

**PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING**

**WHO headquarters, Geneva  
Thursday, 12 November 2020, scheduled at 10:00**

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

**CONTENTS**

	<b>Page</b>
<b>Pillar 1: One billion more people benefiting from universal health coverage</b>	
<b>1. Review of and update on matters considered by the Executive Board (continued)</b>	
<b>Primary health care (continued) .....</b>	<b>2</b>
<b>Follow-up to the high-level meetings of the United Nations General Assembly     on health-related issues (continued)</b>	
• <b>Universal health coverage: moving together to build a healthier world         (continued) .....</b>	<b>2</b>
• <b>Political declaration of the third high-level meeting of the General         Assembly on the prevention and control of non-communicable diseases         (continued) .....</b>	<b>2</b>
<b>Global vaccine action plan (continued) .....</b>	<b>2</b>
<b>Accelerating the elimination of cervical cancer as a global public health     problem (continued) .....</b>	<b>2</b>
<b>Ending tuberculosis (continued) .....</b>	<b>2</b>
<b>Epilepsy (continued) .....</b>	<b>2</b>
<b>Integrated, people-centred eye care, including preventable blindness and     impaired vision (continued) .....</b>	<b>2</b>
<b>Neglected tropical diseases (continued) .....</b>	<b>2</b>
<b>Global strategy and plan of action on public health, innovation and     intellectual property (continued).....</b>	<b>2</b>
<b>2. Second report of Committee A .....</b>	<b>13</b>
<b>3. Closure of the meeting .....</b>	<b>13</b>

**COMMITTEE A**  
**SIXTH MEETING**

**Thursday, 12 November 2020, at 10:00**

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

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

**1. 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 KAZAKHSTAN said that primary health care was key to ensuring the continuous delivery of essential health services. Even in emergencies, governments must strive to ensure that people, including vulnerable groups, had access to basic health services without incurring financial hardship. He supported the adoption of the draft operational framework for primary health care, which governments should support and implement at the country level. Governments interested in jointly

promoting initiatives to strengthen primary health care should join the group of friends of primary health care.

The representative of BRUNEI DARUSSALAM commended WHO for its work on the Immunization Agenda 2030. Welcoming the draft resolution on meningitis prevention and control, he highlighted his Government's commitment to achieving global immunization goals. He fully supported the global strategy to accelerate the elimination of cervical cancer as a public health problem. Outlining steps taken in his country to prevent and control cervical cancer, he welcomed the possibility of collaborating with Member States in his region to make human papillomavirus vaccine more affordable.

The representative of MEXICO supported an integrated approach to addressing epilepsy and other neurological diseases with an emphasis on primary health care. Special attention should be given to the prevention and diagnosis of epilepsy and other neurological disorders and reducing stigmatization. His Government supported the draft resolution on epilepsy and other neurological disorders and would welcome an intersectoral global action plan to enhance international cooperation and ensure follow-up to political commitments related to epilepsy and other neurological disorders. He welcomed the draft road map for neglected tropical diseases 2021–2030 and the related draft decision. To eradicate neglected tropical diseases, it was critical to promote human rights and strengthen efforts to combat climate change.

The representative of SUDAN said that WHO should scale up support for comprehensive health systems strengthening. Recognizing the importance of community engagement in achieving universal health coverage, she called on the Secretariat to support her Government in training community leaders, encouraging multisectoral collaboration, capacity-building and staff retention. Underscoring the increasing prevalence of noncommunicable diseases in her country, she urged the international community to work with her Government in line with its national priorities. She noted the importance of integrating services for neglected tropical diseases into primary health care and the need for multisectoral approaches to preventing, controlling, eliminating and eradicating such diseases. WHO and partners should contribute to the assessment of laboratories and organizational systems in her country in order to develop evidence-based interventions. Her Government supported the establishment of World Neglected Tropical Diseases Day and the draft road map for neglected tropical diseases 2021–2030.

