners and host institutions. She urged WHO to implement the reform of the global internship programme set out in the draft resolution at the earliest opportunity and looked forward to receiving further information during the 144th session of the Executive Board regarding the mechanism by which financial and in-kind assistance would be provided to accepted interns commensurate with their needs.

The representative of JAPAN, welcoming the report, said that while there had been improvement in gender parity, more progress was needed in terms of geographical balance. Japan was one of the countries that had been underrepresented in the global internship programme and he believed that both WHO and countries should make more effort. He therefore supported the draft

resolution with the understanding that internship candidates from underrepresented countries should be favourably considered as a long-term investment in future global health leaders. In addition, he requested further information concerning its financial implications.

The representative of JAMAICA, speaking on behalf of the Core Group on WHO Internship Programme Reform, said that the provisions of the draft resolution aimed to ensure that future global health leaders from all Member States had equal opportunity to participate in the WHO internship programme. The draft resolution strengthened and extended the changes already made by the Secretariat to comprehensively reform the programme. A transparent recruitment and selection process would be introduced to ensure that qualified applicants would have a fair chance to participate, regardless of their country of origin or socioeconomic background. The draft resolution required the Secretariat to devise a strategy and curriculum that focused on educational value to ensure that the internship programme produced results and represented a good return on Member States' investment. The participation of future global health leaders must not be determined by their socioeconomic status. Accordingly, the draft resolution provided for all accepted candidates without sufficient support to receive appropriate assistance to cover their travel and living costs during the internship. The draft resolution set the target that, by 2022, at least half of the interns on the programme should come from least developed and middle-income countries. She called upon Member States to support the adoption of the draft resolution.

The representative of ECUADOR said that, in order to promote regional equity and to set an example in eliminating gaps relating to economic inequality and gender, equal opportunities must be given to all young people regardless of their socioeconomic status or country of origin. The Organization should play a role in building future global health leaders and must establish effective mechanisms to finance, at the very least, travel and living expenses. He invited other Member States to adopt the draft resolution which would contribute not only to the development of talent, but also to the promotion of inclusiveness within the Organization.

The representative of BARBADOS said that, in addition to addressing the underrepresentation of nationals from developing countries within the internship programme, the human resources report also took a progressive approach towards the recruitment of women to senior posts and recognized the importance of building an effective workforce. His country looking forward to receiving further information on the measures that would be taken to implement the objectives of the human resources strategy in the near future.

The representative of CHINA, commending WHO's progress in promoting gender parity in staffing, stressed the importance of making similar improvements in terms of geographical representation. She suggested that future human resources reports should contain an analysis of the internship programme including information on gender balance, geographical distribution and the sources of financial support and in-kind assistance made available to interns. She supported the draft resolution.

The representative of GERMANY said that WHO's highly skilled and motivated workforce represented its most valuable asset. In order to safeguard and further strengthen the Organization, appropriate attention must be paid to human resources issues and sufficient time set aside during governing body meetings to provide the relevant oversight and guidance on the matter. It would be interesting to know the average age at which staff members joined WHO and whether any shift in that figure was predicted. Increased mobility remained an issue on which the majority of staff members held specific views. It was therefore reassuring that the Secretariat had promised to take staff concerns into account when formulating the Organization's geographical mobility policy. His country remained fully committed to the internal mobility of staff and called for greater efforts to be made in that regard. He was in favour of a well-administered, incentive-based mobility scheme that enjoyed the full support of staff. The Secretariat should take into account the experiences of other United Nations

agencies in that regard. He would welcome an update on the action taken to make WHO a more respectful, family-friendly and modern workplace. An explanation of the flexible and mobile working arrangements available would also be appreciated in that respect.

The representative of MOZAMBIQUE, speaking on behalf of the Member States of the African Region, welcomed the recent innovations in WHO human resource management. The establishment of an effective human resources framework would serve as a key driver of development at the national, regional and global levels, and remained a high priority for the African Region. It was therefore vital to reverse the current trend in which 46% of staff in the professional and higher category worked at WHO headquarters. She welcomed the provisions of the draft thirteenth general programme of work that placed countries at the centre of the WHO operating model and made a wide range of technical expertise available at the country level. She appreciated the efforts made towards achieving gender balance and the new recruitment process designed to attain gender parity within the Organization. The slow progress made on the issue of geographical representation and the low representation of developing countries in the professional and higher categories was concerning. She therefore welcomed the efforts to ensure that at least one third of directors at headquarters were nationals of developing countries. She fully supported the draft resolution which committed to promoting greater access to, and equity in, the WHO global internship programme.

The representative of AUSTRALIA commended the Director-General's commitment to enhancing gender and geographical balance within the Organization. She fully endorsed the principle of a fit-for-purpose staffing structure dedicated to improving country outcomes. She welcomed the reform agenda and looked forward to seeing how it would translate into tangible progress at all levels of the Organization. The commitment to building a culture of accountability and respect lay at the heart of a high-performing organization. Her country therefore appreciated the introduction of new learning strategies and the efforts made to strengthen internal justice systems.

The representative of MEXICO welcomed the 1.6% increase in women holding long-term appointments in the professional and higher categories of the Organization. While further efforts would be required to achieve gender parity in staffing, it was important to acknowledge the progress made to date. The target calling for an annual increase of 1.5% in female staff members at the P4 level and above over the following five years would make a positive contribution towards achieving gender parity in senior positions. She welcomed the Director-General's decision to make the appointment of nationals of developing countries to senior positions a priority, as reflected in the draft thirteenth general programme of work. Her country looked forward to receiving updates at future governing body meetings regarding the progress made towards further strengthening WHO recruitment processes. The agreement between WHO and the United Nations Volunteers programme also represented an important advancement. Volunteers made a positive contribution to the workforce by using their expertise to strengthen capacity at the country level and providing surge capacity during emergencies. She further appreciated the measures adopted to promote a culture of accountability within the Organization and the training on constructive feedback provided for managers, designed to nurture staff potential and resolve workplace conflicts.

The representative of FRANCE, welcoming the Director-General's report and its references to staff mobility, asked for further information concerning the strategies adopted to increase mobility, particularly in respect of staff members returning to WHO headquarters after one or more placements in the field. In terms of combating sexual harassment, she asked the Secretariat for updated information regarding the outcomes of the cases listed in the report of the Internal Auditor (document A71/33) and called for that information to be systematically included in the annual human resources report. She urged WHO to continue its work to achieve gender parity and balanced geographical participation, particularly in leadership roles and in regions outside Europe, as part of a clear, transparent and open recruitment process.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, welcoming the efforts under way to tackle sexual harassment and abuse, said that the Office of Compliance, Risk Management and Ethics had shown real leadership in its handling of the situation. The Office of Internal Audit and Oversight had also made great strides in addressing its backlog of investigations. Senior management should match the level of leadership and commitment shown by the two Offices and make the necessary financial, human and material resources available to support their efforts. She welcomed the Director-General's steadfast commitment to the introduction of a mandatory staff mobility policy by January 2019. However, the Organization was only as good as its people. While WHO contained some of the most gifted and dedicated staff in global health, poor performance left unchallenged weakened the confidence of Member States in, and had a detrimental effect on, the Organization's performance. Effective performance management was therefore crucial. Where necessary, WHO must be prepared to remove poor performers. One of the most vital elements of polio transition was staff management. It would be interesting to know to what extent the Director of Human Resources Management had been involved in the process of polio transition planning. Lastly, she stressed that the WHO transformation plan must take an ambitious and revitalized approach to human resources management. Her country stood ready to assist in that regard.

The representative of HAITI welcomed the commitment of the Director-General and senior management to transforming the WHO global internship programme. The Organization had pledged to increase the diversity of interns by promoting greater equity of access to young people from low- and middle-income countries in paragraph 116 of the draft thirteenth general programme of work. The draft resolution aimed to strengthen that work and build on the improvements that had already been made to the programme. His country had received encouragement and positive feedback in August 2017 after informing the Director-General of its intention to find sustainable solutions to the problems affecting the programme. He thanked the other members of the Core Group on Internship Reform and the Secretariat for their contributions to the process and encouraged Member States that had not yet done so to join the list of sponsors.

The representative of BRAZIL commended the Director-General for strengthening efforts to achieve gender equity and improve geographical representation within the Organization. The target calling for an annual increase of 1.5% in female staff members at the P4 level and above over the following five years and the goal for one third of directors at WHO headquarters to be nationals of developing countries by 2023 would make a valuable contribution to that end. Reforming the WHO global internship programme would also be crucial to promoting geographical diversity and gender equity, and building capacity in the global health sector. His country therefore wished to be added to the list of sponsors of the draft resolution. He fully supported the amendments to the 2010 policy on prevention of harassment and sexual harassment and similar initiatives to identify and address systemic and policy issues related to harassment. WHO must take a zero-tolerance approach to such behaviour at all levels.

The representative of the UNITED STATES OF AMERICA commended the Organization's efforts to strike the right balance between building a flexible and agile workforce and improving performance management, limiting staff costs and promoting a culture of accountability and ethics. Further strategic action would be needed to increase the number of staff members from underrepresented and unrepresented countries. Her country fully supported WHO's geographical mobility policy and welcomed the commitment by the Director-General to fully implement its provisions, particularly in light of the fact that only 9.3% of staff members holding long-term appointments had been geographically mobile in 2017.

The ASSISTANT DIRECTOR-GENERAL (General Management) acknowledged that the treatment of interns must be enhanced. He welcomed the draft resolution on the reform of the WHO global internship programme as a clear signal that the Organization was committed to investing in youth and building country capacity through the development of future global health leaders. Initial

improvements to the internship programme had already been made, including through the introduction of a standardized recruitment process, the provision of lunch vouchers and the extension of leave and medical insurance coverage to interns. Subsequent actions would focus on achieving gender balance and geographical diversity and providing better training opportunities that were beneficial to the interns, their countries and the Organization. He noted the clear target for at least 50% of interns to originate from least developed countries and middle-income countries by 2022, which would be achieved through further financial and in-kind support to interns with insufficient resources. He expressed his commitment to improving the internship programme, including working with Member States and other partners to identify resources. An open-minded, transparent and innovative approach would be crucial to success.

The DIRECTOR (Human Resources Management), responding to the points raised, said that the Secretariat would provide regular updates on progress made in the area of human resources management in its reports and via data published on the WHO's website. Most of the information and statistics requested by Member States had been made available online. Further information regarding the implementation of the geographical mobility policy would be included in the report on human resources to be submitted to the Executive Board at its 144th session, following the conclusion of consultations between staff and management on the matter. The Secretariat would also prepare a report on WHO outreach efforts and the outcome of changes to the intern selection process. The Organization was extremely well regarded within the United Nations common system for its family-friendly policies, including in terms of maternity leave which had recently been increased by eight weeks. The Department of Human Resources Management considered the polio transition process to be a top priority and had been supporting the regional offices and the transition team at WHO headquarters in regard to future staffing needs following the global eradication of poliomyelitis.

The CHAIRMAN said that, based on his understanding of the draft thirteenth general programme of work and the mobility process, some technical functions would move from WHO headquarters to regional and country offices. He noted that the draft resolution did not specify the location where interns would work and questioned the impact on interns of the adoption and subsequent implementation of the draft thirteenth general programme of work.

The ASSISTANT DIRECTOR-GENERAL (General Management) said that the internship programme applied to the entire Organization, not just WHO headquarters.

The DIRECTOR-GENERAL, welcoming Member States' support for reforming the global internship programme, said that an intern stipend would be introduced by 2020 to promote greater equity of access to WHO internships. At present, more than 70% of current interns came from high-income countries. The interns themselves had called for greater diversity and had suggested introducing quotas per region. He hoped that Member States would heed that call and raise the resources required to bolster the effectiveness of the programme. Scholarships, which continued to be offered at the regional level but not at WHO headquarters, should also be reintroduced. Highlighting his own personal experiences as a WHO scholarship beneficiary, the Director-General said that the scholarship programme would promote diversity and would particularly benefit students from low-income and middle-income countries. Interns normally spent a maximum of six months at WHO.

Performance management should involve regular discussions based on clear expectations set out by supervisors. That approach would greatly increase accountability. Action taken as a result of unsatisfactory performance would remain a measure of last resort. Improved performance management, including behavioural change at the individual level, would be essential to ensuring a results-based organization. There was a zero-tolerance approach to harassment. Mandatory training, a whistle-blower policy and an anonymous hotline had been introduced as means of tackling and preventing such behaviour. A recent staff survey, which had recorded very high levels of participation, had provided an excellent insight into the matter. Action was now under way to identify and implement appropriate solutions.

While the draft thirteenth general programme of work had set clear targets for gender parity and geographical balance, merit would remain the first consideration. The gender parity target had been surpassed at the senior management level in the Organization. However, additional measures would be required to achieve gender parity and geographical diversity at lower staffing levels, particularly in terms of P4 and P5 posts. The effective implementation of the geographical mobility policy would require a change in mindset. As members of a global organization, staff should be assigned to locations where they could make the greatest impact. Honesty, openness and transparency would be crucial to the development and implementation of mobility guidelines. Candid discussions with the staff association would therefore continue in that vein. Field experience outside Geneva greatly enhanced the devising of effective normative guidelines. Staff mobility would therefore not negatively affect the Organization's normative function and would, in fact, play a vital role in the success of its work.

The representative of BANGLADESH thanked the Director-General for his efforts to prioritize the WHO global internship programme. He welcomed the progress made to strengthen recruitment systems and reduce the financial burden placed on interns. His country remained committed to the principles of equity, universality and merit-based recruitment and fully supported the draft resolution.

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

The draft resolution was approved.¹

Report of the International Civil Service Commission: Item 17.2 of the agenda (document A71/36)

The representative of the CENTRAL AFRICAN REPUBLIC, speaking on behalf of the Member States of the African Region, welcomed the Director-General's efforts to support WHO's well-trained and dedicated workforce. Recognizing the importance of a fair and transparent system, he noted that WHO staff members should receive appropriate remuneration, and people working in dangerous and difficult areas should enjoy a status like that of United Nations peacekeepers and receive the same pay and benefits. He said that the combination of rising living costs in most African countries and pay cuts to WHO staff would result in posts in the Region becoming less attractive despite the enormous health challenges facing African countries. He therefore urged the Director-General to continue the work he was doing to foster and promote a culture of staff mobility.

The representative of THAILAND said that the effective implementation of the human resource management framework would maximize human resource capacity. Her country strongly supported the actions to ensure equity in all aspects, especially gender equity and geographical representation. Similar efforts must also be made to prioritize vulnerable and marginalized groups.

The DIRECTOR (Human Resources Management) confirmed that the Organization followed the recommendations of the International Civil Service Commission and treated WHO staff working in the field in the same manner as United Nations field staff conducting peacekeeping missions.

The Committee noted the report.

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolution WHA71.13.

Amendments to the Staff Regulations and Staff Rules: Item 17.3 of the agenda (documents A71/37 and EB142/2018/REC/1, resolutions EB142.R8 and EB142.R9)

The CHAIRMAN took it that the Committee wished to approve the draft resolutions contained in resolutions EB142.R8 and EB142.R9.

The draft resolutions were approved.¹

Appointment of representatives to the WHO Staff Pension Committee: Item 17.4 of the agenda (document A71/38)

The CHAIRMAN drew attention to the proposal to nominate Dr Assad Hafeez (Pakistan) and Dr Alan Ludowyke (Sri Lanka) as members of the WHO Staff Pension Committee for the remainder of their terms of office until May 2020.

It was so decided.²

The CHAIRMAN also drew attention to the proposal to nominate Dr Chieko Ikeda (Japan) and Dr Christoph Hauschild (Germany), as alternate members of the WHO Staff Pension Committee for a three-year term until May 2021.

It was so decided.²

2. COLLABORATION WITHIN THE UNITED NATIONS SYSTEM AND WITH OTHER INTERGOVERNMENTAL ORGANIZATIONS: Item 19 of the agenda (document A71/43)

The representative of CHINA expressed support for WHO's strategic cooperation with partners in line with the 2030 Agenda on Sustainable Development and its contributions to the United Nations reform process through its own transformation efforts. Recalling the United Nations Secretary-General's report of June 2017 and the provisions of the draft thirteenth general programme of work, she called on the Organization to uphold its role as the specialist health agency within the United Nations system and focus on the health-related Sustainable Development Goals. Pursuant to the system-wide mapping of the functions and capacities of the United Nations development system, greater action would be required to achieve Sustainable Development Goals 5, 6, 13, 14, 15 in particular. The health-related Sustainable Development Goals and the strategic cooperation by WHO with other organizations should therefore form the basis of strategic cooperation in the future. Noting that the draft thirteenth general programme of work focused on countries and building synergies with country-level actions, she urged WHO to devise country-specific action plans and harmonize the Organization's four Member State categories with the existing United Nations categories.

The representative of MEXICO said that WHO's collaboration within the United Nations system and with other intergovernmental organizations represented an excellent opportunity to identify synergies and establish best practices in relation to the implementation of the 2030 Agenda for Sustainable Development and in terms of governance and administration. WHO should continue to foster dialogue and coordination with nongovernmental organizations so as to strengthen its own

¹ Transmitted to the Health Assembly in the Committee's second report and adopted as resolutions WHA71.11 and WHA71.12.

² Transmitted to the Health Assembly in the Committee's second report and adopted as decision WHA71(14).

capacity to influence and ensure a coherent approach to the implementation of the health-related Sustainable Development Goals. She called on the Secretariat to update Member States regularly on the progress made by the different committees and regional commissions in which WHO representatives participated in order to assess the organizational and financial impact of the United Nations reform on the Organization more effectively.

The representative of NORWAY said that WHO should play an active role in United Nations reform and should closely monitor the implementation of the quadrennial comprehensive policy review of operational activities for development of the United Nations system and the transformation of the United Nations development system. He welcomed the Secretariat's strong commitment to actively engage in the United Nations Resident Coordinator system, pursuant to the draft thirteenth general programme of work. WHO should fully implement the provisions of the quadrennial comprehensive policy review, including those relating to harmonizing procurement regulations and other administrative policies and procedures. Member States, particularly those hosting United Nations country teams, must also ensure that their policies and government ministries functioned in a coordinated and integrated way, in line with the 2030 Agenda for Sustainable Development. Flexible funding, including the introduction of additional interagency funding options, would be required meet the demands of the reform process. His country stood ready to assist in that regard.

The representative of FRANCE, speaking on behalf of Canada, France, Spain and Switzerland, expressed support for the United Nations Secretary-General's reform agenda and the repositioning of the United Nations development system. WHO and the other organizations of the United Nations system must work proactively and in good faith to implement the provisions of the quadrennial comprehensive policy review of operational activities for development of the United Nations system and support the adoption of the draft resolution on the reform of the United Nations development system. Welcoming the draft thirteenth general programme of work, she called on WHO to work constructively with the United Nations system to craft a solid strategic basis on which to move forward, including by identifying the comparative advantages of each entity and establishing which partners were best placed to take the lead on specific issues. Sustainable development should be taken into account at all stages of the WHO planning process through a multistakeholder and multisectoral approach. The decisions to increase WHO's contributions in accordance with the new cost sharing agreement and include a 1% levy on voluntary contributions to fund the Resident Coordinator system should also be adopted at the earliest opportunity. Her country remained firmly committed to transforming the United Nations development system and taking the necessary steps to successfully implement the Sustainable Development Goals.

The representative of FINLAND commended the Director-General's efforts to promote a more proactive approach to strategic engagement with the United Nations system and other intergovernmental organizations, in accordance with the 2030 Agenda. WHO must engage actively in the United Nations reform process. Additional governing body meeting time should therefore be devoted to discussing the implications of the reform for WHO and its transformation agenda, especially at the country level. The list of partnerships referred to in the report made no mention of ILO. To address the challenges of the rapidly evolving world of work and technology, WHO and ILO must cooperate closely on key areas, including the promotion of gender parity, the abolition of child labour, and the promotion of healthy, safe and secure working environments for all workers. The establishment of the Global Occupational Safety and Health Coalition by WHO, ILO and other partners represented a good example in that respect.

The representative of the REPUBLIC OF KOREA welcomed WHO's commitment to strengthening strategic engagement with organizations of the United Nations system and other intergovernmental organizations in order to maximize the impact of joint action on health outcomes. He supported the Secretariat's proposal to build synergies between the WHO transformation agenda

and United Nations system reforms and looked forward to receiving further information on the ways in which the draft thirteenth general programme of work would accommodate such work.

