

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

**WHO headquarters, Geneva
Wednesday, 11 November 2020, scheduled at 14:00**

Chair: Dr B.-I. LARSEN (Norway)

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COMMITTEE A
FIFTH MEETING

Wednesday, 11 November 2020, at 14:05

Chair: Dr B.-I. LARSEN (Norway)

PILLAR 1: ONE BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

REVIEW OF AND UPDATE ON MATTERS CONSIDERED BY THE EXECUTIVE BOARD:
Item 11 of the agenda (continued)

Primary health care: Item 11.1 of the agenda (document A73/4) (continued)

Follow-up to the high-level meetings of the United Nations General Assembly on health-related issues: Item 11.2 of the agenda (continued)

- **Universal health coverage: moving together to build a healthier world** (document A73/4) (continued)
- **Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases** (document A73/5) (continued)

Global vaccine action plan: Item 11.3 of the agenda (documents A73/4, A73/6 and A73/7) (continued)

Accelerating the elimination of cervical cancer as a global public health problem: Item 11.4 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R6) (continued)

Ending tuberculosis: Item 11.5 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R7) (continued)

Epilepsy: Item 11.6 of the agenda (document A73/5) (continued)

Integrated, people-centred eye care, including preventable blindness and impaired vision: Item 11.7 of the agenda (documents A73/4 and EB146/2020/REC/1, resolution EB146.R8) (continued)

Neglected tropical diseases: Item 11.8 of the agenda (document A73/8) (continued)

Global strategy and plan of action on public health, innovation and intellectual property: Item 11.9 of the agenda (documents A73/4 and EB146/2020/REC/1, decision EB146(10)) (continued)

The representative of GERMANY, speaking on behalf of the European Union and its Member States, said that the candidate countries North Macedonia, Montenegro, Albania, the country of the stabilization and association process and potential candidate Bosnia and Herzegovina, as well as Ukraine aligned themselves with her statement. The Member States of the European Union had not received an invitation to the web-based consultation on the draft operational framework for primary health care that

had taken place in April 2020, and consequently had been unable to provide any input on the framework. It was important for the Secretariat to follow the decisions of the Executive Board in that regard, and she looked forward to participating constructively in further consultations on the draft operational framework after the Seventy-third World Health Assembly.

She expressed concern that the Immunization Agenda 2030 contained only one reference to coronavirus disease (COVID-19), despite the fact that the world would be dealing with the pandemic for many years to come. The impact of the COVID-19 pandemic on immunization and the need to ensure fair, equitable and affordable access to COVID-19 vaccines should be addressed in complementary regional and national strategies, the Agenda's ownership and accountability mechanism and its monitoring and evaluation framework. The Secretariat should provide information on how extensive immunization against COVID-19 would be operationalized within the framework of the Immunization Agenda 2030.

Regarding neglected tropical diseases, it was crucial to address surveillance issues and support prevention, diagnosis and treatment in order to achieve the health-related Sustainable Development Goals and universal health coverage. Efforts should be made to build a strong monitoring framework to evaluate progress in implementing the draft road map for neglected tropical diseases 2021–2030. WHO should work on removing barriers to treatment and care for at-risk population groups, in keeping with the road map.

The representative of JAMAICA said that, in accordance with WHO's global commitments on the prevention and control of noncommunicable diseases, further action was needed to: increase the engagement of the private sector in reducing such diseases, with regular updates on the matter provided by the Secretariat; scale up work by the Secretariat to support countries in implementing actions to reduce the harmful use of alcohol, improve diets and increase physical activity; and improve access to affordable medicines and technology for noncommunicable diseases, bearing in mind the severe disruptions to supply lines and access to health services and medicines caused by the COVID-19 pandemic. His Government looked forward to the reconvening of the workshop scheduled to take place with private sector entities and other stakeholders on increasing access to insulin and related delivery and monitoring medical devices.

He expressed support for the draft resolution on global actions on epilepsy and other neurological disorders and called for the full implementation of resolution WHA73.4 on integrated, people-centred eye care. He appreciated the continued support and guidance of WHO and PAHO in ensuring the continuity of health care and access to medicines.