The representative of SAINT KITTS AND NEVIS said that comprehensive, integrated and quality-assured health services were needed to achieve targets for the elimination of communicable diseases. She stressed the importance of a structured approach to identifying, grouping and analysing communicable diseases to determine how they fit into new or existing health service platforms and packages. It was essential to strengthen primary health care and community-based services and approaches that integrated women's health programmes, antenatal care and immunization programmes. Communicable disease interventions should include environmental health measures and strategies for the management and control of airborne, vector-borne and neglected diseases.

The representative of NEW ZEALAND said that sexual and reproductive health and rights were integral to universal health coverage and the achievement of the Sustainable Development Goals. Sexual and reproductive health services were a vital component of essential health care services and critical for the health and well-being of all people, especially women and girls. His Government supported the global strategy to accelerate the elimination of cervical cancer as a public health problem. He welcomed the progress made in tackling noncommunicable diseases, in particular in accelerating action to reduce the harmful use of alcohol. Regarding WHO's engagement with private sector entities for the prevention and control of noncommunicable diseases, future reports should provide a deeper analysis of the effectiveness of engagement. Expressing his support for the Immunization Agenda 2030, he said that

global cooperation through the coronavirus disease (COVID-19) Vaccine Global Access (COVAX) Facility and support for the Gavi COVAX Advance Market Commitment mechanism were critical to ensuring equitable access to safe and effective COVID-19 vaccines. He commended WHO for supporting countries in the Pacific to deliver essential health services while responding to COVID-19.

The representative of the REPUBLIC OF KOREA welcomed the adoption of decisions and resolutions proposed under item 11 of the agenda, noting in particular the adoption of global strategies to address cervical cancer, tuberculosis, and innovation and intellectual property. She commended the Secretariat on its engagement with private sector entities for the prevention and control of noncommunicable diseases. Her Government had taken measures to prevent and control noncommunicable diseases, including large-scale surveys on health behaviours. She looked forward to developing a system for the Secretariat and Member States to share relevant experience and data.

The representative of COLOMBIA highlighted his Government's commitment to achieving universal health coverage and noted the need to guarantee access to high-quality, people-centred care. Although the global vaccine action plan was ambitious, current efforts to improve health indicators related to vaccine-preventable diseases and to contain outbreaks of such diseases were cause for optimism. He expressed support for the draft global road map on defeating meningitis by 2030 and the draft resolution on global actions on epilepsy and other neurological disorders. The draft resolution was an important step towards the development of a strategic framework to reduce gaps in the provision of services, provide more cost-effective treatment, reduce disability and stigmatization, and prevent carers from being overburdened.

The representative of MALAYSIA said that strong political commitment and multisectoral efforts were needed to achieve universal health coverage. She outlined steps taken by her Government to realize universal health coverage and enhance primary health care. The actions proposed under the draft operational framework for primary health care must encompass multisectoral partnerships and be adapted to the needs of countries. While international partners were crucial to accelerating progress in primary health care, efforts should be guided by countries.

The representative of NAURU welcomed the continued focus on primary health care during the COVID-19 pandemic. COVID-19 response efforts must not divert attention from other health priorities, including primary health care. She outlined the actions taken by her Government to strengthen primary health care and COVID-19 preparedness.

The representative of SPAIN said that primary health care was the backbone of health care systems, vital to disease prevention and health promotion and a driver of universal health coverage. It was important to ensure equitable access to primary health care services, which must be swift, efficient and effective in order to improve health outcomes.

The representative of CUBA said that health systems must be strengthened to ensure the provision of integrated, high-quality primary health care services that were affordable and accessible to all. His Government had made important progress in improving its health care system despite the economic, commercial and financial embargo imposed by the United States of America. Reiterating his Government's commitment to strengthening primary health care, he noted that a strong primary health care system was paramount to achieving universal health coverage. His Government stood ready to share its experience and strengthen international cooperation and solidarity, which were needed to safeguard the right to health for all people.