The representative of THAILAND said that, in order to achieve the Sustainable Development Goals, the United Nations system must be a role model for Member States and strengthen cooperation across all sectors. The Secretariat, for its part, should integrate the Health in All Policies approach into all initiatives launched pursuant to the draft thirteenth general programme of work. Recognizing the importance of country ownership to the success of the WHO transformation, he fully supported placing countries at the centre of the reform efforts.

The representative of GHANA, speaking on behalf of Germany, Ghana and Norway, stressed the importance of building partnerships and increasing cooperation between WHO and other relevant stakeholders in order to achieve the 2030 Agenda, particularly Sustainable Development Goal 3. He therefore welcomed the Director-General's efforts to identify new pathways for closer institutional collaboration and stood ready to support the Secretariat in that process, including by formulating a joint global action plan designed to ensure healthy lives and promote wellbeing for all at all ages.

The representative of the UNITED STATES OF AMERICA welcomed the United Nations Secretary-General's reform initiative, including the goals for better collaboration and coordination between organizations in the United Nations system at the country level. Her Government would work with WHO to implement those reforms aimed at reducing administrative expenses and duplication of efforts, taking into account the need to protect flexibility, resources and impact on the ground. She noted however that there was no mention in the report of the Special Programme of Research, Development and Research Training in Human Reproduction. According to the WHO website, the Special Programme remained the main instrument within the United Nations system with a global mandate to lead research in sexual and reproductive health and rights. Her Government remained a stalwart defender of, and donor to, maternal and child health, life and well-being. As such, she expressed grave concern at the structure of Special Programme, specifically the way in which it gave permanent elevated status to only one nongovernmental organization with a particular viewpoint and allowed that entity to operate on an equal footing with governments and international organizations seemingly to the exclusion of other viewpoints. With regard to the current Special Programme projects on abortion, contraception and family planning, she recalled that the International Conference on Population and Development had forged international consensus that abortion should in no case be promoted as a method of family planning. Although a strong proponent of multistakeholder collaboration in most settings, her country was re-evaluating its support for the Special Programme in light of those concerns.

The representative of GERMANY stressed the importance of implementing the quadrennial comprehensive policy review of operational activities for development of the United Nations system and supporting the adoption of the United Nations General Assembly draft resolution on the reform of the United Nations development system. WHO should engage in constructive dialogue with the United Nations Secretary-General, with a view to elaborating an appropriate implementation plan. His country remained committed to the reform of the United Nations development system and called on WHO governing bodies to engage in transparent discussions on how the Secretariat would implement the United Nations reform coherently and how the quadrennial comprehensive policy review would affect the Organization's own transformation agenda. At the country level, activities would need to be adapted to take account of the new generation of United Nations country teams, the cost savings identified through shared services and infrastructure, and the guiding role of United Nations Development Assistance Frameworks.

The representative of SWITZERLAND said that WHO must be prepared to temporarily align its general programme of work with the planning cycle of other international organizations in the spirit of cooperation. She encouraged WHO to strengthen partnerships with international organizations

relevant to its work, including by actively engaging in the preparations for, and discussions of, the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs in 2019. As noted during the sixty-first session of the Commission on Narcotic Drugs, the global drug problem required a public health response. It was therefore important that WHO committed to implementing the recommendations of the United Nations General Assembly Special Session on HIV/AIDS, in close collaboration with UNODC and INCB. Considering WHO's position as a crucial link between major global health partners and the other international organizations in the United Nations system, she urged the Organization to coordinate more closely with those stakeholders in order to achieve Sustainable Development Goal 3.

The representative of TUNISIA said that, in order to prevent duplication of efforts and avoid certain health-related areas being overlooked, WHO should increase its collaboration with other organizations of the United Nations system. The Organization should also strengthen cooperation with other partners in the health sector by promoting a new strategic approach.

The representative of the WORLD FOOD PROGRAMME welcomed the alignment of the WHO draft thirteenth general programme of work with the 2030 Agenda and the progress made in implementing the WHO Health Emergencies Programme. Her organization recognized the importance of working in partnership with WHO to respond to acute and protracted emergencies and to prepare for future health crises, including pandemics. That support was in line with WFP's commitment to the achievement of the Sustainable Development Goals and the United Nations development system reform process. WFP had supported WHO in responding to the cholera outbreak in Yemen and had recently collaborated with WHO on issues including HIV/AIDS in fragile contexts, malnutrition, and emergency response in Nepal. WFP was currently collaborating with WHO on the Ebola emergency response in the Democratic Republic of Congo and on addressing malnutrition in all its forms in order to achieve Sustainable Development Goal 2 through, inter alia, the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases and the Framework for Scaling up Nutrition, hosted by WFP and the United Nations Standing Committee on Nutrition. It was important that WFP and WHO built upon the success of their partnership and bolstered their coordinated efforts to improve health, food security and nutrition outcomes. She expressed great satisfaction with the progression of the relationship between the two entities and looked forward to expanding collaboration in the future.

The ASSISTANT DIRECTOR-GENERAL (External Relations), responding to points raised, said that WHO remained fully committed to the United Nations reform process and had aligned the draft thirteenth general programme of work with the Sustainable Development Goals. WHO would continue to engage as part of the United Nations country teams within the United Nations Resident Coordinator system in order to maximize the impact of joint action on health outcomes at country level. The functional reviews of the WHO Regional Office for Africa and WHO Regional Office for the Eastern Mediterranean had aimed to review WHO country presence in accordance with national priorities. WHO stood ready to share its findings with the United Nations Resident Coordinator system and would take into account the United Nations reforms in its new operating model at the country level.

Regarding coordination and partnerships with other international organizations in the United Nations system, she confirmed that the Director-General had made first contact with the heads of the respective organizations and had received a letter from the United Nations Secretary-General expressing his support for interagency coordination. The financial impact on WHO of the adoption of the United Nations General Assembly draft resolution on the reform of the United Nations development system would be reviewed by the World Health Assembly and approved by the WHO governing bodies. WHO stood ready to contribute to financing the United Nations reforms but would need to obtain donors' permission for the 1% levy on tightly earmarked voluntary contributions. She recalled that WHO, as a specialized agency, required the prior approval of its own governing bodies before taking action.

Turning to the partnerships referred to in the report, she said that WHO's partnership with ILO had not been specifically mentioned due to limited space and the fact that there had been little change in its scope since the 2017 report. WHO involvement with the Special Programme of Research, Development and Research Training in Human Reproduction remained ongoing. A detailed report on the activities conducted in coordination with the Special Programme would be provided at a later date. She thanked the representative of WFP for providing an excellent example of collaboration between WHO and the other organizations of the United Nations system and looked forward to further cooperation in that vein.

The Committee noted the report.

The meeting rose at 16:20.

FOURTH MEETING

Friday, 25 May 2018, at 10:45

Chairman: Dr F. FEROUZ (Afghanistan)

1. SECOND REPORT OF COMMITTEE B (document A71/55)

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

The report was adopted.¹

2. MATTERS FOR INFORMATION: Item 20 of the agenda

Global vaccine action plan: Item 20.1 of the agenda (document A71/39)

The representative of THAILAND expressed concern over the slow progress in meeting the goals of the global vaccine action plan. Synthesizing existing knowledge on reaching vulnerable groups should be a priority for the Secretariat. Member States should strengthen primary health care and scale up efforts to accelerate the transition towards universal health coverage. The Secretariat should also review the impact of current pooled-procurement practices on the negotiation of vaccine prices in self-procuring middle-income countries, and support Member States in developing innovative financial mechanisms to foster equitable immunization. Ongoing high-level policy commitment and support from all partners were needed to eliminate measles.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND supported the recommendations of the Strategic Advisory Group of Experts on immunization. As immunization was the most cost-effective public-health intervention and a tracer for health-system performance, she asked what WHO offices were doing worldwide to help countries increase investment in health and improve equitable coverage of vaccines. She requested further details on the process to develop the global vaccine action plan 2021–2030, and asked whether it would be fully coordinated with partners such as the GAVI Alliance and UNICEF to ensure consistency between future strategies.

The representative of AUSTRALIA said that, while she commended increased immunization rates in a number of countries, she was concerned about the marginal increase in global immunization since 2010, rising vaccine hesitancy and the disruption in vaccine supply caused by production, procurement and distribution issues. She urged Member States to fully implement the recommendations of the global vaccine action plan and to plan for and effectively manage polio and GAVI Alliance transitions, maintaining immunization programmes and external financing decreases and integrating routine immunization programmes into national health systems. She expressed her Government's full support for the recommendations of the Strategic Advisory Group of Experts on

¹ See page 311.

immunization and urged the Secretariat to continue in its efforts to improve supply-chain issues and the other activities outlined in the report and its leadership role in delivering accurate and effective vaccination communication campaigns to combat the global rise in vaccine hesitancy.

The representative of the REPUBLIC OF KOREA supported the recommendations, but shared the concern over slow progress. She called for greater efforts to protect all people against re-emerging vaccine-preventable diseases. She thanked the Secretariat for its responses to the requests in resolution WHA70.14, particularly its technical support in strengthening regional and national technical advisory and immunization advocacy groups. WHO should encourage experts to carry out studies into adverse events following immunization and regularly evaluate vaccine safety; such efforts could be powerful tools in responding to vaccine hesitancy. She requested WHO to coordinate with stakeholders and manufacturers to predict vaccine supply shortages, to consider vaccine supply issues in collaboration with global manufacturers, and to establish a mechanism for minimizing vaccine shortages so that vaccine supply and demand could be more precisely anticipated.

The representative of COLOMBIA said that immunization should play a larger role in national health policies, as it was one of the most cost-effective ways to prevent morbidity and mortality from preventable diseases. She welcomed the recommendation to strengthen vaccine research and development capacities in low-income and middle-income countries. She expressed concern about the lack of uniform results in eradicating poliomyelitis and eliminating measles, and the misinformation generated by anti-vaccination movements. Joint efforts were needed to increase immunization coverage and equitable access to vaccines, with a focus on expanded use of the combined measles-rubella vaccine. She highlighted the significant challenge to health security posed by the migration-related re-emergence of diseases such as measles and diphtheria in Latin America. Stronger regional and global cooperation was needed to address the public health challenges arising from migration.

The representative of BRAZIL said that special attention should be given to antiparasitic vaccines. Eliminating schistosomiasis, for example, required a multi-faceted approach that included a vaccine to block or impair transmission of the disease. A Sm14-based vaccine against schistosomiasis had been developed and had achieved excellent results in clinical trials in Brazil, in cooperation with the government of Senegal and supported by WHO resources. Such initiatives should be prioritized to decrease inequities and increase the well-being of the poorest and most vulnerable populations.

The representative of MEXICO said that vaccine stock outs were a main factor jeopardizing the progress and achievements of immunization programmes. He called on Member States to implement the recommendations, in particular the call to align immunization with other global health and development initiatives, including the Sustainable Development Goals, the Global Health Security Agenda, the International Health Regulations (2005), health system strengthening and universal health coverage.

The representative of NEW ZEALAND said that the proposals put forward, while adequate, were not significantly different from those made in earlier years and the process seemed to have run out of steam. He wondered why that had occurred. New thinking was needed on how to regain momentum on vaccination as a critical element of universal health coverage. Increased funding was only part of the answer. He encouraged WHO and the Strategic Advisory Group of Experts on immunization to engage in a broader debate to help meet the challenge.

The representative of PAKISTAN said that scaling up the use of existing vaccines and the introduction of new ones could help avert one million additional deaths globally each year. She detailed the vaccination efforts under way in Pakistan and thanked WHO and GAVI, the Vaccine Alliance for their continued technical and financial support.

The representative of THE UNITED STATES OF AMERICA expressed concern over ongoing challenges to reaching global vaccine action plan targets, including risks to disease surveillance and routine immunization programmes during the transitions related to Gavi support and polio eradication. The quality of data reported by Member States was also a concern. It was critical for the Secretariat, in collaboration with manufacturers, UNICEF and Member States, to support the development of a vaccine stockpile for epidemic-prone vaccine-preventable diseases, with protocols to guide prioritization and allocation during outbreaks. All countries, in particular those that were self-financing or transitioning out of Gavi support, must allocate their own resources to maintaining strong routine immunization programmes. He applauded the recent reestablishment of the Strategic Advisory Group of Experts on immunization working group focused on influenza, and looked forward to its recommendations. WHO should continue to foster an enabling environment for research on vaccines, medicines and diagnostics for outbreak response.

The representative of AZERBAIJAN said that full implementation of the global vaccine action plan, alongside the required epidemiological surveillance, was essential to achieve the plan's goals. There was a need for strengthened immunization programmes and legal frameworks, new vaccines, diversified approaches to social mobilization and staff training. WHO must take the lead in coordinating the efforts of countries, donors, funds and international organizations. Every effort should be made to ensure that all children, irrespective of their country of origin, race or social status, were protected. The main priorities and markers of effectiveness should be steady increases in levels of immunization coverage and usage of new, effective vaccines at all levels.

The representative of IRAQ said that WHO should work with Gavi to ensure the availability of vaccines, irrespective of a country's income status. When introducing new vaccines, care should be taken to ensure that countries were not deprived of vaccines due to unaffordability and that the right of all children to immunization was taken into consideration. The global vaccine action plan should be incorporated into the Thirteenth General Programme of Work, bearing in mind that vaccination was a means to achieving universal health coverage and guaranteeing a basic right of all children. Support in capacity-building should be provided to Member States to enable them to develop effective procurement policies and vaccine-management approaches.

The representative of GHANA said that Member States and the global community should work together to address the challenges of access to vaccines and develop strategies for hard-to-reach populations. Shortages of essential vaccines for outbreak response were a major concern; WHO and the global community should work to address the gap in supply and demand.

The representative of BAHRAIN said that, in health systems with limited access to life-saving vaccines, it was important to exploit the gains made from the polio eradication programme in order to strengthen routine prevention. Coordination between partners must also be improved to achieve the goals set out in the global vaccine action plan. She urged the Organization to focus its efforts and resources on prevention during transition phases.

The representative of MADAGASCAR, speaking on behalf of the Member States of the African Region, welcomed progress made since the adoption of the two resolutions on the global vaccine action plan at the Sixty-fifth and Seventieth World Health Assemblies. He outlined some of the advances made in his region, but lamented the slow progress towards achieving immunization targets set for the 2016–2020 period. Tackling threats to full immunization coverage would require intensified efforts to promote immunization, and weaknesses in the system hindering equitable access to vaccines must be addressed.

The representative of the UNITED REPUBLIC OF TANZANIA, welcoming the recommendations of the Strategic Advisory Group of Experts on immunization, requested WHO and other partners to help countries to strengthen their surveillance systems to support polio transition. Her Government would aim to allocate resources to support immunization services as part of its transition out of Gavi support. She expressed concern about the global shortage of IPV and HPV vaccines, which was preventing equitable access to immunization in her country.

The representative of the RUSSIAN FEDERATION said that her Government shared the concerns over the slow rate of progress in meeting the goals of the global vaccine action plan. It also supported the recommendations of the Strategic Advisory Group of Experts on immunization, in particular the need to broaden dialogue to have strong and stable financing of national immunization programmes during polio transition, continue providing technical and financial support to countries with limited resources, and ensure all populations, including migrants, could access vaccines. All countries should prioritize public awareness-raising activities to increase support for vaccination.

The representative of the ISLAMIC REPUBLIC OF IRAN said that the slow progress in vaccination coverage was primarily due to pricing issues. WHO should provide operational support to the national immunization technical advisory groups to enable them to hold regular meetings. Although fast-track vaccine prequalification was a welcome initiative, the mechanism should not be limited to emergency situations. Before further dose-sparing strategies could be developed, Member States should be made aware of the latest developments in the area. Information on solar cold-chain technologies should be disseminated among Member States via workshops.

The representative of BURUNDI said that, in order to maintain progress towards achieving targets, WHO should help Member States to ensure access to vaccines for all children through primary health services, strengthen all links in national supply chains to optimize access to health products and vaccines, and train sufficient first-line health care workers with a range of skills and ensure their equitable deployment.

The observer of GAVI, THE VACCINE ALLIANCE acknowledged the significant progress achieved towards ensuring equal access to vaccines for children and global immunization coverage. Strengthened efforts to improve vaccine coverage and address inequities would require: the identification of barriers to increased and more equitable immunization coverage, with a focus on strengthening routine immunization programmes; the prioritization of immunization and resource mobilization by governments; improvements in data quality to support evidence-based decision-making and better-targeted efforts; joint work between development and humanitarian partners to support complex and acute needs and find new ways to reach all populations; coordinated transition plans formulated among governments, donors and partners; and possible engagement with the private sector. Since immunization routinely reached more communities than other health interventions, national immunization programmes could provide the foundations for primary health care systems.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that health system strengthening was essential to provide appropriate supplies and human resources to ensure the safe, effective and continued administration of vaccines and basic health interventions, including immunization, even in crisis situations. Nurses were crucial to the success of vaccination programmes, given their ability to integrate immunization into other health services and reach vulnerable populations. She urged Member States to ensure that laws, regulations and policies were in place to support the optimal use of nurses in the delivery of immunization programmes, and to incorporate a plan into national immunization programmes to measure and address vaccine hesitancy.

The representative of MÉDECINS SANS FRONTIÈRES INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed serious concern about the slow progress made towards

achieving global vaccine action plan targets. Resolution WHA68.6 must be fully implemented and monitored, as it would play a major role in lowering vaccine prices and improving coverage. He urged the Secretariat and Member States to intensify efforts to support middle-income countries in securing lower-priced vaccines. He also urged pharmaceutical companies to participate in the Humanitarian Mechanism by making vaccines available at the lowest global price to people in crisis situations and to all stakeholders and organizations working to protect people in emergencies. He encouraged Member States to share data through the WHO vaccine product, price and procurement platform to increase price transparency and aid government procurement negotiations.

The DIRECTOR (Immunization, Vaccines and Biologicals) said that comments made by Member States mirrored several challenges noted in the report of the Strategic Advisory Group of Experts on immunization, including polio transition, transition out of Gavi support, population growth, migration and disease outbreaks. The Director-General had recently highlighted that immunization was a cornerstone of the Thirteenth General Programme of Work and a litmus test for progress on universal health coverage. The Assistant Director-General for Family, Women, Children and Adolescents had said previously that WHO would invite all partners to participate in the development of a strategy in the context of the general programme of work and the post-2020 agenda to explore both how to build universal health coverage on the foundations of immunization and how to incorporate immunization into universal health coverage. He noted the contributions of many countries to the development of new vaccines, which had significantly contributed to global health in the previous decade. Member State comments would be incorporated into the next report of the Strategic Advisory Group of Experts on immunization.

The Committee noted the report.

Real estate: update on the Geneva buildings renovation strategy: Item 20.2 of the agenda (document A71/40)

The representative of THAILAND requested clarification on the future status of the WHO building, since the Organization would cease ownership in 2065. She sought further information on the main risks of the project not described in the risk register, so that solutions could be discussed. She asked to see the Member State Advisory Committee's report.

The representative of the UNITED REPUBLIC OF TANZANIA expressed appreciation that construction of the new annex building was proceeding according to plan. The system put in place to mitigate implementation challenges would ensure the works remained on track.

The representative of MEXICO said that a focal point should be appointed to coordinate the efforts of external experts and internal staff to aid efficient decision-making and transparency in monitoring deadlines, costs and risks, which in turn would ensure that the project remained on track. She commended the ongoing inclusion of the risk register on the agenda of project board meetings in order to facilitate assessment of mitigation measures and risk forecasting. Challenges arising from the modernization of the infrastructure, such as energy efficiency regulations and office space configuration, needed to be considered. The Secretariat should not request additional contributions for construction works, since resources should be directed towards underfunded programme areas to achieve the Organization's goals.

The DIRECTOR (Operational Support and Services) said that WHO was currently negotiating with the Government of Switzerland, which had recently changed its practice on the provision of land to United Nations organizations. Although it was proposed to shorten WHO's current lease (surface right) period to 50 years, it was the Organization's understanding that the lease would be perpetually renewed until the Organization decided to move its operations from the current premises. There were no other risks to consider in that regard. The main risks posed by the construction works, namely

adherence to deadlines and budgets, had been mitigated, and the project was consequently on track. The risk register was being updated on a weekly basis. The Secretariat was waiting for two regions to nominate two members to sit on the Member State Advisory Committee; the four regions currently represented had expressed a desire to proceed using the regional focal points in lieu of nominated Member State representatives if no nominations were forthcoming. Agreeing that assessed contributions should be directed towards programmes, he said that the Secretariat was working to ensure that minimal funds would be channelled into building works.

The Committee noted the report.