The representative of CHINA said that, since primary health care was essential to achieving universal health coverage, all Member States should adopt prevention-oriented health policies based on primary health care and continue to strengthen their primary health care services. Concerning the report on the follow-up to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, he welcomed the focus on promoting physical and mental health, early detection of risk factors and private sector engagement, and on reducing air pollution and the harmful use of alcohol.

He called on Member States to implement specific measures to prevent and control epilepsy and other neurological disorders in order to reduce their economic and medical burden. With regard to neglected tropical diseases, WHO should continue to improve the related monitoring framework in order to gain further insight into the dynamics and characteristics of epidemics and the impact of prevention and control measures. It was important to strengthen the technical support provided to countries where neglected tropical diseases were not endemic in order to enable those countries to diagnose, treat and prevent the transmission of imported cases.

The representative of THAILAND said that universal health coverage was crucial for ensuring health security in the context of the COVID-19 pandemic, as was maintaining essential health services.

Member States should ensure sufficient resources and an adequate level of health literacy among their populations and adopt a multisectoral, Health in All Policies approach. A whole-of-society response was required to address the COVID-19 crisis.

The representative of SWITZERLAND welcomed the adoption of the Immunization Agenda 2030 and reiterated her Government's commitment to the COVID-19 Vaccine Global Access (COVAX) Facility. Despite the major progress made in addressing neglected tropical diseases, coordinated action remained fundamental and available resources needed to be used effectively.

Turning to the global strategy and plan of action on public health, innovation and intellectual property and the proposal to temporarily waive certain obligations under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) in the light of the COVID-19 pandemic, she said that technical issues concerning intellectual property protection should be discussed within WTO and WIPO, as they were the competent organizations. A waiver would undermine the efforts currently being made by all stakeholders at the global level to address the pandemic. Consultations on the implementation of the global strategy and plan of action should focus on action to prevent shortages of medical products and on pricing transparency.

The representative of SINGAPORE, welcoming the draft operational framework for primary health care, said that empowering individuals to take charge of their own health was key to ensuring a sustainable health care system. Primary health care played an important role in patient counselling and education, which could be improved through innovation in digital technologies. His Government looked forward to learning how other Member States would tailor implementation of the operational framework to their country-specific needs.

The representative of NORWAY said that Member States had high expectations of WHO but were not collectively willing to ensure that the Organization had the flexible funding needed to meet those expectations. He reiterated that the COVID-19 crisis should be viewed as a game changer in that regard. Efforts should be redoubled to achieve universal health coverage; the draft operational framework for primary health care would serve as a valuable tool to that end. Concerning the follow-up to the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, he said that future reports should provide a deeper analysis of whether engagement with the private sector had been effective in achieving public health goals, which should be the sole focus of any collaboration with the private sector. He encouraged other Member States to join his Government in increasing their support and funding to prevent and control noncommunicable diseases in low-income countries.

The representative of GHANA, expressing support for the draft operational framework for primary health care, said that WHO should help countries to review their existing health financing strategies to ensure that they provided sustainable funding for primary health care services. His Government strongly endorsed the Immunization Agenda 2030, the Access to COVID-19 Tools (ACT) Accelerator, and the COVAX Facility. However, Member States and international financial institutions needed to address the ACT-Accelerator's immediate funding shortfall of US\$ 35 billion to ensure that it could fast-track the development, procurement and distribution of vaccines, treatments and tests in the following year. He welcomed the adoption of the decisions on the Decade of Healthy Ageing 2020–2030 and the resolution on the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030.

The representative of BELGIUM said that, in the light of the COVID-19 pandemic, Member States should continue to ensure universal access to health care services, as well as equitable access to affordable medicines. Countries with well-developed health systems needed to go beyond acute health care and keep investing in public health. WHO should continue to guide all Member States to that end,

regardless of whether they were low-, middle- or high-income countries. It was important for COVID-19 vaccines to undergo thorough and rigorous assessment and to comply with regulatory procedures so as not to undermine the public's trust in immunization. In terms of ensuring equitable global access to such vaccines, it would be useful to know whether the voluntary pooling of intellectual property through the COVID-19 Technology Access Pool had been effective thus far, and how WHO viewed the overall relationship between intellectual property and the development of COVID-19 vaccines.