The representative of ECUADOR said that, in order to ensure sustainable and equitable access to health care services, it was important to recognize that resources were finite, particularly where health care services were free of charge, and to bear in mind issues such as population growth and ageing, unhealthy lifestyles, chronic diseases and the judicialization of health care. The COVID-19 pandemic, climate change, migration, financial crises and other challenges were putting pressure on countries' health systems. WHO played an essential role in generating innovative solutions for resource mobilization, providing technical support based on countries' needs and priorities, and developing digital tools for the sharing and harmonization of health data. As part of efforts to promote universal health coverage, WHO should create opportunities for dialogue to facilitate transparent and participative decision-making by all health system stakeholders.

The representative of SAMOA expressed his appreciation of the global vaccine action plan and called for support in building strong pharmaceutical and regulatory systems to ensure the availability of safe and essential medicines and vaccines in his country. Improving access to medicines and vaccines was a multidimensional challenge that required comprehensive national policies and strategies, including a supportive regulatory environment. WHO's support to strengthen procurement and supply chain systems in his country was welcome, and he called on the Secretariat to work with his Government on its application to the COVAX Facility.

The representative of AFGHANISTAN outlined his Government's priorities concerning the response to COVID-19 and strengthening of the health system, including primary health care. He called for support to improve Afghanistan's hospitals. The COVID-19 response required increased international collaboration and strategic partnerships. He supported the draft operational framework for primary health care.

The representative of SAINT VINCENT AND THE GRENADINES said that the COVID-19 pandemic had made universal health coverage more urgent than ever. The United Nations political declaration of the high-level meeting on universal health coverage highlighted the importance of international cooperation and inclusivity in achieving universal health coverage. Emphasizing the need for all countries to participate in the Health Assembly in order to overcome the pandemic and achieve health for all, he said that Taiwan<sup>1</sup> should be allowed to participate meaningfully in the Health Assembly.

The representative of the BOLIVARIAN REPUBLIC OF VENEZUELA said that, in order to build strong primary health care systems, it was essential to protect basic human rights, promote people's health and well-being, prevent health risks and diseases, reduce inequities, encourage social participation and ensure the accessibility of services. Cooperation, solidarity, respect for the integrity, sovereignty and independence of States, and the removal of commercial and financial embargos imposed on States were critical to the sustainability of health systems.

Her Government had committed to global efforts to eradicate poliomyelitis. She expressed gratitude to the Secretariat for working with her Government in responding to the recent measles outbreak in her country and called on the Organization to continue providing financial and technical support for the prevention of vaccine-preventable diseases. She called on WHO to act as a mediator in the lifting of embargos against Cuba, the Islamic Republic Iran, the Syrian Arab Republic and her country, so that those countries could improve the health of their populations and fulfil the Sustainable Development Goals.

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<sup>1</sup> World Health Organization terminology refers to "Taiwan, China".

The representative of the DEMOCRATIC REPUBLIC OF THE CONGO, reaffirming his Government's commitment to the Declaration of Astana and the health-related Sustainable Development Goals, said that universal health coverage was a priority. Support from the Secretariat to develop a national strategic plan and road map for universal health coverage was appreciated.

The representative of NEPAL expressed gratitude to the Secretariat for providing technical support to countries including his. He supported the draft operational framework for primary health care, noting that primary health care and international cooperation were key to realizing universal health coverage, and he welcomed the United Nations political declaration of the high-level meeting on universal health coverage. His Government was committed to reaching the goals of the Immunization Agenda 2030 and supported the COVAX Facility. International solidarity and cooperation were essential to ensure affordable and equitable access to COVID-19 vaccines.

The representative of MADAGASCAR welcomed the report on neglected tropical diseases. He outlined the actions taken by his Government in the prevention and control of neglected tropical diseases, and called on WHO and financial and technical partners to support his Government in efforts to eliminate them, noting that objectives that area were yet to be achieved. Member States should ensure that services for neglected tropical diseases were part of universal health coverage, given the importance of community engagement in disease elimination efforts. He supported the adoption of the draft road map for neglected tropical diseases 2021–2030.

The representative of VANUATU expressed his support for the draft operational framework for primary health care, which was a timely development. Frameworks for universal health coverage were fundamental, particularly for developing countries, to strengthening health systems and the delivery of health services. It was important to align efforts in the area of primary health care with efforts for universal health coverage.