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued) [transferred from Committee A]

Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits: Item 12.7 of the agenda (documents A71/24, A71/24 Add.1 and A71/42)

The representative of CHINA commended WHO on its efforts to advance the Pandemic Influenza Preparedness (PIP) Framework and supported the draft decision. His Government agreed with the transparent and fair sharing of influenza viruses and establishing equitable access to the resulting benefits under the Framework, and would continue to participate in the work of the Secretariat and other Member States towards pandemic influenza preparedness.

The representative of NIGERIA, speaking on behalf of the Member States of the African Region, emphasized that pandemic influenza remained a global threat that required concerted and coordinated efforts by Member States and key stakeholders. She recognized the disparity among countries in their health systems and capacities to detect, prevent and respond to pandemics. Member States in the African Region were vulnerable to influenza, hence the importance of information sharing and access to vaccines and other benefits. She strongly supported regular engagement with the secretariat of the Convention on Biological Diversity and other international organizations involved in implementing access and benefit-sharing mechanisms, and WHO's coordination of the PIP Framework network. She endorsed the recommendations contained in the Director-General's report.

The representative of JAPAN supported the draft decision, but highlighted two concerns relating to possible approaches to including genetic sequence data and seasonal influenza viruses under the PIP Framework. Although efforts to share genetic information on the influenza virus had progressed smoothly, discussions on incorporating genetic information into the Framework should proceed with caution so as to prevent hindering access to genetic information or adversely affecting research and development. There was a significant difference between seasonal and pandemic influenza in terms of developing vaccine formulations and timing, as epidemics occurred every year and the products were made from various specimens. There was therefore a need for a discussion on how to maintain current production and supply in order to contain the influenza epidemic.

The representative of BAHRAIN, commending WHO on its achievements in combating pandemic influenza by strengthening laboratory and surveillance capacities, stressed the importance of continuing partnerships to ensure a strong global influenza surveillance network, particularly regarding laboratory and research costs. She supported the draft decision.

The representative of PAKISTAN, welcoming the Director-General's report, said that her country fully endorsed continuing the allocation of 70% of partnership contributions to preparedness

and 30% to response during the five-year period from 1 March 2018 to the end of 2022, although the allocation could be adjusted temporarily in the event of an emergency situation.

The representative of PANAMA said that continual monitoring of influenza was paramount to enable timely and appropriate recommendations to be drafted, which would in turn lead to more effective vaccines becoming available. The characterization and surveillance of and information sharing on influenza strains should be strengthened, in compliance with biosafety agreements and regulations. Expressing support for the draft decision, she said that her country would help efforts in countries in Latin America and the Caribbean to isolate, characterize and genetically sequence viral strains and their genetic sequencing when required, especially during epidemic or pandemic alerts.

The representative of INDONESIA, speaking on behalf of the Member States of the South-East Asia Region, encouraged Member States and partners to implement the PIP Framework. She supported the PIP Advisory Group recommendation to extend the scope of the Framework budget to cover all activities that strengthened the capacities of Member States in preparedness, including supporting efforts to promote knowledge and technology transfer for vaccine development. Given that influenza virus sharing was declining, while individual genetic sequencing data sharing and technological advancements were on the rise, failure to regulate genetic sequencing data sharing under the PIP Framework would have implications for biosecurity, biosafety and intellectual property rights. Genetic sequencing data should be recognized as a form of biological material under the PIP Framework, in line with the recommendations of the Technical Working Group on sharing influenza genetic sequencing data, in order to facilitate tracking sequencing data, hold involved parties accountable and facilitate research while limiting the misuse of genetic sequencing data and its products.

The representative of PARAGUAY emphasized the importance of agreements concluded with vaccine and antiviral manufacturers and involvement with manufacturers specializing in diagnostic tools. WHO's support in strengthening laboratory and surveillance capacity was also important, especially in terms of the sustainability of diagnostic capacity and the introduction of new tools based on bioinformatics for the national influenza centres. Moreover, in its guidance on selecting and sharing influenza viruses with pandemic potential, it was important to include virus sequencing as part of laboratory and surveillance capacity. Flexible financial mechanisms should be established to ensure access to vaccines in the event of a pandemic, especially for developing countries. Regional strategies for sharing should be strengthened, in particular by establishing flexible and safe mechanisms for the transfer of strains. She agreed with the inclusion of seasonal influenza viruses and genetic sequencing data under the PIP Framework, and that resources should be allocated primarily to preparedness and to a lesser extent to response.

The representative of BRAZIL noted the success of the PIP Framework and its important principles such as access to vaccines and benefit sharing, but acknowledged that some challenges remained, including its relationship with 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 (Nagoya Protocol) and the scope of the biological material under the Framework. The 2016 PIP Framework Review Group had therefore suggested that Member States should consider the inclusion of genetic sequencing data and seasonal influenza in the Framework, which had resulted in the recommendations made in document A71/24. His Government agreed with the recommendations and the draft decision, but proposed that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10), be submitted one year earlier than scheduled, at the Seventy-second session of the Health Assembly.

The representative of MALAYSIA welcomed the progress made in implementing decision WHA70(10) and was confident that WHO would continue to lead efforts to strengthen global pandemic influenza preparedness and response. She supported the report's recommendations and the

PIP Framework initiatives already under way or planned, especially the establishment of the high-level Partnership Contribution Implementation Plan (2018–2023).

The representative of the REPUBLIC OF KOREA said that her country had contributed to and benefited from the sharing of genetic sequencing data. She called on Member States in the WHO Global Influenza Surveillance and Response System to continue to work together. Her country fully supported the report's recommendations and would continue to cooperate with WHO and other partners in implementing the Framework.

The representative of the SENEGAL noted the Director-General's report and outlined her country's influenza surveillance and response and virus-sharing activities, as well as measures taken to strengthen its information sharing and surveillance networks, including extending their scope to non-influenza respiratory diseases.

The representative of AUSTRALIA, expressing continued support for the PIP Framework and its objectives, said that early detection of viruses with pandemic potential and the rapid sharing of information and viruses were critical for preparedness and timely response. She encouraged the Secretariat to continue to engage with industry on the payment of partnership contributions to ensure timely and effective implementation of the Framework. She commended the Secretariat's intersessional work undertaken to review the PIP Framework and implement decision WHA70(10). She supported the draft decision, as amended by Brazil.

The representative of BOTSWANA said that the PIP Framework was an innovative mechanism still in the early stages of implementation and therefore welcomed the convening of an information session for all stakeholders. He noted the importance of influenza surveillance to pandemic preparedness and response, and the critical gaps in that area at global and national levels. In that regard, his country had previously expressed support for the Executive Board's suggestion to allocate a significant proportion of the partnership contributions for pandemic preparedness to building laboratory and surveillance capacity. He reiterated the Director-General's call to continue supporting the strengthening of regulatory capacities and the carrying out of burden-of-disease studies. He supported the report's recommendations.

The representative of the ISLAMIC REPUBLIC OF IRAN welcomed the decision on the breakdown of partnership contribution funds between preparedness and response activities. It was important to have flexibility in how resources were allocated in the event of emergencies, and the pandemic influenza severity assessment tool was useful in that regard. He reiterated the importance of ensuring that preparedness resources were allocated fairly; the resources allocated to some countries had been reduced even though more work was needed to strengthen their pandemic influenza preparedness. He highlighted the importance of experience-sharing under the PIP Framework as a way of ensuring that partnership contribution funds were used effectively.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed the tool for tracking implementation of the recommendations of the 2016 PIP Framework Review Group and the progress made in finalizing the high-level Partnership Contribution Implementation Plan (2018–2023). She called on the Secretariat to continue providing funding to Tanzania and other countries under the PIP Framework so that they could maintain their laboratory and surveillance core capacities. She urged more companies to sign Standard Material Transfer Agreements and expressed support for the draft decision, as amended by Brazil.

The representative of the UNITED STATES OF AMERICA said that influenza preparedness and response should remain a top priority for WHO at the highest levels, as influenza was a major threat to health and economic and national security. He encouraged other Member States to reaffirm their commitment to the PIP Framework and to strengthening the Global Influenza Surveillance and

Response System and its existing tools and protocols. He called on the Director-General to work with Member States to facilitate the rapid sharing of influenza viruses and to engage all stakeholders so that they understood the importance of rapid, systematic and timely virus sharing. He urged the Secretariat to continue implementing the recommendations of the 2016 PIP Framework Review Group and to be open and transparent about its analysis of the issues raised by the group. He supported the draft decision, as amended by Brazil.

The representative of MEXICO said that, given that an influenza pandemic could occur at any time, it was crucial to be prepared for an immediate response; maintaining and improving the PIP Framework must therefore be a priority for the Organization. The Framework served to support countries in developing their core preparedness capacities to contain new pandemics. Early detection, the sharing of viruses, the development of diagnostic techniques and timely access to vaccines were all vital to limit the impact of a pandemic. It was therefore important to provide support to Member States in capacity-building, training health care, laboratory and public health personnel, developing standards and regulations, obtaining funds to prepare for possible pandemics and continuing the strategic stockpiling of antiviral agents and other supplies. While partnership contributions were essential to the PIP Framework, dependence on one source of funding could pose a risk to implementation of the Framework. The Director-General should therefore continue his efforts to engage with partners and find other funding sources. Member States should work together through the regional offices to create a baseline for the response to influenza pandemics. He supported the draft decision.

The representative of AFGHANISTAN, welcoming the Director-General's report, said that, as a country considered to be at high risk of avian influenza because of its location along migratory bird flyways, her Government recognized the importance of preventing avian and pandemic influenza and had already put a preparedness and response plan in place. Remaining challenges included ensuring that national influenza centres were fully functional, that coordination mechanisms were strengthened at all levels and that surveillance systems were extended to include severe and acute respiratory infections.

The representative of BURUNDI said that the Secretariat should encourage Member States to support the PIP Framework by strengthening their national preparedness capacities in all areas and to share pandemic influenza biological materials in real time with WHO collaborating centres so as to help in the sharing of benefits. Resources to build the capacities of national regulatory authorities in order to implement influenza vaccine programmes should also be made available.

The representative of THAILAND expressed support for the draft decision, as amended by the representative of Brazil. He welcomed the expansion of the PIP Framework to include seasonal influenza virus and genetic sequencing data, called for the PIP Framework to be recognized as an international specialized instrument under the Nagoya Protocol, and asked WHO to continue to help developing countries build their vaccine production capacities. He called on Member States and all other stakeholders to work together to protect the world from pandemic threats.

The representative of SAUDI ARABIA noted the report, recognizing the need to strengthen the global influenza surveillance network and improve vaccine production capacity, and commended the Standard Material Transfer Agreements concluded with industry. Early-warning and rapid-response systems were vital for preventing influenza outbreaks in overcrowded conditions during the hajj pilgrimage season, and difficulties in exchanging information on influenza virus genetic sequencing and insufficient vaccine production at the global level were ongoing challenges. He observed that the report made no mention of the need to adopt innovative solutions to produce a more effective and durable global influenza vaccine.

The representative of NIGER, noting the Director-General's report, welcomed the progress made in implementing the PIP Framework and encouraged WHO to continue its much-appreciated efforts.

The representative of the RUSSIAN FEDERATION highlighted the need for Member States to formulate comprehensive pandemic preparedness plans and welcomed WHO's capacity-building efforts regarding regulatory authorities and burden-of-disease studies and the intersectoral approach taken to those issues. The practice of entering into Standard Material Transfer Agreements with manufacturers of vaccines and diagnostic tools should be further developed. He requested clarification and more detailed proposals concerning some of the issues that had been raised at the Seventieth World Health Assembly, such as how to integrate genetic sequencing data and seasonal influenza virus into the PIP Framework. He supported the recommendations set out in the report.

The representative of IRAQ welcomed WHO's technical and logistical support in building Member States' pandemic influenza preparedness capacities, highlighting the progress made at national level.

The representative of the INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS AND ASSOCIATIONS, speaking at the invitation of the CHAIRMAN, said that, through the PIP Framework, influenza vaccine and antiviral manufacturers played key funding and supply roles in ensuring pandemic influenza preparedness. She welcomed the Secretariat's efforts to strengthen partnerships, communications, accountability and financing, resource strategic priorities and foster a culture of change at WHO. Her organization remained committed to helping WHO achieve its public health objectives and to enhancing pandemic influenza preparedness.

The representative of the INTERNATIONAL PHARMACEUTICAL FEDERATION, speaking at the invitation of the CHAIRMAN and stressing the need for available and affordable vaccines and the infrastructure to administer them, said that community pharmacists were increasingly involved in immunization and should be used to their full potential, as they played a key role in expanding vaccination coverage.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN, expressed support for the inclusion of all types of influenza virus in the PIP Framework and welcomed the decision to fast-track implementation of the Framework. The critical role played by pharmacists and pharmaceutical scientists at all levels of pandemic influenza preparedness should be strengthened in order to ensure optimal use of antiviral agents in public health and optimize response strategies. She emphasized the importance of training and enhancing the clinical role of pharmacists in guiding appropriate treatment.

The representative of the WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIRMAN, said that country-specific action plans and regional partnerships were crucial during an influenza pandemic. She encouraged Member States to involve their national medical associations and physicians in the development, implementation and monitoring of those plans and in local pandemic preparedness efforts.

The DEPUTY DIRECTOR-GENERAL (Emergency Preparedness and Response) thanked all Member States, civil society and industry for working with the Secretariat to improve pandemic influenza preparedness. Considerable progress had been made in the past year towards implementing the recommendations of the 2016 PIP Framework Review Group, with approximately 50% of the recommendations already implemented and the remainder under way.

As requested by Member States, the Director-General had begun the process of analysing how seasonal influenza virus and genetic sequencing data would be included in the PIP Framework, holding a consultation with all stakeholders in November 2017 and an information session in

April 2018. The Secretariat would continue to work closely with the PIP Advisory Group and the WHO Global Influenza Surveillance and Response System network to further develop the analysis.

Regarding access and benefit sharing, the Secretariat would continue to work closely with the secretariats of the Convention on Biological Diversity and other international organizations, particularly FAO and OIE, in order to promote international coordination and ensure that public health remained the central consideration in the implementation of the Nagoya Protocol.

He thanked the representative of Brazil for the proposal to advance the delivery of the final text of the analysis and noted the support for bringing forward the delivery of the report to the Seventy-second World Health Assembly.

At the invitation of the CHAIRMAN, the LEGAL COUNSEL read out the proposed amendment to the draft decision contained in document A71/24. The following wording would be added to the end of the text, after “at paragraph 19”: “and requested that the final text of the analysis, requested under paragraph 8(b) of decision WHA70(10), be submitted to the Seventy-second World Health Assembly through the 144th session of the Executive Board”.

The draft decision, as amended, was approved.¹

Eradication of poliomyelitis: Item 12.9 of the agenda (documents A71/26, A71/26 Add.1 and A71/26 Add.2)

The CHAIRMAN drew attention to the draft resolution on the eradication of poliomyelitis contained in document A71/26 Add.1.

The representative of the RUSSIAN FEDERATION suggested that a drafting group should be formed to consider the draft resolution.

It was so agreed.

(For a continuation of the discussion, see the summary records of the fifth meeting.)

The meeting rose at 12:45.

¹ Transmitted to the Health Assembly in the Committee’s third report and adopted as decision WHA71(11).

FIFTH MEETING

Friday, 25 May 2018, at 14:40

Chairman: Dr F. FEROZ (Afghanistan)
later: Dr S. JESSAMINE (New Zealand)

1. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued) [transferred from Committee A]

Rheumatic fever and rheumatic heart disease: Item 12.8 of the agenda (documents A71/25, A71/25 Add.1 Rev.1 and EB141/2017/REC/1, resolution EB141.R1)

The representative of NEW ZEALAND said that the burden of rheumatic fever and rheumatic heart disease disproportionally affected Maori people and people from the Pacific islands in New Zealand. The adoption and implementation of the draft resolution, which he supported, would facilitate concerted global action across all levels of prevention and care, including simple diagnosis and treatment options. Effective prevention and control of the fever and the disease presented an opportunity to demonstrate the priorities of the Thirteenth General Programme of Work 2019–2023, including promoting health, serving vulnerable populations and achieving health equity. There was a need for cooperation within WHO and collaboration with non-State actors. Community empowerment and cross-government efforts were also essential. His Government was committed to providing technical support where required.

The representative of SRI LANKA said that free health care and improvements in the quality of life of the population had helped to reduce the incidence of rheumatic fever and rheumatic heart disease in her country. The draft resolution should urge Member States to develop national programmes for secondary prevention of rheumatic heart disease and should encourage a move towards primary prevention strategies.

The representative of SAUDI ARABIA endorsed the draft resolution. There was an urgent need to update epidemiological data and technical guidelines on the diagnosis, treatment, prevention and clinical management of rheumatic diseases. Expressing his deep concern at the chronic shortage of quality-assured benzathine benzylpenicillin, he urged countries in which rheumatic heart disease was endemic to give the disease greater strategic importance and include it in national response plans for noncommunicable diseases.

The representative of BAHRAIN, speaking on behalf of the Member States of the Eastern Mediterranean Region, said that the overall response to tackling the burden of rheumatic heart disease in the Region had been mixed. Welcoming the draft resolution, she said that the disease should be included in country responses to noncommunicable diseases and efforts should be made to align actions with the Sustainable Development Goals. The Secretariat should provide technical support and guidance on implementing national programmes and strengthening health systems by improving disease surveillance, training, and access to affordable prevention, diagnostic and treatment tools.

The representative of MALAYSIA said that the burden of rheumatic heart disease was currently very low in her country, with well-established treatment procedures and prevention available. She

welcomed the draft resolution and committed to supporting efforts in accordance with national priorities.

The representative of JAPAN, expressing great concern regarding rheumatic fever and rheumatic heart disease, strongly supported the draft resolution.

The representative of UGANDA said that the limited capacity to diagnose rheumatic heart disease early resulted in preventable deaths in his country. Having introduced a registry to increase secondary prevention, his Government would move towards primordial and primary prevention by improving the socioeconomic status of at-risk populations. He asked for his Government to be added to the list of sponsors of the draft resolution, which proposed practical measures to help endemic countries achieve primordial, primary and secondary prevention.

The representative of ZIMBABWE called for support from WHO to strengthen primary health care and medical supply chains to improve prevention, detection and intervention; develop national policies to address rheumatic heart disease; increase domestic financial investment in coverage schemes; and reduce out-of-pocket payments. Existing tools should be better utilized, and primary prevention should be a part of routine health care for children. He expressed support for the draft resolution.

The representative of VANUATU, speaking on behalf of the Pacific island countries, said that measures undertaken in those countries to address rheumatic heart disease included screening programmes, patient monitoring, awareness campaigns, national registers and steering committees. At the Pacific Health Ministers Meeting in 2017, Ministers had agreed to integrate rheumatic heart disease programmes into universal health coverage; include monitoring of the disease in health information systems; and ensure that national guidelines were implemented and actively followed. As significant challenges remained, he acknowledged the support from development partners and other non-State actors in tackling the disease. He welcomed the draft resolution.

The representative of AUSTRALIA supported the actions recommended for Member States and WHO, thanking New Zealand for its leadership to galvanize action against rheumatic heart disease and noting that rheumatic heart disease was a significant issue not only in the Western Pacific Region, but also globally. She reaffirmed her Government's co-sponsorship of the resolution adopted at EB141. Efforts to achieve the Sustainable Development Goals and ensure access to good quality health services for all would be fundamental in reducing the prevalence of rheumatic heart disease. She encouraged Member States to implement the actions recommended in the report. In Australia, primary prevention activities were being incorporated into the rheumatic fever strategy and steps were being taken to address the social determinants of health, particularly in indigenous communities.

The representative of IRAQ emphasized the need to strengthen rheumatic heart disease prevention by introducing the disease into integrated primary maternal, newborn and child health interventions; strengthening surveillance, including pre-school enrolment screening; and implementing school-based educational programmes.

The representative of BRAZIL said that action on the social determinants of health was key to combatting rheumatic heart disease. Access to primary health care and early detection would substantially reduce morbidity and mortality in a cost-effective manner. It was also necessary to ensure a consistent and readily available supply of injectable benzathine benzylpenicillin for those with a history of rheumatic fever and rheumatic heart disease.

The representative of THAILAND called for coordinated global efforts to achieve effective primary and secondary prevention of rheumatic fever and rheumatic heart disease. Research was

needed to develop a safe and effective group A streptococcal vaccine and a long-acting penicillin formulation. Accurate epidemiological evidence of the disease should also be improved. She expressed her full support for the draft resolution.