The representative of PORTUGAL welcomed the report on universal health coverage but expressed concern about the steady increase in out-of-pocket spending and the unequal health challenges affecting the most vulnerable groups. Progress towards universal health coverage was also being put at risk by the COVID-19 pandemic. As such, when developing and delivering COVID-19 vaccines, it was vital to adopt collaborative and cooperative strategies, address cost-related issues and ensure equitable access within and among Member States. In addition, the Secretariat should increase efforts to mobilize resources and ensure their efficient and equitable allocation to essential public health programmes. Universal health coverage could be achieved only by adopting an integrated, whole-of-government approach, supporting communities, improving education and broadening social services.

The representative of HAITI said that, in response to the difficulties arising from the COVID-19 crisis, increased commitment and solidarity at the international level were necessary to ensure that treatments and vaccines were accessible to all. The international community urgently needed to mobilize adequate resources to meet the goal of one billion more people benefiting from universal health coverage. Universal health coverage and health security were closely linked, and it was essential for all countries to be able to make contributions in that regard, including Taiwan.¹

The representative of the PHILIPPINES said that her Government looked forward to working with WHO at the country and regional levels to flesh out the draft operational framework for primary health care, with a view to: developing a health sector expenditure framework that included primary health care; shifting the paradigm towards recruiting and training health care professionals for primary health care; standardizing the competencies of the primary health care workforce with relevant assessment tools and a certification framework; engaging private practitioners on primary care and gatekeeping; conducting field research on applicable models; and taking the cultural and traditional practices of indigenous peoples into account when setting up primary care facilities. Her Government also looked forward to participating in inclusive consultations on the development of context-specific supplementary tools for monitoring and evaluating primary health care at the national level.

The representative of JAPAN encouraged the Secretariat to actively support Member States in implementing universal health coverage policies by promoting a whole-of-government and whole-of-society approach. The Organization should help Member States to monitor their progress towards universal health coverage and involve finance sectors in efforts to build financial management capacities. It was important for the Secretariat to provide Member States with technical and strategic support in order to achieve the targets of the End TB Strategy. Turning to the global strategy and plan of action on public health, innovation and intellectual property, she said that intellectual property played a central role in incentivizing researchers and was therefore essential to boosting innovation. She reiterated her Government's commitment to ensuring equitable and timely access to affordable diagnostics, therapeutics and vaccines and to contributing to the Gavi COVAX Advance Market Commitment.

¹ World Health Organization terminology refers to "Taiwan, China".

The representative of CANADA said that resilient primary health care systems were paramount to attaining universal health coverage, and to responding to and ensuring a sustainable recovery from the COVID-19 pandemic. An integrated, comprehensive and gender responsive approach to primary health care that focused on health promotion and disease prevention, health equity and the social, economic and environmental determinants of health, was essential. Underscoring the importance of the Immunization Agenda 2030, he said that maintaining routine vaccinations during the pandemic was crucial. International collaboration was required to identify and overcome obstacles to vaccination and reach zero-dose and under-vaccinated populations. It was more important than ever to ensure that communities continued to trust in vaccines. Noting the draft resolution on global actions on epilepsy and other neurological disorders, he said he looked forward to the development of a multisectoral global action plan in that regard. His Government welcomed the adoption of the global strategy to accelerate the elimination of cervical cancer as a public health problem and supported its emphasis on better understanding of the barriers that prevented access to health services. He emphasized that the full inclusion of sexual and reproductive health and rights was a fundamental tenet for the elimination of cervical cancer.

The representative of KENYA said that he welcomed the draft road map for neglected tropical diseases 2021–2030, as the surveillance of neglected tropical diseases such as dengue, chikungunya and snake bite envenoming remained a significant challenge in his country due in part to a lack of resources. He endorsed the adoption of the draft resolutions on meningitis prevention and control, and on global actions on epilepsy and other neurological disorders, and urged the swift adoption of the draft operational framework for primary health care.