The observer of GAVI, THE VACCINE ALLIANCE, welcomed the Immunization Agenda 2030 and the global strategy to accelerate the elimination of cervical cancer as a public health problem. Member States should: support the COVAX Facility; minimize disruptions to routine immunizations; prioritize, restore and strengthen immunization services with a focus on equity; and promote data-driven and differentiated implementation of the Immunization Agenda 2030 to reach children and missed communities. The COVID-19 pandemic must not hinder global commitments to reduce and eliminate cervical cancer. Member States should prioritize human papillomavirus vaccination and cervical cancer screening with a focus on the most vulnerable populations. The recommendations of the Strategic Advisory Group of Experts on immunization to achieve a more equitable and transparent allocation of human papillomavirus vaccine should be implemented, prioritizing girls and young women in low- and middle-income countries.

The representative of UNFPA welcomed the global strategy to accelerate the elimination of cervical cancer as a public health problem. Work under the United Nations Joint Global Programme on Cervical Cancer Prevention and Control would be restructured to align with the global strategy and ensure that all partner agencies could contribute to implementation, avoid duplication, close gaps and leverage domestic, regional and international resources. She urged WHO, partner agencies and civil society organizations to ensure that girls and boys everywhere had access to human papillomavirus vaccine. Life-saving techniques must be integrated in national primary health care plans, and cervical cancer elimination programmes must enable equitable access to care among girls and women. It was important to work with different stakeholders to expand resources and ensure affordable pricing for the scaling up of vaccines and new technologies.

The representative of the UNITED NATIONS OFFICE FOR PROJECT SERVICES (UNOPS), speaking on behalf of the Scaling Up Nutrition Movement, said that strong primary health care was crucial to ending malnutrition, improving maternal and child health and addressing noncommunicable diseases. Essential interventions on nutrition such as the management of acute malnutrition, breastfeeding and dietary counselling, and the provision of micronutrient supplements must be among the core services delivered through primary health care. She called on the Secretariat and Member States to ensure that nutrition was fully integrated in the draft operational framework for primary health care and in all upcoming plans and policies related to universal health coverage.

The representative of IAEA, noting that many low- and middle-income countries had limited access to nuclear and radiation medicine, said that the global strategy to accelerate the elimination of cervical cancer as a public health problem was a timely initiative. Highlighting her agency's critical role in the scaling up of effective, safe and efficient treatment of cervical cancer, she underscored the need to ensure that efforts on noncommunicable diseases had an impact on vulnerable groups. IAEA was committed to working with WHO and other United Nations entities on cancer control.

The representative of THE WORLD MEDICAL ASSOCIATION, INC., speaking at the invitation of the CHAIR, said that a strong primary health care system supported by a well-educated, equipped workforce was crucial to managing pandemics while ensuring the continuity of immunization programmes and treatment of diseases. A multidisciplinary primary health care workforce was also critical to the sustainable implementation of universal health coverage. A comprehensive approach to primary health care was needed to promote health, prevent diseases and deliver specialized care and rehabilitation services. Governments should ensure decent working conditions to attract and retain health professionals.

The representative of the WORLD FEDERATION OF SOCIETIES OF ANAESTHESIOLOGISTS, speaking at the invitation of the CHAIR, said that anaesthesia and surgical care were essential for a well-functioning health system and universal health coverage. She called on Member States to: increase the capacity of the anaesthesia workforce; adopt the WHO-World Federation of Societies of Anaesthesiologists International Standards for a Safe Practice of Anaesthesia; and develop national surgical, obstetric and anaesthetic care plans with the active participation of anaesthesiologists.

The representative of the INTERNATIONAL SOCIETY OF NEPHROLOGY, speaking at the invitation of the CHAIR, highlighted the disproportionate impact of COVID-19 on people living with noncommunicable diseases such as kidney disease and diabetes. He called on WHO to: recognize multimorbidity and comorbidity as growing public health concerns; consider multimorbidity and comorbidity in the design and implementation of policies for the prevention, early detection and treatment of noncommunicable diseases; and maximize efforts to create and reinforce health systems that delivered affordable, people-centred responses to noncommunicable diseases.