The representative of CANADA, expressing support for the draft resolution, said that multisectoral measures to eliminate inequality would reduce the prevalence of rheumatic heart disease, facilitating the prevention and effective management of the disease.

The representative of TIMOR-LESTE said that his Government was currently finalizing an action plan on rheumatic heart disease to develop guidelines for the prevention, diagnosis and control of rheumatic fever and rheumatic heart disease; improve understanding of the relevant epidemiology; better equip health professionals; and raise awareness of the disease. He supported the draft resolution.

The representative of the UNITED STATES OF AMERICA recommended that the Secretariat and Member States implement and support rheumatic heart disease prevention and control programmes in countries where the burden of the disease was greatest. Expressing concern about the inconsistent supply of benzathine benzylpenicillin, he encouraged WHO to work with partners to ensure a reliable source of the medicine. He expressed strong support for the development of vaccines against group A streptococcal infections and affordable rapid tests to diagnose group A streptococcal pharyngitis.

The representative of NEPAL, speaking on behalf of the Member States of the South-East Asia Region, said that although medical and surgical treatments had become highly successful, even in low-resource settings, Member States should prioritize primary and secondary prevention, through the development of national programmes and strategies. He expressed support for the draft resolution.

The representative of PAPUA NEW GUINEA fully endorsed the draft resolution. More epidemiological evidence was required for countries in which the extent and impact of rheumatic heart disease was unknown, including Papua New Guinea. While surgery performed by non-State actors was appreciated, he called for immediate, collective efforts to achieve a comprehensive approach to addressing rheumatic fever and its complications.

The representative of NAMIBIA said that rheumatic heart disease was a concealed epidemic, and expressed support for the call for the prevention, control, elimination and ultimately the eradication of the disease. Rheumatic heart disease should be included on the agenda of the third High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases, with a view to reducing the incidence of the disease by at least 20% by 2025. That goal could only be achieved by introducing comprehensive community-based awareness and prevention campaigns in all Member States; training primary care physicians; and making treatments more accessible and affordable. He expressed support for the draft resolution.

The representative of KYRGYZSTAN said that early detection, screening and epidemiological monitoring of school children could help to prevent rheumatic fever and rheumatic heart disease, particularly as the group A streptococcal infection that caused the disease could be detected through oral examinations. He requested that WHO support research and expressed support for the draft resolution.

The representative of PARAGUAY said that her Government's national action plan on the prevention and control of noncommunicable diseases included the secondary prevention of rheumatic heart disease and training for primary health care professionals. She expressed support for the draft resolution.

The representative of TONGA said that an expanded screening programme had been launched in his country and heart failure among children was now rare, which showed that rheumatic heart disease could be addressed in countries with limited resources through close collaboration with partners. He expressed strong support for the resolution.

The representative of MEXICO said that the lack of a register and reliable data was of concern, as the underestimation of the epidemiological burden impeded prevention and control efforts. Programmes should focus on the social determinants of health. Moreover, building human resources capacity would facilitate early detection and treatment. She supported the recommended actions for the Secretariat contained in paragraph 20 of document A71/25.

The representative of FIJI reiterated the disproportionate impact of rheumatic heart disease on the Pacific island diaspora. Welcoming the support his Government had received from the Government of New Zealand and non-State actors, he said many Pacific island countries did not have such support, which was sorely needed. He described the steps taken in his country to further reduce the burden of rheumatic heart disease, including the use of penicillin, development of a patient management system, and school-based interventions. He endorsed the draft resolution, emphasizing the need to provide technical and financial support towards the eventual elimination of the disease.

The representative of the ISLAMIC REPUBLIC OF IRAN said that substantial improvements had been made to preventative, diagnostic and treatment measures in his country. However, despite initial success, the number of cases had begun to increase. A study of the incidence trend of rheumatic heart disease in different regions and a common research road map may improve epidemiological understanding. He underscored the role of people-centred primary health care services and community health workers in efforts to eradicate rheumatic heart disease.

The representative of TUVALU expressed support for the recommendations contained in the report, particularly the need for a coordinated global response and the development of a group A streptococcal vaccine, and looked forward to future dialogue on their implementation. In order to address the high incidence of rheumatic fever and rheumatic heart disease in his country, early screening and preventive measures would be needed, and his Government would rely on WHO's technical support in that regard.

The representative of CÔTE D'IVOIRE, speaking on behalf of the Member States of the African Region, highlighted the burden of rheumatic heart disease in his Region, particularly among the vulnerable sectors of the population. Furthermore, the lack of reliable data meant that the burden of that disease was underestimated. International cooperation was required to combat the disease, including under the 2015 Addis Ababa Communiqué on Eradication of Rheumatic Heart Disease in Africa, through the creation of regional and national networks and strategies. He expressed his support for the draft resolution.

The representative of ALZHEIMER'S DISEASE INTERNATIONAL, speaking at the invitation of the CHAIRMAN, expressed her support for the draft resolution. She called on WHO to strengthen health systems by building the capacity of health professionals; integrating the prevention and treatment of rheumatic heart disease into existing health strategies and community programmes; and improving surveillance. WHO should allocate sustainable financial resources to the prevention of rheumatic heart disease and other noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN, called on Member States to adopt the draft resolution and to prioritize and fund the recommendations contained in the report appropriately. In order to combat rheumatic heart disease: protocols and training should be expanded to include the diagnosis and management of the disease and

other severe noncommunicable diseases; global resources and training for cardiac surgery should be developed; and WHO's definition of noncommunicable diseases should be widened to include noncommunicable diseases not attributable to metabolic risk factors.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIRMAN, said that the attainment of targets relating to rheumatic heart disease would indicate the degree of progress towards achieving the Sustainable Development Goals and universal health coverage. WHO should develop global guidelines for the prevention, diagnosis and evidence-based management of rheumatic heart disease; support training of health care workers; and increase awareness of the efficiency of primary prevention. Investment in the health workforce, particularly nurses, would help to address the social determinants of health. Highlighting the increased burden of rheumatic heart disease in vulnerable population groups, he said that populations who were most at risk should be placed at the centre of policies and strategies.

The representative of the WORLD MEDICAL ASSOCIATION INC., speaking at the invitation of the CHAIRMAN, noted that rheumatic heart disease had a disproportionate impact on populations affected by poor access to health care and education and poor nutrition, particularly women and children. WHO had a role to play in addressing such inequalities, with particular regard to equal access to health care.

The representative of the WORLD HEART FEDERATION, speaking at the invitation of the CHAIRMAN, commended WHO for its leadership in proposing a coordinated global response to rheumatic heart disease. His organization was willing to work with WHO to ensure the participation of people living with the disease, and those working in prevention and control, in the development of that response, and its evaluation. Despite progress under the previous WHO global programme to prevent and control rheumatic heart disease, the programme had not continued, and he urged WHO to implement the draft resolution and sustain the proposed intersectoral approach until the disease had been eliminated.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, urged the adoption of the draft resolution. Rheumatic heart disease deserved the same level of attention as other public health priorities with a similar burden, and she welcomed the support of Member States in developing a coordinated response. Member States should ensure the continuous supply of quality-assured, affordable penicillin and prioritize the development of a long-acting group A streptococcal vaccine. Similarly, strengthening health systems and ensuring health equity would begin to address the root socioeconomic determinants of the disease. Refugees and migrants should be included in strategies and initiatives for the control of the disease.

The ASSISTANT DIRECTOR-GENERAL (Noncommunicable Diseases and Mental Health) thanked Member States for highlighting the issue of rheumatic fever and rheumatic heart disease and for the call to prioritize prevention. WHO had started work on a group A streptococcal vaccine, defining preferred characteristics and priority research and development activities. Although vaccine availability was still some years away, WHO was working to overcome important barriers and build the engagement of stakeholders in the field. She called on donors to support that important work. The draft resolution was timely and the Secretariat would work with Member States, partners and civil society in its implementation. Given that rheumatic fever and rheumatic heart disease was a cross-cluster issue, it had been decided that the Family, Women, Children and Adolescents Cluster would coordinate efforts in the future.

The CHAIRMAN took it that the Committee was ready to approve the draft resolution on rheumatic fever and rheumatic heart disease contained in resolution EB141.R1.

The draft resolution was approved.¹

Dr Jessamine took the Chair.

Eradication of poliomyelitis: Item 12.9 of the agenda (documents A71/26, A71/26 Add.1 and A71/26 Add.2) (continued from the fourth meeting, section 3)

The CHAIRMAN said that the draft resolution on poliomyelitis – containment of polioviruses, contained in document A71/26 Add.1, had been the subject of ongoing consultations. The current text, which should form the basis of the Committee's discussion read:

The Seventy-first World Health Assembly,

PP1. Having considered the report on eradication of poliomyelitis;²

PP2. Recalling resolution WHA65.5 (2012) on poliomyelitis: intensification of the global eradication initiative and WHA68.3 (2015) on poliomyelitis, and in which the Health Assembly urged all Member States inter alia to implement appropriate containment of all polioviruses starting with the serotype 2;

PP3. Noting the eradication of wild poliovirus type 2 globally, declared by the Global Commission for the Certification of the eradication of poliomyelitis in September 2015;

PP4. Acknowledging the continued progress in eradicating poliovirus types 1 and 3;

PP5. Recognizing the successful globally synchronized switch in April 2016 from the use of trivalent to bivalent oral polio vaccine, active only against poliovirus types 1 and 3;

PP6. Noting the development of the Polio Eradication and Endgame Strategic Plan 2013–2018, including objective 3 – containment and certification, considered by the Sixty-sixth World Health Assembly;³

PP7. Commending the work of WHO and the Global Commission for the Certification of the eradication of poliomyelitis in promoting the containment of all polioviruses, starting with type 2, the first serotype being eradicated;

PP8. Noting with alarm delays in implementation and certification of poliovirus containment for type 2 polioviruses planned for 2016, as well as the accidental release of wild poliovirus type 2 from a vaccine-production facility in 2017;

PP9. Underscoring the urgent need to accelerate globally activities to implement and certify containment of polioviruses;

PP10. Underlining that successful containment of all polioviruses will ensure the long-term sustainability of the eradication of poliomyelitis,

OP1. URGES all Member States:⁴ [EU]

(1) to fully implement all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018;

(2) to intensify efforts to accelerate the progress of poliovirus containment certification as outlined in **national requirements as well as in** [Russian Federation] ~~bio-risk management international standards and requirements as well as in the~~ **the** WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA71.14.

² Document A71/26.

³ Document WHA66/2013/REC/3, summary records of the ninth meeting of Committee A, section 1.

⁴ And Regional Economic Integration Organisations where applicable [EU]

of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII)¹ ~~or its most recent adjustments as endorsed by the Containment Advisory Group;~~² **[Russian Federation]**

(3) to complete inventories for type 2 polioviruses, destroy unneeded type 2 materials and to begin inventories and destruction of unneeded type 1 and 3 materials in accordance with the latest available published **WHO [EU]** guidance;

(4) to ensure that any confirmed event associated with a breach in poliovirus containment is immediately reported to the National IHR Focal Point;

OP2. URGES all Member States retaining polioviruses:

(1) to reduce to ~~a an absolute~~ **[Russian Federation]** minimum the number of facilities designated for the retention of polioviruses, prioritizing facilities performing critical national or international functions;

(2) to appoint **[as soon as possible and no later than the end of 2018] [Russian Federation]** a competent National Authority for Containment³ ~~as soon as possible and no later than by the end of 2018 and to that will~~ **[Russian Federation]** process containment certification applications submitted by the facilities designated to store and/or handle polioviruses post-eradication ~~as soon as possible and no later than by the end of 2018, and to communicate its the contact details of the National Authority to WHO by 31 March 2019 [EU];~~

(3) to make available ~~for to~~ **[EU]** the National Authority for Containment all necessary resources, including technical, personnel and financial, required for the full and successful certification of implementation of appropriate poliovirus containment measures;

(4) to request facilities designated to retain poliovirus type 2 to **formally engage in the Containment Certification Scheme⁴ by submitting to their National Authorities for Containment their applications for participation that is the first step of the global certification process [Russian Federation]** as soon as possible and no later than ~~30 June~~**31 December 2019 [EU];**³⁴

(5) to initiate steps for the containment for type 1 and 3 materials so that, by the time of global certification of eradication, all facilities retaining poliovirus meet containment requirements;

(6) to prepare a national response ~~protocol~~ **framework** **[Russian Federation]** for use in the event of a breach of poliovirus containment and risk of community exposure and to conduct a polio-outbreak simulation exercise that covers the risk of poliovirus release from a facility;

OP3. REQUESTS the Director-General:

(1) to provide technical support to Member States in their efforts to implement poliovirus containment safeguards and certify that facilities retaining poliovirus meet ~~bio-risk management international standards and~~ **[Russian Federation]** requirements outlined

¹ Available at http://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf (accessed 1 March 2018).

² ~~Containment Advisory Group, see <http://polioeradication.org/tools-and-library/policy-reports/advisory-reports/containment-advisory-group/> (accessed 1 March 2018).~~

³ As recommended at the Special Meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis on Poliovirus Containment (Geneva, 23–25 October 2017); the meeting report is available at <http://polioeradication.org/wp-content/uploads/2018/01/polio-global-certification-commission-report-2017-10-final-en.pdf> (accessed 1 March 2018).

⁴ Available at <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>.

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) ~~or its most recent adjustments as endorsed by the Containment Advisory Group~~ **[Russian Federation]**;

(2) to facilitate the harmonization of certification mechanisms for the long-term sustainability of the implementation of poliovirus containment in the post-eradication era;

(3) to update all WHO's recommendations and guidance on poliovirus containment, as and when needed;

(4) to report regularly to the Executive Board and the Health Assembly on progress and status of global poliovirus containment, **aligned with other polio reporting requirements [EU]**.

The representative of IRAQ said that a process for evaluating the eradication of poliomyelitis should be incorporated into the Thirteenth General Programme of Work, 2019–2023. He called for the Secretariat to work with Member States to build surveillance capacity. Moreover, national immunization days should be supplemented with immunization campaigns in areas bordering regions that had experienced cases of poliomyelitis and had particularly vulnerable populations, including in areas liberated from Daesh control. Advocacy, communication and social mobilization would improve routine immunization coverage.

The representative of INDONESIA said that her Government remained committed to the eradication of poliomyelitis, but highlighted the need to strengthen national capacities in case of any future outbreak. Thus, the Government had established a poliomyelitis immunization programme for those travelling abroad and increased environmental surveillance. Two laboratories were awaiting designation as poliovirus-essential facilities. She expressed her support for the draft resolution on the containment of polioviruses.

The representative of SENEGAL said that, while her country had been declared free of indigenous wild poliovirus in 2004, there had been one imported case, which had been quickly controlled. Her Government was implementing the recommendations contained in the Polio Eradication and Endgame Strategic Plan 2013–2018 and had updated its national response plan in accordance with standard operating procedures. Epidemiological surveillance and routine immunization programmes should be strengthened, and inactivated poliovirus vaccine should remain available in all countries.

The representative of the ISLAMIC REPUBLIC OF IRAN reiterated the need to strengthen poliomyelitis surveillance, especially in countries where poliomyelitis remained endemic. Populations living in border regions should be given particular attention. Subnational and targeted immunization campaigns should have definite protocols, outlining activities and surveillance measures. The involvement of tactical advisory groups in such campaigns in Afghanistan, Pakistan and neighbouring countries would improve their efficacy. He asked the Secretariat for further clarification on the strategies to scale up environmental surveillance and prioritize testing healthy individuals as they left inaccessible areas, which were referred to in the report, with particular regard to funding and countries with significant migrant populations. He expressed support for conducting mop-up immunization campaigns at key cross-border points. He said that his country had established an advisory group on poliomyelitis containment.

The representative of TIMOR-LESTE said that her Government was working to sustain high population immunity against poliomyelitis, maintain quality detection and surveillance, and respond to any cases of wild poliovirus importation. Although it had completed containment activities under 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) and immunization

campaigns, her Government would continue to require technical and financial support from WHO to ensure that Timor-Leste remained polio-free.

The representative of PAKISTAN said that there had been a significant reduction in the total number of cases of poliomyelitis in her country since 2014, and that the Government remained committed to eradicating poliomyelitis. An improved eradication strategy, greater financial commitment, and enhanced protection for frontline workers had contributed to that success. In particular, strategic environmental surveillance indicated that significant immunity gains had been made against wild poliomyelitis type 1 in all areas of concern. A careful analysis of the remaining challenges had enabled appropriate priorities and risk mitigation measures to be identified, including acute flaccid paralysis surveillance. Regarding the challenges of virus circulation in shared corridors, strong links were being maintained between the poliomyelitis eradication programmes in Pakistan and Afghanistan, and she noted in particular the focus on vaccinating all departing travellers, which had prevented the exportation of poliovirus over the last three years.

The representative of ANGOLA called upon all Member States to renew their commitment to eradicating poliomyelitis by fully implementing the strategic approaches outlined in the Polio Eradication Endgame Strategic Plan 2013–2018, including by introducing inactivated poliovirus vaccine and accelerating poliovirus containment certification. She requested WHO's continued support until poliomyelitis had been eradicated.

The representative of GUINEA said that one case of vaccine-derived poliovirus had been registered in December 2015 during the Ebola virus disease outbreak. Efforts in his country to eradicate poliomyelitis had led to the interruption of poliovirus transmission in the target population. However, there were immunity gaps in hard-to-reach areas, particularly in mining areas with highly mobile populations. He encouraged the Secretariat to continue its technical support for affected countries and increase efforts to mobilize innovative resources.

The representative of CANADA said that continued high-level focus on eradication within WHO was necessary to sustain momentum towards that goal. She underscored the importance of applying a gender equality approach and urged the Global Polio Eradication Initiative to increase gender analysis and include empowerment strategies for women and girls in its work. The progress made by the Global Polio Eradication Initiative, its partners and endemic countries was impressive but fragile. Therefore, she urged the Governments of endemic countries and those that had reported circulating vaccine-derived poliovirus to maintain strong political leadership towards the sustained eradication of poliomyelitis. She looked forward to hearing about innovative efforts to be deployed over the coming months to interrupt transmission of wild poliovirus in all remaining pockets. She expressed support for the revised draft resolution on poliovirus containment.

The representative of SAUDI ARABIA welcomed the progress made to eradicate wild poliovirus, which was an attainable goal. However, there were still many challenges, particularly in relation to preventing the spread of poliomyelitis during mass gatherings such as the hajj pilgrimage. Urging Member States to remain committed to ending the disease, he underlined the need for risk mitigation; a focus on immunization and emergency response programmes and surveillance; and strengthening of the international laboratory network.

The representative of CHINA noted the significant progress made globally towards the eradication of poliomyelitis. He said that his Government was continuing to work towards the containment of poliovirus type 2. WHO should continue to provide financing and technical support for countries experiencing outbreaks of poliovirus.

The representative of MALTA drew attention to national achievements against polio, including the vaccination of refugees and asylum seekers without immunization documents within 48 hours of arriving in the country. Acute flaccid paralysis and environmental surveillance were ongoing. Moreover, her Government had pledged to contribute to the Global Polio Eradication Initiative. She welcomed the integration and transition of essential polio functions into other programmatic areas and the draft strategic action plan on polio transition. Efforts to maintain immunization coverage levels and vigilance for possible re-emergence of poliomyelitis must continue. She expressed support for the adoption of the revised draft resolution, calling for intensified containment in places where the virus was still present, including laboratories. Each Member State should do what was necessary to achieve poliomyelitis eradication.

The representative of AFGHANISTAN reported that seven cases of poliovirus had been identified in her country so far in 2018. Despite conflict and development issues, her Government was committed to interrupting circulation of poliovirus by the end of 2018 and was investing in sustainable immunization programmes. She expressed confidence that such an achievement would be possible with support from international partners and cooperation with the Government of Pakistan. However, obstacles to success included the inaccessibility of hard-to-reach areas, refusal of vaccinations, and cross-border population movement. In that regard, the Ministry of Public Health had adopted a cluster-specific approach, involving local communities and access negotiators and leveraging existing coordination with partners in Pakistan to reach those children that had not been vaccinated. Additionally, emergency operations centres had been established at the national and regional levels and progress was being monitored by the Ministry of Public Health through the polio transition steering committee.

The representative of the UNITED REPUBLIC OF TANZANIA welcomed WHO's sustained efforts towards poliomyelitis eradication. His Government was committed to the implementing the recommendations contained in the Polio Eradication Endgame Strategic Plan 2013–2018 and supported the adoption of the revised draft resolution. His country remained at risk of poliovirus importation and had made efforts to strengthen routine immunization and surveillance in border zones. Resources allocated to acute flaccid paralysis surveillance were also used to monitor other vaccine-preventable diseases.