The representative of the UNITED STATES OF AMERICA said that the draft operational framework for primary health care could be improved through further dialogue with Member States. Regarding the prevention and control of noncommunicable diseases, additional action should be taken by the Secretariat and Member States to include a more diverse set of stakeholders in the achievement of public health goals. The Secretariat should continue to act on the recommendations of the final report of the WHO Independent High-level Commission on Noncommunicable Diseases to reinvigorate strategies for the prevention and control of noncommunicable diseases. Concerning the global strategy and plan of action on public health, innovation and intellectual property, he said that regulatory strengthening and the building of research capacities should be high priorities for WHO. Expressing support for the statement made by the representative of Switzerland concerning the proposed temporary waiver of certain TRIPS Agreement obligations, he said that while the trilateral work undertaken by WIPO, WHO and WTO was welcome, it was not appropriate for one of those organizations to weigh in on deliberations being conducted within one of the other two organizations. He looked forward to advancing the Immunization Agenda 2030 and working with partners to strengthen immunization programmes. He wished to be added to the lists of sponsors of the draft resolution on global actions on epilepsy and other neurological disorders and the draft decision on the road map for neglected tropical diseases 2021–2030.

The representative of INDIA outlined the multiple actions being taken in his country to strengthen primary health care. He called on WHO to establish a working group that would regularly update the draft operational framework for primary health care and adapt it to country-specific contexts.

The representative of URUGUAY said that, with regard to noncommunicable diseases, WHO and other United Nations agencies should develop coordination mechanisms with a view to more actively establishing guidelines and providing country-level technical support so that Member States could identify financing mechanisms and implement the measures set out in the global action plan for the prevention and control of noncommunicable diseases 2013–2020. The Organization must provide

guidelines on how to conduct sustainable and cost-effective risk factor surveys. Furthermore, all Member States should step up their efforts to reduce the morbidity and mortality burden of noncommunicable diseases through the investments and cost-effective interventions specified in Appendix 3 of the global action plan. While WHO's efforts to establish more transparent mechanisms for private sector engagement were welcome, clearer guidelines should be developed for the identification and management of conflicts of interest with the alcohol and food industries. She welcomed the global strategy to accelerate the elimination of cervical cancer as a public health problem.

The representative of ICELAND said that urgent action was needed on epilepsy and other neurological disorders, given the increased risk of hospitalization and mortality for COVID-19 patients with underlying neurological conditions and the fragmented nature of research. She highlighted the use of artificial intelligence as a way of consolidating research and identifying new treatment options with the potential to cure neurological disorders. Greater emphasis should be placed on the prevention and development of cures, in addition to the treatment of such disorders. Member States should increase their financial support for the promotion of optimal brain development and cognitive health and well-being for all. She looked forward to working with stakeholders to develop a ten-year intersectoral global action plan on epilepsy and other neurological disorders and welcomed the recognition of spinal cord injuries and the broad nature of neurological disorders in the related draft resolution.

The representative of FIJI, underscoring the need to ensure inclusiveness in efforts to achieve universal health coverage, said that WHO and its development partners should focus on ensuring timely implementation of the draft operational framework for primary health care. While the world was in the midst of the COVID-19 pandemic, small island economies continued to be affected by climate change, natural disasters and other health-related emergencies, which made it more difficult for them to address primary health care issues. Such economies required special attention and specific approaches to remedy capacity constraints and enable them to achieve universal health coverage. Measures should be taken to address gaps in efforts to address the issues of cervical cancer, tuberculosis and other health-related concerns. Equal attention should be devoted to countries that were disproportionately affected by such conditions, particularly small island economies.

The representative of ETHIOPIA, welcoming the adoption of the Immunization Agenda 2030, said that although substantial progress had been made, many of the targets of the global vaccine action plan were unlikely to be met in the African Region by the end of 2020, due to political instability, displacement and urbanization. As the Region would be hit hard by the medium- and long-term social and economic impacts of the COVID-19 pandemic, it needed more support and solidarity than ever before, including by ensuring equitable access to COVID-19 vaccines.

The representative of SAUDI ARABIA, expressing support for the Immunization Agenda 2030, said that action was needed to address certain disease outbreaks that had been exacerbated by religious pilgrimages in his country. He welcomed efforts to defeat meningitis by 2030.

The representative of ZIMBABWE said that primary health care should be prioritized in health financing strategies, including through public funds, and that the draft operational framework for primary health care should be implemented in a timely manner, particularly in the light of the COVID-19 pandemic. Regarding noncommunicable diseases, private sector engagement should focus on sharing information and views and not on formulating advice and guidelines, in line with the Framework of Engagement with Non-State Actors. It was essential to integrate neglected tropical diseases into primary health care services, and he welcomed the draft road map for neglected tropical diseases 2021–2030.