The representative of the GLOBAL HEALTH COUNCIL, INC., speaking at the invitation of the CHAIR, said that Member States should prioritize universal health coverage and primary health care. Investment in implementing the seven strategic priorities of the global vaccine action plan must focus on community health systems, in particular, on supporting community resilience, the sharing of best practices and sustainable financing. She appreciated efforts to place countries at the centre of immunization strategies and called for the establishment of measurable global immunization targets. She urged Member States to adopt the draft global strategy for tuberculosis research and innovation and close the US\$ 1.3 billion annual funding gap for tuberculosis research and development.

The representative of STICHTING HEALTH ACTION INTERNATIONAL, speaking at the invitation of the CHAIR, said that, although he commended efforts regarding the global strategy and plan of action on public health, innovation and intellectual property, implementation was slow. Member States should ensure that adequate funds were available to implement the recommendations from the review of the global strategy and plan of action, to the extent feasible in the short term. Member States should support the COVID-19 Technology Access Pool and other initiatives that maximized the impact of policy interventions on public health through the management of intellectual property.

The representative of the INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS, speaking at the invitation of the CHAIR, commended the Secretariat for providing continuous support to Member States to achieve universal health coverage. Universal health coverage was key to ensuring the right to health and reducing inequalities, especially during health emergencies. WHO should include medical students in all efforts related to universal health coverage.

The representative of MEDICUS MUNDI INTERNATIONAL – NETWORK HEALTH FOR ALL, speaking at the invitation of the CHAIR, said that primary health care was a public good and universal right and should therefore be adequately funded by governments. The draft operational framework for primary health care provided insufficient evidence for the claim that the public delivery of primary health care was outmoded, while calls for strategic purchasing and pay-for-performance ignored evidence that market-based models in health led to failure. The draft operational framework did not recognize the importance of a skilled and motivated primary health care workforce, which could not be built on a profit-driven education system. He urged WHO to base its work on the concept of comprehensive primary health care as defined in the Declaration of Alma Ata.

The representative of the INTERNATIONAL ASSOCIATION FOR HOSPICE AND PALLIATIVE CARE INC., speaking at the invitation of the CHAIR, said that palliative care practitioners could help the Secretariat and Member States to alleviate the significant avoidable burden of serious health-related suffering. Palliative care practitioners could also be helpful in upskilling primary health care workers in end-of-life communication, triage and the use of essential medicines.

The representative of the UNION FOR INTERNATIONAL CANCER CONTROL, speaking at the invitation of the CHAIR, called on governments to: act on the increasing prevalence of noncommunicable diseases and comorbidities with communicable, maternal and childhood illnesses as part of a life course approach; integrate the prevention, screening, diagnosis and treatment of noncommunicable diseases into universal health coverage and primary health care; recognize that the WHO “best buys” for noncommunicable diseases were among the most cost-effective health interventions; integrate interventions for cervical cancer elimination into national primary health care strategies; and build people-centred health systems by involving people living with noncommunicable diseases and civil society in policy- and decision-making.

The representative of the INTERNATIONAL COUNCIL OF NURSES, speaking at the invitation of the CHAIR, stressed the need to ensure the availability of nurses to reduce public health risks in future emergencies. Health workers who provided direct care to patients, in particular health workers engaged in immunization delivery, should be among the first people to receive COVID-19 vaccines. A strong nursing workforce was vital to effectively plan, manage, implement and monitor activities under the Immunization Agenda 2030.

The representative of PUBLIC SERVICES INTERNATIONAL, speaking at the invitation of the CHAIR, said that, although he welcomed the draft operational framework for primary health care, it should include proposals for expanding governments' fiscal space. Global tax reforms, the reversal of austerity measures and promotion of public health financing were needed. The draft operational



framework should assess the implementation of the five-year action plan for health employment and inclusive economic growth (2017–2021) and call on Member States to commit to providing education, employment and decent work to build a strong health workforce.