The representative of SOUTH AFRICA expressed concern that, despite global efforts, poliovirus type 1 continued to circulate in three countries, and that countries in conflict were experiencing outbreaks of circulating vaccine-derived poliovirus type 2. Considering current high levels of migration, she stressed the need for vigilance. She called on WHO and UNICEF to work with manufacturers to ensure an uninterrupted supply of poliovirus vaccines.

The representative of JAPAN welcomed the revised draft resolution. She commended the remaining three endemic countries on their progress. However, considering the instability and high levels of migration in those countries, surveillance was required in case of any re-emergence of poliovirus. She also stressed the importance of promoting routine vaccination with the inactivated poliovirus vaccine. The shortage of that vaccine was a concern as a stable supply was key to poliomyelitis eradication. It was crucial that WHO work with Gavi to formulate a plan on securing inactivated polio vaccines, including Sabin strains.

The representative of VIET NAM said while the switch to bivalent oral polio vaccine had been completed, the introduction of the inactivated poliovirus vaccine had been delayed due to the global shortage, leaving the country at risk of poliovirus type 2 transmission. She requested supplies of the vaccine in order to carry out routine immunization in 2018 and prevent re-emergence. All countries should maintain effective poliovirus surveillance capacities through poliomyelitis eradication and beyond.

The representative of REPUBLIC OF KOREA noted that the shortage of inactivated poliovirus vaccines would be resolved after the first quarter of 2018. However, shortages could reoccur and, as such, WHO should allocate the resources needed to predict the supply and demand of vaccines and coordinate with manufacturers accordingly. She expressed the hope that plans for production of an inactivated poliovirus vaccine from the Sabin strain in 2019 in her country would contribute to the successful implementation of the Global Polio Eradication Initiative. While critical to eradication efforts, the establishment of national authorities for containment was complex as it required the involvement of multiple ministries or national organizations. A plan to establish one such authority had been finalized in her country. She asked WHO to provide more tailored country-specific guidance on the operation of national authorities for containment, and on training auditors in GAPII and the Containment Certification Scheme.

The representative of BAHRAIN outlined the various actions that her Government had undertaken in relation to planning for the eradication of poliomyelitis, including the adoption of preparedness and containment plans. She commended the efforts made under the Endgame Strategic Plan 2013–2018 and endorsed the draft resolution. Underlining the importance of poliovirus containment, she called for the number of facilities retaining the virus to be minimized to reduce poliovirus facility-associated risk and for countries with such facilities to step up their compliance with international standards and virus containment requirements.

The representative of PARAGUAY supported the revised draft resolution. WHO should support efforts to ensure that all countries had access to the programmes and financial resources needed to achieve the required level of poliovirus containment within the stipulated time frame. The shortage of vaccines had delayed national immunization programmes, and the use of fractional-dose inactivated poliovirus vaccine should only be a temporary solution. Despite vaccine shortages, her Government was pursuing efforts to implement its polio eradication plan, and would continue to rely on technical assistance from WHO regional offices and to examine the possibility of interorganizational cooperation to reduce risks. She expressed the hope that WHO had mechanisms in place to ensure supply of the correct dosage of poliovirus vaccines in order to maintain progress made in poliomyelitis eradication.

The representative of the UNITED STATES OF AMERICA said that it was important to maintain the focus on stopping the circulation of wild poliovirus, as the premature implementation of transition plans could endanger efforts to achieve eradication. He urged Member States to complete poliovirus containment certification, and called on the Secretariat to provide technical support to Member States in that regard. He noted remaining challenges with concern and looked forward to working with global partners on the draft strategic action plan on polio transition to sustain progress in poliomyelitis eradication.

The representative of the PHILIPPINES expressed support for the revised draft resolution. Efforts to further strengthen childhood immunization coverage, surveillance systems for acute flaccid paralysis, and laboratory containment were central to poliomyelitis eradication. His Government remained committed to poliomyelitis eradication, including through the containment of materials infected or potentially infected with poliovirus and the inclusion of more types of facilities in the online survey for the laboratory containment of polioviruses. WHO should provide guidance on monitoring low-risk to moderate-risk facilities.

The representative of MALAYSIA expressed support for the revised draft resolution and urged WHO to monitor its implementation.

The representative of MEXICO expressed the hope that polio-essential functions would be maintained beyond eradication. Her Government remained committed to eradication, through

immunization and surveillance. She reiterated the importance of keeping the oral polio vaccine in immunization programmes until polio had been eradicated. She underscored the need for a flexible polio transition period, so as not to endanger outbreak control, epidemiological surveillance or certification processes.

The representative of SPAIN shared concerns regarding the continued existence of wild poliovirus in certain areas. His Government had already met its containment responsibilities in 2017 by destroying materials potentially infected with poliovirus and documenting that process. He urged the Secretariat, Member States and civil society to remain focused on the final phase of poliomyelitis eradication.

The representative of the SYRIAN ARAB REPUBLIC said that new cases of poliomyelitis had been registered in her country after an 18-year absence, chiefly because of the presence of foreign fighters. The outbreak had been quickly contained thanks to the Ministry of Health's quick response and cooperation from WHO and UNICEF. As a result, acute flaccid paralysis surveillance was being stepped up. Following the globally coordinated withdrawal of the type 2 component of oral polio vaccine in April 2016, 26 cases of poliomyelitis had been detected in 2017 and the Ministry of Health was responding in accordance with WHO guidelines and recommendations.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND recognized the work that remained to be done to achieve poliomyelitis eradication, including the implementation of sufficient containment measures. However, she expressed concern that political will and efforts towards eradication may wane as the number of cases continued to decrease. She requested that WHO reassure Member States that it was doing its utmost to reiterate the importance of continued engagement.

The representative of PANAMA said that her country was at high risk of the importation of disease due to its geographical location. Mindful of the risk of re-emergence of poliovirus type 2 after the switch to bivalent oral polio vaccine or the importation of wild poliovirus from endemic countries, her Government was updating surveillance and response plans; maintaining immunization coverage; and following the recommendations of the Regional Certification Commission, with particular regard to laboratory practices and management of biological materials. Any poliomyelitis outbreak should be considered a health emergency, and managed in accordance with the International Health Regulations (2005).

The representative of AUSTRALIA said that her Government was firmly committed to the global polio eradication effort, and encouraged WHO, Member States and partners to maintain efforts until poliomyelitis had been eradicated, focusing on the three remaining endemic countries. Immunization and surveillance efforts should be stepped up in hard-to-reach populations. She welcomed the indication that the shortage of inactivated poliovirus vaccine would be resolved in early 2018. Her Government was exploring how to adopt and implement the principles of GAPIII in Australia. Welcoming the revised draft resolution, she noted that the timeframe for the submission of containment applications may not be achievable for all Member States.

The representative of CHAD said the occurrence of cases of poliomyelitis in the neighbouring Borno State, Nigeria, in 2016 threatened his country's polio-free status. His Government had adopted a polio transition plan in 2017, under which surveillance and immunization activities would be expanded. Maintaining the country's polio-free status would require continued funding and technical support from partners, and mobilizing resources to meet the funding gap. He asked for the Global Polio Eradication Initiative to be extended to allow countries in difficult economic situations to keep to the deadline for eradication.

The representative of FRANCE recognized the urgent nature of poliomyelitis containment and certification, and the importance of conforming to the certification standards for poliovirus containment. Turning to the revised draft resolution, which had only been distributed in English, she asked for confirmation that in paragraph 2(2), the reference to “the end of 2018” only referred to the deadline for appointing a national authority for containment and not for processing containment certification applications. That should be clarified in the summary record. Subject to that clarification, she called for the adoption of the revised draft resolution.

The representative of THAILAND said that WHO should closely monitor areas at risk of poliomyelitis outbreaks. Prior to the withdrawal of the oral polio vaccine, WHO should guarantee the availability and affordability of the inactivated poliovirus vaccine to all Member States. She urged WHO and Member States to ensure that effective acute flaccid paralysis surveillance was in place, as that was crucial for the early detection of cases. She asked the Secretariat to clarify what was meant by “unneeded type 2 materials” in paragraph 1(3) of the revised draft resolution, and requested that the draft resolution be amended to include that definition.

The representative of the RUSSIAN FEDERATION said that achieving eradication within the next few years would be difficult, despite progress made. Fragile progress would only be sustained with a focus on immunization and surveillance. Immunization and surveillance gaps had led to the re-emergence of cases of wild poliovirus type 1 and vaccine-derived poliovirus type 2 in a number of areas. That was of particular concern given the shortage of inactivated poliovirus vaccine since the switch to the bivalent oral polio vaccine. As a result, cross-border transmission was a risk for all countries. He noted recommendations to accelerate poliovirus containment and certification. However, it was not yet known how long the virus would continue to circulate. He supported the revised draft resolution, and asked when the text would be distributed so that Member States could study the proposed amendments. He reminded the Committee that the establishment of a deadline for certification applications should not be seen as a restriction, but rather as a catalyst for the work required. He noted that the requirements under GAPIII would have to be harmonized with existing national requirements, which would take time.

The representative of MEDICUS MUNDI INTERNATIONAL – INTERNATIONAL ORGANISATION FOR COOPERATION IN HEALTH CARE, speaking at the invitation of the CHAIRMAN, said that for poliomyelitis to be eradicated, governments and communities should work together to interrupt transmission. Poliomyelitis continued to affect the poorest and most vulnerable populations in Africa and Asia, and the draft strategic action plan on polio transition was insufficient in realizing the goal of a polio-free world. Efforts must also include addressing the social determinants of health, and he emphasized the importance of actions to ensure access to safe water and sanitation for all, immunization campaigns, and investment in strong health systems that paid particular attention to marginalized groups and communities in areas affected by conflict and extremism. A human rights-based approach to health would ensure that the final stage of global poliomyelitis eradication was successful.

The representative of ROTARY INTERNATIONAL, speaking at the invitation of the CHAIRMAN, said that the progress made in poliomyelitis eradication since the previous Health Assembly inspired hope. She noted the commitment of the global community, which included financial support from relevant stakeholders. Noting continued political will, she encouraged the G7 and G20 to highlight global poliomyelitis eradication at their summits in 2018. Member States should continue to focus on stopping transmission and sustaining progress, including through routine immunization campaigns. She appreciated the efforts of frontline health workers, and the improvements in surveillance, including the expansion of environmental sampling. Acknowledging the work to transition polio-related assets, she emphasized the need for continued focus on interruption of transmission.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives) reaffirmed that eradication was closer than ever. Cases resulting from wild polioviruses had all but disappeared, with only nine cases having been reported in 2018, in Afghanistan and Pakistan. In Pakistan there had only been one case, meaning that that country was on the brink of historic public health success. Afghanistan was also close to becoming polio-free; the virus was currently only circulating in a handful of high-risk areas. No cases had been detected in Africa since 2016, and surveillance had continued to improve. However, he took note of the concerns expressed regarding cross-border transmission resulting from migration. Closing the remaining immunity gaps in Afghanistan, and eradicating the virus once and for all in Pakistan, would constitute a significant step towards ultimate success.

The aim was not simply to eradicate wild polioviruses, but to ensure that no child would ever again be paralysed by any poliovirus, whether wild or vaccine-derived. Detections of such strains in the past 12 months in the Syrian Arab Republic, the Democratic Republic of the Congo and the Horn of Africa subregion underscored the dangers they posed, and the appropriateness of the strategy to stop the use of oral polio vaccines. He recognized the global effort to successfully switch from the trivalent to bivalent oral polio vaccine, despite several challenges. There was still a need for surveillance in volatile areas. Once the remaining strains of wild poliovirus had been eradicated, the routine use of all oral polio vaccines would be stopped in order to eliminate any long-term risk associated with such strains, and the inactivated poliovirus vaccine would be the only vaccine available for routine immunization. The global supply of that vaccine had improved in 2018, as a result of industry efforts and the wide adoption of the fractional-dose schedule. Together with its partners, WHO continued to explore new solutions, including use of Sabin strains and virus-like materials.

With regard to containment, the poliomyelitis virus would be retained in a limited number of facilities to serve critical national and international functions, for the production of the poliomyelitis vaccine and for research purposes. It was crucial that such materials were appropriately contained under strict handling and storage conditions to ensure that the virus would not be released into the environment, either accidentally or intentionally. As such, he urged Member States to adopt the draft resolution to ensure that poliomyelitis eradication would be sustained in the long term. Responding to the request for clarification, he said that the end date in paragraph 2(2) referred only to the appointment of the a national authority for containment and not to the deadline for processing containment certification applications. Regarding paragraph 1(3), he said that “unneeded type 2 materials” were materials not needed by laboratories or manufacturers for essential functions.

Together with partners on the Global Polio Eradication Initiative, WHO stood ready to support the final efforts towards the achievement of poliomyelitis eradication, which remained a top priority.

The CHAIRMAN suggested that the discussion should be deferred to enable the Committee to consider the revised draft resolution.

It was so agreed.

(For continuation of the discussion and adoption of a draft resolution, see the summary records of the sixth meeting, section 3.)

Multilingualism: implementation of action plan: Item 12.10 of the agenda (document A71/50)

The CHAIRMAN drew attention to a draft resolution on the item, submitted by the delegations of Ecuador, Panama and the Russian Federation, which read:

The Seventy-first World Health Assembly,
(PP1) Having considered the report by the Director-General, entitled “Multilingualism: implementation of action plan”;

(PP1 bis) Recalling United Nations General Assembly resolution 71/328 that calls for multilingualism to be addressed in a cost-neutral practical, efficient and cost-effective manner;

(PP2) Mindful that the universality of WHO is based, inter alia, on multilingualism and on the respect for the parity and plurality of the official languages chosen by the Member States;

(PP3) Recalling the resolutions and rules governing language arrangements at WHO, especially resolution WHA50.32 (1997) on respect for equality among the official languages, resolution WHA51.30 (1998) on method of work of the Health Assembly, which requested the Director-General to make WHO governing body documents available on the Internet, and resolution EB105.R6 (2000) on the use of languages in WHO;

(PP4) Convinced of the importance of respect for the diversity of cultures and the plurality of international languages for improving health policies in the world, especially in the developing countries, and for giving all Member States access to information and to scientific and technical cooperation;

(PP5) Regretting that the various official languages and the working languages are still used unequally within WHO;

(PP6) Reaffirming the need to ensure high-quality translation of documents into all official languages of the Organization;

(PP7) Considering that the preparation and distribution of the essential technical information of the Organization, as such as the WHO guidelines, in the six official languages is one of the fundamental conditions for equality among Member States;

(PP8) Stressing the need to achieve full parity among the six official languages including on the WHO Internet site,

OP1. REQUESTS the Director-General:

- (1) to take into account recommendations contained in United Nations General Assembly resolution 71/328 and to work in cooperation with the United Nations Secretary-General's language services, including to develop cost-neutral approaches;
- (2) to apply the rules of the Organization that establish linguistic practice within the Secretariat in a cost-neutral practical, efficient and cost-effective manner;
- (3) to ensure that all language services are given equal treatment and are provided with equally favourable working conditions and resources, with a view to achieving maximum quality of services;
- (4) to promote multilingualism in the daily work of the Secretariat and encourage staff to take advantage of technical and scientific literature generated in the maximum number of languages, both official and non-official, in a cost effective-manner;
- (5) to ensure that job descriptions specify the need for multilingual skills, including a working language of the Secretariat;
- (6) to appoint an officer who can serve as Coordinator for Multilingualism, who will be responsible, inter alia, for supervising and supporting the overall implementation of multilingualism, and to call upon all WHO departments to fully support the work of the Coordinator in the implementation of the relevant mandates on multilingualism;
- (7) to continue to improve and update in a cost-effective manner the WHO Internet site in all official languages to make it more widely accessible and to develop a multilingual public communication strategy;
- (8) to take the necessary steps to ensure, even at the planning stages, that the timely translation into all official languages of the essential technical information of the Organization and WHO guidelines, whether in written, audiovisual or digital form, making such information more widely accessible without undue delay;
- (9) to develop a report on the previous practices, possible technical options and solutions, including cost-effective, innovative measures and all programme and budgetary implications, to improve the current situation and ensure availability of the essential technical information of the Organization and WHO guidelines, whether in written, audiovisual or digital form in the six official languages, to be submitted for consideration

by the Seventy-second World Health Assembly, through the Executive Board at its 144th session.

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

Resolution: Multilingualism: respect for equality among the official languages	
A. Link to the programme budget	
1. Programme area, outcome and output(s) in the Programme budget 2018–2019 to which this draft resolution would contribute if adopted	
Programme areas:	
4.4. Health systems, information and evidence	
6.1. Leadership and governance	
6.5. Strategic communications	
Outcomes:	
4.4. All countries having well-functioning health information, eHealth, research, ethics and knowledge management systems to support national health priorities	
6.1. Greater coherence in global health, with WHO taking the lead in enabling the different actors to play an active and effective role in contributing to the health of all people	
6.5. Improved public and stakeholders' understanding of the work of WHO	
Outputs:	
4.4.3. Knowledge management policies, tools, networks and resources developed and used by WHO and countries to strengthen their capacity to generate, share and apply knowledge	
6.1.3. WHO governance strengthened with effective oversight of governing body sessions and efficient, aligned agendas	
6.5.1. Accurate and timely health information accessible through a platform for effective communication and related practices	
2. Short justification for considering the draft resolution, if there is no link to the results as indicated in the Programme budget 2018–2019:	
Not applicable.	
3. Brief description of any additional Secretariat deliverables during the biennium 2018–2019, which are not already included in the Programme budget 2018–2019:	
Russian-language translations, printing and distribution of technical publications; website and journal content, digitization, citation analyses and glossary of terms.	
4. Estimated implementation time frame (in years or months) to achieve the resolution:	
Four years, for the time-limited actions in the resolution. Ongoing corporate language services will require continuous implementation.	
B. Resource implications for the Secretariat for implementation of the resolution	
1. Total resource requirements to implement the resolution, in US\$ millions:	
US\$ 83.94 million for the bienniums 2018–2019 and 2020–2021.	
2.a. Estimated resource requirements already planned for in the Programme budget 2018–2019, in US\$ millions:	
US\$ 41.60 million.	

2.b. Estimated resource requirements in addition to those already planned for in the Programme budget 2018–2019, in US\$ millions:
Not applicable.
3. Estimated resource requirements in the Programme budget 2020–2021, in US\$ millions:
US\$ 42.34 million.
4. Estimated resource requirements in future programme budgets, in US\$ millions:
US\$ 42.34 million.
5. Resources available to fund the implementation of the resolution in the current biennium, in US\$ millions
– Resources available to fund the resolution in the current biennium:
US\$ 40.00 million.
– Remaining financing gap in the current biennium:
US\$ 1.60 million.
– Estimated resources, foreseen but not yet available, which would help to close the financing gap in the current biennium:
Zero.

Table. Breakdown of estimated resource requirements (in US\$ millions)^a

Biennium	Costs	Headquarters	Region						Total
			Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific	
2018–2019 resources already planned	Staff	19.73	2.60	3.10	–	3.25	1.43	0.14	30.25
	Activities	8.26	0.03 ^b	2.00	–	0.34 ^b	0.72	–	11.35
	Total	27.99	2.63	5.10	–	3.59	2.15	0.14	41.60
2018–2019 additional resources	Staff	–	–	–	–	–	–	–	–
	Activities	–	–	–	–	–	–	–	–
	Total	–	–	–	–	–	–	–	–
2020–2021 resources to be planned	Staff	20.00	2.60	3.10	–	3.25	1.50	0.14	30.59
	Activities	8.00	0.50	2.00	–	0.50	0.75	–	11.75
	Total	28.00	3.10	5.10	–	3.75	2.25	0.14	42.34
Future bienniums resources to be planned	Staff	20.00	2.60	3.10	–	3.25	1.50	0.14	30.59
	Activities	8.00	0.50	2.00	–	0.50	0.75	–	11.75
	Total	28.00	3.10	5.10	–	3.75	2.25	0.14	42.34

^a Preliminary costing, which does not necessarily include the full cost of publishing in official languages in all major offices or the full cost from a human resources perspective.

^b Activity cost for language service unit only.