The representative of INDONESIA said that universal health coverage was crucial to promoting healthy lifestyles as part of the broader effort to lessen the burden of noncommunicable diseases on national health financing mechanisms. The draft operational framework for primary health care should truly transform the commitments contained in the Declaration of Astana on primary health care and the United Nations political declaration of the high-level meeting on universal health coverage into improved access to and quality of health services. Her Government was committed to working with other Member States to implement the resolution on integrated, people-centred eye care.

The representative of BANGLADESH called on WHO to finalize the draft operational framework for primary health care, which should include palliative care. The Organization should support Member States in attaining the global targets and goals concerning noncommunicable diseases and address the gaps in access to affordable medicines and technologies. WHO should also continue to focus on ensuring cost-effective interventions to promote mental health and well-being. Given the importance of prioritizing immunization, the Immunization Agenda 2030 should effectively complement national immunization programmes. WHO should seek innovative ways to increase partnerships and investments to ensure quality, safe, affordable and effective medicines, vaccines and other technologies to eliminate tuberculosis, cervical cancer and meningitis.

The representative of BRAZIL said that, when it came to ensuring access to medicines, the commitment and spirit of partnership and solidarity demonstrated in the international response to the COVID-19 pandemic should continue beyond the immediate emergency situation. Efforts to implement WHO initiatives and mechanisms concerning access to medicines and transparency should be stepped up. She called on Member States to work together to make the most of the global strategy and plan of action on public health, innovation and intellectual property. The informal consultations requested in decision WHA73(11) should be convened as a matter of urgency.

The representative of SENEGAL, underscoring the importance of the draft operational framework for primary health care, gave an overview of the measures taken in her country with regard to universal health coverage and primary health care. She called on WHO and its international partners to continue to provide support to Member States with regard to the early diagnosis, screening and treatment of noncommunicable diseases. The recommendations contained in the Director-General's consolidated report on the prevention and control of noncommunicable diseases should be implemented within the framework of the Sustainable Development Goals and in line with country-specific needs.

The representative of AZERBAIJAN, outlining the steps taken by his Government to achieve universal health coverage, said that the time had come to increase the focus on addressing the social determinants of health, which were the main cause of health-related inequalities within and between countries.

The representative of BOTSWANA welcomed the draft operational framework for primary health care and underlined the need to step up policy action on and investment in the prevention and treatment of noncommunicable diseases within the framework of universal health coverage. He expressed support for the draft resolution on meningitis prevention and control and the draft road map on neglected tropical diseases.

The representative of ANGOLA said that the COVID-19 pandemic had dampened hopes of accelerating progress towards universal health coverage in the African Region, as investments in infrastructure, human resources, medicines and other supplies were being postponed. Equitable access to an effective COVID-19 vaccine would allow countries in the Region to resume their efforts towards universal health coverage.

The representative of the RUSSIAN FEDERATION, referring to the draft operational framework for primary health care, said that it was essential to create a framework for the monitoring and evaluation of primary health care and adopt a comprehensive multisectoral approach in order to ensure strong, needs-based health care systems. It was not only necessary to guarantee the provision of medical care but also to actively involve citizens and encourage them to care about their health. She supported the draft resolution on global actions on epilepsy and other neurological disorders, the adoption of which would lead to the creation of an intersectoral global action plan.

The representative of the UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND urged the Secretariat to engage with Member States to ensure that the draft operational framework for primary health care and the related monetary framework were completed by early 2021, and requested further details on how the Organization would work with countries to implement the draft operational framework as a matter of urgency. The WHO special programme on primary health care should enhance the work of the Universal Health Coverage Partnership and not undermine it by creating new organizational silos. Additional information on the plans for the programme and how it would facilitate the implementation of the draft operational framework would be welcome. His Government was concerned by the increase in measles globally and was keen to work towards regaining its WHO measles-free status. He encouraged all Member States, fellow donors, civil society, the private sector and academia to assist Gavi, the Vaccine Alliance, in achieving its immunization goals. Turning to the global strategy and plan of action on public health, innovation and intellectual property, he said that the scope of the Global Observatory on Health Research and Development and the Expert Committee on Health Research and Development should be expanded to include data on research on noncommunicable diseases beyond mental health. Regarding intellectual property rights, a temporary waiver of certain TRIPS Agreement obligations was not an effective way to achieve access to COVID-19 vaccines, diagnostics, medicines and other health technologies for all. He looked forward to continuing the discussion in that regard in the appropriate forum, which was the WTO Council for TRIPS.