The representative of MÉDECINS DU MONDE, speaking at the invitation of the CHAIR, stressed the need for a rights-based approach to health, since that approach recognized the political, economic and social determinants of health, fostered community engagement in health and ensured that Governments provided attention and support to all people, without discrimination. Universal health coverage should include the protection of sexual and reproductive health and rights throughout the continuum of care.

The representative of the INTERNATIONAL LEAGUE AGAINST EPILEPSY, speaking at the invitation of the CHAIR and on behalf of the International Bureau for Epilepsy, encouraged support for the draft resolution on epilepsy and other neurological disorders. It was a public health imperative to close gaps in treatment and reduce the excess mortality and morbidity faced by people living with epilepsy. She welcomed the development of an intersectoral global action plan on epilepsy and other neurological disorders, emphasizing that sectors beyond health, in particular the education and employment sectors, played a vital role in addressing stigma and exclusion. Her organization stood ready to work with WHO in developing the intersectoral global action plan, which should be evidence-based and place people living with epilepsy at the centre of efforts.

The representative of KNOWLEDGE ECOLOGY INTERNATIONAL, speaking at the invitation of the CHAIR, said that the funders of COVID-19 research and development, in particular governments and philanthropic foundations, should use their financial leverage to enable the sharing of know-how, rights, data and patents for COVID-19 technologies. All relevant technologies for COVID-19 products should be available either free of charge or under open licence with non-discriminatory, reasonable and affordable royalties.

The representative of the WORLD CONFEDERATION FOR PHYSICAL THERAPY, speaking at the invitation of the CHAIR, said that a strong health workforce was key to attaining universal health coverage. Governments must ensure that health workers had decent working conditions, including manageable workloads, adequate remuneration and psychosocial support and counselling, especially during emergencies. Occupational safety and stress reduction measures were also essential. He encouraged governments to work with health professionals towards achieving universal health coverage.

The representative of THE WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE, speaking at the invitation of the CHAIR, congratulated WHO on the draft operational framework for primary health care. She highlighted the importance of integrating palliative care into primary health care and monitoring progress on access to palliative services. She urged WHO to include an indicator on palliative care in the framework for monitoring and evaluating primary health care.

The representative of the DRUGS FOR NEGLECTED DISEASES INITIATIVE, speaking at the invitation of the CHAIR, welcomed the draft road map for neglected tropical diseases 2021–2030 and urged its adoption. To meet the targets of the draft road map, it would be critical to develop new, context-sensitive tools for diagnosing and treating neglected tropical diseases. To accelerate progress, Member States should: include innovation in national implementation plans; promote collaborative, open and integrated approaches to research and development; invest in national research, surveillance and platforms for the supply of medicines; incorporate new tools into essential care packages; and develop domestic and international financing strategies to ensure access to care.

The representative of the MEDICINES PATENT POOL FOUNDATION, speaking at the invitation of the CHAIR, outlined the action taken by his organization to promote access to medicines for cancer, heart disease, diabetes and tuberculosis, and to COVID-19 health technologies in low- and middle-income countries.

The representative of THE TASK FORCE FOR GLOBAL HEALTH, INC., speaking at the invitation of the CHAIR, acknowledged the leadership of WHO and partners in creating the draft road map for neglected tropical diseases 2021–2030, which provided a strong framework with measurable targets to ensure integrated and strategic partnerships, planning and investment.

The representative of the INTERNATIONAL PHARMACEUTICAL STUDENTS' FEDERATION, speaking at the invitation of the CHAIR, called on Member States to strengthen their immunization programmes, recognizing the role of pharmacists in the administration of vaccines. Practising pharmacists should be adequately trained and certified; further curriculum development was needed to address gaps. Member States should prioritize immunization to alleviate the burden of widespread infectious disease and enhance multisectoral efforts to overcome vaccine hesitancy.

The representative of MOVENDI INTERNATIONAL, speaking at the invitation of the CHAIR, said that Member States needed more support to implement the global strategy to reduce the harmful use of alcohol. WHO should stop engaging in dialogue with alcohol industry actors and provide guidance to Member States on how to prevent conflicts of interest and interference by the alcohol industry in public policy-making. WHO should reconsider the role of alcohol industry actors in the global response to noncommunicable diseases and the harmful use of alcohol.