The representative of BRAZIL, speaking on behalf of the Community of Portuguese-Speaking Countries, said that multilingualism was a major asset, ensuring cultural diversity, dialogue, inclusiveness, and the mobilization of political will. Languages were instrumental in the work of WHO, helping to guide public health practices, reach international audiences and achieve improved health outcomes worldwide. WHO must discuss how multilingualism could be implemented systematically across the Organization. Efforts to improve public health and capacity-building in lusophone countries could greatly benefit from Portuguese being an official language at WHO. Portuguese was already an official working language at the WHO Regional Offices for the Americas

and Africa. The Community of Portuguese-Speaking Countries was ready to discuss implementation methods with the Secretariat, including mechanisms such as the ePORTUGUESe platform. The Governments of the Community requested that they be added to the list of sponsors of the draft resolution.

The representative of MONACO supported the statement made by the representative of Brazil. The United Nations must be a place of cultural diversity where Member States could listen to one another. Respect for the official languages of WHO was highly important, and the culture of the Organization must not be based solely on the Anglo-Saxon model. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of the RUSSIAN FEDERATION said that the translation of WHO materials into official United Nations languages was priceless in terms of global access to knowledge and expertise on health and health care. However, most WHO publications were drafted and issued in English and there was a bias towards using English as a working language, which could be a barrier to benefiting from the work of the Organization. His Government had contributed to helping the Organization increase the number of publications available in Russian and the online distribution of WHO publications in Russian. He expressed the hope that the draft resolution he had introduced would lead to a broad-ranging discussion at the next World Health Assembly. In the meantime, the Secretariat should further develop the plan of action on multilingualism adopted in 2008.

The representative of BULGARIA, speaking on behalf of the European Union and its Member States, proposed amending paragraph 1(8) of the draft resolution by replacing the words “even at the planning stages” with “including through improved planning and coordination”.

The representative of MEXICO said that despite the progress made in the implementation of the plan of action on multilingualism, there were still significant challenges to achieving the full application of the principles of multilingualism within the Organization. That would improve global health policies and promote access to information and technical and scientific collaboration among all Member States. She asked for her Government to be added to the list of sponsors of the draft resolution. Finally, she requested that all documents were submitted in all official languages in a timely manner, especially for governing body meetings, to ensure that they could be properly considered.

The representative of FRANCE said that her Government was firmly committed to the principle of multilingualism, particularly with regard to translation and interpretation and the regular updating of website content in all official languages. Multilingualism must not be considered a constraint or expense, but rather a way of enabling everyone to participate fully in discussions. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of THAILAND said that multilingualism enabled more people to access critical information, contributing to the promotion and protection of the right to health for all and increasing health literacy. WHO should take a cost-neutral approach to upholding the principle of multilingualism and take advantage of technology for the translation, communication and dissemination of health-related information. The Secretariat should facilitate the process for translating technical documents into non-official languages in order to assist Member States in implementing WHO norms, guidelines, tools and recommendations at the national and local levels.

The representative of the DOMINICAN REPUBLIC welcomed the progress made, particularly the efforts to increase multilingual content on the WHO website. She asked for her Government to be added to the list of sponsors of the draft resolution and encouraged others to do the same. She advocated for the availability of timely, high-quality information in the official languages. She firmly

believed that the draft resolution would improve Member States' access to higher quality technical information, which would contribute to the improvement of health policies, especially in developing countries.

The representative of CHINA said that she supported the draft resolution. Protection of multilingualism and respect for all languages were the foundations of the universality of the Organization. WHO had made progress in terms of multilingualism, but still fell short of equal usage of the official languages, as seen in the content on the WHO website, which should be rectified. English was currently the only working language in governing body meetings, failing to meet the needs of all delegates. He hoped that the Secretariat could provide solutions to the issue for the next governing body meeting.

The representative of SPAIN said that multilingualism was inherent to multilateralism, and being able to work in different languages was fundamental within the United Nations system. However, the equality of the six official languages was not always upheld in WHO, and the Organization's tendency to work in just one language was unfair for speakers of the other official languages and speakers of non-official languages. Technological developments meant that it had never been easier to work in multiple languages and to translate documents, which should reduce the cost of translation and interpreting, and should allow the use of a number of different languages both in the Secretariat and in governing body meetings. Inequality was particularly apparent in recruitment practices, with recruitment notices often appearing only in English, meaning that some candidates had an advantage. Data on diversity among staff members was confirmation of the imbalance. In order to fulfil its mission, WHO must be able to communicate with all people in their own language. Multilingualism was not a luxury; it was a basic principle. He asked for his Government to be added to the list of sponsors of the draft resolution.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA supported the draft resolution and considered it to be highly important in the context of the United Nations. It was important for Member States that documents for meetings should be translated in a timely manner. He asked for his Government to be added to the list of sponsors of the draft resolution.

The representative of the UNITED STATES OF AMERICA, emphasizing her full support for multilingualism at WHO, said that the draft resolution contained repeated references to a cost-neutral, cost-effective approach to implementation. However, the document setting out the financial and administrative implications, which had only been published that morning, had revealed an expected total cost of US\$ 83.94 million, which could make the draft resolution the most expensive on record. Despite existing funding allocated to multilingualism, she expressed concern that the remaining financial gap in the current biennium was US\$ 1.6 million and that an additional US\$ 40 million would be required for the 2020–2021 biennium. She asked the Secretariat to provide clarification of the financial implications of the draft resolution and explain whether any further savings would be possible.

The representative of ARGENTINA said that it was crucial for all documents to be available in the Organization's official languages. She called upon the Secretariat to step up its efforts to promote multilingualism, including in its remote learning programmes, which were essential resources for developing countries. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of NIGER, speaking on behalf of the Member States of the African Region, cited previous World Health Assembly resolutions calling for the equality of the official languages and the online publication of governing body documents in all languages on the internet, and United Nations General Assembly resolution 71/328 (2017), which called for multilingualism to be

implemented in the most practical, efficient and cost-effective manner, from within existing resources. Respect for cultural and linguistic diversity would improve health policies and access to scientific information and cooperation, especially in developing countries. Recognizing the many challenges facing multilingualism, the Member States in his Region supported the draft resolution. The Secretariat should implement corrective measures, and submit a report to the Seventy-second World Health Assembly detailing past practice and the programme and budget impacts of guaranteeing the availability of essential technical information in all six official languages.

The representative of CANADA agreed with the appointment of a Coordinator for Multilingualism at WHO. The Organization should make use of best practices and resources developed by the United Nations, including the recommendations contained in General Assembly resolution 71/328 (2017), and work closely with the United Nations Coordinator for Multilingualism. Technological advances should also be used to improve the efficiency of translation and interpretation services. She requested the Secretariat to provide an explanation of the financial implications of the draft resolution, particularly regarding how the Organization planned to provide better services without surpassing existing resources. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of PANAMA thanked Member States who had expressed support for the draft resolution. Language equality had to be achieved in all parts of the United Nations system, particularly in side events, where those without a good command of English had trouble participating.

The representative of PARAGUAY said that she supported the statement made by the representative of Mexico. She asked for her Government to be added to the list of sponsors of the draft resolution.

The representative of ECUADOR said that all WHO reports, documents and guidelines must be made available in all six official languages. Moreover, negotiations, communications, recruitment and similar processes should also be conducted in those languages. Respect for multilingualism and diversity was the foundation of any inclusive, equitable and democratic organization. She therefore called upon Member States to support the draft resolution.

The representative of JAPAN said that he supported multilingualism in principle. However, as a representative of a country that did not use one of WHO's official languages, he called for efficiency and cost neutrality when implementing the draft resolution.

The ASSISTANT DIRECTOR-GENERAL (External Relations) reaffirmed the Secretariat's ongoing support for multilingualism as enshrined in WHO's Constitution. Indeed, the Director-General regularly expressed support for multilingualism and cultural diversity, including in recruitment and the overall organizational culture. It was true that more than half of the world's population did not speak one of WHO's official languages, nor one of the two working languages. It would be important to establish priorities and partnerships in addressing the issue of non-official languages, as the Secretariat could not handle the task alone.

The projected cost of implementing the draft resolution covered two bienniums and the Secretariat had taken due note of recommendations to apply a cost-neutral approach wherever possible, maximize efficiency and remain stable. The draft resolution touched on nearly all of WHO's activities, including recruitment, staff training, composition of expert groups, and communications. It was important to note that while translation of governing body materials was centralized, responsibility for the translation of technical documents lay with the units that produced them and was thus subject to the finances available to each unit. The Secretariat had contacted the language services of the United Nations regarding the use of their information technology tools, including a new computer-assisted translation tool, to keep costs low while producing documents of increasing quality.

in an efficient manner. Reducing the number and length of publications would also free up funding for more translations. Governing body documentation would continue to be produced within the existing budget.

As the Organization moved towards paperless governing bodies in 2020, documents would be more widely available, easier to access and more cost-efficient to produce in the six official languages. The Secretariat also aimed to increase the linguistic diversity of the website, for example by publishing documents about World Health Day in ten languages. The Secretariat would do its best to increase diversity for the sake of better health results while keeping costs low. In that regard, it should be noted that the cost of creating a high-level coordinator post was not included in the current financial implications and would add to the total cost.

The representative of the UNITED STATES OF AMERICA, supported by the representative of SPAIN, asked for confirmation that, although the financial impact would increase if the post of Coordinator for Multilingualism were to be created, most of the additional costs could be absorbed into the existing programme budget during the current biennium. She enquired whether the costs associated with the draft resolution in the next biennium would also be covered, or whether the next programme budget would increase in consequence.

The ASSISTANT DIRECTOR-GENERAL (External Relations) said that most costs in the current biennium would be covered by the current programme budget. Further detail on future financial implications would be provided in the Secretariat's next report.

The CHAIRMAN took it that the Committee wished to approve the draft resolution, as amended by the representative of Bulgaria.

The draft resolution, as amended, was approved.¹

2. MATTERS FOR INFORMATION: Item 20 of the agenda

Progress reports: Item 20.3 of the agenda (document A71/41/Rev. 2)

Communicable diseases

- A. Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 (resolution WHA69.22 (2016))**
- B. Eradication of dracunculiasis (resolution WHA64.16 (2011))**
- C. Elimination of schistosomiasis (resolution WHA65.21 (2012))**

The representative of UGANDA, speaking on behalf of the Member States of the African Region and referring to progress report A on HIV, viral hepatitis and sexually transmitted infections, said that the three global health sector strategies on those diseases were interconnected and more effort was needed to build synergies between them. Although the rapid scale-up of HIV treatment was welcome, WHO should provide better support in countries where young women of childbearing age were reluctant to use dolutegravir as a first-line therapy. The falling price of hepatitis medicines thanks to patent expirations was welcome, and he recommended that universal vaccination against hepatitis B should be made a priority. Diverse and innovative financing solutions must be found to fund responses

¹ Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA71.15.

to HIV, viral hepatitis and sexually transmitted infections. He called on WHO to prioritize and increase funding for the three global strategies under the Thirteenth General Programme of Work, 2019–2023.

The representative of IRAQ said that strategic activities on HIV and sexually transmitted infections ought to be integrated into primary health care interventions. Epidemiological and laboratory surveillance should be strengthened to better tackle HIV, sexually transmitted infections and viral hepatitis; that required capacity-building for staff and institutions. The three global health sector strategies should be incorporated into the Thirteenth General Programme of Work to advance progress towards universal health coverage.

The representative of THAILAND, referring to progress report A, expressed concern regarding the high cost of viral hepatitis treatment and urged WHO to accelerate and monitor the development of the hepatitis C vaccine and transfer the technology to developing countries to increase vaccine availability. Regarding progress report B on dracunculiasis, she thanked Member States for their commitment to eradicating the disease and advocated for effective, community-based surveillance in those countries that had not yet eradicated it, with WHO support. Referring to progress report C on schistosomiasis, she said the focus should be on improved field diagnostics and surveillance of animal vectors. It was also important to develop partnerships with the pharmaceutical industry to increase the number of donations of praziquantel. WHO and other partners should also fund research on preventive chemotherapy and its side-effects.

The representative of PARAGUAY, referring to progress report A, said that his Government was committed to reaching the 90–90–90 target for HIV and detailed the steps being taken to do so, particularly among vulnerable population groups. Continued technical support from PAHO was needed, however, to improve adherence to treatment and acquire medicines through strategic funds. Increased support was also needed in terms of pharmacovigilance and pharmacoresistance. He also outlined his Government's approach to viral hepatitis, which included a national multisectoral plan, health-throughout-the-life-course approach, and collaboration with other countries in the Region to provide effective, low-cost medicines.

The representative of the UNITED STATES OF AMERICA, referring to progress report A, said that programme integration, coordination of services, and support for quality antenatal care and delivery were important factors in preventing mother-to-child transmission of HIV and syphilis. WHO should facilitate the provision of higher quality, country-level surveillance data on sexually transmitted infections, including on antimicrobial-resistant gonorrhoea and syphilis in key populations. New diagnostic technologies appropriate for settings with limited laboratory capacity would help in that effort. WHO should ensure that all stakeholders were involved in improving benzathine penicillin availability worldwide. Despite reductions in new HIV infections, more work was needed to understand who was being left behind and how to reach them.

Continued multisectoral collaboration was also needed to increase the availability of low-cost antiviral treatments for hepatitis B and C. It was worrying that only one third of the 87 countries with national strategic plans for viral hepatitis had dedicated funding for implementation. The Secretariat should work with Member States to increase coverage of the birth dose of hepatitis B vaccine and engage with partners to develop global guidelines for hepatitis B elimination.

The representative of CHAD, speaking on behalf of the Member States of the African Region, highlighted a number of issues raised by the African Leaders Malaria Alliance in relation to schistosomiasis, including the need to increase treatment coverage, expand the target population beyond school-age children, and foster intersectoral collaboration on access to clean water and sanitation. He outlined the progress made in the Region in terms of mapping neglected tropical diseases like schistosomiasis, developing national control plans and mobilizing additional domestic

financing. However, not all countries had obtained the positive results described in the report. Resolution WHA65.21 (2012) remained relevant in the face of mounting challenges.

The representative of ALGERIA said that the HIV prevalence rate was low in his country, and programmes were focused on key populations and received domestic financing. All patients diagnosed with viral hepatitis C in his country had access to an innovative treatment developed and manufactured in Algeria. The Government had also begun the certification process for the elimination of schistosomiasis. In addition, the Government was implementing a national plan on mental health.

The representative of the INTERNATIONAL AIDS SOCIETY, referring to progress report A, said that a focus on universal health coverage was not incompatible with disease-specific programmes. Rather, closer collaboration between stakeholders was needed to rethink how such programmes were designed and delivered. She urged Member States to strengthen their commitment to implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, and provide the necessary financial and human resources to do so. The Secretariat should continue to treat the strategies on HIV, viral hepatitis and sexually transmitted infections as interconnected, especially when developing service delivery models for key populations, and frontline health care workers should be involved in their implementation.

The ASSISTANT DIRECTOR-GENERAL (Communicable Diseases) thanked Member States for their comments and suggestions as to how WHO could best support the implementation of the global health sector strategies. The Secretariat was developing an integrated, people-centred approach to service delivery at the country level. A comprehensive global report on HIV, viral hepatitis and sexually transmitted infections would be finalized in December 2018, which would refer to universal health coverage, addressing key populations, and the principle of leaving no one behind. The Thirteenth General Programme of Work, 2019–2023 provided overarching guidance in that regard. There had been good progress on schistosomiasis, but more remained to be done at the country level. Political commitment would be essential for keeping up momentum on the issue.

Noncommunicable diseases

- D. Public health dimension of the world drug problem (decision WHA70(18) (2017))**
- E. WHO 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 (resolution WHA69.5 (2016))**
- F. Global burden of epilepsy and the need for coordinated action at the country level to address its health, social and public knowledge implications (resolution WHA68.20 (2015))**
- G. Comprehensive mental health action plan 2013–2020 (resolution WHA66.8 (2013))**
- H. Comprehensive and coordinated efforts for the management of autism spectrum disorders (resolution WHA67.8 (2014))**

The representative of the NETHERLANDS, referring to progress report D on the world drug problem, said she was pleased to see cooperation between WHO and the UNODC, including the link made between substance use and communicable diseases – in particular, HIV, hepatitis and tuberculosis – which was of particular significance for prisons. Better cooperation between United Nations agencies on drug policy was needed. UNAIDS and the Office of the United Nations High Commissioner for Human Rights also had relevant mandates in that regard. The extent of that cooperation needed to be further addressed and more attention should be focused on female drug users. Upcoming high-level meetings would enable stakeholders to share progress made and address challenges.

The representative of SWEDEN, referring to progress report D, said that smooth cooperation between WHO, UNODC and the International Narcotics Control Board was vital to strengthen the public health perspective in drug policy. She urged WHO to continue its efforts, as a balanced, international response to the world drug problem was greatly needed. Her Government stood ready to support WHO and UNODC, and she urged the Secretariat to contribute to preparations for the ministerial segment of the United Nations Commission on Narcotic Drugs to be held in 2019.

The representative of the REPUBLIC OF KOREA said that while cooperation with the United Nations and other intergovernmental organizations was crucial for the success of noncommunicable disease strategies, close collaboration within WHO was also important. Therefore, she asked the Secretariat whether there was a mechanism within the Organization that allowed for periodic joint discussions between WHO bodies and intergovernmental organizations on each noncommunicable diseases mentioned in the progress reports.

The representative of HONDURAS, referring to progress report F on epilepsy, said that progress made in implementing resolution WHA68.20 (2015) should be reported on at the Seventy-fourth World Health Assembly, and that an action plan for epilepsy prevention and control should be developed. She requested the Secretariat to present more information on the global burden of epilepsy at the 144th session of the Executive Board.

The representative of IRAQ outlined efforts made by his Government to combat gender-based violence, provide mental health support to those affected by emergencies and crisis situations, and detect and treat autism early. Epilepsy should be included in noncommunicable disease interventions given the magnitude of the problem, which called for a more robust approach. Steps should be taken to integrate mental health interventions within primary health care.

The representative of MAURITIUS, speaking on behalf of the Member States of the African Region on progress reports G and H on mental health and autism spectrum disorders, appreciated the technical support provided by the Secretariat on mental health, substance use disorders, neurological conditions, suicide prevention and advocacy efforts for mental health. However, availability of resources and services for mental health remained extremely limited in lower-income countries. The number of mental health workers was also insufficient. Further, data on the prevalence of autism spectrum disorders in sub-Saharan Africa was limited. Noncommunicable diseases, particularly neurodevelopmental disorders, were likely to become a greater health burden in African countries. Strategies were needed to improve the diagnosis and management of autism spectrum disorders in culturally diverse and low-resource settings across Africa. She supported the development of a comprehensive strategy on mental health in the African Region and said that care for individuals with autism spectrum disorders needed to be scaled up.

The representative of THAILAND, referring to progress reports D and E on the world drug problem and interpersonal violence, said that efforts in those areas should focus more on community-based treatment and multisectoral collaboration to ensure effective strategies to combat drug use that could reduce violence. Turning to progress report G on mental health, she noted that no significant progress had been made in implementing the comprehensive mental health action plan 2013–2020. There were still limited resources for mental health and the number of mental health workers had remained unchanged globally since 2013. Efforts should be made in those areas through mechanisms such as WHO's Mental Health Gap Action Programme (mhGAP). She asked the Secretariat to clarify the exact percentage of countries with functioning prevention and promotion programmes referred to in paragraph 48 of the report in order to compare it with the 41% indicated in the Mental Health Atlas 2014. She looked forward to the full report on the Mental Health Atlas 2017.

The representative of CHINA, referring to progress report F on epilepsy, said that the Secretariat should report on the implementation of resolution WHA68.20 (2015) in 2021 and encourage all Member States to adopt preventive measures. He outlined his Government's efforts to tackle epilepsy in rural areas, including training primary care personnel and reducing discrimination. His Government stood ready to work closely with other Member States to share treatment results and advance epilepsy care.

The representative of AUSTRALIA, referring to progress report E on interpersonal violence, thanked the Secretariat for its research and assistance on the issue of violence against women and children, but said that national responses needed to become truly multisectoral in order to tackle the problem. Health systems provided unique opportunities for the identification of gender-based violence, including domestic, family and sexual violence. It was important to understand the risks faced by vulnerable groups, and WHO should help Member States to further tailor health system responses to support them.

The representative of the RUSSIAN FEDERATION, referring to progress report F on epilepsy, said that many countries had taken significant steps forward in providing care and treatment to people living with epilepsy. She called on the Secretariat to actively work to reduce the medical and social burden of epilepsy and requested that a report on resolution WHA68.20 (2015) be presented at the Seventy-fourth World Health Assembly. A global action plan for the prevention and control of epilepsy and related diseases was needed, and the issue should be considered at the 144th session of the Executive Board.