The representative of SWEDEN, expressing concern about the disruption to essential health services caused by the COVID-19 pandemic, said that her Government looked forward to participating in further consultations on the draft operational framework for primary health care. In addition, it was important to promote equal access to and ensure the continued production of vaccines in order to avoid shortages of human papillomavirus vaccine and other vaccines, and to take into account the increased demand for influenza vaccine. International cooperation was essential in that regard. She welcomed the Immunization Agenda 2030 and reiterated the call to address COVID-19 immunization as part of the Agenda's supplementary strategies.

The representative of ISRAEL said that his Government looked forward to working with the Secretariat to establish feasible 2030 targets on integrated, people-centred care. He encouraged WHO to place greater emphasis on technological innovation in its efforts to support the global research agenda for eye health, as technological developments could have a positive impact on early detection and treatment in remote areas, places with a low doctor-patient ratio, and areas where it was difficult to access affordable diagnosis.

The representative of TURKEY said that universal health coverage needed to include all populations, especially vulnerable groups such as migrants. A number of health workers providing services to migrants and refugees in his country had lost their lives due to the COVID-19 pandemic, which should serve as a reminder of the importance of ensuring support for such workers in the current context. More resources should be allocated to migrant health, both within the Secretariat and for Member States that hosted refugees.

The representative of OMAN outlined the progress made by his Government regarding noncommunicable diseases, vaccination and maternal health. Universal health coverage had been achieved in the country thanks to the technical support provided by WHO.

The representative of SRI LANKA said that changes needed to be made to the health workforce to strengthen primary health care and that monitoring and health system financing were key levers of the draft operational framework for primary health care. Support from the World Bank and the Asian Development Bank to bolster primary health care was greatly appreciated. Welcoming the resolution on integrated, people-centred eye care, he said that challenges remained in monitoring equity in the delivery of eye care services. In addition, for low- and middle-income countries to improve health outcomes and reduce the social impact of epilepsy and other neurological disorders, it would be necessary to develop the primary care competencies of health care providers. He expressed appreciation for the focus on research and innovation to improve treatment outcomes for tuberculosis.

The representative of ZAMBIA said that there had been an increase in cases of and deaths from preventable diseases in his country, mainly due to disruptions in the supply chain as a result of the COVID-19 pandemic. He called on all Member States and other stakeholders to increase investment in health to create resilient, robust and sustainable health systems and accelerate the attainment of universal health coverage.

The representative of MOZAMBIQUE said that the COVID-19 pandemic had highlighted the need to increase investment in the preparedness of countries to respond to epidemics, increase the resilience of health systems, consolidate multisectoral approaches, and encourage community participation and ownership.

The representative of the ISLAMIC REPUBLIC OF IRAN expressed support for the draft operational framework for primary health care, which would need to be translated into local, national and regional action plans. Member States and international partners should invest in strengthening health system capacities with a focus on primary health care, and an integrated approach should be taken to promote public–private partnerships, community empowerment and a Health in All Policies approach. With regard to the prevention and control of noncommunicable diseases, he called on WHO to facilitate experience sharing among Member States and strengthen regional and global collaboration to mitigate the impact of regional or country-specific emergencies on programmes relating to noncommunicable diseases. Action on integrated, people-centred eye care should take account of the risks associated with smoking, diet and ultraviolet exposure, matters relating to childhood blindness, and quality issues regarding medical and surgical procedures.