The representative of the SECRETARIAT OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL highlighted the importance of safeguarding global efforts to tackle noncommunicable diseases, in particular policies for tobacco control, from the economic interests of the tobacco industry and those who worked to further those interests. She called on Parties to the WHO Framework Convention on Tobacco Control to strengthen implementation of the Framework Convention and to consider becoming parties to the Protocol to Eliminate Illicit Trade in Tobacco Products.

The DEPUTY DIRECTOR-GENERAL said that the Secretariat was committed to supporting universal health coverage at all levels of the Organization and strengthening the resilience of health systems, drawing on lessons learned during the COVID-19 pandemic. The Secretariat would invest in common goods for health, including essential public health functions and primary health care. The roll-out of the draft operational framework for primary health care through the special programme on primary health care would be critical in that regard. The Universal Health and Preparedness Review would support joint efforts with Member States to boost disrupted essential services and public health programmes.

Regarding engagement with private sector entities on the prevention and control of noncommunicable diseases, the Secretariat had established a technical advisory group and developed guidance for governments on engaging with private health care providers. The Secretariat had been strengthening its capacities at country offices to maximize Member States' potential to address noncommunicable diseases. Work was under way with respect to: addressing risk factors such as alcohol use, physical inactivity and environment; increasing access to medicines, insulin and medical devices; and placing greater emphasis on mental health.

The Secretariat was committed to supporting Member States in protecting refugee and migrant health; the Director-General had established a new global programme on migration and health to deliver actions in line with the WHO global action plan on promoting the health of refugees and migrants, 2019–2023, and the Global Compact for Safe, Orderly and Regular Migration.

She thanked Member States for supporting the draft operational framework for primary health care and for recognizing primary health care as the cornerstone of universal health coverage. The Secretariat would intensify its work on strengthening primary health care, working closely with Member States and drawing on technical expertise from across the Organization. The Secretariat was committed to holding inclusive consultations with Member States as it updated the draft operational framework.

The Immunization Agenda 2030 could be adapted to new public health challenges such as COVID-19. The Secretariat had started to mobilize resources to support countries in their immunization activities, with special attention paid to measles and poliomyelitis. She appreciated the support of Member States concerning the draft global road map on defeating meningitis by 2030; the Secretariat would work with all stakeholders towards its successful implementation. The Secretariat also looked forward to working with Member States in implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem.

The ASSISTANT DIRECTOR-GENERAL (Universal Health Coverage/Communicable and Noncommunicable Diseases) said that the Secretariat had been working with Member States on the development and roll-out of guidelines on the preventative treatment of tuberculosis, and diagnosis and treatment of multidrug-resistant tuberculosis. The Secretariat would continue to monitor the impact of the COVID-19 pandemic on tuberculosis services and support Member States in maintaining the continuity of such services. Noting the significant gap in the treatment of epilepsy, he said that the Secretariat had established a new unit on brain health. He thanked Member States for their broad support for the draft road map for neglected tropical diseases 2021–2030, which could only be successful with the strong political commitment and leadership of governments and support of partners and communities. The Secretariat would continue to work with Member States in implementing and monitoring interventions on neglected tropical diseases, placing equitable access at the heart of efforts. The Secretariat had already started to develop tools to support Member States in implementing the recommendations of the *World report on vision*, and to prepare, in consultation with Member States and other partners, recommendations on feasible global targets for 2030 on integrated people-centred eye care, focusing on the effective coverage of both refractive error and cataract surgery.

The ASSISTANT DIRECTOR-GENERAL (Medicines and Health Products) said that ensuring access to safe, quality and efficacious medicines, vaccines and health products during and beyond the COVID-19 pandemic was central to the universal health coverage agenda. The Secretariat had developed a plan to implement the recommendations of the review panel of the global strategy and plan of action on public health, innovation and intellectual property, and would support Member States in holding virtual consultations to discuss the recommendations. The COVID-19 Technology Access Pool enabled the pooling of scientific knowledge and intellectual property through the voluntary licensing of COVID-19 products. The Secretariat had been working with partners to assess the short-, medium- and long-term implications of intellectual property protection for access to affordable COVID-19 products. The achievement of long-term benefits would require political support, incentives, and investment in the COVID-19 Technology Access Pool.