The representative of the UNITED STATES OF AMERICA, referring to progress report D on the world drug problem, supported WHO's efforts and encouraged its collaboration with UNODC, with particular regard to the field testing of the International Standards for the Treatment of Drug Use Disorders. She also supported the implementation of the operational recommendations made during the 2016 United Nations General Assembly Special Session on the World Drug Problem, including evidence-based demand-reduction initiatives on prevention, treatment and recovery. New psychoactive substances presented an alarming health threat in the United States of America and around the world. She encouraged WHO to continue to prioritize the public health-related challenges of new psychoactive substances, and to share information on a regular basis with the United Nations Commission on Narcotic Drugs and UNODC.

The representative of ZIMBABWE, referring to progress report F, said that epilepsy management had been integrated into primary health care in her country, but that full implementation of resolution WHA68.20 (2015) was being impeded by resource constraints, lack of correct knowledge and stigma. She welcomed financial and technical support from partners to help with the implementation of the actions contained in subparagraphs 1(1) to 1(8) of that resolution. WHO should help Member States to develop strategies and frameworks on epilepsy so as to address existing gaps in responses.

The representative of COLOMBIA, speaking on behalf of Australia, Guatemala, Mexico, Norway, Panama, South Africa and Switzerland on progress report D on the world drug problem, recognized WHO's crucial role in promoting the public health dimension of the world drug problem, and the importance of stepping up efforts to mobilize resources and strengthen WHO's capacity to address that problem. He welcomed WHO's efforts to strengthen coordination and collaboration with other United Nations agencies and partners, in particular UNODC and the International Narcotics Control Board, and to keep the Health Assembly and the United Nations Commission on Narcotic Drugs informed on the progress made in implementing the operational recommendations on health-related issues stemming from the United Nations General Assembly Special Session on the World Drug Problem. He urged WHO to actively participate in the ministerial segment of the United Nations

Commission on Narcotic Drugs in 2019. He thanked the Secretariat for designating a focal point for that purpose and for providing Member States with technical support and information.

The representative of PANAMA, referring to progress report G on mental health, said that the comprehensive mental health action plan 2013–2020 needed to be strengthened in order to provide greater visibility for the issue and ensure that mental health was effectively addressed, leaving no one behind.

The representative of BURKINA FASO commended the Secretariat's efforts in tackling noncommunicable diseases but called for greater cooperation in developing technical and financial tools for countries with limited resources.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIRMAN on progress report D on the world drug problem, took note of the global medicine shortage and said that WHO should pay particular attention to access to anaesthetic medicines, especially ketamine and opioids, that were essential to improving public health. That was especially important since 30% of the global burden of disease could be treated using surgical interventions.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE, INC., speaking at the invitation of the CHAIRMAN on progress report D, expressed concern that morphine was unavailable to 75% of the global population, which was a violation of the right to adequate medical care. That was particularly concerning given the increasing prevalence of medical conditions requiring pain management, especially in low- and middle-income countries. It was important to improve the availability of prescription opioids and provide on-the-job training to nurses, physicians and pharmacists. His organization was working with WHO, regional partners and national palliative care associations in that regard. He called for balanced regulatory systems and better supply chain management in order to prevent the misuse of medicines.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN on progress report D, said that policy should provide a balance between the availability and misuse of controlled substances. He called on Member States to: view drug abuse disorders as diseases that required concrete public health solutions; involve the pharmaceutical workforce in the development of related policies; and further recognize the pharmaceutical workforce's pivotal role in delivering mental health services and promoting mental health for all.

The representative of the WORLD FEDERATION OF NEUROLOGY, speaking at the invitation of the CHAIRMAN on progress report F on epilepsy, called for a new report on the implementation of resolution WHA68.20 (2015) to be discussed at the Seventy-fourth World Health Assembly and for the development of a global action plan on epilepsy. WHO was the only global organization capable of overcoming the barriers preventing equal access to effective epilepsy medicines.

The representative of the INTERNATIONAL BUREAU FOR EPILEPSY, speaking at the invitation of the CHAIRMAN on report F, said that it was unacceptable that 75% of people living with epilepsy in low- and middle-income countries did not have access to treatment, especially given the affordability of most medicines. Governments should commit to making epilepsy a public health priority as progress towards achieving the goals set out in resolution WHA68.20 (2015) had been slow. As such, he also called for a new report on the implementation of that resolution to be prepared for discussion at the Seventy-fourth World Health Assembly and for the development of a global action plan on epilepsy.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIRMAN and referring to progress report F, said that while progress had been made in promoting epilepsy awareness, care and research in recent years, implementation of resolution WHA68.20 (2015) was far from complete, highlighting issues relating to the accessibility and affordability of antiepileptic medicines and the discrimination and social stigma surrounding those living with epilepsy. She called for a new report on the implementation of the resolution to be prepared for discussion at the Seventy-fourth World Health Assembly; for the development of a global action plan on epilepsy; and for the topic to be included on the agenda of the 144th session of the Executive Board.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIRMAN on progress report G on mental health, urged WHO to: recognize the ongoing negligence of and underinvestment in mental health; strengthen political will to tackle mental health disorders; and adopt a mental health framework that recognizes the connections between mental health and other health issues. Future guidelines on mental health and noncommunicable diseases should be discussed and formulated together to promote intersectoral action.

The DIRECTOR (Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention) confirmed that Member States would be provided with additional technical support where requested. The Secretariat would step up its efforts in the areas under discussion, which were all included in the Thirteenth General Programme of Work, 2019–2023. Regarding WHO's collaboration with intergovernmental organizations, he said that WHO had signed memorandums of understanding with a number of organizations, such as UNODC, UNICEF and the World Bank, and was collaborating with other organizations through task forces, partnerships and other coordination mechanisms, including the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases, the Global Partnership to End Violence against Children, and the Violence Prevention Alliance.

The DIRECTOR (Mental Health and Substance Abuse) said that WHO was working very closely with UNODC in that regard and was implementing the Memorandum of Understanding between the two organizations. WHO had established clear focal points for activities relating to the world drug problem, and would participate in preparations for the ministerial segment of the United Nations Commission on Narcotic Drugs in 2019. He noted requests for a discussion on epilepsy at the 144th session of the Executive Board and the Seventy-fourth World Health Assembly, and that a global action plan on epilepsy should be developed. He welcomed the suggestions made regarding action on mental health and the mental health action plan. The Mental Health Atlas 2017 would be available on 6 June 2018 and 63% of countries currently had functioning prevention and promotion programmes. A flagship mental health project was being prepared as part of the Thirteenth General Programme of Work, 2019–2023. Finally, the Secretariat would follow up on the various suggestions made by Member States regarding autism spectrum disorders.

Promoting health through the life course

- I. Global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life (resolution WHA69.3 (2016))**
- J. Reproductive health: strategy to accelerate progress towards the attainment of international development goals and targets (resolution WHA57.12 (2004))**

The representative of IRAQ, referring to progress report I on ageing and health, called for greater support for the action plan and a sharpened focus on appropriate interventions for elderly people in primary health care, particularly health care facilities, and capacity building. Referring to progress report J on reproductive health, he said that, in order to achieve universal health coverage,

reproductive health strategies should be incorporated into strategies and workplans on noncommunicable disease and nutrition and asked whether any steps had been taken in that regard.

The representative of BOTSWANA, speaking on behalf of the Member States of the African Region on progress report I on ageing and health, said that, if the Sustainable Development Goals were to be attained, Member States needed to address the rapid ageing of the population by providing long-term care and a sustainable quality of life for elderly people, particularly in sub-Saharan Africa, given the projected population growth in that subregion.

The representative of QATAR, referring to progress report I, applauded the progress made in implementing the Global strategy and action plan on ageing and health, 2016–2020 and its contribution towards achieving Sustainable Development Goal 3. The national health strategy for 2018–2020 prioritized health in old age, seeking to improve older people's health, independence and quality of life, and tackle dementia.

The representative of THAILAND, referring to progress report J on reproductive health, said that reproductive services for men and women were essential for a good quality of life. Unsafe abortion, unintended pregnancy and inadequate antenatal care warranted greater attention. Referring to progress report I on ageing and health, she said that elderly people should be seen as assets rather than burdens. Knowledge and experience gained through health policy and systems research could provide strategic information for evidence-based policy decisions. Health systems should be prepared to address the burden of caring for elderly people, and all relevant WHO resolutions should take the ageing population into account. Finally, there was a need to raise awareness of the dignity of elderly people, and to combat the abuse of older persons in all its forms.

The representative of HELPAGE INTERNATIONAL, speaking at the invitation of the CHAIRMAN on progress report I, appreciated the steps taken to review regional strategies and develop national strategies on ageing and health, commending the support provided by WHO. Guidelines on integrated care should be developed, recognizing the need to support caregivers, including those caring for older people with dementia. She welcomed the work done to develop indicators to measure healthy ageing, in line with the efforts of the new Titchfield City Group on Ageing, which had been endorsed by the United Nations Statistical Commission.

The DIRECTOR (Ageing and Life Course) welcomed the comments from Member States, in particular for highlighting the links with the Sustainable Development Goals. He said the Secretariat was working on a global capacity-building programme, which he hoped would be delivered by the end of 2018. The Secretariat was exploring how it could better help Member States identify equitable and sustainable systems of long-term care.

Health systems

- K. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))**
- L. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))**
- M. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children (resolution WHA69.20 (2016))**
- N. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))**
- O. Availability, safety and quality of blood products (resolution WHA63.12 (2010))**
- P. Human organ and tissue transplantation (resolution WHA63.22 (2010))**
- Q. WHO strategy on research for health (resolution WHA63.21 (2010))**
- R. Workers' health: global plan of action (resolution WHA60.26 (2007))**

The representative of SIERRA LEONE, speaking on behalf of the Member States of the African Region on progress report O on blood products, said that the quality of transfused blood remained a concern in the Region although efforts were under way to address that. In most countries, blood was primarily collected from immediate family members and not all transfused blood units were screened for the transfusion-transmissible infections, compromising the availability of safe blood for patients requiring transfusion. Challenges included the lack of policy commitment, lack of regulatory oversight, low government funding and reliance on external funding.

The representative of THAILAND said that, in order to achieve universal health coverage, WHO should provide technical support to Member States on the implementation of strategic purchasing so that high-quality, affordable health benefits could be provided on a limited health budget. Research was the key to developing evidence-based policies. WHO should continue to support health systems research and ensure adequate financing for implementation of the WHO strategy on research for health. She appreciated that issues relating to refugees and migrants were given priority in the Thirteenth General Programme of Work, 2019–2023.

The representative of SRI LANKA, speaking on behalf of the Member States of the South-East Asia Region on progress report K on the health of refugees and migrants, outlined some of the challenges faced in her Region, and the activities that had been undertaken, which included providing humanitarian assistance for the Rohingya community, interrupting poliomyelitis transmission, and establishing inbound health assessments for communicable diseases. Moreover, several governments from the Region had participated in regional and global consultations on migrant health. She noted that WHO, IOM and UNHCR had participated in international discussions on the proposed health component of the global compact on refugees and the global compact for safe, orderly and regular migration. However, the concept of health across borders warranted further discussion and WHO should promote the health agenda.

The representative of COMOROS, speaking on behalf of the Member States of the African Region regarding progress report L on integrated, people-centred health services, welcomed the progress made in implementing resolution WHA69.24 (2016) as part of efforts to achieve the health-related Sustainable Development Goals. Twelve countries had made noteworthy progress in their national strategic plans and policies. However, much remained to be done. In a number of Member States, implementation was hindered by weak investment, the poor quality of services rendered, and poor community engagement.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, referring to progress report N on health financing, commended WHO on its work in that area, with particular regard to the generation of new evidence; the strengthened monitoring of progress towards universal health coverage; and the provision of technical assistance to Member States. Going forward, the Secretariat should adequately consider the optimal mix of public and non-State health care providers based on each country's context. She urgently called on WHO to strengthen both global and in-country collaboration and coordination on health systems strengthening. Common global frameworks should be developed and used to monitor progress in that regard.

The representative of ITALY, referring to progress report K on refugees and migrants, said that migrants did not represent an emergency, but rather had become a structural element in the global universal health coverage architecture. He urged WHO to meet the priorities on refugee and migrant health set out in resolution WHA70.15 (2017) and the Thirteenth General Programme of Work, 2019–2023; provide technical support and guidance; and ensure that work at all levels of the Organization took migrant health into account. WHO could not fail to act when the global compact for safe, orderly and regular migration seemed to ignore health. The Secretariat should liaise with Member States, and lead the development of an ambitious global plan of action.

The representative of IRAQ said that the resilience of health systems, including the role of governance and leadership, in addressing the health of refugees and migrants was important. WHO should seek to develop evidence-based practices in family health, in collaboration with other stakeholders. Poor health financing capacity affected the ability of some Governments to engage in financial planning and appropriately invest their resources. A more collaborative approach was required to research for health, which should be strengthened. Finally, more focus should be placed on occupational health, including the work environment and ergonomics.

The representative of JAPAN, with regard to progress report L, said that strategic purchasing, based on a health technology assessment and impact assessment, should be used to select health services to move towards universal health coverage. Sustainable financing for health systems strengthening could be achieved through expanding the resource base through tax revenue and insurance fees. WHO should cooperate with other development partners at the country level and help to align national road maps to achieve universal health coverage. To secure stable and sustainable financing, high-level political commitment was required in each country, alongside cooperation between the Ministries of Health and Finance. He asked WHO to utilize the United Nations high-level meeting on universal health coverage, planned for 2019, to gain high-level commitment and obtain sufficient and stable financial resources for promoting universal health coverage. His country would continue to support WHO's efforts to achieve universal health coverage worldwide.

The representative of BURKINA FASO, speaking on behalf of the Member States of the African Region on progress report P on human organ and tissue transplantation, said that not all countries, particularly in the African Region, possessed the regulatory framework, equipment or technical expertise required for the transplantation of human organs and tissues. She called on the Secretariat and technical and financial partners to support Member States in the elaboration and implementation of such services.

The representative of QATAR, referring to progress report K on refugee and migrant health, supported efforts to implement resolution WHA70.15 (2017). He encouraged Member States to respond to WHO's request to identify best practices, experiences and lessons learned relating to the health of refugees and migrants. National initiatives in that regard included the reunification of refugees with their families, and access to free public health care services.

The representative of SAO TOME AND PRINCIPE, speaking on behalf of the Member States of the African Region regarding progress report Q on research for health, said that it was essential to build research capacity in the public sector given the importance of research for health. The public and private sectors could work together to develop life-saving strategies and interventions. There was a need to better coordinate WHO's research activities and share research results with Member States and other partners. To achieve the goals of the Thirteenth General Programme of Work, 2019–2023, including universal health coverage, particular attention should be paid to research needs in low-income countries. Those needs included technology transfer; investment in infrastructure and human resources development, and access to research on social determinants of health. He urged WHO to promote technical cooperation between developing countries.

The representative of the INTERNATIONAL ORGANIZATION FOR MIGRATION, referring to progress report K on refugee and migrant health, welcomed the inclusion of migrant and refugee health services in the Thirteenth General Programme of Work, 2019–2023, emphasizing the need for multisectoral collaboration. IOM had worked with WHO on the framework of priorities and guiding principles to promote the health of refugees and migrants, and welcomed the ongoing collaboration to prepare the proposed health component of the global compact for safe, orderly and regular migration, as well as the inclusion of health in the global compact on refugees. IOM would continue to work with

WHO and other stakeholders to develop the draft global action plan on the health of refugees and migrants, which would be submitted to the Seventy-second Session of the World Health Assembly.

The representative of the INTERNATIONAL LABOUR ORGANIZATION, referring to progress report R on workers' health, noted the inclusion of workers' health and decent work conditions in the Thirteenth General Programme of Work, 2019–2023, and the support for the integration of occupational health into strategies on health, environment and climate change. ILO would continue to work with WHO to improve data on work-related injuries and occupational disease; the protection and promotion of the health of migrant workers; coordinated responses and guidance on occupational safety and health in public health emergencies; the protection of health workers from occupational hazards and risks; and the development of a global coalition on safety and health at work.

The representative of the THALASSAEMIA INTERNATIONAL FEDERATION, speaking at the invitation of the CHAIRMAN on progress report K on refugee and migrant health, expressed his concern that recent migration flows had increased the prevalence of genes responsible for thalassemia and sickle cell disease in areas of northern and western Europe. He urged Member States to identify refugees and migrants with chronic and hereditary diseases in order to plan for their treatment.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIRMAN on progress report L on integrated, people-centred health services, said that although services provided by pharmacists had the potential to reach underserved populations and provide cost-effective continuity of care, pharmacists lacked the support, resources and legislation they needed to deliver patient-centred services in many countries. Member States should expand the role of pharmacists to improve services and health outcomes.

The representative of the ALLIANCE FOR HEALTH PROMOTION, speaking at the invitation of the CHAIRMAN and referring to progress report L, urged WHO to consider establishing a working group to develop a framework convention on global health. Such a convention would serve as a vital tool to ensure people-centred health services, and should contain standards on inclusive participation at all stages of policy-making and lead to the development of comprehensive, multisectoral action plans on health equity.

(For continuation of the discussion, see the summary records of the sixth meeting, section 2.)

The meeting rose at 19:40.

SIXTH MEETING

Saturday, 26 May 2018, at 09:15

Chairman: Dr S. JESSAMINE (New Zealand)

1. THIRD REPORT OF COMMITTEE B (document A71/58)

The RAPPORTEUR read out the draft third report of Committee B.

The report was adopted.¹

2. MATTERS FOR INFORMATION: Item 20 of the agenda (continued)

Progress reports: Item 20.3 of the agenda (document A71/41 Rev. 2) (continued from the fifth meeting, section 2)

Health systems

- K. Promoting the health of refugees and migrants (resolution WHA70.15 (2017))**
- L. Strengthening integrated, people-centred health services (resolution WHA69.24 (2016))**
- M. Promoting innovation and access to quality, safe, efficacious and affordable medicines for children (resolution WHA69.20 (2016))**
- N. Sustainable health financing structures and universal coverage (resolution WHA64.9 (2011))**
- O. Availability, safety and quality of blood products (resolution WHA63.12 (2010))**
- P. Human organ and tissue transplantation (resolution WHA63.22 (2010))**
- Q. WHO strategy on research for health (resolution WHA63.21 (2010))**
- R. Workers' health: global plan of action (resolution WHA60.26 (2007))**

The ASSISTANT DIRECTOR-GENERAL (Climate and Other Determinants of Health), referring to progress report R on workers' health, said that, in line with its normative role, WHO had hosted a global workshop attended by experts and focal points from regional offices to advise on priorities in the follow-up to the global plan of action on workers' health 2008–2017. A framework resulting from the workshop would soon be made available on the WHO website for countries to consult. WHO would work closely with ILO and other key stakeholders to identify priority actions on workers' health and the work environment, which would be included in the forthcoming draft global strategy on health, environment and climate change to be presented to the 144th session of the Executive Board and the Seventy-second World Health Assembly.

The ASSISTANT DIRECTOR-GENERAL (Strategic Initiatives), referring to progress report K on the health of refugees and migrants, said that, in the light of resolution WHA70.15 (2017), the

¹ See page 311.

Secretariat had established a strategic initiative on migrant health to review the current status of the health of migrants, refugees and internally displaced persons in several countries of origin, transit and final destination in all regions and to assess the capacity of health systems to deal with structural issues. All regions had submitted comprehensive analytical reports, and some countries had received support in the adoption of contingency plans based on innovative work piloted by the European Region. In addition, an evidence-based framework had been prepared, which would feed into the development of a draft global plan of action on the health of refugees and migrants. WHO had strengthened its collaboration with the International Organization for Migration and UNHCR in the context of the global compact on refugees and the global compact on safe, orderly and regular migration, and was in the process of updating its memorandums of understanding with those organizations. Joint work with those organizations had enabled WHO to map good practices in 85 countries and launch a summer school and web-based knowledge hub accessible to all Member States. However, efforts to highlight the relevance of health in the global compact on safe, orderly and regular migration had proved challenging; he therefore urged Member States to provide the necessary support to fulfil the requirements of resolution WHA70.15. Opportunities for WHO to provide leadership in the area of migrants' health had been addressed in the Thirteenth General Programme of Work, 2019–2023. He thanked Member States for their support.

The DIRECTOR (Essential Medicines and Health Products), referring to progress report O on blood products, said that the Secretariat would continue to support the development of strong regulatory systems to enhance and increase access to safe and quality-assured blood products.