The representative of SOUTH AFRICA said that access to high-quality, safe, effective and affordable essential medicines, technologies and products was crucial for primary health care and should be prioritized. The global strategy and plan of action on public health, innovation and intellectual property played a key role in that regard. Additional funding was required for capacity-building, regulatory strengthening and technology transfer initiatives, particularly in the African Region. The temporary waiver on certain TRIPS Agreement obligations had been proposed by her Government with a view to finding innovative solutions. She called on Member States and United Nations agencies to ensure that WHO programmes were appropriately funded. She supported the draft operational framework for primary health care.

The representative of JORDAN said that the COVID-19 pandemic had created further challenges for the achievement of universal health coverage and primary health care goals by his Government, and reiterated that national preparedness remained the bedrock of international preparedness.

The representative of AUSTRALIA said that progress towards universal health coverage must be maintained by addressing both COVID-19 and pre-existing priorities. She highlighted that many countries would require external technical and financial support to bring about improvements in primary health care, noting in particular the needs of small island developing States, including Pacific island States. WHO should prioritize the allocation of appropriate and sustainable resources to help vulnerable countries to achieve universal health coverage through strengthening their primary health care systems. Concerning the prevention and control of noncommunicable diseases, she looked forward to further work on accelerating action to reduce the harmful use of alcohol. The draft resolution on global actions on epilepsy and other neurological disorders should tie in with broader efforts to address neurological disorders. She encouraged all Member States to reaffirm their commitment to the Immunization Agenda 2030, and urged WHO to maintain, restore and strengthen immunization services through and beyond the COVID-19 pandemic, with a focus on quality, efficiency and sustainability, and to adopt a coordinated approach that included key partners such as Gavi, the Vaccine Alliance. Her country's strong support for equitable access to safe and effective COVID-19 vaccines was demonstrated through its commitment to the Gavi COVAX Advance Market Commitment. Guidance on how countries could finance immunization-related improvements would be welcome. She expressed support for the call to continue and expand funding for new tuberculosis medicines and tools and their safe and effective delivery.

The representative of BURKINA FASO underscored the urgent need to take concerted and inclusive global action to prevent deaths from meningitis and end the suffering of people living with the after-effects of the disease. She called on Member States to adopt and commit to implementing the draft global road map on defeating meningitis by 2030, with concerted action by all stakeholders at the national, regional and international levels. Many countries faced challenges in attaining targets relating to neglected tropical diseases; coordinated and harmonized cross-border action was required to eradicate such diseases in the long term.

The representative of SLOVAKIA, welcoming the draft road map on neglected tropical diseases, said that the indicators for targets 3.2 and 3.8 of the Sustainable Development Goals could play a key role in monitoring the equity and financing of commitments in that regard. WHO had an important role to play in supporting access to the treatment of neglected tropical diseases for at-risk groups.

The representative of ARGENTINA, while welcoming the Immunization Agenda 2030, expressed concern that immunization rates remained below the levels required to meet the established goals and that the distribution of vaccines throughout the world remained unequal. It was essential to expand immunization coverage, particularly in the context of the COVID-19 pandemic, so as to avoid further outbreaks of preventable diseases. She expressed support for the global strategy and plan of action on public health, innovation and intellectual property, highlighting the need to move ahead with the related consultations.

The representative of BAHRAIN said that coordinated efforts were needed to achieve universal health coverage. She expressed support for the Immunization Agenda 2030 and reiterated the importance of efforts to address neglected tropical diseases, particularly at the community level.

The representative of GABON said that, despite the progress made in her country, many challenges had yet to be overcome to achieve universal health coverage. Further details on the framework for the monitoring and evaluation of primary health care, which was to be prepared as a separate technical document, would be welcome.

The representative of BURUNDI said that, while significant progress had been made in terms of immunization in his country, further efforts were needed to increase immunization coverage and

strengthen surveillance of acute flaccid myelitis and other vaccine-preventable diseases, with a focus on regions that had not yet met immunization targets. WHO should strengthen and promote research activities aimed at finding effective vaccines and medicines for all pathogenic diseases that posed a threat worldwide, and encourage Member States to adopt innovative strategies to ensure that no child was left behind when it came to immunization.

The representative of GEORGIA outlined the progress made by her Government with regard to universal health coverage, primary health care and noncommunicable diseases. The guidance and technical support provided by WHO on related policies was highly appreciated.

(For continuation of the discussion, see the summary record of the sixth meeting.)

The meeting rose at 16:50.

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