The REGIONAL DIRECTOR FOR EUROPE said that noncommunicable diseases were the main cause of mortality and morbidity in the WHO European Region and that services for noncommunicable diseases had been significantly disrupted by the COVID-19 pandemic. Three actions were needed to renew efforts in prevention and control. First, priority must be given to the elimination of inequities in health, including in the areas of alcohol and tobacco consumption, obesity and access to services for noncommunicable diseases. Secondly, there was a need to strengthen individual and community resilience through peer and social support and digital solutions. Thirdly, the prevention and control of noncommunicable diseases must be included in emergency response and preparedness plans. The WHO Regional Office for Europe intended to launch a high-level advisory council on innovations for noncommunicable diseases and, under the European Programme of Work, 2020–2025, had introduced

flagship initiatives to accelerate progress on the prevention and control of noncommunicable diseases, including initiatives on digital health, mental health and healthy behaviours.

The DEPUTY DIRECTOR OF PAHO, speaking on behalf of the Regional Director for the Americas, highlighted the importance of universal access to comprehensive, quality health services and strong, resilient, and people-centred health systems. To achieve universal health coverage, it was essential to remove barriers to health care, whether they were geographical, financial or cultural, and to ensure a strong primary health care system built on community engagement and multisectoral action. Investing in and transforming health systems with a view to attaining universal health coverage would also ensure health security and responsive health systems. Universal health coverage would protect the most vulnerable groups in health emergencies and enable governments to recuperate lost health gains due to the COVID-19 pandemic through an equity-, gender- and rights-based approach. The United Nations political declaration of the high-level meeting on universal health coverage provided a clear path to renewing efforts on sustainable development and improving preparedness for future health emergencies.

The DIRECTOR-GENERAL said that he appreciated calls to better align Member States' expectations of WHO with the Organization's capacities, including its financial resources, and the commitment to more flexible funding. He welcomed the announcement by the Government of Norway of its contribution to support the prevention and control of noncommunicable diseases.

He expressed gratitude to Member States for reaching consensus on the collective action needed to strengthen the health workforce; the Secretariat would take immediate steps to improve the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The creation of a set of policy actions by the Secretariat to strengthen nursing and midwifery would be further discussed at the Seventy-fourth World Health Assembly. He noted with appreciation the decision to designate 2021 the International Year of Health and Care Workers, which would offer WHO an opportunity to encourage investment in workforce readiness, education and training. The Secretariat would call on international financing institutions, bilateral partners and other relevant stakeholders to work with the Organization in those efforts.

He thanked Member States for their leadership and commitment, despite the challenges of the COVID-19 pandemic, to ensuring that more people were covered by universal health coverage. Universal health coverage, with primary health care as its foundation, was critical to more effectively and efficiently respond to COVID-19. A strong primary health care system would not only enhance people's physical, mental and social well-being, but also help to increase health care coverage and financial protection, promote equity and address determinants of health.

**The Committee noted the reports.**

The CHAIR took it that the Committee wished to approve the draft resolution on the global road map on defeating meningitis by 2030.

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

The CHAIR took it that the Committee wished to approve the draft resolution on global actions on epilepsy and other neurological disorders.

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<sup>1</sup> Resolution WHA73.9.

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

The CHAIR took it that the Committee was prepared to approve the draft decision on the road map for neglected tropical diseases 2021–2030.

**The draft decision was approved.<sup>2</sup>**

**2. SECOND REPORT OF COMMITTEE A (document A73/48)**

The VICE-CHAIR read out the draft second report of Committee A.

**The report was adopted.<sup>3</sup>**

**3. CLOSURE OF THE MEETING**

After the customary exchanges of courtesies, the CHAIR declared the work of Committee A completed.

**The meeting rose at 12:55.**

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<sup>1</sup> Resolution WHA73.10.

<sup>2</sup> Decision WHA73(33).

<sup>3</sup> See page XXX.