The DIRECTOR (Health Metrics and Measurement), referring to progress report Q on the WHO strategy on research for health, thanked participants for their comments and the delegations of Iraq, Sao Tome and Principe and Thailand for their feedback on the progress report on the WHO strategy on research for health and related research activities. Requests for a continued focus on developing research capacity with and for Member States had been taken on board. Since the adoption of resolution WHA63.21 (2010), the Secretariat had been working to reinforce strong and accessible global public goods, such as the Global Observatory on Health Research and Development and ethics and guidelines review, in order to support and better tailor research and related capacity-building activities in countries. Research and innovation would be prioritized in the implementation of the Thirteenth General Programme of Work, 2019–2023, through which the overall focus of WHO's work would be shifted towards impact at the country level and to planning for related normative and capacity-building activities in line with country priorities. Those factors, together with its commitment to effect improved organizational coherence and coordination, would enable the Organization to ensure more specified consideration of the resources required to implement research activities at the country level.

The DIRECTOR (Health Systems Governance and Financing) referring to progress report N on sustainable health financing structures and universal coverage, thanked participants for their comments and expressed her appreciation to Member States for their interest and support, in particular the delegations of Japan, Thailand and the United Kingdom of Great Britain and Northern Ireland, regarding resolution WHA64.9 (2011). The International Health Partnership for UHC 2030 had been established to provide global coordination on health system issues, especially health financing. Working groups on matters such as support to countries with fragile or challenging operating environments had been established within the context of that partnership. WHO would continue to work with all partners through the Providing for Health initiative. In addition, the Secretariat was strengthening internal capacities at the regional and global levels to support Member States in the area of strategic purchasing, in particular regarding health technology assessments and impact assessments. The Secretariat was also increasing its support to Member States on issues related to the health economy, including labour markets and the health sector's growing contribution to economic growth and employment. In that connection, the Secretariat was increasing the provision of material in

multiple languages; for example, e-learning materials on health financing and health in the economy had been translated into more than 10 languages.

Health emergencies programme

S. Smallpox eradication: destruction of variola virus stocks (resolution WHA60.1 (2007))

The representative of the UNITED STATES OF AMERICA said that preparedness was needed at the country and global levels, as well as variola virus research and further control of other orthopoxviruses, in particular monkeypox. Her Government continued to support the conclusions of the report of the Independent Advisory Group on Public Health Implications of Synthetic Biology Technology Related to Smallpox, in particular its reference to the risk of smallpox re-emergence given the potential for recreation of the variola virus, as demonstrated by the recent de novo synthesis of the infectious horsepox virus. Her Government also supported the continuation of research on diagnostics and medical countermeasures to variola virus, particularly in the light of the risk of re-emergence. She urged the Secretariat to promptly approve the research projects recommended by the WHO Advisory Committee on Variola Virus Research. The countermeasures and research goals agreed at the Fifty-fifth World Health Assembly had not yet been realized. Further, the development of effective smallpox antivirals must continue before the destruction of variola virus stocks could be considered. Lastly, the Advisory Committee's work should continue and the Secretariat should publish the reports of its inspections of the two authorized variola virus repositories as soon as possible.

The representative of the REPUBLIC OF KOREA commended the work undertaken by the Secretariat and the WHO Advisory Committee on Variola Virus Research. Given the increase in possible threats from the recreation of smallpox through synthetic biology, diagnosis and treatment capacities for smallpox outbreaks should be strengthened at the national and global levels. Maintaining response capacities for threats posed by other communicable diseases in order to ensure global preparedness against variola virus should also be considered. Her Government supported the Advisory Committee's recommendation that live variola virus should be used in research. Advances in synthetic biotechnology and the potential recreation or re-emergence of variola virus underscored the need for revised regulations on laboratory biosafety in variola virus research.

The representative of THAILAND highlighted the availability of new tools for treatment and prevention of smallpox and the extensive research conducted since its eradication. Live variola virus stocks should be destroyed as soon as possible since the global health risks posed by their retention outweighed the benefits; further research should determine the timeline for their destruction.

The DIRECTOR (Infectious Hazard Management), thanking participants for their comments, said that the Secretariat would continue to convene the WHO Advisory Committee on Variola Virus Research to oversee progress on research for public health measures and to regularly inspect the two authorized repositories of live variola virus stocks in order to ensure the highest standards of biosafety and biosecurity. The Secretariat would soon publish its inspection reports on the WHO website and would continue to support Member States to increase their preparedness and build capacities to detect and rapidly respond to re-emerging or emerging infectious threats. The forthcoming Advisory Committee report would provide more details for discussion at the Seventy-second World Health Assembly.

The Committee noted the reports.

3. OTHER TECHNICAL MATTERS: Item 12 of the agenda (continued)

Eradication of poliomyelitis: Item 12.9 of the agenda (documents A71/26, A71/26 Add. 1, A71/26 Add. 2) (continued from the fifth meeting, section 1)

The CHAIRMAN invited the Committee to consider the amendments proposed by the European Union and the Russian Federation to the revised draft resolution, which would read:

The Seventy-first World Health Assembly,

PP1. Having considered the report on eradication of poliomyelitis;¹

PP2. Recalling resolution WHA65.5 (2012) on poliomyelitis: intensification of the global eradication initiative and WHA68.3 (2015) on poliomyelitis, and in which the Health Assembly urged all Member States inter alia to implement appropriate containment of all polioviruses starting with the serotype 2;

PP3. Noting the eradication of wild poliovirus type 2 globally, declared by the Global Commission for the Certification of the eradication of poliomyelitis in September 2015;

PP4. Acknowledging the continued progress in eradicating poliovirus types 1 and 3;

PP5. Recognizing the successful globally synchronized switch in April 2016 from the use of trivalent to bivalent oral polio vaccine, active only against poliovirus types 1 and 3;

PP6. Noting the development of the Polio Eradication and Endgame Strategic Plan 2013–2018, including objective 3 – containment and certification, considered by the Sixty-sixth World Health Assembly;²

PP7. Commending the work of WHO and the Global Commission for the Certification of the eradication of poliomyelitis in promoting the containment of all polioviruses, starting with type 2, the first serotype being eradicated;

PP8. Noting with alarm delays in implementation and certification of poliovirus containment for type 2 polioviruses planned for 2016, as well as the accidental release of wild poliovirus type 2 from a vaccine-production facility in 2017;

PP9. Underscoring the urgent need to accelerate globally activities to implement and certify containment of polioviruses;

PP10. Underlining that successful containment of all polioviruses will ensure the long-term sustainability of the eradication of poliomyelitis,

OP1. URGES all Member States:³ [EU]

(1) to fully implement all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018;

(2) to intensify efforts to accelerate the progress of poliovirus containment certification as outlined in **national requirements as well as in [Russian Federation] bio-risk management international standards and requirements as well as 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)⁴ ~~or its most recent adjustments as endorsed by the Containment Advisory Group;~~⁵ **[Russian Federation]**

¹ Document A71/26.

² Document WHA66/2013/REC/3, summary records of the ninth meeting of Committee A, section 1.

³ **And Regional Economic Integration Organisations, where applicable**

⁴ Available at http://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf (accessed 1 March 2018).

⁵ ~~Containment Advisory Group, see <http://polioeradication.org/tools-and-library/policy-reports/advisory-reports/containment-advisory-group/> (accessed 1 March 2018).~~

- (3) to complete inventories for type 2 polioviruses, destroy unneeded type 2 materials and to begin inventories and destruction of unneeded type 1 and 3 materials in accordance with the latest available published **WHO [EU]** guidance;
- (4) to ensure that any confirmed event associated with a breach in poliovirus containment is immediately reported to the National IHR Focal Point;

OP2. URGES all Member States retaining polioviruses:

- (1) to reduce to ~~a an absolute~~ **[Russian Federation]** minimum the number of facilities designated for the retention of polioviruses, prioritizing facilities performing critical national or international functions;
- (2) to appoint ~~as soon as possible and no later than the end of 2018~~ **[Russian Federation]** a competent National Authority for Containment¹ ~~as soon as possible and no later than by the end of 2018 and to~~ **that will [Russian Federation]** process containment certification applications submitted by the facilities designated to store and/or handle poliovirus post-eradication ~~as soon as possible and no later than by the end of 2018, and to communicate its the contact details of the National Authority to WHO by 31 March 2019 [EU];~~
- (3) to make available ~~for to~~ **[EU]** the National Authority for Containment all necessary resources, including technical, personnel and financial, required for the full and successful certification of implementation of appropriate poliovirus containment measures;
- (4) to request facilities designated to retain poliovirus type 2 to **formally engage in the Containment Certification Scheme² by submitting to their National Authorities for Containment their applications for participation that is the first step of the global certification process [Russian Federation]** as soon as possible and no later than ~~30 June~~ **31 December [EU] 2019;**²
- (5) to initiate steps for the containment for type 1 and 3 materials so that, by the time of global certification of eradication, all facilities retaining poliovirus meet containment requirements;
- (6) to prepare a national response ~~protocol~~ **framework [Russian Federation]** for use in the event of a breach of poliovirus containment and risk of community exposure and to conduct a polio-outbreak simulation exercise that covers the risk of poliovirus release from a facility;

OP3. REQUESTS the Director-General:

- (1) to provide technical support to Member States in their efforts to implement poliovirus containment safeguards and certify that facilities retaining poliovirus meet ~~bio-risk management international standards and~~ **[Russian Federation]** requirements outlined 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) ~~or its most recent adjustments as endorsed by the Containment Advisory Group [Russian Federation];~~
- (2) to facilitate the harmonization of certification mechanisms for the long-term sustainability of the implementation of poliovirus containment in the post-eradication era;

¹ As recommended at the Special Meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis on Poliovirus Containment (Geneva, 23–25 October 2017); the meeting report is available at <http://polioeradication.org/wp-content/uploads/2018/01/polio-global-certification-commission-report-2017-10-final-en.pdf> (accessed 1 March 2018).

² Available at <http://polioeradication.org/polio-today/preparing-for-a-polio-free/world/containment/containment-resources/>

- (3) to update all WHO's recommendations and guidance on poliovirus containment, as and when needed;
- (4) to report regularly to the Executive Board and the Health Assembly on progress and status of global poliovirus containment, **aligned with other polio reporting requirements** [EU].

The representative of the UNITED STATES OF AMERICA requested the suspension of the meeting to allow for informal consultations among Member States and enable them to determine their position on the proposed amendments to the revised draft resolution.

The CHAIRMAN said that the meeting would be suspended to allow Member States to prepare their position on the proposed amendments to the revised draft resolution.

The meeting was suspended at 09:35 and resumed at 10:00.

The representative of the RUSSIAN FEDERATION said that, as a result of the informal consultations among Member States, paragraph 1(2) of the revised draft resolution would be amended to read as follows:

“to intensify efforts to accelerate the progress of poliovirus containment certification as outlined 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),^{2,3} as well as in any national requirements;

²Available at http://polioeradication.org/wp-content/uploads/2016/12/GAPIII_2014.pdf (accessed 1 March 2018).

³Containment Advisory Group, see <http://polioeradication.org/tools-and-library/policy-reports/advisory-reports/containment-advisory-group/> (accessed 1 March 2018).”

The representative of the UNITED STATES OF AMERICA supported the amendments proposed by the Russian Federation and requested the Secretariat to confirm that the reference to GAPIII in the proposed amendments to the revised draft resolution also referred to any subsequent adjustments made by the Containment Advisory Group. In addition, he proposed that the word “wild” should be added before the word “type” in paragraph 2(5), given that oral polio vaccine would still be in use at the time of certification.

The representative of BRAZIL supported the amendments proposed by the Russian Federation and the United States of America.

The ASSISTANT DIRECTOR-GENERAL (Special Initiatives), responding to the query raised by the representative of the United States of America, confirmed that the reference to GAPIII in the proposed amendments to the revised draft resolution also referred to any subsequent adjustments made by the Containment Advisory Group.

In the absence of any objections, the CHAIRMAN took it that the Committee wished to approve the revised draft resolution, as amended.

The draft resolution, as amended, was approved.¹

The DIRECTOR-GENERAL thanked the Committee for its active participation and Member States for their support, which had resulted in fruitful discussions and tangible outcomes. The Committee had demonstrated that, through collaboration, amicable solutions could always be reached.

¹ Transmitted to the Health Assembly in the Committee's fourth report and adopted as resolution WHA71.16.

Indeed, continued collaborative work would enable the Thirteenth General Programme of Work, 2019–2023 to become a reality.

4. FOURTH REPORT OF COMMITTEE B (document A71/59)

The RAPPORTEUR read out the draft fourth report of Committee B.

The report was adopted.¹

5. CLOSURE OF THE MEETING

After the customary exchange of courtesies, the CHAIRMAN declared the work of Committee B completed.

The meeting rose at 10:10.

¹ See page 312.

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

Report¹

[A71/51 – 23 May 2018]

The Committee on Credentials met on 22 May 2018. Delegates of the following Member States were present: Bahrain; El Salvador; Iceland; Jamaica; Lesotho; Mongolia; Nepal; Niger; Serbia; Turkmenistan.²

The Committee elected the following officers: Mr Sveinn Magnússon (Iceland) – Chairman; and Ms Ragchaa Oyunkhand (Mongolia) – 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 Seventy-first World Health Assembly should recognize their validity.

States whose credentials the Committee considered should be recognized as valid (see the previous paragraph and decision WHA71(6)):

Afghanistan; Albania; Algeria; Andorra; Angola; Antigua and Barbuda; Argentina; 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; Dominican Republic; Ecuador; Egypt; El Salvador; Equatorial Guinea; Eritrea; Estonia; Eswatini; 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

¹ Approved by the Health Assembly at its fifth plenary meeting. Formal credentials of Armenia were examined by the President and accepted by the Health Assembly at its sixth plenary meeting.

² See decision WHA71(1).

Democratic Republic; Latvia; Lebanon; Lesotho; Liberia; Libya; Lithuania; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Marshall Islands; Mauritania; Mauritius; Mexico; Micronesia (Federated States of); Monaco; Mongolia; Montenegro; Morocco; Mozambique; Myanmar; Namibia; Nauru; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Palau; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of Moldova; Romania; Russian Federation; Rwanda; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; 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; 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 COMMITTEE¹

Report²

[A71/54 – 25 May 2018]

Election of Members entitled to designate a person to serve on the Executive Board

At its meeting on 23 May 2018, the General Committee, in accordance with Rule 100 of the Rules of Procedure of the World Health Assembly, drew up the following list of 12 Members, in the English alphabetical order, to be transmitted to the Health Assembly for the purpose of the election of 12 Members to be entitled to designate a person to serve on the Executive Board: Australia, Chile, China, Djibouti, Finland, Gabon, Germany, Indonesia, Israel, Romania, Sudan, United States of America.

In the General Committee's opinion these 12 Members would provide, if elected,³ a balanced distribution of the Board as a whole.

COMMITTEE A

First report²

[A71/52 – 25 May 2018]

Committee A held its first meeting on 21 May 2018 under the chairmanship of Mr Arun Singhal (India).

¹ See decision WHA71(4) for the establishment of the Committee.

² Approved by the Health Assembly at its sixth plenary meeting.

³ The Health Assembly considered the list at its sixth plenary meeting and elected the 12 Members (see decision WHA71(7)).

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduiño (Ecuador) Vice-Chairmen, and Dr Alain Etoundi Mballa (Cameroon) Rapporteur.

Committee A held its second and third meetings on 22 May 2018 and its fourth, fifth and sixth meetings on 23 May 2018 under the chairmanship of Mr Arun Singhal (India), Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduiño (Ecuador).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of one resolution and two decisions relating to the following agenda items:

- 11. Strategic priority matters
 - 11.1 Draft thirteenth general programme of work, 2019–2023
Thirteenth General Programme of Work, 2019–2023 [WHA71.1]
 - 11.5 Addressing the global shortage of, and access to, medicines and vaccines [WHA71(8)]
 - 11.6 Global strategy and plan of action on public health, innovation and intellectual property
Global strategy and plan of action on public health, innovation and intellectual property: overall programme review [WHA71(9)].

Second report¹

[A71/56 – 25 May 2018]

Committee A held its seventh, eighth and ninth meetings on 24 May 2018 under the chairmanship of Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduiño (Ecuador).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of five resolutions relating to the following agenda items:

- 11. Strategic priority matters
 - 11.7 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 [WHA71.2]
 - 11.8 Preparation for a high-level meeting of the General Assembly on ending tuberculosis [WHA71.3]
 - 11.2 Public health preparedness and response
Cholera prevention and control [WHA71.4]
- 12. Other technical matters
 - 12.1 Global snakebite burden
Addressing the burden of snakebite envenoming [WHA71.5]
 - 12.2 Physical activity for health
WHO global action plan on physical activity 2018–2030 [WHA71.6].

¹ Approved by the Health Assembly at its seventh plenary meeting.

Third report¹

[A71/57 – 26 May 2018]

Committee A held its tenth and eleventh meetings on 25 May 2018 under the chairmanship of Mr Arun Singhal (India), Dr Søren Brostrøm (Denmark) and Mrs Mónica Martínez Menduiño (Ecuador).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of two resolutions and one decision relating to the following agenda items:

- 12. Other technical matters
 - 12.4 mHealth
 - Digital health [WHA71.7]
 - 12.5 Improving access to assistive technology [WHA71.8]
- 11. Strategic priority matters
 - 11.2 Public health preparedness and response
 - Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023 [WHA71(15)].

Fourth report¹

[A71/60 – 26 May 2018]

Committee A held its twelfth meeting on 26 May 2018 under the chairmanship of Mr Arun Singhal (India).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of one resolution relating to the following agenda item:

- 12. Other technical matters
 - 12.6 Maternal, infant and young child nutrition
 - Infant and young child feeding [WHA71.9].

COMMITTEE B**First report²**

[A71/53 – 24 May 2018]

Committee B held its first meeting on 23 May 2018 under the chairmanship of Dr Firozuddin Feroz (Afghanistan).

¹ Approved by the Health Assembly at its seventh plenary meeting.

² Approved by the Health Assembly at its sixth plenary meeting.

In accordance with Rule 34 of the Rules of Procedure of the World Health Assembly, the Committee elected Dr Stewart Jessamine (New Zealand) and Professor Nicolas Méda (Burkina Faso) Vice-Chairmen, and Dr José Eliseo Orellana (El Salvador) Rapporteur.

It was decided to recommend to the Seventy-first World Health Assembly the adoption of one decision relating to the following agenda item:

14. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan [WHA71(10)].

Second report¹

[A71/55 – 25 May 2018]

Committee B held its second and third meetings on 24 May 2018 under the chairmanship of Dr Stewart Jessamine (New Zealand).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of three decisions and four resolutions relating to the following agenda items:

15. Programme budget and financial matters
 - 15.1 WHO programmatic and financial reports for 2016–2017, including audited financial statements for 2017 [WHA71(12)]
 - 15.3 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 [WHA71.10]
16. Audit and oversight matters
 - 16.1 Report of the External Auditor [WHA71(13)]
17. Staffing matters
 - 17.1 Human resources: annual report
 - Reform of the global internship programme [WHA71.13]
 - 17.3 Amendments to the Staff Regulations and Staff Rules
 - Deputy Directors-General [WHA71.11]
 - Salaries of staff in ungraded positions and of the Director-General [WHA71.12]
 - 17.4 Appointment of representatives to the WHO Staff Pension Committee [WHA71(14)].

Third report¹

[A71/58 – 30 May 2018]

Committee B held its fourth and fifth meetings on 25 May 2018 under the chairmanship of Dr Firozuddin Feroz (Afghanistan) and Dr Stewart Jessamine (New Zealand).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of one decision and two resolutions relating to the following agenda items:

¹ Approved by the Health Assembly at its seventh plenary meeting.

- 12. Other technical matters
 - 12.7 Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits [WHA71(11)]
 - 12.8 Rheumatic fever and rheumatic heart disease [WHA71.14]
 - 12.10 Multilingualism: implementation of action plan
 - Multilingualism: respect for equality among the official languages [WHA71.15].

Fourth report¹

[A71/59 – 26 May 2018]

Committee B held its sixth meeting on 26 May 2018 under the chairmanship of Dr Stewart Jessamine (New Zealand).

It was decided to recommend to the Seventy-first World Health Assembly the adoption of one resolution relating to the following agenda item:

- 12. Other technical matters
 - 12.9 Eradication of poliomyelitis
 - Poliomyelitis – containment of polioviruses [WHA71.16]

¹ Approved by the Health Assembly at its seventh plenary meeting.